What does good quality asthma care look like?

ASTHMA RIGHT CARE
AN IPCRG INITIATIVE

International Primary Care Respiratory Group
IPCRG Est. 2001
work locally collaborate globally

IPCRG is regularly asked by primary care clinicians to define good quality care. We take the view that primary care is person-centred, and therefore the best way to define quality is from the perspective of the person at risk of, or with the condition. From our regular conversations with expert patients and clinicians we have summarised what good quality care should look like from a patient perspective and how can clinicians provide that in 8 person-centred statements. These are divided into four areas: Diagnosis, Management, Review, When control is poor. Our vision is that clinical teams will use them to benchmark their practice and potentially identify an area for improvement. Our own programme of work is steered by these statements. We are currently defining the competencies required to deliver them and the teaching methods and tools to enable delivery.

IPCRG tools that we already offer are listed in green italics.*

People with asthma deserve...

Diagnosis

1 A timely, accurate and formal/objective diagnosis of their asthma by their primary healthcare team. *The 'jigsaw puzzle' approach to building a diagnostic picture of asthma in primary care over time*.

Management

2 To receive adequate inhaler treatment for their asthma according to the best practice recommendations for their level of disease severity. *Asthma Right Care Key Resources*

3 To participate in the choice of treatment for their asthma, including the decision between different options of inhaler devices eg *rightbreathe*

4 To have appropriate inhaler technique training and to agree an asthma action plan shared with their health care providers eg *Inhaler videos*, *Canadian action plan*, *SMART action plan*

5 Counselling and treatment if they are tobacco dependent, a yearly flu vaccination and COVID-19 vaccination *Desktop helper helping people quit*

Review

6 Follow-up appointments at acceptable intervals or after a change in management, for the management of their asthma that must include structured assessment of control eg *ACT, wellbeing & evaluation of future risk*

7 That their difficult-to-manage asthma is evaluated by their primary health care team following a structured approach in order to identify any solvable questions before they are referred to secondary care. *Difficult to manage asthma desktop helper [under review]*

When control is poor

8 To have easy and timely access/referral to a primary or secondary health care professional who is skilful in asthma management whenever their symptoms cannot be self-managed or when their asthma cannot be managed in primary care eg *referral letter*

***Interactive version available with hyperlinks. Scan the QR code.**

Oct 2023

What does good quality COPD care look like?

COPD RIGHT CARE
AN IPCRG INITIATIVE

International Primary Care Respiratory Group
IPCRG Est. 2001
work locally collaborate globally

IPCRG is regularly asked by primary care clinicians to define good quality care. We take the view that primary care is person-centred, and therefore the best way to define quality is from the perspective of the person at risk of, or with the condition. From our regular conversations with expert patients and clinicians we have summarised what good quality care should look like from a patient perspective and how can clinicians provide that in 10 person-centred statements. These are divided into five areas: Prevention, Diagnosis and communication about the diagnosis, Management, Review and Referral. Our vision is that clinical teams will use them to benchmark their practice and potentially identify an area for improvement. Our own programme of work is steered by these statements. We are currently defining the competencies required to deliver them and the teaching methods and tools to enable delivery.

IPCRG tools that we already offer are listed in blue italics.*

People with exposure to risk factors for COPD deserve...

Prevention

1 Information, advice on mitigation and public health protection including local and personal risk factors. *How we Breathe*, *Desktop Helper 16 (Severe mental illness and tobacco dependence)* and *helping people quit*.

People with COPD deserve...

Diagnosis and communication about the diagnosis

2 A primary care service that is competent and confident in diagnosing COPD including timely, accurate and objective tests, and information about COPD, its causes, the likely timeline, how it can be managed but not cured, and the consequences of decisions about treatment and self-management. *Desktop helper 14 (spirometry)*, *Desktop helper 13 (achieving earlier diagnosis)*, *COPD wheel*.

Management

3 A primary care team competent to classify the stage and type of their link to disease over time using spirometry, quality of life and exacerbation history and competent to assess other morbidities.

4 Long term holistic management according to the guidelines including vaccination, counselling and treatment if they are tobacco dependent, pharmacological and non-pharmacological treatment and referral eg to pulmonary rehabilitation, end of life care. *Desktop helpers 3 (supportive & palliative approach)*, *4 (quit smoking)*, *6 (ICS and ICS withdrawal)*, *7 (pulmonary rehabilitation)*, *8 (women & COPD)*, *10 (multi-morbidity)* and *12 (mental health)*, *16 (Severe mental illness and tobacco dependence)*, *COPD Wheel*.

5 To be offered appropriate inhaler(s) according to their physical and cognitive abilities and characteristics and appropriate inhaler technique training by a primary care professional who knows the importance of eosophinil count and that bronchodilation is the basis of treatment. eg *www.rightbreathe.com*.

6 Yearly flu vaccination, pneumococcal, Tdap, herpes zoster, RSV and COVID-19 vaccinations according to their history and national schedule.

7 To agree an individualised self-management plan including recognition of exacerbations, smoking cessation, breathing exercises, nutrition, and physical activity taking into consideration mental and physical health, health literacy and access to care. *COPD Magazine*, *Desktop Helper 16 (Severe mental illness and tobacco dependence)*, *COPD Plans*.

8 To be asked in a culturally appropriate way about exacerbations, to receive reassurance and appropriate treatment and to be followed up to ensure they have adequate support.

Review

9 A structured assessment of their symptoms, wellbeing, inhalation technique, future risk and support needs at acceptable intervals with additional follow-up after an exacerbation or a change in management. *Desktop helper 3 (supportive & palliative approach)*.

When their COPD cannot be managed in their usual primary care

10 To have easy and timely access/referral to a primary or secondary health care professional who is skillful in COPD management whenever their COPD cannot be managed in their usual primary care.

***Interactive version available with hyperlinks. Scan the QR code.**

Nov 2023