Bobby Bolt – Divisional Director for Primary Care and Networks
Dr Patrick Flood-Page - Project Lead Respiratory Consultant
Dr Jackie Abbey, Project Lead GP Clinician

Chrissie Bryant, Business Director – Wales, GlaxoSmithKline - Chair of session
Content

• Health Board Context
• Joint Working Business Case
• Project Objectives
• Project Governance
• Methodology
• Project Outcomes
• Lessons Learned
Context

• COPD is a significant burden on the Total Health Economy, COPD currently being the UKs second most common cause of emergency admissions¹.
• COPD Prevalence UK average 1.4%, Aneurin Bevan HB average is 1.99% (range 1.45% to 2.79%) ²
• Total of 11,893 patients on GP COPD registers in HB ²
• AB HB had 1,790 patient admissions for COPD during 2009/10 and 1,679 during 2010/11. In 2011/12 there were 1,210 patient admissions²
• Number of bed days 14,461 during 2009/10, 13,806 during 2010/11 and 10,062 during 2011/1 ²
# COPD Patient Admissions vs COPD Bed Days

## Table

<table>
<thead>
<tr>
<th>Year</th>
<th>Patient Admissions</th>
<th>Bed Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009/10</td>
<td>1,790</td>
<td>14,461</td>
</tr>
<tr>
<td>2010/11</td>
<td>1,679</td>
<td>13,806</td>
</tr>
<tr>
<td>2011/12</td>
<td>1,210</td>
<td>10,062</td>
</tr>
</tbody>
</table>

Date of Preparation: 30/11/2012

UK/RESP/0115/12
Joint Working Business Case

• Aneurin Bevan Health Board (ABHB) and GlaxoSmithKline (GSK) combined resources to the value of £300,000 to support primary care via a comprehensive training programme to deliver an improved standard of care based on NICE 2010 COPD Guideline³.

• Detailed in a Joint Working Business Case
Background

• Patients receive most of their care for COPD from General Practitioners and Practice Nurses, yet there is little provision for training within Primary Care

• Care to be clinically led and totally patient focussed
Gwent PREP

• The Gwent Primary Care Respiratory Education Programme (PREP) Joint Working Project is a training and mentoring Programme in South-East Wales

• This project had the dual purpose of offering COPD training to primary care practices and as a result, measuring the impact of the programme
Joint Working Project Objectives
(as per Joint Working Business Case)

• Improve COPD patient management to NICE standards in primary care
• Improve management of acute exacerbations
• Reduce emergency admissions and associated costs
• Improve equity of care by reducing variability in the management of COPD across practices
• Assess the quality of the COPD service as assessed by patients and practice nurses

Date of Preparation
30/11/2012
NHS-defined Joint Working

Defined as situations where, for the benefit of patients, one or more pharmaceutical companies and the NHS pool skills, experience and/or resources for the joint development and implementation of patient-centred projects and share a commitment to successful delivery.

Date of Preparation
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The Gwent PREP Journey

June 27th 2012: ABHB Project HCP Results Evening

Practice Nurse Education = 27 Workshops and over 100 practices Mentoring Clinics – March 2011 – March 2012

Practice Nurse Revision Evening – 26 Jan 2012

GP and Nurse Education Event – 23 Sept 2011

POINTS Baseline Report Phase one – May 2011

Final ABHB sign off and Implementation commences – March 2011

GSK Meet with Dr Andrew Goodall and Joanne Absalom – Feb 2010

COPD Pathway Development - 2008

POINTS Interim Report Phase one – Oct 2011

Practice Recruitment Phase Two – April 2011-August 2011 (17)

Practice Recruitment Phase one – Dec 2010-March 2011 (25)

Business Case developed and approach agreed – Summer 2010

GSK Approached ABHB Clinical Leads - Sept 2009

Nurses – Presented with the British Journal of Nursing “Nurse of the Year 2012” Award, March 2012

POINTS Interim Report Phase Two and Phase One 2nd Report – Jan 2012

POINTS Baseline Report Phase Two and full cluster – Sept 2011

Day One Workshop for Phase One Practices – March 2011

HCA Training – Feb and March 2012

POINTS Interim Report Phase Two and Phase One 2nd Report – Jan 2012

POINTS Baseline Report Phase Two and full cluster – Sept 2011

Day One Workshop for Phase One Practices – March 2011

GSK Business Case approval – Jan 2011

COPD Pathway Engagement Meeting – Feb 2010

Results Presentation Oct’12, RCGP conference, Glasgow

Initial Results Presentation May 2012, American Thoracic Society

Final Workshops for nurses and GPs 19TH and 23RD March – Audit runs directly post these events

UK/RESP/0115/12
Project Governance

• All elements of project were conducted in an open & transparent manner

• Formal signed agreement between ABHB and GSK

• All interests publicly declared
Project Governance

• **Confidentiality** agreements in place

• Individual participating practices signed **separate authorisation forms** for utilisation of POINTS* (software)

• GSK complied with the **ABPI Code of Practice** and all other relevant regulations

* Patient Outcome and Information Service (POINTS) is provided by GSK and is delivered on behalf of GSK by Quintiles. It involves the extraction of anonymised data which can be used by practices for assessment of existing services and does not involve the transfer of any patient identifiable data to GSK or Quintiles.
Project Governance

• All NHS employed staff complied with NHS and relevant professional body Codes of Conduct and were fully aware of Welsh Government Partnership Working Guidance (2004) relating to Joint Working with the pharmaceutical industry

• GSK and NHS adhered to all relevant ethical governance arrangements
Governance Arrangements

• Project Governance Group (lead clinicians, ABHB, GSK) – bi-monthly review meetings:
  – Terms of Reference
  – Detailed Project Plan
  – Communications Plan
  – Exit Strategy

Date of Preparation
30/11/2012
Methodology

Dr Jackie Abbey
Project Lead GP Clinician
Methodology

• All primary care practices across Aneurin Bevan Health Board were invited to participate (92).

• 43 signed up to the project. (41 practices completed the project, 38 practices are included in this presentation#).

#3 practices are not included in this analysis due to either IT incompatibility or no agreement for extended use of data.
Methodology

- The Project Steering Group had representation from primary care, secondary care, pharmacy, Aneurin Bevan Health Board and GlaxoSmithKline. Tracy Kirk, The Primary Care Respiratory Training Centre provided consultation and was lead educator.

- The Project started in March 2011 and completed end of March 2012.
Methodology

There were 3 elements to the programme:

1. Education

The educational material was based on the National Institute for Clinical Excellence (NICE) COPD 2010 guideline, the UK equivalent to GOLD and ATS/ERS COPD guidelines. The content of the educational programme had an emphasis on doing simple things well: spirometry and diagnosis, appropriate prescribing, checking inhaler technique and patient self management.
Methodology

2. Audit

Baseline, interim(s) and final audits were collated in each practice using the POINTS audit software. Each practice reviewed their performance report and planned appropriate actions.
Methodology

3. Patient Review

- A lead COPD GP and/or Nurse from each participating practice, who ran a respiratory clinic in their respective practices, were responsible for reviewing their COPD population based on NICE COPD 2010 guideline standards of care
- Use of patient experience questionnaire (Ipsos MORI) post COPD review
Methodology

Evaluation /Results –

Data extracted from patient and practice nurse experience surveys## that assessed the quality and impact of reviews and the project interventions and also from practice clustered POINTS Audit software where the results for the patient subgroup receiving enhanced review (“reviewed patients”) are presented.

## 3 Healthcare Professionals were not practice nurses (two Health Board Nurse Specialists, 1 Healthcare Assistant)
## Methodology

<table>
<thead>
<tr>
<th>Number of practices</th>
<th>Total population</th>
<th>COPD Population</th>
<th>COPD % Population</th>
<th>Total Numbers reviewed in 12 months</th>
<th>% COPD Population review</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABHB - 92</td>
<td>599046</td>
<td>11893</td>
<td>1.98%</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
<tr>
<td>Gwent PREP Cluster Report - 38</td>
<td>251728</td>
<td>5645</td>
<td>2.24%</td>
<td>3628</td>
<td>64%</td>
</tr>
<tr>
<td>Gwent PREP Reviewed Patient Cluster Report - 38</td>
<td>252887</td>
<td>3314</td>
<td>1.31%</td>
<td>3239</td>
<td>98%</td>
</tr>
</tbody>
</table>
The Results

Dr Patrick Flood-Page
Project Lead Respiratory Consultant
COPD key data recording assessment in line with NICE **

**Key Data recording is a composite score of annual review (25%) exacerbations (25%) breathlessness (25%) Spirometry FEV1 (25%) from each patient consultation.

Practice nurse knowledge has increased after their training (N=49)

Patient understanding of their lung condition after their review has increased (N=244)

= represents patients reviewed within the Gwent PREP Project and shows an overall shift from 59% NICE standard patient reviews to 89% NICE**

Patients are more likely to get the same standard of care in all Gwent PREP clinics as variability in the standard of review has decreased by 58%
Exacerbations

Recording of exacerbations has increased from 23% to 77%

Practices are able to identify and support patients based on their exacerbation rate

Practice nurses’ knowledge of how to accurately record, prevent and manage exacerbations has increased (N=49)

77% of patients are leaving their COPD review with increased knowledge about what to do if their symptoms get worse (N=244)

Exacerbation Frequency (COPD Population Now) - Breakdown

Recording Exacerbations

(Score of 0 = not at all knowledgeable to 10 = extremely knowledgeable)

Date of Preparation 30/11/2012

UK/RESP/0115/12
Funnel Chart: COPD Emergency Admissions\(^1\) versus COPD List Size\(^1\)

Aneurin Bevan HB COPD Emergency Admissions 2010/11
All ABHB Practices (Gwent PREP in red) (91/93)

Funnel Chart: COPD Emergency Admissions\(^1\) versus COPD List Size\(^1\)

Aneurin Bevan HB COPD Emergency Admissions 2010/11
Gwent PREP Practices (41/93)

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COPD Emergency Admissions per 100 Patients
(Overall Rate 13.1/100)

Mean
Upper 99.8%
Upper 95%
Lower 95%
Lower 99.8%

Date of Preparation
30/11/2012
Funnel Chart: COPD Emergency Admissions\(^1\) versus COPD List Size\(^1\)

Aneurin Bevan HB COPD Emergency Admissions 2010/11
Non-reviewed Practices (52/93)

COPD Emergency Admissions per 100 Patients (Overall Rate 14.0/100)

Date of preparation 30/11/2012

COPD Emergency Admissions
Gwent PREP practices (41/43) average 58.9

Date of Preparation
30/11/2012

Medicines Use

Trends towards NICE Guideline defined medicines use

Points Audit: 83% of patients received inhaler technique checks during their review

Patient Survey: 100% of patients have received inhaler training (N=245)

Were you shown how to use your inhaler?

- Yes: 84%
- No, been explained before: 16%

Date of Preparation: 30/11/2012

UK/RESP/0115/12
COPD Assessment Test (CAT)/Self Management and co-morbidity Recording

Increased recording of self management plans and CAT scores

Smoking Cessation:
35% of patients are still smoking

<table>
<thead>
<tr>
<th>Smoking status</th>
<th>Never smoked</th>
<th>Smoker</th>
<th>Ex-Smoker</th>
<th>Unknown</th>
<th>Total COPD patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients at Baseline</td>
<td>417 (12%)</td>
<td>1073 (32%)</td>
<td>1364 (41%)</td>
<td>460 (14%)</td>
<td>3314</td>
</tr>
<tr>
<td>Baseline cohort at final audit</td>
<td>373 (11%)</td>
<td>1165 (35%)</td>
<td>1662 (50%)</td>
<td>114 (3%)</td>
<td>3314</td>
</tr>
</tbody>
</table>

Date of Preparation
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Practice Nurse and Patient Experience

100% of practice nurses found the Gwent PREP Project successful (N=49)

98% of patients were satisfied with their review (Lung check Up) (N=240)

Date of Preparation
30/11/2012
Learning Points

• Clinical engagement across primary and secondary care, including Practice Managers, is key to successful delivery

• Benefits of working with other stakeholders /expertise e.g. BLF

• Could have covered the impact on ‘carers’ too

• Smoking cessation remains a major issue
Conclusions

• NHS/Pharmaceutical Industry/other stakeholders can effectively work in partnership (Joint Working approach) to deliver improved patient care

• Governance arrangements are important and need to be clearly defined at the outset

• Need to be clear what we are trying to achieve and areas where NHS needs support – be clear on what each party brings

• Importance of being patient-focused and clinically led
Conclusions

• Focussing on the training of the healthcare professionals delivering the majority of COPD care increases concordance of COPD care along internationally agreed and evidence-based guidelines.

• Does that make a difference?

It does to patients and their Healthcare Professionals
References


2. Data supplied by Conrad Hancock Aneurin Bevan Health Board Information Services on 29th Nov 2012


5. The Patient Outcomes and Information Service (POINTS) (Full Population)

6. The Patient Outcomes and Information Service (POINTS) (Reviewed Only Population)
Questions?