Executive Summary

Wirral Alliance CCG and AstraZeneca undertook a Joint Working project to evaluate whether local chronic obstructive pulmonary disease (COPD) management could be brought more in line with national guideline recommendations through the use of a computer-guided consultation approach to deliver improved patient care.

Working with practice nurses, the 256 computer-guided COPD patient assessments resulted in more than 11% of registered COPD patients having their diagnosis revised and for the confirmed COPD patients: 80.2% receiving a written management plan, 55.6% being identified as eligible for a referral to smoking cessation and 56.8% being identified as eligible, using NICE criteria, for pulmonary rehabilitation.

The project demonstrated the power of computer-guided consultation in reducing unwarranted variance in COPD condition management, improving adherence to national guidelines and better patient care.

AstraZeneca and Joint Working

Improving patient lives is at the heart of AstraZeneca’s business. In the UK, the primary customer for our medicines, and consequent partner in helping us achieving that goal, is the NHS.

The ambitions of the NHS are broad and wide ranging, and it faces many challenges in achieving all it wants for people across the UK. As a result, NHS organisations are increasingly calling on external expertise to help them to meet these challenges. This ‘Joint Working’ approach is one that is actively promoted by key industry bodies including the Department of Health and the ABPI (Association of the British Pharmaceutical Industry).

AstraZeneca is committed to Joint Working as a means of supporting the NHS to achieve more for patients, and welcomes the opportunity to pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.

Situation

COPD is estimated to affect more than three million people in the UK and, as a result, poses a significant challenge to the NHS and its resources. Optimising chronic disease management is a core part of UK health strategy. Primary care is expected to provide most of the chronic disease management and much of the task is undertaken through nurse-based review.

Unwarranted variation of health outcomes has been identified as a key issue by the Department of Health.

Research has confirmed that numerous National Institute for Health and Clinical Excellence (NICE) guideline interventions that can improve patient quality of life - such as smoking cessation, pulmonary rehabilitation and inhaled medications – are not reaching patients.

In 2009/10, there were approximately 103 COPD admissions to hospital from patients from the seven Wirral Alliance CCG practices. This admission rate was above that of the PCT and the national average. The CCG recognised this as an area for improvement and, as it was outlined as a key priority in their 2011/12 Commissioning Plan, sought methods to improve personalised care planning for COPD patients in order to reduce the rates of exacerbations and lead to improved patient quality of life.

Subsequently, Wirral Alliance CCG and AstraZeneca embarked on a Joint Working project to explore whether new computer-guided consultation software – LUNGHEALTH – which was designed to support optimal COPD management in line with NICE guidance, could be used in primary care to improve guideline adherence, and consequently, patient outcomes and appropriate spending.
Joint Working Project Objective
- To use new computer-guided consultation software in COPD patient assessments across Wirral Alliance CCG’s seven practices to assess whether it could improve COPD management in line with NICE guidance, and consequently improve patient outcomes

Joint Working Project Strategy
Work with nurses from the seven practices to: 1) use the software as part of optimisation assessments with COPD patients, 2) review assessment outcomes, and 3) understand the benefits and challenges of using the software.

Working Together in Practice
- A review of the COPD registers of the practices were conducted and a third (29.8%) of those registered (256 patients) were invited for review
- Computer-guided consultation software: AstraZeneca funded the licencing of a new computer-guided consultation software package, LUNGHEALTH®, and provided a full training programme run by AstraZeneca clinical services and AshfieldIn2Focus as to how to use the package to deliver COPD assessments.
- Nurse-led assessment: Following training, practice nurses conducted 45 minute consultations with the identified patients, using LUNGHEALTH® to ensure consultations were conducted thoroughly in line with NICE’s COPD guidance.
- Shared patient assessment: A two page consultation summary was printed at the end of each patient review and, as well as being provided to the patient, was also sent to other relevant healthcare professionals across the pathway - such as the pulmonary rehabilitation community team lead - as part of referral management

Key Outcomes
- Full assessment using the computer-guided consultation method was completed in 256 patients (24.4% of the expected national patient population) – supporting delivery against NICE COPD Quality Standard 4 (QS4) and Quality and Outcomes framework domain 1 (QOF 1)
- COPD diagnosis was revised for over 11% of patients assessed (29 of 256) – removing them from the COPD register and onto a correct diagnostic pathway – supporting delivery against NICE COPD QS 1
- Of the 227 patients with a confirmed diagnosis of COPD:
  - 80.2% of patients received a written management plan – supporting delivery against NICE COPD QS 2 and QOF 28.4
  - 100% of patients were offered oral or inhaled therapies – supporting delivery against NICE COPD QS 3 and QOF 18.2
  - 55.6% of eligible patients were identified for smoking cessation services – supporting delivery against NICE COPD QS 5 and QOF 1
  - 56.8% of patients met NICE eligibility criteria for pulmonary rehabilitation services – supporting delivery against NICE COPD QS 5 and QOF 1
  - 96% of patients were provided with an education plan – supporting delivery against NICE COPD QS 7 and QOF 1,2,3 & 4
  - 80.2% of patients were provided with a crisis plan – supporting delivery against NICE COPD QS 7 and QOF 1,2,3 & 4
  - 3.1% of patients were identified through initial assessment for long term oxygen therapy – supporting delivery against NICE COPD QS 8 and QOF 1

‘The project steering committee was delighted with such robust data that showed delivery of important diagnosis revisions and high percentages of appropriate referrals, prescribing and patient education. This project has shown how healthcare teams can significantly contribute to the meeting of local and national healthcare improvement targets as well as really improving patient care in their practices. However, computer-guided consultation did of course not equate to complete adherence to guideline recommendations but with the practice by practice data recorded, further work can be undertaken to address any on-going barriers and ensure minimal unwarranted variance from guideline recommended management is achieved. The skills, resources and dedication that AstraZeneca brought to this Joint Working project were invaluable in us being able to achieve so much, in so little time. I believe Joint Working projects such as this have the potential to robustly evaluate new ways of moving condition management in the UK on to the next level.’
Iain Stewart, Chief Officer, Wirral Alliance CCG

‘Working in partnership and utilising tools such as this will provide a platform for commissioning and delivery of healthcare services to benefit the local patient population within Wirral.’
Sheena Wood, Commissioning Manager, Wirral Alliance CCG

References
v Wirral Alliance CCG COPD raw data, 2012
vi LUNGHEALTH and NICE indicators data, 2012