

**Prioritisation for long term condition reviews in Derbyshire
(including asthma, COPD, diabetes, CVD and mental health)**

The following is a pragmatic guide to prioritisation of workload in primary care where there is a backlog of reviews which could not be done during the Covid pandemic.

We would advise that it is better for us to proactively invite the higher risk patients rather than waiting for the more engaged and generally lower risk to contact us. In some practices, it will not be possible to review every patient with a long-term condition (LTC) by the end of March 21, and we need to make difficult choices based on the principle of distributive justice, whereby delivery of care is based on clinical need.

NHS England advise making sure LTC reviews are being done, with as much care delivered virtually and as little face to face contact as possible. This guidance will need to be adapted as further advice from NHS England is received in line with the changing nature of the pandemic.

Patients with serious mental illness (SMI) and a LTC have 10 x higher risk of unplanned admission via ED, and 2-3x mortality rate compared with those patients with purely a LTC, hence this group of patients being in the high priority “red” group.

The medicines management team have kindly agreed to undertake the searches for the criteria below which will be available for all Systm One and EMIS practices.

High priority “red” patients- those who need a review even during the pandemic

- Type 2 diabetes with Hba1c above 75mmol/mol (9%)
- Type 1 diabetes with Hba1c above 75mmol/mol (9%) if your practice usually sees these patients
- Type 2 diabetes on insulin or sulphonylureas with HbA1c<48 (high risk of hypos)
- Patients who are on any of the following CVD registers: coronary heart disease, atrial fibrillation, peripheral arterial disease, heart failure, stroke and TIA
- Asthma: High dose inhaled steroids (>800mcg budesonide total per day or equivalent); MART +LTRA + Theophylline; > 2 exacerbations in last 12 months; more than 12 SABA inhaler prescriptions in the previous 12 months; suspected or confirmed Covid 19 with or without any exacerbations; any previous ITU admission
- COPD – MRC dyspnoea scale 4/5; on Triple therapy; >2 exacerbation in last 12 months requiring steroids and/or antibiotics; COPD hospital admission in last 12 months; FEV1 < 50% predicted; suspected or confirmed COVID19 with or without exacerbations
- Adult patients on serious mental illness (SMI) or learning disability (LD)/autism registers with comorbidities (CVD/diabetes/asthma/ COPD/poorly controlled hypertension)

Medium priority “amber” patients- patients who need a review by 31/3/21.

- All people with type 1 diabetes with HbA1c under 75mmol/mol (9%) if your practice usually sees these patients
- All people with type 2 diabetes not picked up by the “red” high priority (see above) or “green” lower priority (see below) searches
- Hypertension with QRISK-2 above 20 % as per NICE criteria who are not already in high priority “red” category

- All people with CKD who are not already in high priority “red” category
- Asthma: Low or moderate maintenance dose inhaled steroids (200-800mcg budesonide total per day or equivalent); 1-2 exacerbations in last 12 months requiring antibiotics and/or steroids, frequent use of SABA inhaler 3 or more times per week
- COPD: MRC dyspnoea scale 3; FEV1 50-79% predicted, 1-2 exacerbations in last 12 months requiring steroids and/or antibiotics
- Adult patients on the SMI or LD/autism registers with Qrisk>20.

Lower priority “green” patients- only see before 31/3/21 if staffing permits.

Medication could be reviewed and renewed by GP/nurse and text sent to let them know, offering to see them if any new problem or concerns.

- People with type 2 diabetes who in the last 15 months were meeting all 3 treatment targets (3TT) ie BP<140/80, total cholesterol<5, HbA1c <58, had code for low risk feet, GFR>60 and were not on a medication causing hypos eg insulin or sulphonylureas
- All remaining hypertension patients not picked up by the high priority “red” or medium priority “amber” searches.
- Asthma: on SABA inhalers only, no exacerbations in the last 12 months
- COPD: MRC dyspnoea scale 1/2; FEV1 ≥ 80% predicted and no exacerbations in the last 12 months
- Adult patients on the SMI or LD/autism registers with no documented increased Q risk.

Practicalities:

Each practice will decide how to deliver LTC reviews considering their patient population and staffing resources available:

- Some practices are currently seeing their patients in the month they are due a review and see purely higher risk “red” patients, whereas others are also seeing medium risk “amber” patients also.
- Some practices may choose to focus on high risk “red” patients as a priority even if not yet due for review.
- One practice is offering drive through appointments where a nurse meets them in the car park and does bloods, blood pressure and collects the ACR sample. Feedback from patients and staff has been very positive.
- Home BP monitoring is evidence based and supports virtual reviews. Most practices are encouraging patients to buy a BP machine and for patients unable to buy one the practice will loan them where possible
- Urine ACRs are now being processed at Derby, Chesterfield, Burton and Nottingham hospitals. If a patient is seen for a blood test at the practice, they can be given a pot and form to post through the practice letter box at a later date.

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