

**Lloydspharmacy Ltd, Hull PCT and GlaxoSmithKline working jointly to improve COPD
Healthcare in Hull PCT
October 2011 - August 2012**

Background

It is recognised that COPD is a significant burden on the Total Health Economy. An economic analysis in the UK estimates that the direct costs of COPD are more than £491m per year which equates to roughly £819 per person with the disease¹. The British Lung Foundation suggests that there are an estimated 3.7 million people with COPD in the UK, yet only 900,000 have been diagnosed with the disease².

The Hull PCT area faces the second greatest challenge from COPD in England and the highest in Yorkshire and Humerside². People in Hull are 55% more likely to be admitted to hospital with COPD than the UK average².

Project

Patient aims:

- Reduce exacerbations of COPD and possibly improve patient outcomes
- Receive more accessible care through pharmacy
- Create a more joined-up care pathway involving GP, Long Term Conditions (LTC) team and pharmacy
- Drive better understanding of their condition
- Improve their ability to self-manage

Hull PCT aims:

- Practices to be able to enhance patient care by working with member pharmacies
- Identification of patients at risk of exacerbations and proactive provision of rescue medication
- More efficient use of existing services

Lloydspharmacy aims:

- Up-skill pharmacists and pharmacy teams to identify and better support COPD patients and further develop soft skills e.g. communication skills to support better patient relationships and improved patient experience.
- Provide evidence that Lloydspharmacy can contribute to enhanced patient care and potentially improved patient outcomes which may support future commissioning of these services.
- Provide extended experience of working with local PCT to meet joint objectives.
- Increase recognition for Lloydspharmacy for their efforts to improve patient care and deliver optimal services.

GlaxoSmithKline aims:

- Increased acknowledgement of the role of GSK in supporting pharmacy to generate evidence that supports the value to patients of the interventions they make.
- Generating evidence that Joint Working between Lloydspharmacy, GSK and Hull PCT has improved COPD patient management and impacted on patient outcomes.



The approach:

1. Patient Pathway and Protocols

Through Joint Working, Lloydspharmacy pharmacists played a role in patient care through COPD Medicines Use Review (MUR), monthly progress checks and dispensing rescue medication packs with the support of GP practices within the PCT. A protocol setting out the increased role of pharmacy, the exact nature of the interventions and specifically the process for requesting and dispensing rescue medication was developed in conjunction with and endorsed by all involved parties.

2. Education and training:

In order to support pharmacists to deliver COPD Medicines Use Reviews (MURs) to a high standard, Lloydspharmacy pharmacists completed an independently validated training module on COPD. Additionally all participating pharmacists and their staff attended a training event in order to equip them with the knowledge and skills necessary to deliver the project.

3. Pharmacy-based interventions:

Pharmacists conformed to an agreed flow-chart of interventions including validated tools such as COPD Assessment Tool³ and MRC Dyspnoea Scale⁴. Under this protocol, Pharmacists identified diagnosed COPD patients based on dispensed medication or through GP/nurse referral and recruited these patients into the 6 month pilot. There were a number of assessments and checks completed as part of the pilot.

4. Data collection:

In order to demonstrate the impact of this project on both patient outcomes and on measures such as A&E admissions, data was collected. Lloydspharmacy were responsible for collection, collation and management of patient data. Subject to patient consent the data identifying patients through their NHS number was sent to Hull PCT to enable the exact patient admissions history and outcome to be tracked.

In accordance with the Data Protection Act, GSK only had access to fully anonymous patient data.

Outcomes⁵

- 31 COPD patients were signed up to the pilot through 15 Lloydspharmacy outlets
- Average number of exacerbations in last 3 months = 3.6
- Number of CAT tests carried out = 23
- Average CAT score = 23.4
- Number of dyspnoea scores taken = 20
- Average dyspnoea score = 3.1
- Inhaler technique training delivered to 71% of pilot participants (22 patients)
- 16.1% of patients referred to pulmonary rehabilitation (5 patients)
- Number of patients that smoke = 54.8% (17 patients)
- 23.5% of current smokers attempted to quit during pilot (4 patients)
- Average initial CAT score for patients that were followed up using CAT = 27.2
- Average follow-up CAT score = 20.6 (change of -6.6 points, 5 patients)



Project Learns

There was a general perception that COPD patients were disenfranchised from the healthcare system and there was limited belief that their condition could be improved. Overall, this project provided limited evidence that pharmacy can be implemented into a local care pathway for COPD. However, there were significant challenges in relation to enrolment of patients and their on-going engagement with the programme. Thirty one patients were enrolled over 6 months, compared to an initial aim of enrolling 150 patients. The main challenges were a lack of interest from patients to be recruited into the pilot and pressure on pharmacist's time to deliver the service. Patients also had a high dropout rate during the project, with only 16% of patients who completed the initial CAT assessment completing the follow-up CAT assessment after the 6 month period. The main feedback was that the assessment process was time consuming and represented a significant investment of time and effort from both the pharmacists and patient.

For those patients that did participate in the project, the feedback of the experience was positive, particularly the inclusion of inhaler technique training. An average CAT score of 23.4 indicates that COPD had a high impact on the lives of the patients involved in the project⁵. For patients where enrolment and follow-up CAT scores were captured, a decrease of 6.6 points indicates that the project had the potential to benefit the impact of COPD on patients lives (experts involved in developing the CAT suggest that a change of 2 or more units may indicate a clinically significant change in health status⁶).

For future projects, the programme could be improved by streamlining and simplifying the intervention methodology and improving the engagement with primary care to facilitate higher levels of enrolment.

References

1. Economic costs of COPD to the NHS. *Thorax* 2004; 59
2. BLF report, *Invisible Lives*, 2007
3. Jones *et al.* *European Respiratory Journal* 2009; 34: 648-654
4. Fletcher *et al.* *BMJ*. 1959; 2: 257-66
5. GlaxoSmithKline, data on file
6. CAT for healthcare professionals, accessed online at <http://www.catestonline.co.uk/hcpinterpretscores.htm>

Further Information:

<http://www.gsk.com/uk/joint-working.html> or contact: GSK UK Customer Contact Centre: +44 (0)800 221 41

To access the Department of Health Joint Working Toolkit visit: [click here](#)

