Wearside Practice Based Commissioning Group (PBC) and GSK Working Jointly to Improve COPD Healthcare in Sunderland
September 2009 – May 2011

Background
A 2007 report by the British Lung Foundation found that Sunderland Primary Care Trust (PCT) faced the sixth highest challenge nationally from COPD and the greatest in the North East region¹. A third of the city's population were smokers, and it had the eighth highest proportion of people at increased risk of a COPD-related hospital admission (51% more likely than the average) in the UK¹. Wearside, a former coal-producing area¹, had a COPD prevalence rate of 2.8%: 3,070 people in a population of 107,935 (38%² of the PCT’s population). Wearside’s COPD hospital admissions spend in 2008–9 was £1.1m³.

Project Objectives

<table>
<thead>
<tr>
<th>Patient</th>
<th>To provide a service to support patients in managing their condition through earlier intervention and education, thereby improving patients’ quality of life.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS</td>
<td>To establish a framework of consistency across Wearside Consortium practices, reducing inappropriate hospital referrals through the development of more appropriate patient pathways and treatment protocols.</td>
</tr>
<tr>
<td>GSK</td>
<td>If successful, patients will be treated in line with NICE COPD Guideline 2010⁴, leading to more rational and appropriate use of relevant medicines, including GSK’s medicines.</td>
</tr>
</tbody>
</table>

Joint Working Project Outcomes
The total number of patients diagnosed with COPD in the Wearside CCG (from QOF 2008/09) was 3070, a prevalence of 2.8% (in QOF 2010/11 it was 3141 and 2.9%). The reviewed subgroup was 1541 COPD patients, 50% of the total diagnosed PBC population based on QOF 2008/09² ⁴
| Patient | • The percentage of patients with exacerbation frequency recorded in the patient notes during the previous 12 months increased from 58% to 93% (n=1541)  
• Patients with a Medical Research Council (MRC) score for breathlessness increased from 77% to 94% (n=1541)  
• Patients with a measurement of FEV1 increased from 74% to 84% (n=1541)  
• The percentage of patients who obtained the maximum NICE standard review score of 4 points (i.e. had a COPD review within the previous 12 months and where the FEV1, MRC score and exacerbation frequency were recorded in their notes) increased from 72% at baseline to 93% at the two-year audit (n=1541)  
• Of the 241 patients who responded to the patient experience questionnaire, 90% said they were very satisfied with their review and a further 8% that they were fairly satisfied.  
• The percentage of the 241 patients who stated they had a high understanding of their condition increased from 68% before their review to 85%.  
• Regarding their knowledge of what to do if their symptoms became worse, 30% of the 241 respondents stated it had increased a lot, 24% that it had increased a little, 43% that it had stayed the same and 3% that it had decreased.  
• Of all 241 patients, 78% said they were shown how to use their inhaler and 47% that they were given a self-management plan sheet, while a further 22% already had one.  
| NHS | • The variability in the quality of reviews across 16 of the practices, measured by the coefficient of variation of the mean practice NICE score, decreased by 70% from the baseline audit to the two-year audit (n=1541)  
• Of 15 respondents (11 from practice nurses) to the 50 Healthcare (HCP) experience questionnaires distributed, the percentage of respondents recording a high knowledge score (8 to 10) was higher after the educational sessions across several aspects of the management and understanding of COPD.  
• All 15 respondents to the HCP experience questionnaire stated that the educational sessions had been successful or very successful in building their confidence, improving their skills and knowledge and increasing their enthusiasm for managing their COPD patients.  
• The rate of COPD admissions in Wearside PBC was 13.6% lower in the first year of the project (Sep 09–Aug 10) and 3% lower in the second year (Sep 10–Aug 11) than in the base year (Sep 08–Aug 09). By comparison, the admission rates for the rest of Sunderland PCT decreased by 2.5% and 1% in the first and second years respectively, and admissions for the whole North East SHA decreased by 3.2% in the first year but rose by 7% in the second year compared with the base year. The higher admissions observed for all localities in the second year were most likely related to the more severe winter.  
| GSK | • There was an increase in the appropriate use of medicines, including GSK’s medicines, within this locality over the period of the joint working project.
Conclusions

Patients with COPD in the participating practices in Wearside PBC benefited substantially through:

- A more consistent approach to COPD management
- An improved patient pathway and treatment protocol in line with NICE COPD Guideline 2010
- Up-skilling of GPs and nurses
- Earlier disease intervention
- Enhanced self-management training.

References:


4. POINTS data reports for 16 practices, 1,541 patients. Collected and supplied by Quintiles, data analysis by GSK, Aug 2012

5. COPD patient experience survey. Data collected from 216 patients and analysed by Ipsos MORI, September 2010.

6. SUS data based on HRG DZ21. Data provided by NHS Sunderland PCT and analysed by GSK, August 2010.

7. HCP Joint Working Experience Questionnaire, data from 15 HCPs collected and analysed by Ipsos MORI, March 2010.


9. GSK data on file [UK/PPM/0052a/12] Dr Foster’s COPD report on the North East SHA based on HRG DZ21 and analysed by GSK, August 2012 http://drfosterintelligence.co.uk*

*This information was generated by the Regional Healthcare Analysis tool, which is proprietary software of Dr Foster Limited and IMS Health Limited. All rights reserved. No further copying or reproduction of this information is permitted without consent from Dr Foster Limited and IMS Health Limited.

Further Information:

http://www.gsk.com/uk/joint-working.html

Or contact: GSK UK Customer Contact Centre: +44 (0)800 221 441

UK/PPM/0119b/11 (2) Archived 2015.