

Integrated Respiratory Team Pilot Project – Frequently Asked Questions

Q: What is the IRT pilot project?

A. The Integrated Respiratory Team (IRT) pilot project aims to improve the care of patients in Oxfordshire through earlier identification of respiratory disease, such as COPD and asthma, enhancing holistic and end of life care and providing extra focus on people at risk of emergency hospital admissions.

The new integrated team enhances existing community, hospital-based and primary care by providing a consultant to work in the community alongside additional respiratory nurses and physiotherapists working with respiratory GPs, a dedicated psychologist, a pharmacist, dedicated smoke-free advisor from Smokefreelife Oxfordshire, (the county council's stop smoking service partner) and a specialist in palliative care support.

Q. Who is involved in the IRT project?

A. Oxfordshire Clinical Commissioning Group (OCCG), Oxford University Hospitals NHS Foundation Trust (OUHFT), Oxford Health NHS Foundation Trust (OHFT), and Oxfordshire County Council worked together to design the project. As a Joint Working partner, Boehringer Ingelheim (BI) was involved in discussions during the development of the project and provided valuable recommendations and advice relating to methods of evaluation to inform sustainability and cost-effectiveness of the redesigned service.

The project, which is jointly funded by OCCG and BI, is being staffed by NHS clinicians and other professionals from OUHFT, OHFT, local GPs and Oxfordshire County Council. Local NHS healthcare professionals provide all clinical care and support, and take full responsibility for clinical decision making.

BI, or any other Pharmaceutical company, cannot be involved in the selection, employment or management of any IRT operational staff.

Q. How will Oxfordshire respiratory patients benefit from this pilot project?

A. We anticipate it will improve all round patient care by increasing the resources available in the community and primary care setting, including mental health, public health and palliative support where required. We aim to provide more care at home and closer to home to reduce the risk of people having to be admitted to hospital and to improve their ongoing symptoms.

BI will not have any access to any patients nor any information or data about individual patients and their health, or any personally sensitive information. BI will not have any influence over the prescribing of drugs.

Q. How did Oxfordshire Clinical Commissioning Group and Boehringer Ingelheim find each other in this collaboration? Who made the first approach?

A. A number of years ago BI explored alternative ways of working in partnership with the NHS to achieve healthcare benefits across large patient populations. At the same time the NHS in Oxfordshire identified challenges with high COPD emergency hospital admissions and a poor ratio of estimated to reported prevalence of COPD and was looking for ways to take a different approach for patients. Oxfordshire CCG was introduced to BI by a representative from Better Value Healthcare to explore different ways of working with this population and dialogue began around a common goal in improving outcomes for respiratory patients.

Q. What are the rules governing pharmaceutical companies working with the NHS?

A. The ABPI code of practice sets out the framework for all UK pharmaceutical companies to work by. It covers all aspects of their work including interactions with prescribers, patient organisations and healthcare organisations. The overriding aim is to ensure the pharmaceutical industry works in a professional, ethical and transparent manner to ensure the appropriate use of medicines and support the provision of high quality healthcare. Patient safety is the priority and transparency is an important means of building and maintaining confidence in the pharmaceutical industry.

NHS organisations are increasingly calling on external expertise to enable them to meet the challenges they face, recognising that joint working with partners who can supplement their own skills and resources can provide benefits that are not otherwise achievable. One such partner is the pharmaceutical industry, which, apart from supplying medicines that improve the quantity and quality of patients' lives, can contribute skills and expertise arising from its particular experience in business and financial management and its extensive knowledge of the therapy areas relevant to its medicines. Please see the following for more information:

http://www.abpi.org.uk/media/1632/joint_working_with_the_pharmaceutical_industry.pdf

Joint working with the pharmaceutical industry is a framework that is endorsed and supported by the department of health. It has existed for over a decade with lots of successful projects delivered across the UK in many disease areas. Please see the joint Department of Health and NHS guidance:

<https://www.networks.nhs.uk/nhs-networks/joint-working-nhs-pharmaceutical/documents/joint%20working%20toolkit%20dh.abpi.pdf>

The key documents relating to this project are available on the OCCG website <https://www.oxfordshireccg.nhs.uk/about-us/enhanced-integrated-respiratory-mdt.htm>. This includes the Project Initiation Document and Joint Working Agreement, the governance structure of the project, BI representation on the Joint Project Board and the Project Implementation Group.

Q. How much money have OCCG and BI committed to this project?

A. BI and OCCG have chosen to collaborate and jointly fund the IRT pilot. The total cost for the period of this enhanced IRT project is expected to be £1,656,272. BI will input and make contributions valued at £747k and OCCG will also input and make contributions valued at £909k; this includes new staff and current staff and currently commissioned services.

Q. What benefits is BI likely to gain from supporting this project?

A. Working in partnership in this type of collaboration moves away from the traditional sponsorship model and towards Joint Working in a way that is both fair and mutually beneficial, with the shared aim of achieving pre-determined improvements for patients. BI is able to contribute to the project through expertise and extensive knowledge of treatment and management of respiratory disease, and can share its experience in helping with pathway development and sustainable healthcare solutions.

BI is able to benefit from the involvement of this project by improving its understanding of the challenges and support needed to implement this type of care pathway; take and share the learnings from this project to other regions in the UK to support improved patient care; be recognised as a trusted partner with the NHS and support appropriate treatment and management of respiratory disease, in line with local and national guidelines.

Q. How much access does BI have to patients and/or patients' data?

A. BI will not have any access to any patients nor any information or data about individual patients and their health, or any personally sensitive information. The success of the project will be measured in terms of better health for respiratory patients involved in the care provided by the NHS. Other measures of the project include information on how well the NHS has spent its money in the project and, again, these measures will be done by the NHS, not BI. The measures have already been agreed are described in the project documents and will include using anonymised and pooled data combined for all patients rather than individual patients.

The project measurement will be done jointly by the project team from the NHS, with the involvement of BI.

At this stage, pooled data from the project that does not relate to individual patients will be shared with BI solely for the purpose of assessing the success of the project in terms of better health for patients.

Q. How much access does BI have to the NHS clinicians working in the IRT?

A. The project, which is jointly funded by OCCG and BI, is being staffed by NHS clinicians and other professionals from OUHFT, OHFT, local GPs and Oxfordshire County Council. Local NHS healthcare professionals provide all clinical care and support, and take full responsibility for clinical decision-making. BI does have occasional contact with some of the IRT operational staff while attending joint project meetings.

Q. Will Oxfordshire CCG consider further collaborations with pharmaceutical companies in future, either BI or someone else?

A. The IRT project is a new way of working that we will learn from for the future. OCCG has a Joint Working and Sponsorship Arrangements with Commercial Organisations (including the Pharmaceutical Industry) Policy. The policy can be accessed here: <https://www.oxfordshireccg.nhs.uk/professional-resources/documents/policies/OCCG-Joint-Working-Sponsorship-Arrangements.pdf>

Q. How will the project effect prescribing of drugs?

A. For the conditions targeted by this project there are multiple pharmaceutical and non-pharmaceutical treatment options available. Any medicines used will be in line with the agreed Oxfordshire Medicines Formulary <http://www.oxfordshireformulary.nhs.uk/>. BI has not and will not have any influence over prescribing of drugs.

Q. What about the intellectual property from the project?

A. All intellectual property from the project (including all developments and materials) and its evaluation can be freely shared and will be free for the NHS to use. BI has agreed to signpost other NHS organisations to OCCG regarding the development and operation of the IRT. OCCG has agreed to be a reference site for future BI partnership projects.

