

### Abstract title

Improving quality of life for asthma patients in StHealth Practice Based Commissioning Consortium (StHealth) within St Helen's PCT.

### Abstract Authors

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### Context

It was estimated that 75% of asthma-related admissions to hospital were avoidable<sup>1</sup>. A National Health and Wellness survey in 2008 showed that 51% of people treated for asthma in the UK had not been well controlled.<sup>2</sup>

### Outline of the problem

Asthma prevalence in StHealth was estimated to be 7%<sup>3</sup>. People with asthma living in north-west England were 65% more likely to have uncontrolled asthma and need emergency hospital care compared with those in the east of the country. St Helen's was ranked the 8<sup>th</sup> highest PCT in England for the number of asthma-related admissions to hospital (1 being the worst).<sup>4</sup>

### Assessment of the problem and analysis of its causes

Inconsistency in management and inappropriate patient referrals to hospital contributed to resource burden on the NHS and quality of care for people with asthma.

### Strategy for change

StHealth Practice Based Commissioning Consortium and GlaxoSmithKline UK (GSK) worked jointly to improve quality of life for people with asthma in the area. The project aimed to improve quality of care in line with the British Thoracic Society/ Scottish Intercollegiate Guidelines Network guidelines<sup>5</sup> and the Quality and Outcomes Framework Asthma standards.<sup>6</sup>

### Measurements of improvement

The Patient Outcome and Information Service\* was used to measure changes in four key asthma parameters.

### Effects of changes

- There was a 17% improvement (47% to 64%; n=2207) in the composite asthma parameters in the reviewed patient group compared with a 6% increase (40% to 46%; n=4919) in the total asthma population<sup>7</sup>.
- Variability in asthma management measures across StHealth clinics decreased by 38% (n=2207) compared with 10% for the total population (n=4919)<sup>7</sup>.
- Within the reviewed population (n=2207), there was a 4% increase in the use of inhaled corticosteroid/long-acting beta agonist combination (ICS/LABA) from 48% (n=1056) to 52% (n=1148). This included a 9% increase in use of fixed dose combination therapies. For the total asthma population (n=4943 at baseline; n=4919 at follow up), there was a 2% increase in use of ICS/LABA from 41% (n=2021) to 43% (n=2108) including a 9% increase in use of fixed dose combination therapies<sup>7</sup>.
- There was no significant change in short-acting beta agonists (SABA) use in the reviewed population (patient n=1932 at baseline; 1945 at project end)<sup>8</sup>.
- There was an overall reduction in non-elective asthma-related admissions in both StHealth intervention practices and comparator groups.<sup>9</sup>

### Lessons learnt

Continuity of organisational structure was a key component to success of the project. This type of joint working can reduce variability in the treatment of patients.

### Message for others

Using a robust and transparent approach such as joint working, the NHS can successfully partner with GSK to improve patient care.

*\*Patient Outcome and Information Service (POINTS) is provided by GSK as a service to medicine and is delivered on behalf of GSK by Quintiles. At no point do GSK have access to any personal identifiable information*

### References

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