

Self Reported good practice and innovation delivered by Primary Care Organisations for COPD patients

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Background

- The 2003 National COPD Audit focused entirely on secondary care provision.
- In order to reflect the increased integration of COPD services into the community, the 2008 audit has also encompassed primary care.
- Little national data exists on the provision of COPD services by the Primary Care Organisations (PCOs) and therefore as part of the National COPD Audit 2008 we undertook a paper based, self reported survey of all 192 UK NHS PCOs

Themes

- The survey invited the PCOs to share examples of good or innovative practice either in action or planned for the near future.
- Survey responses were received from 141/192 PCOs (114 England, 18 Wales, 5 Scotland, 2 Northern Ireland, 2 the Islands) and 92 PCOs (48%, 92/192) commented on examples of innovative practice.
- The information from this survey was collated and systematically analysed by two independent assessors for common themes and sub themes.

Themes

1) Interface Care/Prevention of Admissions

- Community COPD teams 31 PCOs
 - Integrated Care Pathways 13 PCOs
 - 'Telehealth' 9 PCOs
 - Weather warnings from the MET office 10 PCOs
- Sub-theme analysis identified differences between innovations aimed at early detection of symptoms versus those aimed just at admission avoidance.

2) Community Service Development

- Plans to increase the provision of community-based services was another important theme reported by the PCOs.
- Examples included:
 - Community COPD teams 31 PCOs
 - Community Matrons 9 PCOs
 - Palliative care/end-of-life services 11 PCOs
 - Pulmonary rehabilitation 12 PCOs
 - Oxygen assessment clinics 7 PCOs

3) Education and training

- A large emphasis has been placed on the education of both patients and healthcare providers (19 PCOs) including:
 - Educational audiovisual aids for patients
 - Self-management plans
 - Qualifications for healthcare providers

Discussion

- There are a number of interesting innovative concepts under development in primary care.
- There does not appear to be a mechanism by which PCOs communicate with each other.
- There are few reported examples of a working interface between primary and secondary care.
- Systematic audit to assess the quality of these emerging services is required.

Conclusions

- **It is encouraging to see that substantial work is being undertaken to improve clinical outcomes in COPD.**
- **It is important that we audit these services as they emerge and endorse services where there is integrated and collaborative practice between primary and secondary care.**

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