

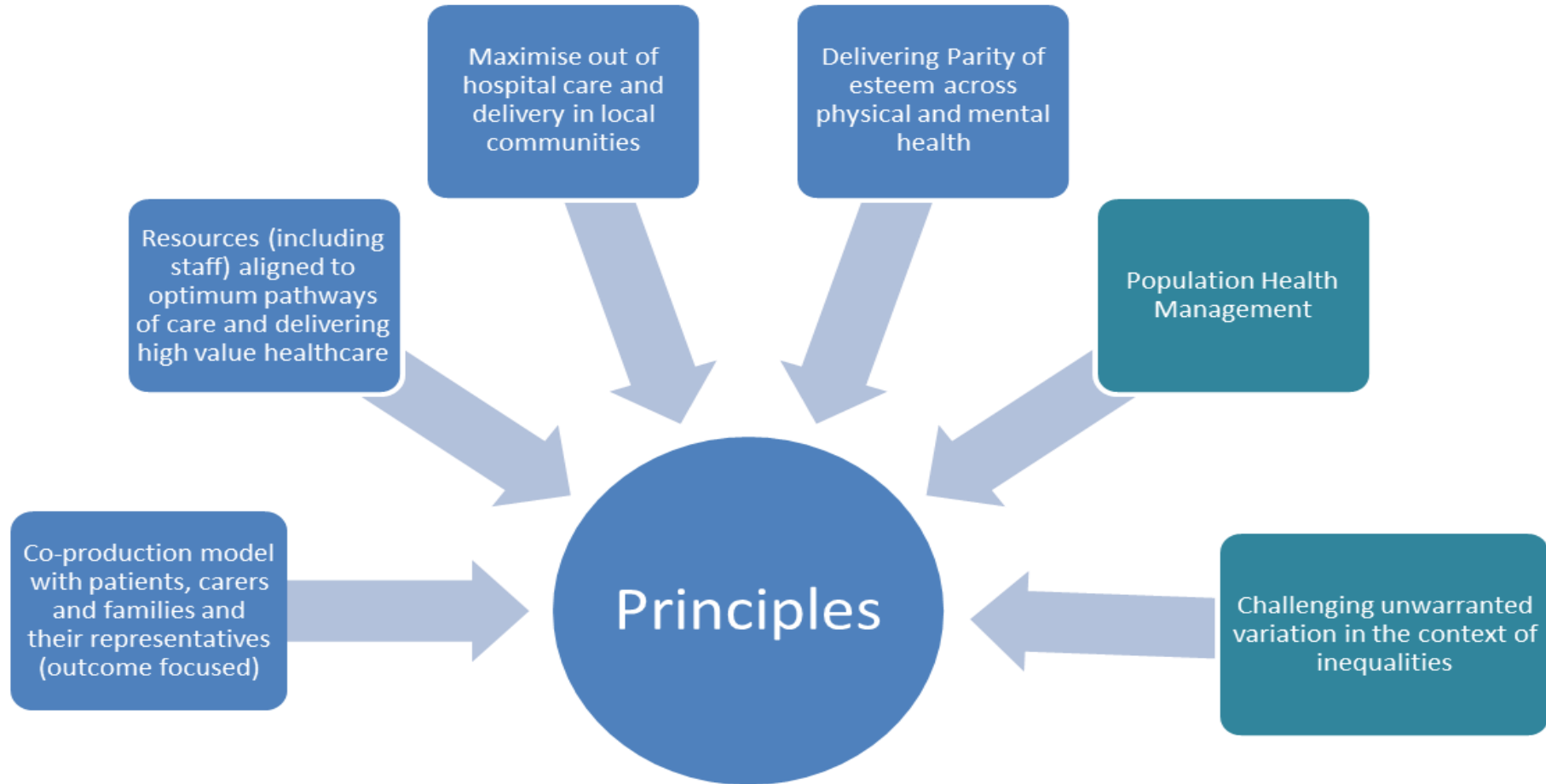
Appendices



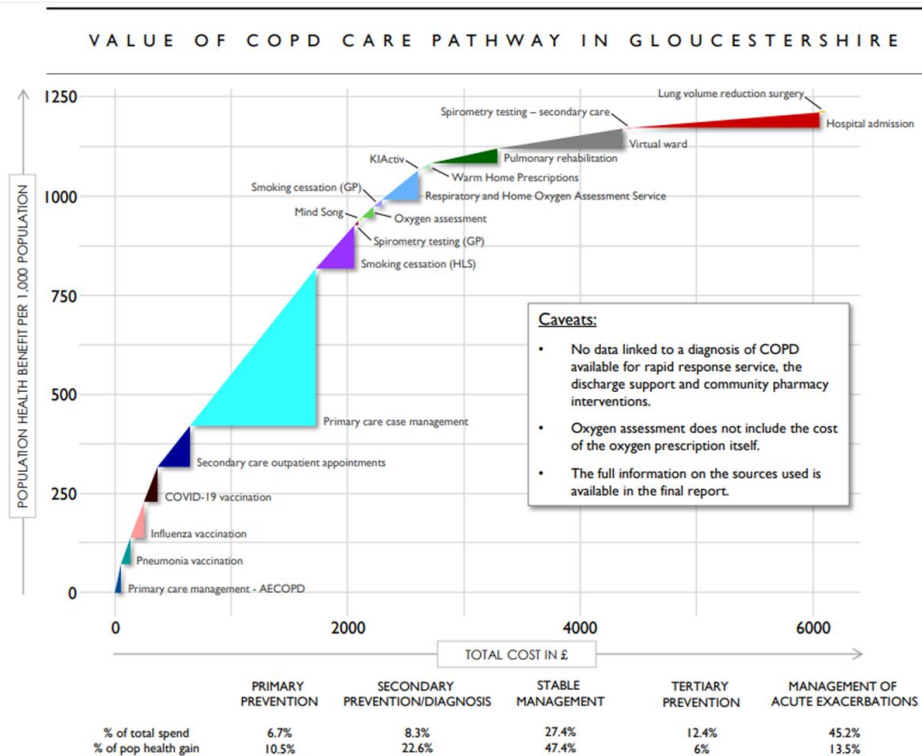
Current Clinical Programmes Programme Groups

Respiratory	Diabetes	Circulatory	Frailty and Dementia
Cancer	Learning Disabilities and Autism	Mental Health	Living Well With Pain
Eye Health	Musculoskeletal	Palliative and End of Life Care	Children and Young People
	Neurology	Renal	

Principles of Clinical Programme Approach



STAR Value Example for COPD in Gloucestershire



By reflecting on the value for money triangles and through considering the challenges identified by the stakeholders involved in the decision conferences, four main areas of opportunity were identified:

More proactive and earlier interventions in primary care

Many high value interventions are delivered in primary care as they are relatively cheap per person and reach many more people. However, there is variability in the primary care offered and potentially 8,640 people in Gloucestershire have undiagnosed COPD. Therefore standardising the quality of primary care and increasing early diagnosis could help with early intervention.

Creation of a tobacco prevention and treatment alliance

More can be done to prevent tobacco use and help people to quit. The group discussed that an alliance could be set up to advocate for the things outside of their direct control and to implement pathway improvements that are within their direct control.

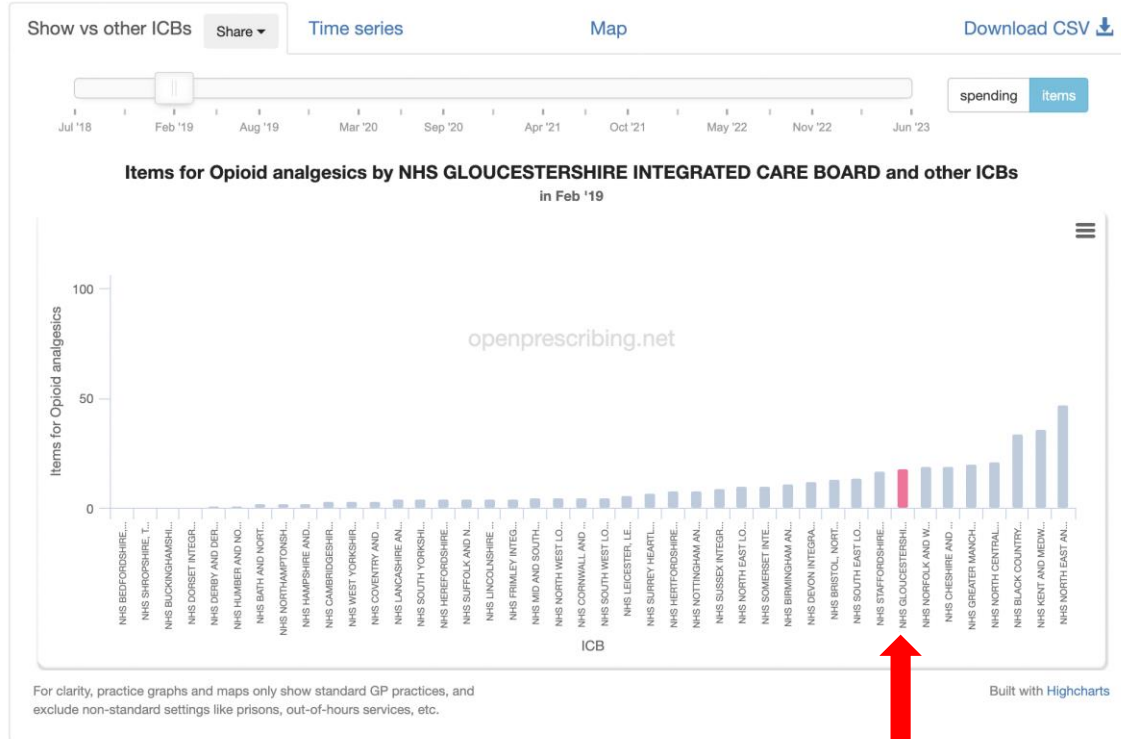
Enhancing the role of social prescribing and awareness of services

Many services available to patients with COPD have been proven to improve their quality of life, physical and mental wellbeing and reduce hospital admissions such as PR, KiActiv and Mindsong's Breathe In and Sing Out groups. However, these services are not widely known among clinicians and, even when patients do attend these services, they do not always complete them.

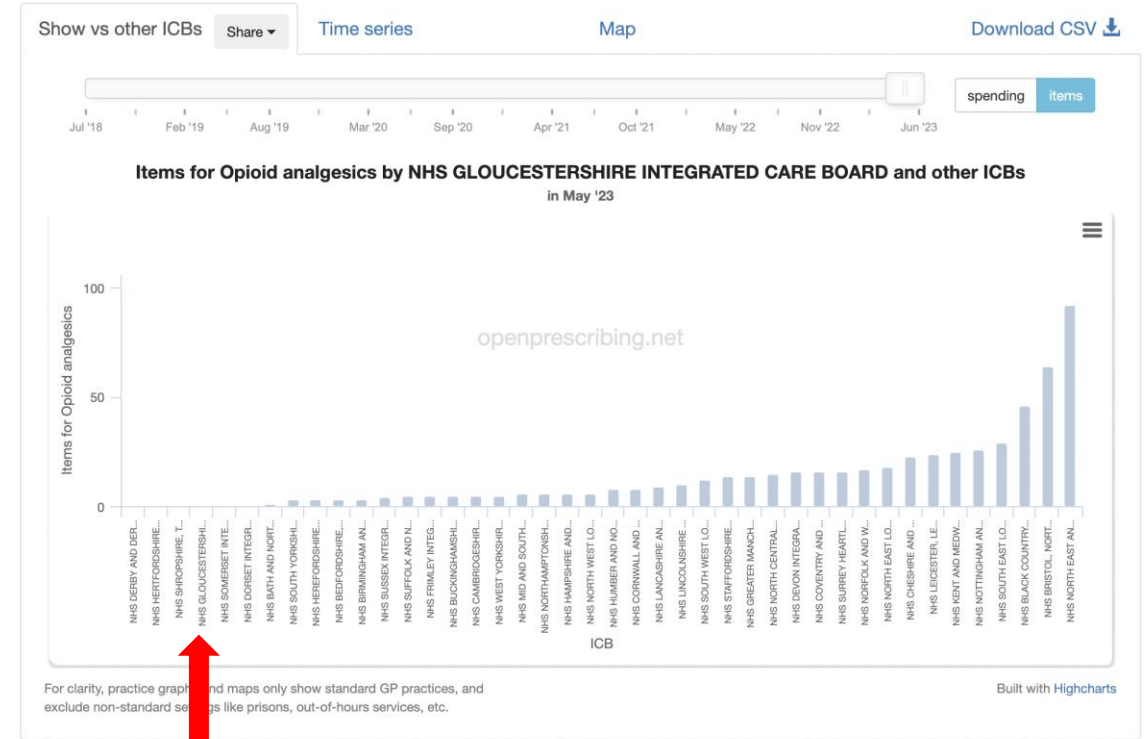
Managing acute exacerbations more efficiently

The management of acute exacerbations accounts for 45.2% of the total COPD pathway spend. Treating people outside of hospital is beneficial for the patient. It reduces the risk of hospital acquired infections and allows them to be treated closer to home. It is also beneficial for the health system. Doing more to keep people out of hospital could free up resource that can be used elsewhere.

Open Prescribing - Gloucester Position Opioids



Total prescribing for *Opioid analgesics* across NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD



Total prescribing for *Opioid analgesics* across NHS GLOUCESTERSHIRE INTEGRATED CARE BOARD

Further Reading

Pain medicines risk mitigation plan

Learning Report *Health coaching in pain consultations*

Its Your Move *Phase 2 Evaluation Report*

Davies C Tackling pain with exercise *British Journal of General Practice* 2021;71(708):321.

GL11 Insights Report

Open Prescribing Dataset [Prescribing measures for NHS
GLOUCESTERSHIRE | OpenPrescribing](#)

Living Well with Pain - Programme Dashboard

[Please contact Glicb.pain@nhs.net](mailto:Glicb.pain@nhs.net) for more detailed reports