

# An OOH COPD Assessment Service

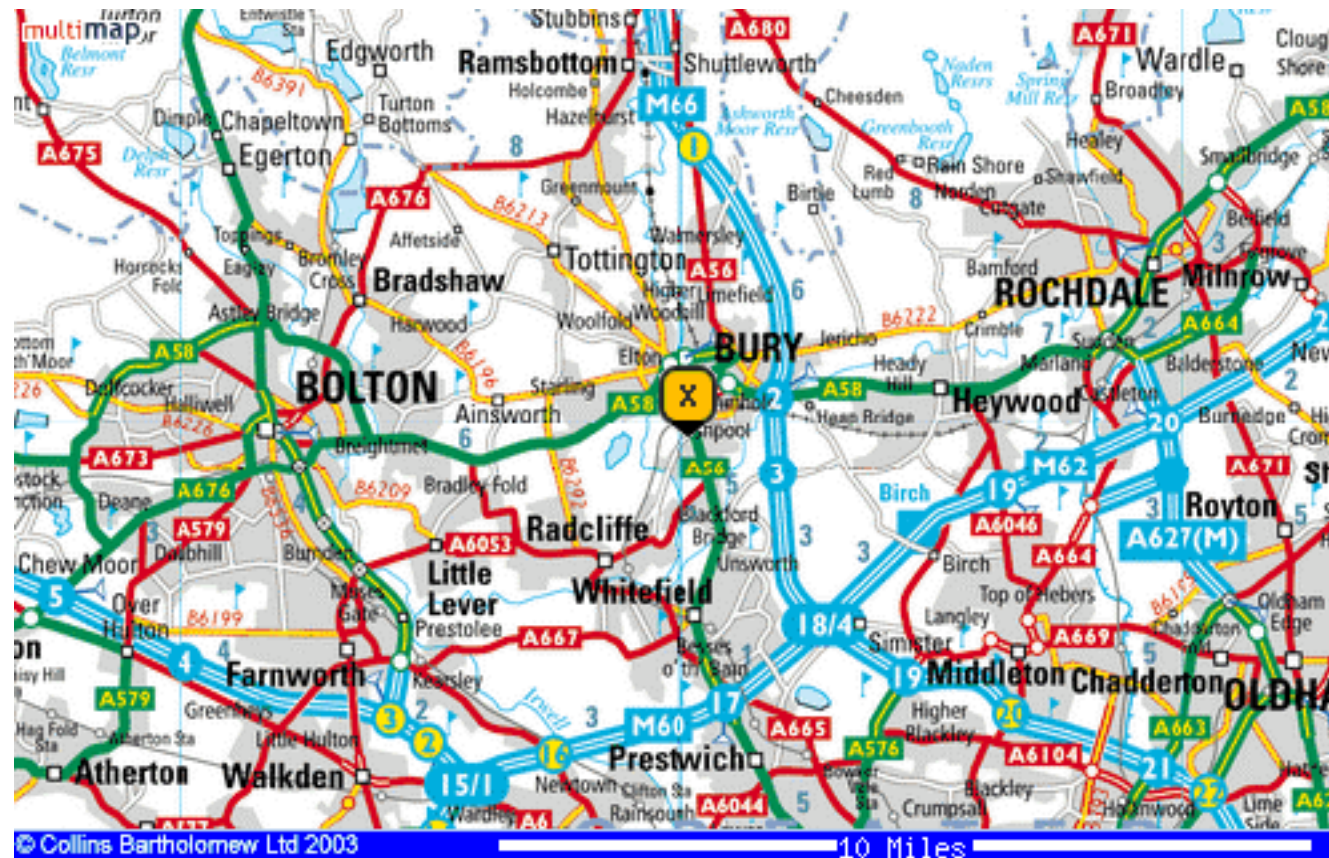


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# Bury





# Bury

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- n Not normally first in the UK for much
- n Achieved notoriety this year
- n Any ideas in what?



# Bury

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- n Annual budget for NHS Bury = £300m
- n Predicted spend year end 2011 =£325m
- n £1500 for each Bury resident
- n Overspend of £100 per resident
- n **Largest PCT deficit in England as % of budget**



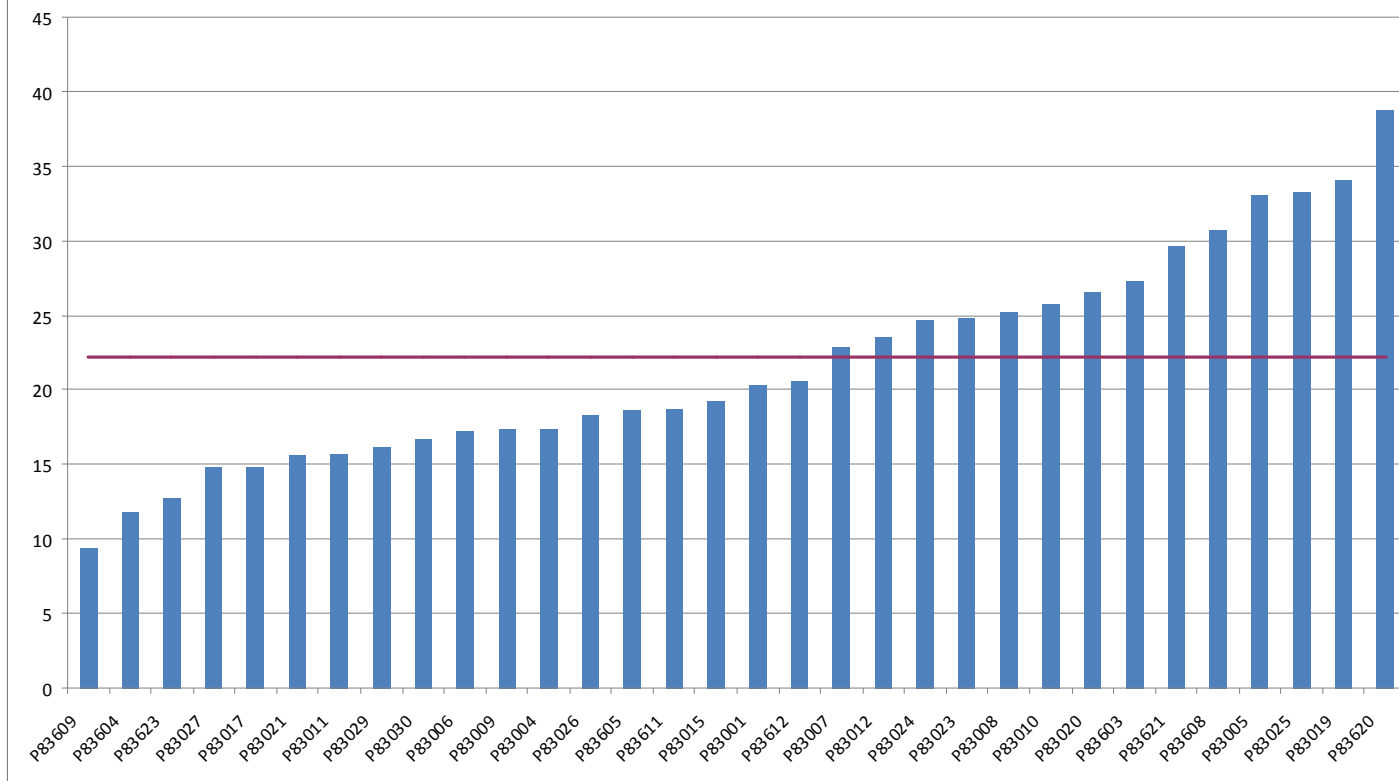
# Financial Efficiencies

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- n Must be achieved
- n Difficult as budget with local acute trust over performed by £27m financial year just ended
- n Commissioners looked at revolving door patients
- n **Noticed COPD a significant cost with often stays < 24 hours**

# Admissions

Emergency COPD HRG Admission Rate per 100 Patients on COPD Register



# COPD OOH Assessment Service

- n An analysis of previous data shows a high number of COPD patients are inappropriately accessing secondary care primarily through the local A&E department which results in a high proportion of these patients being admitted.
- n The aim of this service is to better manage this cohort of patients in the Community and provide care which is more convenient and easier to access on a 24 hour basis via a single point of access telephone number.

# COPD OOH Assessment Service

- n Develop patient database
- n Use Adastra webview
- n This information will be available to the clinician irrespective of if they are advising via telephone triage assessment or face to face triage assessment.
- n The information provided from the GP would include:
  - n Date of Diagnosis
  - n Current medication / allergies
  - n Do they use Oxygen at home

# COPD OOH Assessment Service

- n Care packages in place / social history
- n Other relevant medical history / Co-morbidity
- n MRC Score
- n Any h/o ventilation
- n Recent FEV1
- n Any evidence at present of right heart failure
- n Recent sputum test results

# COPD OOH Assessment Service

- n Summary Care Record
- n Patient contacts Bardoc
- n Flagged up as COPD patient
- n Triage using Odyssey decision support software
- n Follow NICE guidance in management

# COPD OOH Assessment Service

- n Treat at home or Treat in hospital
- n Able to cope at home
- n Breathlessness - Mild Severe
- n General condition - Good Poor/deteriorating
- n Level of activity - Good Poor/confined to bed
- n Cyanosis - No Yes
- n Worsening peripheral oedema
- n Level of consciousness - Normal Impaired
- n Already receiving LTOT No Yes
- n Social circumstances Good Living alone/not coping

# COPD OOH Assessment Service

- n Acute confusion
- n Rapid rate of onset
- n Significant comorbidity (particularly cardiac disease and insulin-dependent diabetes)
- n SaO<sub>2</sub> < 90%
- n Changes on the chest radiograph
- n Arterial pH level < 7.35
- n Arterial PaO<sub>2</sub> < 7 kPa



# COPD OOH Assessment Service

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- n PROBLEM!
- n How to measure arterial gasses?
- n The iSTAT 1 system
- n How to perform CXR?
- n Plain radiology at Primary Care Centre – in the future

# COPD OOH Assessment Service

- n Patient will ring Bardoc OOH
- n Triage by nurse
- n If acutely unwell – refer to Medical Assessment Unit
- n If possibly meeting community management criteria
- n Attend OOH centre
- n Brought by ambulance service

# COPD OOH Assessment Service

- n Seen by nurse practitioner
- n Assessed
- n Blood gasses & CXR undertaken
- n If fit for home management – given steroids / antibiotics under PGD
- n Assessed following day either by COPD Community team or a Bardoc GP if weekend

# COPD OOH Assessment Service

- n Not yet gone live due to ongoing wrangling over costs
- n Current annual spend on these patients with secondary care = £275,000



# Potential Savings

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- n If prevent 50% of admissions
- n Still a saving of £130K
  
- n Savings enhanced by possible admission to local GP run hospital – most copd patients only admitted for oxygen, nebulisers, physio and “ hotel services ”

# COPD OOH Assessment Service

- n As far as we are aware – novel service
- n Any questions ?