

Abstract title:

Year 2 results from the StHealth COPD joint working project – (2009-11) An approach that benefits patients, the NHS and GSK.

Brief outline of context:

The project aimed to improve the quality of the review and management of patients with COPD in StHealth – a PBC group within NHS Halton & St Helens.

Brief outline of problem:

StHealth's COPD prevalence was higher than the average in England (2.4% versus 1.5%¹).

Assessment of problem and analysis of its causes:

COPD represented a significant resource burden to StHealth emergency COPD admissions reaching £860K in 2008/9². Modelling predicted COPD prevalence to rise to 5.5% by 2020³.

Strategy for change:

The project team (NHS and GSK) proposed the following changes:

- Work with respiratory specialists to improve patient pathways and treatment protocols and develop a comprehensive COPD diagnosis, treatment and patient review training program
- Implement a patient audit tool* to identify and then prioritise undiagnosed, or uncontrolled patients with COPD
- Improve patient knowledge of their condition and treatment options.

Measurements made during the project:

- POINTS* was used to assess the current level prevalence and the management of COPD
- Patient experience questionnaires used before and after the review
- Practice nurse survey used before and after training
- Admissions data before and after joint working project.

Results:

Patients experience~:

- Patients reported a high understanding of their condition increasing from 57% to 83% from their previous review⁴
 - 57% of patients reported at least some increase in their knowledge of what to do if their symptoms got worse and 35% stating their understanding had increased a lot.⁴
- StHealth#:
- 70% reported a score of 8 or more in their ability to confidently differentiate between COPD and asthma compared to only 5% before the education⁵
 - 80% reported a score of 8 or more in their ability to confidently understand when to refer to a COPD specialist compared to only 5% before the education⁵.

A reduction in the rate of non-elective COPD admissions of 5.4% was seen at the end of the 2 year project. The admission rate (defined as admissions per 100 COPD registered patients) in the 24 StHealth practices was 12.32 in the 2008/9⁶ baseline (pre-project) year and 11.66 in final year (2010/11⁷) of the project. In comparison and to control for other environmental factors, the admission rates for the non-participating St Helens & Halton PCT practices reduced by 1.7% during the same period.

Lessons for future improvement:

- Patient and HCP experience questionnaires must be recorded at the beginning and a clear distribution methodology adopted to reduce response and temporal variability - The COPD project should have been a regular agenda item on the nurse monthly meetings, to ensure total practice awareness, and not just the nurses involved in the project.
- A rolling educational programme could have been implemented to ensure newly appointed nurses were trained in a shorter time frame.

Conflict of interest and funding:

This project was jointly funded by GSK.

References:

1. QoF Prevalence data tables 2008/09, NHS Information Centre - last date accessed September 2013.
2. COPD admissions data, NHS Comparators, StHealth PBC Consortia, March 2010.
3. COPD Prevalence Calculator, Eastern Regional Public Health Observatory - last date accessed September 2013.
4. COPD Patient Experience Survey. Data collected and analysed from 192 respondents by Ipsos MORI, May 2011.
5. Internal Survey of 20 Practice Nurses, StHealth PBC Consortium, December 2009.
6. Practice Level QOF table 2008/09 – prevalence; <https://catalogue.ic.nhs.uk/publications/primary-care/qof/qual-outc-fram-08-09-prac/qof-eng-08-09-prac-tabs-prev.xls>; accessed September 2013.
7. Practice Level QOF table 2010/11 – prevalence; <https://catalogue.ic.nhs.uk/publications/primary-care/qof/qual-outc-fram-10-11-prac/qof-10-11-data-tab-prev-prac.xls> accessed September 2013.

* POINTS – The Patient Outcome and Information Service (I.T. software)

~ Patient experience questionnaires were used to measure the quality of the patients' annual review. 1000 questionnaires were given to patients by the nurses after their first COPD review from December 2009 onwards and of those given out after reviews, 192 responses were received (response rate of 19.2%) and used to calculate the results used in this case study.

Nurse survey (results based on 20 responses - unknown number of surveys sent off) (1=low, 10=high)