

Abstract title

Strengthening management of Chronic Obstructive Pulmonary Disease (COPD) in NHS East Midlands (NHSEM) and Nottingham North and East Clinical Commissioning Group (NNE PCT).

Abstract Authors

Customer Solutions Department, GSK

Context

The British Lung Foundation suggested that there were an estimated 3.7 million people with COPD in the UK¹ yet only 900,000 had been diagnosed with the disease².

Outline of the problem

In 2010-11, there were nearly 10,000 unplanned COPD-related admissions to hospital in East Midlands; amounting to 75,161 bed days and nearly £20m in tariff payments.³

Assessment of the problem and analysis of its causes

There was wide variation in COPD clinical practice across the area.

Strategy for change

A partnership approach between GlaxoSmithKline (GSK), NHSEM and NNE PCT was adopted. Interventions were set up to improve management and consistency of patient care in line with NICE COPD Guideline 2010⁴ and to raise standards, such as, consistent use of spirometry for diagnostic purposes.

Measurements of improvement

The Patient Outcome and Information Service (POINTS)* was used to measure changes in key COPD parameters. The COPD Assessment Test (CAT)⁵ was also used to measure impact of COPD on patient's lives over time.

Effects of changes

Adherence to NICE standards, as a composite measure of four parameters, increased by 12% from 56% (n=2677 at baseline) to 68% (n=2697). This was primarily driven by improvements in the recording of exacerbations which increased by 43.8% (14.6% to 58.4%). There was a significant increase in the use of the CAT from 0.04% at baseline (n=1 of 2677) to 31.81% at project end (n=858 of 2697).

Lessons learnt

A consistent approach in the management of COPD and improving data recording can lead to better patient care. However, additional training and continued vigilance in diagnosis is essential.

Message for others

Using a robust and transparent approach to joint working, the NHS can successfully partner with GSK to improve skills and capabilities of healthcare professionals which can lead to enhanced care for patients.

**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

1. British Lung Foundation, Invisible lives. Chronic Obstructive Pulmonary Disease (COPD) finding the missing million. November 2007.
2. Shahab L, Jarvis MJ, Britton J, and West R. Prevalence, diagnosis and relation to tobacco dependence of chronic obstructive pulmonary disease in a nationally representative population sample. *Thorax* 2006; 61: 1043-47. <http://thorax.bmj.com/content/61/12/1043.full.pdf> Accessed December 2013.
3. NHS East Midlands Annual Respiratory Report 2011/12.
4. National Clinical Guideline Centre (2004; 2010) Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care <http://guidance.nice.org.uk/CG101/Guidance/pdf/English> Accessed December 2013
5. COPD Assessment Test <http://www.catestonline.org/> Accessed December 2013
6. Patient Outcomes & Information Service (POINTS) COPD Cluster Follow-up Report 24/10/2012 May 2011 UK/RESP/0039/10