Working with local PCNs to address rising risk COPD patients, with the aim of reducing further exacerbations.

A targeted approach to identifying Chronic Obstructive Pulmonary Disease (COPD) patients with frequent exacerbation in Primary Care, a collaboration between Imperial College Healthcare NHS Trust (ICHT) Integrated Respiratory team (IRT) and two local PCNs in North West London (NWL).

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Introduction

Exacerbations of COPD are known to worsen health status (1). Timely optimisation of care should decrease exacerbation frequency and improve overall health status in at risk individuals (2).

Aims/Objectives

This collaboration aimed to identify rising risk COPD patients (≥ 2 issues of oral steroids in the last 12 months) and implement a strategy to help reduce exacerbation frequency and poor outcomes in patients.

Methods

The ICHT IRT collaborated with two PCNS within NWL, serving in total 156,000 registered patients. We searched for patients coded as COPD with ≥ 2 rescue pack issued in the last 12 months (see table 1) on SystmOne. These patients were identified as “rising risk”.

Virtual notes review was performed by a respiratory consultant/nurse on 132 patients (10min per patient). MDT discussions were held between primary care staff and the specialist respiratory team. Patients were reviewed in three ways; 1. Reviewed by GP practice with onward referrals as necessary, 2. Contacted by specialist team and optimised, 3. Reviewed face to face by MDT.

A personalised care approach was adopted for all face to face reviews, this included;

1. Confirmation of respiratory diagnosis
2. Inhaler technique check and change inhaled therapy if indicated
3. Discuss smoking cessation and onward referral
4. Encourage annual COVID and influenza vaccinations
5. Encourage pneumococcal vaccination
6. Provide respiratory exacerbation support line number.

We ensured patients had appropriate follow-up planned post review, see Graph 2.

Table 1: Demographics from initial search

Number of females	105
Number of males	83
Age (median)	68
Number of patients with 2 or 3 issues of OCS and QoF COPD in the last 12 months	80
Number of patients with ≥ 4 issues of OCS and QoF COPD in the last 12 months	72
Number of patients with ≥ 8 issues of OCS and QoF COPD in the last 12 months	36

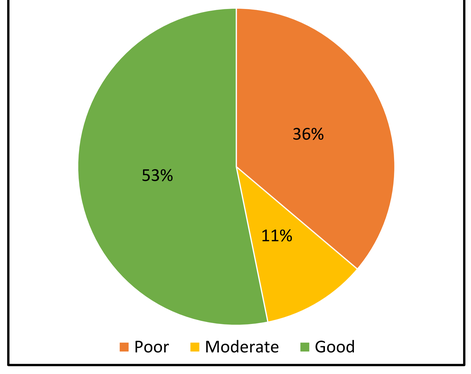
Results

Our search identified 188 patient’s (19.2% of the QoF register), 56 (30%) of these were excluded as found to be using OCS for non-COPD reasons. Of the remaining 132 patients, 85 (45%) were known to a specialist respiratory team and 47 (25%) patients were not, this group was explored in detail (see below).

Results of MDT review of 47 patients:

1. This was a complex cohort; 66% had history of mental health issues (anxiety, depression, PTSD), 45% were current smokers, 23% had history or current use of illicit substances or alcohol dependence.
2. Poor uptake of preventative measures; 30% had not received the pneumococcal vaccination, 40% had not received a COVID and/or influenza vaccination during 2023, 4 patients (8.5%) had completed PR within 5 years.
3. Generally patients received rescue packs without any further post-exacerbation review.
4. Patients had poor understanding of the appropriate use of rescue packs and did not understand the consequences of overuse.
5. Poor concordance with prescribed inhaled therapy was a key issue across the cohort, 36% of patients had poor concordance to their preventer inhaler and/or overuse of their reliever inhaler.
6. Patient education to this cohort was pivotal, as well as addressing the wider determinants of health.

Graph 1: Overall concordance with prescribed inhaled therapy



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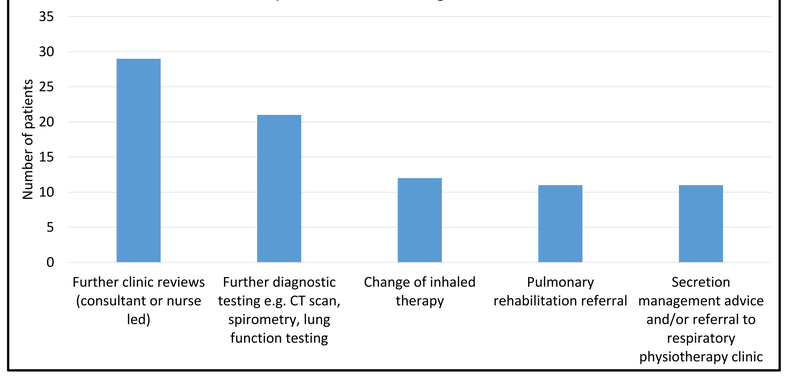
Graph 2: Actions following MDT review



Sharing learning from this approach

- Patients from hard to reach groups are less likely to attend reviews due to their complex health needs and may only present during acute crisis.
- Flagging high OCS use (with alerts on practice systems) can prompt clinicians to review exacerbation frequency and inhaler adherence during acute review and enable referral to specialist team at an earlier stage.
- Ensure regular medications review, this should explore; inhaler technique review, appropriate use of inhaled medications and rescue pack medications.
- Allocate time to discuss the mental and physical impacts on those suffering with chronic disease and the wider determinants of health to ensure a more holistic approach.
- Be aware of the correlation between deprivation and high risk patients.

Conclusions

We recommend that patients issued frequent rescue packs in primary care are identified, reviewed and optimised. In our inner city cohort. these patients are often complex. requiring an MDT approach addressing the wider determinants of mental and physical health.

Working together as an extended MDT can be rewarding. Feedback from primary care is that this approach can save time in the long term, allowing actions of MDTs to be shared amongst team members to ensure appropriate follow-up .It appears that COPD annual reviews are not always performed face to face or necessarily by staff members with correct skill sets. This can be improved by support and education from respiratory specialist team.

References

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