

Is review in the chest clinic or GP surgery advantageous? Clues from the 2008 UK COPD audit

Stone RA, Potter JM, Lowe D, Pursey NA, Buckingham RJ, Roberts CM

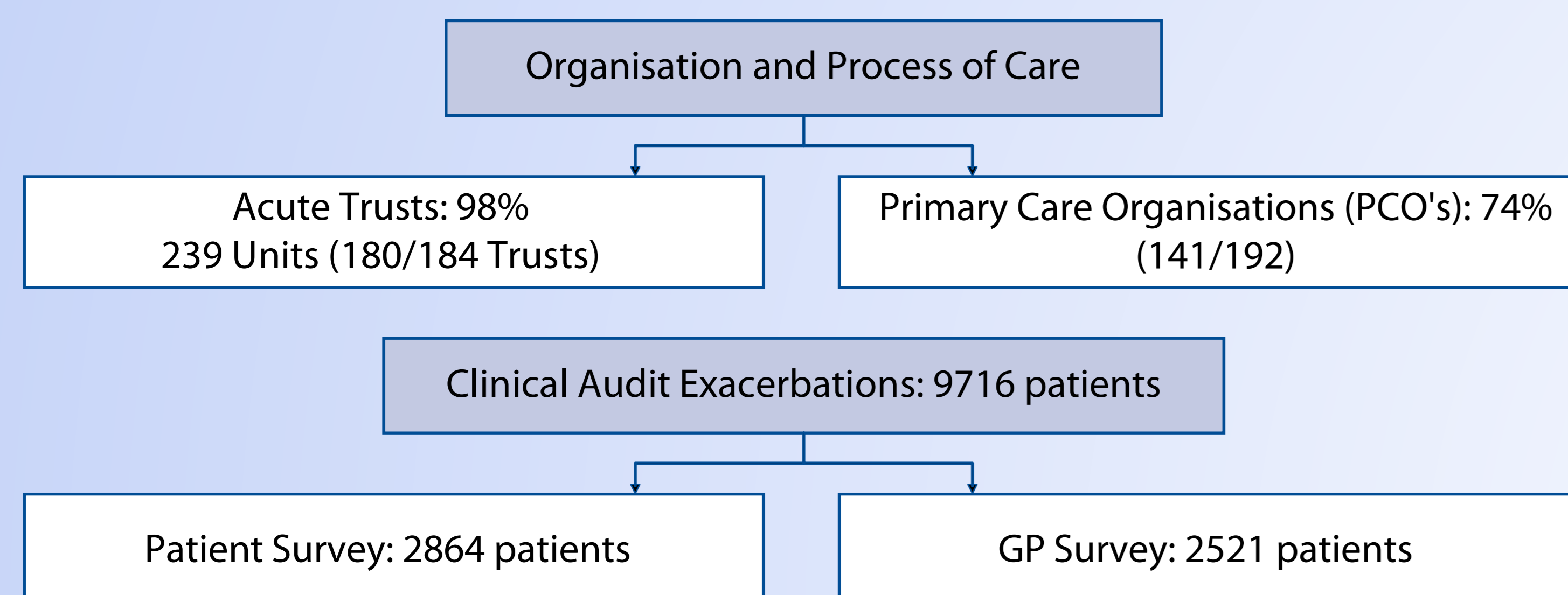
Clinical Standards Department, Royal College of Physicians, London, UK.



Introduction

- The 2008 UK COPD audit included, for the first time, responses of patients to a survey that enquired about their usual COPD management.
- The questionnaire was designed to understand how well informed the group appeared, how they accessed care and what they did at the time of exacerbation.
- We were also interested to understand if there were any differences in patient response according to the level of specialist review they received.

The National COPD Audit 2008: methodology and participation



Methods

- Patients were asked to state within the questionnaire whether they attended a chest clinic, attended their General Practice for regular review, were receiving review in both chest clinic and Primary Care, or neither of these.
- The data analysis we present here shows responses to each question split according to these categories.

Results

- A total of 2864 patient survey returns were obtained. Mean age was 72 years and 49% of patients were female.
- Responses to questions, split according to method of clinical review, are shown in Table 1
- Understanding of COPD and ability to self-manage exacerbation seemed best in the group attending both chest clinic and surgery, this group also having the greatest proportion of self-management plans and propensity to seek telephone advice.
- Responses of those attending either chest clinic or GP surgery seemed similar, but the group attending neither seemed to fare less well; notably, however, fewer had been admitted to hospital previously and more lived alone.

Table 1

- Answers reflect affirmative responses.
- Percentages are based on denominators that are sometimes slightly lower than the group totals because of missing data.

Method of review	Clinic and GP (n=727)	GP Only (n=814)	Clinic Only (n=440)	NEITHER (n=706)
Do you understand what COPD stands for?	662 (91%)	698 (86%)	391 (89%)	544 (77%)
Was this the first time you had been admitted to hospital with COPD [bad chest]?	94 (13%)	256 (31%)	61 (14%)	241 (34%)
If no, do you have antibiotics and/or steroids you can take when bad?	186/624 (30%)	132/554 (24%)	77/376 (20%)	74/458 (16%)
Did you notice a change in the colour or amount of phlegm you coughed up before your recent admission to hospital?	453 (62%)	489 (60%)	269 (61%)	339 (48%)
Has anyone explained the medicines you should be taking for your chest?	680 (94%)	719 (88%)	392 (89%)	500 (71%)
Do you live on your own?	231 (32%)	310 (38%)	165 (38%)	304 (43%)
Do you use oxygen at home?	305 (42%)	179 (22%)	223 (51%)	167 (24%)
Do you use a nebuliser at home?	450 (62%)	336 (42%)	287 (65%)	265 (38%)
Using nebuliser AND Oxygen?	228 (31%)	130 (16%)	175 (40%)	122 (17%)
Have you been admitted to hospital for your chest [COPD] within the last year?	544 (75%)	404 (50%)	342 (78%)	374 (53%)
How often do you get flare-ups of your chest condition: a number of times a year	677 (93%)	692 (85%)	398 (90%)	526 (75%)
Have you been given a written plan for what to do when your chest is getting bad?	231 (32%)	162 (20%)	96 (22%)	117 (17%)
When your chest is getting bad do you seek advice over the phone from your GP, respiratory nurse or hospital doctor?	507 (70%)	480 (59%)	273 (62%)	279 (40%)

Discussion

- Although these data represent a snapshot at a particular point in time, they suggest review at both clinic and surgery confers advantage.
- It is unclear whether this is due merely to an improved chance of "getting it right" because patients are seeing more health care professionals.
- Patients who aren't attending clinic or GP may be presenting with newly diagnosed disease but the data suggest there may be merit in case finding strategies to identify some of these individuals.

Conclusion

- Further work is necessary to understand the best method of following up COPD patients in the stable state and how to identify those not attending for regular review.

