

Clinical Cost Element Guide

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1. Osteoarthritis (OA) Review Programme

This is a brief overview of treatment review for the management of arthritis in adults. The management of this condition hinges on the commitment of the person to self manage, balancing appropriate lifestyle choices with good compliance with medical management.

Many people may attend specialist services such as the occupational/physiotherapy therapy department, H&SS in adjunct to GP involvement. Check for shared care arrangements in the information provided by the claimant and GP.

Lifestyle Maintain good joint function through activity and appropriate rest	Healthy eating Exercise-30mins/day No smoking Weight - BMI <25 Safe handling techniques for carrying	Smoking cessation – H&SS provision OT/ physio
Immunisation	If over 65 years - Annual flu vaccination And one-off pneumococcal vaccination	As directed by current guidelines
Medications Pain relief Reduction of inflammation	Analgesia Non steroidal anti-inflammatory drugs. (NSAID) Steroid joint injection	 Review will check for side-effects and effectiveness

The symptoms of OA can vary significantly from person to person, and can range from mild and barely noticeable, to severe and disabling. The majority of people with OA are able to continue their normal lives. The medical allowance within the basic living allowance of income support is reasonable for a person who is self managing. However, the decision maker must consider whether personal care and mobility elements would be required due to joint involvement.

Consider **Level One** if the following criteria:

- Co-morbidity – such as cardiac problems, diabetes
- Age above 75
- Poor self management
- Obesity (BMI.>30)
- Load bearing joint involvement requiring surgery

2. Asthma Review Programme

This is a brief overview of treatment review for the management of asthma in adults.

The management of this condition hinges on the commitment of the person to self manage, balancing appropriate lifestyle choices with good compliance with medical management.

Many people may attend specialist services such as the Respiratory department, H&SS in adjunct to GP involvement. Check for shared care arrangements in the information provided by the claimant and GP. Regular review of the following can improve the claimant's health.

Lifestyle	No smoking Weight - BMI <25 Avoid triggers – dust pets etc	Smoking cessation – H&SS provision Asthma clinic –
Patient education toward self management	Self management Inhaler techniques Peak flow monitoring	Asthma clinic – H&SS
Immunisation	Yearly vaccination	Prevents flu
Medications Long term British Thoracic Society guidelines Aim: Relief and prevention of symptoms	Step 1: Occasional dose of inhaled broncho dilators (short acting β_2 - agonists). Step 2: Add low dose inhaled steroids (or other anti-inflammatory agents) (up to 800 micrograms). Step 3: High dose inhaled steroids or low dose inhaled steroids plus long-acting bronchodilators (i.e. salmeterol). Step 4 : High-dose inhaled steroids and regular	

	bronchodilators Step 5. Addition of regular oral steroid therapy (40 mg/day).	
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For the majority of people asthma is a mild to moderate condition, well controlled by medication, but for a minority of people they will be severely affected and may have problems with self-care tasks and getting about.

Occasional temporary step-ups in medications will be needed to control exacerbations. A step down would be considered if symptom control has been good for 3 months or more. Withdrawing anti-inflammatory treatment would only be considered if the patient has been well for at least 6 months.

Most children with asthma either grow out of asthma in adolescence or suffer less as adults.

Level one would be appropriate for a person with asthma who is well controlled and self managing.

Consider Level Two if the following criteria:

- Poor self management
- Brittle asthma
- Extremes of age – children under 13 and adults aged 75 +
- Co- morbidity's
- Step up/down treatment plan

3. Chronic Obstructive Pulmonary Disease (COPD) Review Programme

This is a brief overview of treatment review for the management of COPD¹ in adults.

The management of this condition hinges on the commitment of the person to self manage, balancing appropriate lifestyle choices with good compliance with medical management. Many people may attend specialist services such as the Respiratory department, H&SS in adjunct to GP involvement. Check for shared care arrangements in the information provided by the claimant and GP. Regular review may improve or maintain the claimant's health.

Lifestyle	Healthy eating Exercise-30mins/day No smoking Weight - BMI <25	Smoking cessation – H&SS provision
Immunisation	Annual influenza (flu) vaccine; One-off pneumococcal vaccination	Preventative therapy as directed by current guidelines
Medications (Long term) Exacerbations	Long acting inhaled bronchodilators Inhaled corticosteroids to reduce the frequency of exacerbations Diuretics for cardiac problems Short term antibiotics Oral steroids if indicated	
Specialist interventions and	Oxygen from Respiratory	H&SS provision

¹ This diagnosis will incorporate chronic bronchitis and emphysema

subsequent prescriptions	specialist services	
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Level one is appropriate for a person with COPD who is well controlled and self-managing. Breathlessness on minimal exertion requires consideration of personal care element of impairment component.

Consider Level Two if the following criteria:

- Co-morbidity – Angina and heart failure, insulin dependent diabetes
- Age above 75
- Poor self management and medication concordance
- Oxygen concentrator following prescription from specialist services of **continuous** oxygen.
- Palliative

4. Heart Disease Review Programme

This is a brief overview of treatment review for the management of coronary heart disease (CHD) in adults.

The management of this condition hinges on the commitment of the person to self manage, balancing appropriate lifestyle choices with good compliance with medical management.

Many people may attend specialist services such as the cardiology department, H&SS in adjunct to GP involvement. Check for shared care arrangements in the information provided by the claimant and GP. Regular review of the following can improve the claimant's health.

Lifestyle	Healthy eating Exercise-30mins/day No smoking Weight - BMI <25	Smoking cessation – H&SS provision
Biochemistry	Cholesterol < 5 Triglyceride <2 LDL <2.5 Blood pressure 140/90	Annual if stable and targets reached or 6 monthly
Immunisation	Annual flu vaccination One- off pneumococcal vaccination	Preventative therapy – as directed by current guidelines
Medications (Long term)	antiplatelet ACE inhibitors Beta blockers Statins Anticoagulants (Repeat prescriptions x 3-4)	Review will check effectiveness

Level one would be appropriate for a person with coronary heart disease who is well controlled and self managing. That is:

Biochemistry within target

Concordance with medicines

Consider Level Two if the following criteria:

- Co-morbidity – Diabetes
- Age above 75
- Poor self management
- Poor lifestyle

5. Depression Review Programme

This is a brief overview of treatment review for the management of depression in adults. Depression is a word commonly used by people when describing feelings of unhappiness or normal sadness. Depression becomes a recognisable illness when the degree of mood change is out of proportion to the circumstances and is unduly prolonged.

Depression and its severity are diagnosed on the person's low mood, reduced interest or pleasure and other symptoms present. The table below provides a summary of the management of depression

Diagnosis	Confirm diagnosis and screen clinical severity	Mild depression may recover without intervention -watchful waiting
Patient Education	<ul style="list-style-type: none"> • Medication – side effects/concordance • Referral - Self help/support groups • Referrals – Mental health Services, Psychology Talking Therapy • Referral - Exercise programmes 	Talking Therapy i.e. counselling
Monitoring Mild	<ul style="list-style-type: none"> • Watchful waiting /possible medication • Active follow – up 4 weekly for 3 months then reduce 	May review 2 weeks after starting medication
Monitoring Moderate	<ul style="list-style-type: none"> • Moderate – Initially as mild and also may be referrals to mental health services 	Check shared care arrangements for monitoring and treatment responsibilities.
Monitoring Severe	<ul style="list-style-type: none"> • Under mental health services 	Consultant psychiatrist services
Medications	<ul style="list-style-type: none"> • Assess current medicines (may cause depression) • Anti depressant therapy 	Titration pathway for treatment i.e. getting the dose right.

Level one would be appropriate for a person with mild/moderate depression who is well controlled, stable and following treatment plans.

Consider Level Two if the following criteria:

- New drug treatment started e.g. newly diagnosed or exacerbation
- Suicide risk
- Poor self management

6. Diabetes Review Programme

This is a brief overview of treatment review for the management of diabetes in non-pregnant adults.

The management of diabetes hinges on the commitment of the person with diabetes to self management, balancing appropriate lifestyle choices, self-monitoring of blood glucose levels, and pharmacologic or insulin therapy. Note many people with diabetes attend the diabetic centre for chiropody checks and blood glucose monitoring. Check for shared care arrangements with this department.

Evidence indicates that regular review of the following can improve the care of diabetes.

Renal (kidney) Function Test	Annual check Urine Dip-stix Serum creatinine	More frequent if risk of renal disease 3-6 months
Lipids Screened	Annual check Target:	More frequent if Abnormal lipids i.e. 3- 6 months
Neuropathy check (loss of sensation to feet and sometimes hands)	Six monthly	Usually at H&SS provision However prone to foot wounds and infection if present
Immunisation	Annual influenza vaccination One –off pneumococcal vaccination	Preventative therapy As directed by current guidelines
Eye examination	one- two yearly	Not a GP service
Blood sugar HbA1c	Three to 6 monthly Blood test	Indicates control of blood sugar with HbA1c to be within target
Medications	Long term use to control blood sugar and prevent complications from diabetes (Repeat prescriptions x 3-4)	

Level one would be appropriate for a person with diabetes who is well controlled and self managing. That is:

- Blood sugar controlled and within target
- Lipids within target
- No renal disease or other chronic diseases such as COPD
- Concordance with medicines
- Good foot hygiene

Level two on the following criteria:

- Co-morbidity – Hypertension, coronary heart disease
- Biochemistry not within target –abnormal lipids, poor glucose control
- Age above 75;
- Age below 13
- Poor self management
- Foot ulceration and loss of sensation
- Poor eyesight

7. Older People Review Programme

Old age is the natural change in the body's physiology over time, it is not a disease. The majority of older people are fit and deterioration in health is a result of a treatable disease rather than the ageing process.

Older people are more susceptible to chronic and degenerative disease which may affect functional capacity, cause frailty, and may result in increased care and mobility needs. Nevertheless, as with any stage of life, lifestyle choices, such as poor diet, lack of exercise, and cigarette smoking can exacerbate underlying medical conditions.

The ability to self manage incorporates appropriate lifestyle choices Regular review of the following can improve the claimant's health.

Lifestyle	Healthy eating Exercise-30mins/day No smoking Weight - BMI <25	Smoking cessation – H&SS provision
Biochemistry	Checks only if chronic disease	See relevant disease
Immunisation	Yearly vaccination	Prevents flu
Medications	Consider presence of chronic conditions	

Level one would be appropriate for an older person above 75 who is healthy

Consider Level Two if the following criteria:

- Frailty
- Falls
- Palliative

Clinical cost element decision flow chart



