

Abstract title:

Scarborough and Ryedale Clinical Commissioning Group (CCG) working jointly with GlaxoSmithKline (GSK) to improve the management of Chronic Obstructive Pulmonary Disease (COPD) across the Scarborough and Ryedale Area (July 2013 to September 2014).

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Brief outline of context:

COPD is a significant burden on the health economy. The National Clinical Guideline Centre (NICE) estimated the total annual direct cost of COPD in 2000-1 to the NHS was £491,652,000 with the average cost per patient per annum of £819.42¹.

Brief outline of problem:

In 2011, the direct cost of COPD to the health system in Yorkshire and the Humber was £77m². Hospital COPD readmission rates in Yorkshire were 32% and the average length of stay a day longer than the national average (Yorkshire 6 days, England 5 days)². In 2011/12 Scarborough and Ryedale CCG had a recorded COPD prevalence rate of 1.78%³, an undiagnosed prevalence rate of 42.5% and 262 non-elective admissions⁴ for COPD.

Assessment of problem and analysis of its causes:

The NHS/GSK project team considered there to be a wide variation in the levels of COPD care and adherence to the current NICE COPD Guidelines 2010¹ across the CCG group.

Strategy for change:

A joint working project between GSK and Scarborough & Ryedale CCG was developed to help address some of these issues. A range of interventions including a comprehensive educational programme, use of audit tools to support clinical staff in identifying patients who might be appropriate for patient review and development of a CCG wide COPD patient review template, were set up to improve management and drive consistency of patient care in line with NICE COPD Guidelines 2010¹.

Measurement of improvement:

The Patient Outcome and Information Service (POINTS), provided by GSK, was used to measure changes in recordings of key COPD parameters; number of exacerbations, breathlessness using MRC scores, COPD Assessment Test (CAT)⁵, COPD annual review, FEV₁, inhaler technique and self management plan. In parallel to this, COPD hospital admission data for this area was analysed through the IMS Andromeda Healthcare Tool⁶ (provided by IMS on behalf of GSK).

Effects of changes:

Adherence to NICE standards as a composite measure of the 7 POINTS dashboard parameters (exacerbations, breathlessness, COPD Assessment Test (CAT)⁵, COPD review, FEV₁, inhaler technique and self management plan)⁷ increased from 46% to 61% for the total COPD population (patient n = 1914 at baseline and 2071 at final report). This was primarily driven by the recording of exacerbations which increased by 35% from 19% to 54% and recording CAT⁵ which increased by 33% from 5% to 38%.⁷ Analysis of the COPD admissions for NHS Scarborough and Ryedale CCG in the base year (2012/13) using the Andromeda Health Care Tool showed 276 admissions with a standard admission ratio (SAR) of 99.28, the lowest in the area team. This figure dropped to 271 admissions with a SAR of 101.88 in the following year (2013/14) still remaining the lowest in the area team. During the same period emergency COPD admissions increased from 246 to 249⁶ It is acknowledged that as many factors outside of the project can have an impact on the rate of admissions therefore, any changes in COPD admissions cannot be directly attributed to the project.

Lessons learnt:

A consistent approach in the management of COPD and improving data recording can contribute to better patient care.

Message for others: Joint Working between the NHS and the GlaxoSmithKline can lead to measureable healthcare benefits for patients.

References

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4. Data on COPD hospital admissions (Non Elective) have been taken from the Health Episode Statistics (HES) for 2011/12 from Dr Foster IMS regional healthcare analysis April 2011 – March 2012.
5. COPD Assessment Test <http://www.catestonline.org/> (Last Accessed June 2016).
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7. POINTS Cluster report provided by Quintiles, data analysis by GSK, Date of Preparation: February 2013 UK/RESP/0029c/13.