

Organisation of care for acute COPD in UK hospitals: progress since 2003

Hosker HSR, Lowe D, Buckingham R, Stone R, Roberts CM

NCROP study, CEEU, Royal College of Physicians, UK and The British Thoracic Society

ABSTRACT

Introduction

234 (95%) UK acute hospitals took part in an audit of acute COPD care in 2003 which highlighted deficiencies and significant variation in care (1).

A 2nd study (NCROP) in 2007 examined progress in organisation of care in 100 UK units, and looked in more detail at aspects of provision of acute care that were deficient in the 2003 study. Units supplied information on resources and organisation of care available for acute COPD patients. Results were compared with their data from 2003 in the context of national (NICE) and Specialist Society (BTS) guidance.

Results

There were clear improvements in many aspects of organisation of care from 2003 to 2007 in the 87 units participating in both studies: written local guidelines (76% in 2007 vs 60% in 2003; $p=0.024$); specialist respiratory ward (87% vs 76%; $p<0.001$); specialty triage (59% vs 41%; $p=0.011$); 2 or more PTWRs in 24 hours (87% vs 70%; $p=0.003$); formal pulmonary rehabilitation programme (84% vs 71%; $p=0.027$); access to early discharge scheme for COPD admissions (63% vs 46%; $p=0.013$). Availability of acute NIV was unchanged (95% vs 97%; $n.s.$).

Additional information in 2007 showed that in 64% units the respiratory unit is in a dedicated area; 85% have access to palliative care services (82% on site) but only 34% have on site clinical psychology support; 13% offer a specialist respiratory on call rota; 69% units have HDU access for COPD patients and 63% have a funded smoking cessation programme in the trust.

In 40% of units a written self-management plan is given at discharge. 83% have a local patient support group and 78% have a respiratory interest group / network. 86% feel their local commissioners (PCT) engage with respiratory services, but only 73% feel there is a mechanism to influence local commissioning of care. 64% PCTs have a respiratory care lead.

These results show encouraging progress in the organisation of acute COPD care in UK hospitals since 2003 and highlight areas of continuing concern.

BACKGROUND AND METHODS

234 (95%) UK acute hospitals took part in an audit of acute COPD care in 2003 which highlighted deficiencies and significant variation in care (1).

The National COPD Outcomes and Resources Project (NCROP) in 2007 examined progress in 100 UK units as part of a peer-reviewed intervention study designed to improve hospital care for COPD patients. Units supplied information on resources and organisation of care available for acute COPD patients. Results from the 87 units who took part in both the 2003 UK national COPD audit and the 2007 NCROP study were compared and analysed in the context of national (NICE) (2) and Specialist Society (BTS) guidance (3). Additional questions were asked in 2007 in order to understand more fully the variation in care observed in 2003.

RESULTS

There were improvements in many aspects of organisation of care from 2003 to 2007 in the 87 units participating in both studies (see table and graph).

Additional information in 2007 showed that:

- in 64% units the respiratory unit is in a dedicated area
- 85% have access to palliative care services (82% on site) but only 34% have on site clinical psychology support
- 13% offer a specialist respiratory on call rota
- 69% units have HDU access for COPD patients
- 63% have a funded smoking cessation programme in the trust.
- In 40% of units a written self-management plan is given at discharge
- 83% have a local patient support group and 78% have a respiratory interest group / network
- 86% feel their local commissioners (PCT) engage with respiratory services, but only 73% feel there is a mechanism to influence local commissioning of care. 64% PCTs have a respiratory care lead

Aspect of COPD care	% Availability in 2003	% Availability in 2007	P value
Written local guidelines	60	76	0.024
Specialist respiratory ward	76	87	n.s.
Specialty triage	41	59	0.011
Pulmonary rehabilitation	71	84	0.027
EDS for COPD	46	63	0.013
Availability of acute NIV	97	95	n.s.

CONCLUSIONS

- There is encouraging progress in the organisation of acute care for COPD patients in the UK.
- There remain deficiencies in important aspects of provision such as pulmonary rehabilitation, written management plans, HDU access and EDS.
- Commitment of commissioners to acute COPD care is patchy.

REFERENCES

1. Price et al. Thorax 2006; 61 (10): 837-42
2. NICE COPD guidelines. Thorax 2004; 59 (suppl 1); 1-232
3. BTS guidelines. Thorax 2002; 57; 192-211

Figure 1. Improvements from 2003 to 2007

