

Practice Briefing

Reduction of COPD Admissions – Primary Care Winter Planning Project

What is it?	<ul style="list-style-type: none"> • A winter planning project to support patients suffering from chronic obstructive pulmonary disease (COPD).
Why	<ul style="list-style-type: none"> • Patients with COPD often suffer winter exacerbations of their condition that may present with worsening breathlessness, cough with more sputum and wheeze. Acute exacerbations of chronic obstructive pulmonary disease (COPD) are associated with significant morbidity and mortality and are the second most common cause of admission to hospital in UK according to the British Lung Foundation. • The evidence shows that prompt treatment of these vulnerable patients with antibiotics and steroids can arrest the deterioration and prevent hospital admission. • The QMAS system has 6011 patients on practice COPD registers across the Ipswich & East Suffolk CCG, with an estimated third of these (2004) suffering from moderate to severe COPD. • NICE Clinical Guideline defines moderate to severe COPD as FEV1 <80% of expected post bronchodilator therapy'; however patients with higher lung function but a history of recent exacerbations or admissions would also benefit from the proposed intervention. • Half (1002) of those patients identified are likely to need a prescription.
How does it work	<ul style="list-style-type: none"> • The project has the benefit of identifying all moderate to severe COPD patients, assessing their current clinical status and ensuring they have the 'traffic light' document (to be circulated to practices in January in the form of a leaflet, 'The Airway Code') available to them to help them manage their care over the winter months. • Throughout January, Practice Nurses are asked to contact moderate to severe patients and ask three simple questions; <ul style="list-style-type: none"> - Do you have an emergency supply of antibiotics and steroids that are in date? - Do you know when to take your steroids and antibiotics? - Have you had your pneumococcal vaccinations and flu jab? <p>As a result of the call, it may become evident that a new prescription needs to be issued to the patient.</p> <ul style="list-style-type: none"> • Following on from the call, the traffic light document ('The Airway Code') will need to be completed and then posted to the patient. • The details of the calls will be recorded on the monitoring form (Appendix A) and sent to the CCG Implementation team for monitoring and evaluation purposes. • Practices will be paid per patient at a cost of £7.80 per patient. This cost covers nurse and GP time, along with administrative cost (i.e. phone call and issuing traffic light document). The monitoring form will also act as a claim form and practices will be paid upon receipt of the form. • Practices will need to send the monitoring form to the CCG by Friday 15th February 2013.
Reporting Outcomes	<ul style="list-style-type: none"> • Practices are asked to complete a monitoring form (Appendix A) so that the project can be evaluated against COPD patients and previous levels of emergency admissions.
Benefits to patients	<ul style="list-style-type: none"> • Patients are empowered to manage their own condition while receiving appropriate support from their general practice. • Patients are engaged with their practice and also reminded of medications available to them should their condition deteriorate.
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