

Abstract title

Improving care in Gloucestershire Primary Care Trust (PCT) for patients with chronic obstructive pulmonary disease (COPD).

Abstract Authors

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Context

Emergency admissions for COPD impose a considerable resource burden on the NHS and impact on patients' quality of life^{1,2}.

Outline of the problem

There were 702 non-elective COPD-related admissions to hospital in Gloucestershire PCT, in 2010 compared with 8,758 COPD patients registered in the area under the Quality and Outcomes Framework (QOF). These 702 patients accounted for 1,000 COPD hospital spells, costing a total of £2.61m³.

Assessment of the problem/ analysis of its causes

Primary care practices were identifying patients with COPD and in some instances were struggling to manage and engage with them effectively³.

Strategy for change

Through Joint Working arrangements with GSK, to identify and target practices with high rates of non-elective COPD-related admissions to improve healthcare professional education, data recording and hence provide better quality of patient engagement and care.

Measurements of improvement

The Patient Outcome and Information Service** (POINTS) was used to measure changes in key COPD parameters over 12 months in line with NICE guidelines.⁴

Effects of changes

Adherence to NICE standards, as a composite measure of 5 key parameters, increased by 21% from 52% to 73% in 1333 patients across 12 practices. This was primarily driven by an increase of 53.1% in the recording of exacerbations (12.5% to 65.6%)^{5,6}. There was no observed difference in the number of non-elective COPD-related hospital admissions between practices engaged in the projects vs. non participating practices⁷.

Lessons learnt

Quality of care can be improved for COPD patients; however, this may have little impact on levels of hospital admissions over the shorter term.

Message for others

Improving skills and capabilities of healthcare professionals can lead to enhanced care for patients and benefit the NHS and GSK.

References

1. National Collaborating Centre for Chronic Conditions, Chronic Obstructive Pulmonary Disease. National clinical guidelines on management of chronic obstructive pulmonary disease in adults and primary and secondary care. Thorax 2004; 59 (Suppl 1): 1-232. http://thorax.bmj.com/content/59/suppl_1/i1.full.pdf Accessed November 2013
2. NICE QS10 Chronic obstructive pulmonary disease quality standard. Issued July 2011 <http://publications.nice.org.uk/chronic-obstructive-pulmonary-disease-quality-standard-qs10> Accessed November 2013
3. Dr Foster, The GP Practice Index, Exploring variation in COPD care and cost, Second Edition. <http://drfosterintelligence.co.uk/wp-content/uploads/2011/06/GP-Practice-Index-2nd-Edition.pdf> Accessed November 2013
4. NICE COPD Guideline 2010, <http://publications.nice.org.uk/chronic-obstructive-pulmonary-disease-cg101> Accessed November 2013
5. POINTS cluster reports provided by Quintiles, data analysis by GSK, Dates of Preparation June 2010 UK/RESP/0039d/10
6. POINTS cluster reports provided by Quintiles, data analysis by GSK, Dates of Preparation May 2011 UK/RESP/0039j/10
7. COPD admissions and length of stay data taken from copd_nel.xls provided by Duncan Thomas.

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