van Schayck et al. BMJ 2002.

27% of smokers over the age of 35 years who have a chronic cough will have airflow obstruction.

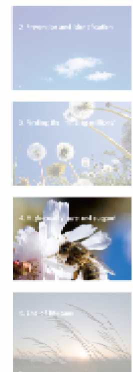
Smokers over 60 with cough had a 48% chance of airflow obstruction.

education for health

Finding the ‘missing millions’

Recommendation 6: In line with WHO advice, all people with a diagnosis of COPD and/or history of adult asthma should be assessed for alpha-1 antitrypsin deficiency

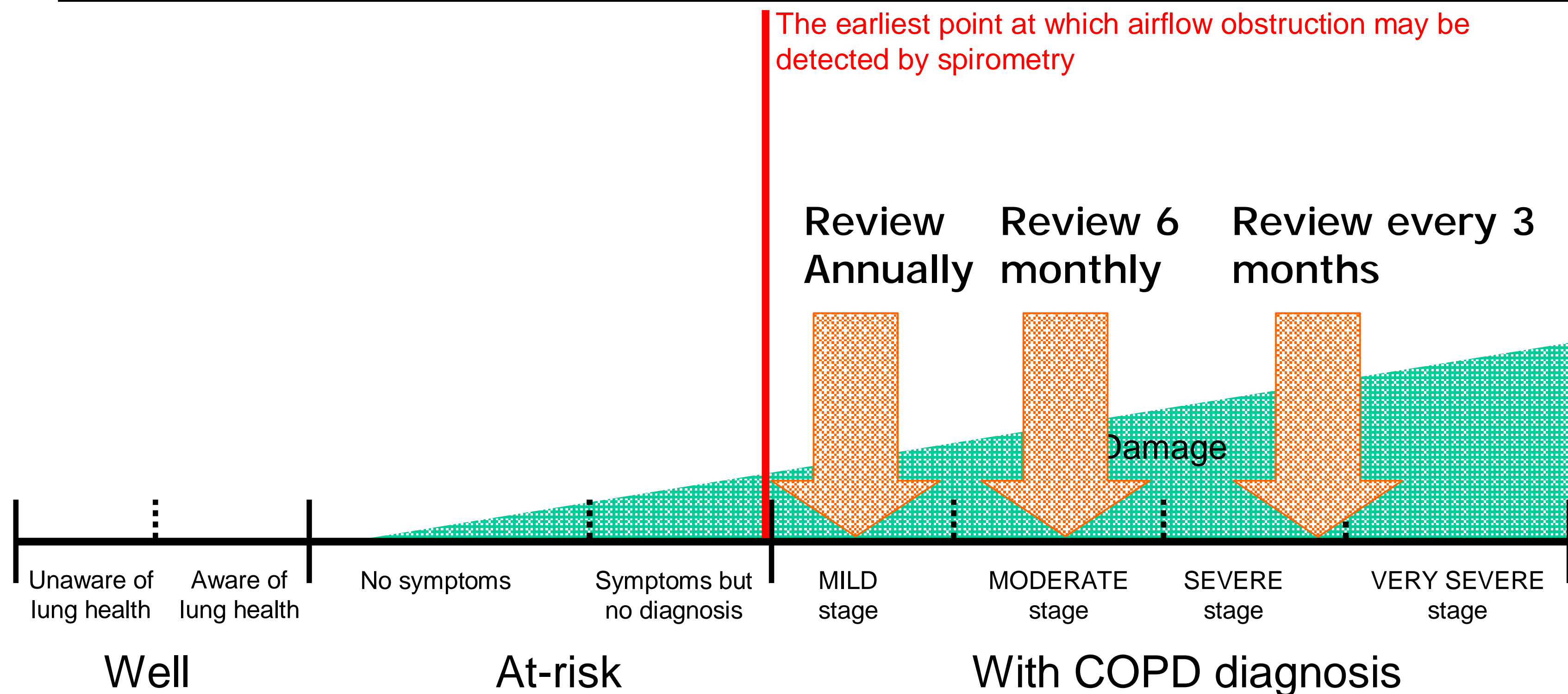
Recommendation 8: A diagnosis of COPD should be confirmed by quality assured spirometry and other investigations appropriate to the individual



NHS

4. High-quality care and support

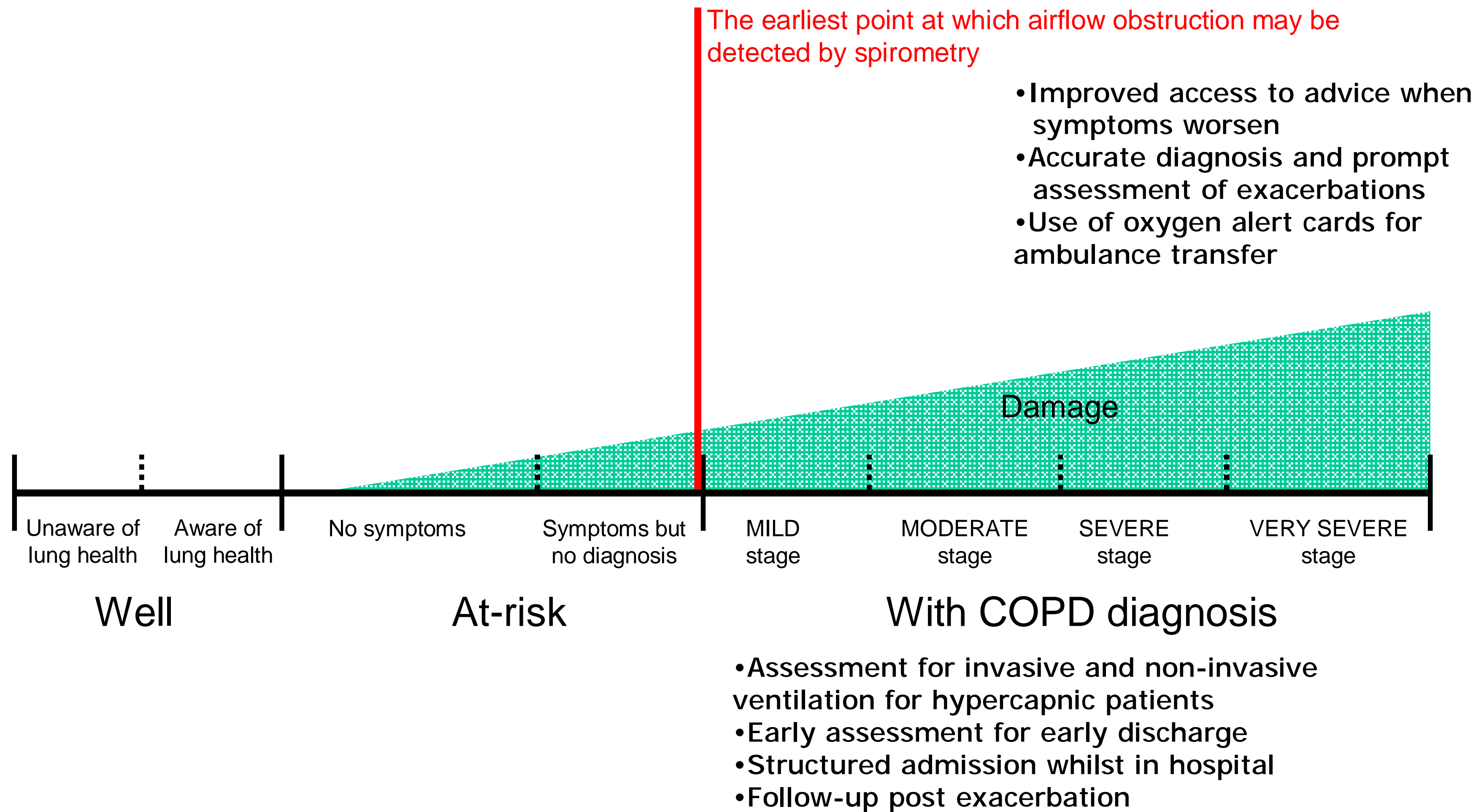
Spectrum of COPD Chronic Care



- Comprehensive care plan for everyone with COPD
- Self-management plans
- Proactive management using disease registers
- Structured assessment using other diagnostics every 3 years, e.g. ABG, spirometry, etc.

Department of Health

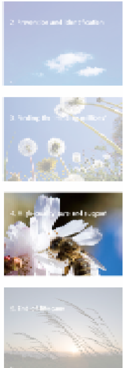
Spectrum of COPD
Acute Care



NHS

High quality care & support
(9 recommendations & 17 national actions)

Department of Health



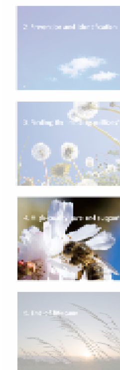
- Care that is:
  - organised
  - proactive
  - multidisciplinary
- Integrated
- Proven model for other chronic conditions, e.g. diabetes and heart failure
- Give patients the skills they need to manage their own condition
- Structured assessment and admission
- Post exacerbation follow up
- Intervention in line with current guidelines

NHS

High quality care & support

Department of Health

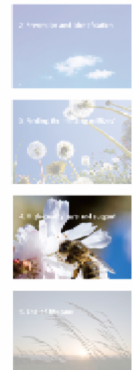
- **Recommendation 16**: People with COPD should be encouraged to learn how to help manage their condition themselves and how to have positive interactions with healthcare professionals and others about their condition. They should also be encouraged to engage with others who have COPD in order to promote exchanges of information, support and advice.



NHS

High quality care & support

- **Recommendation 19**: People with COPD should receive a specialist respiratory review when acute episodes have required referral to hospital. They should be assessed for management by early discharge schemes, or by a structured hospital admission, to ensure that length of stay and subsequent readmission are minimised



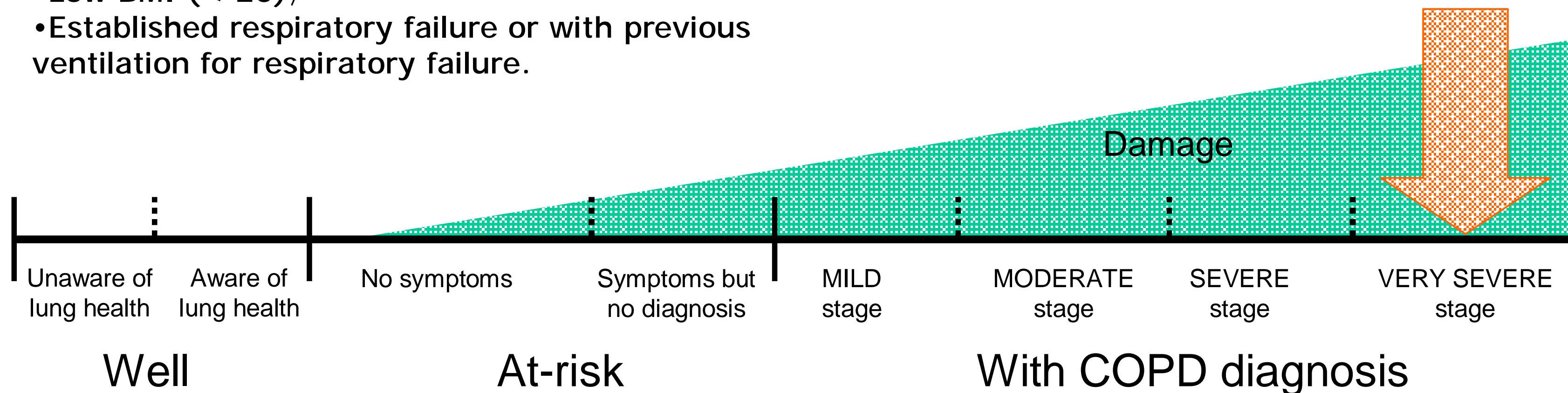
NHS

5. End-of-life care

Spectrum of COPD
End of Life Care

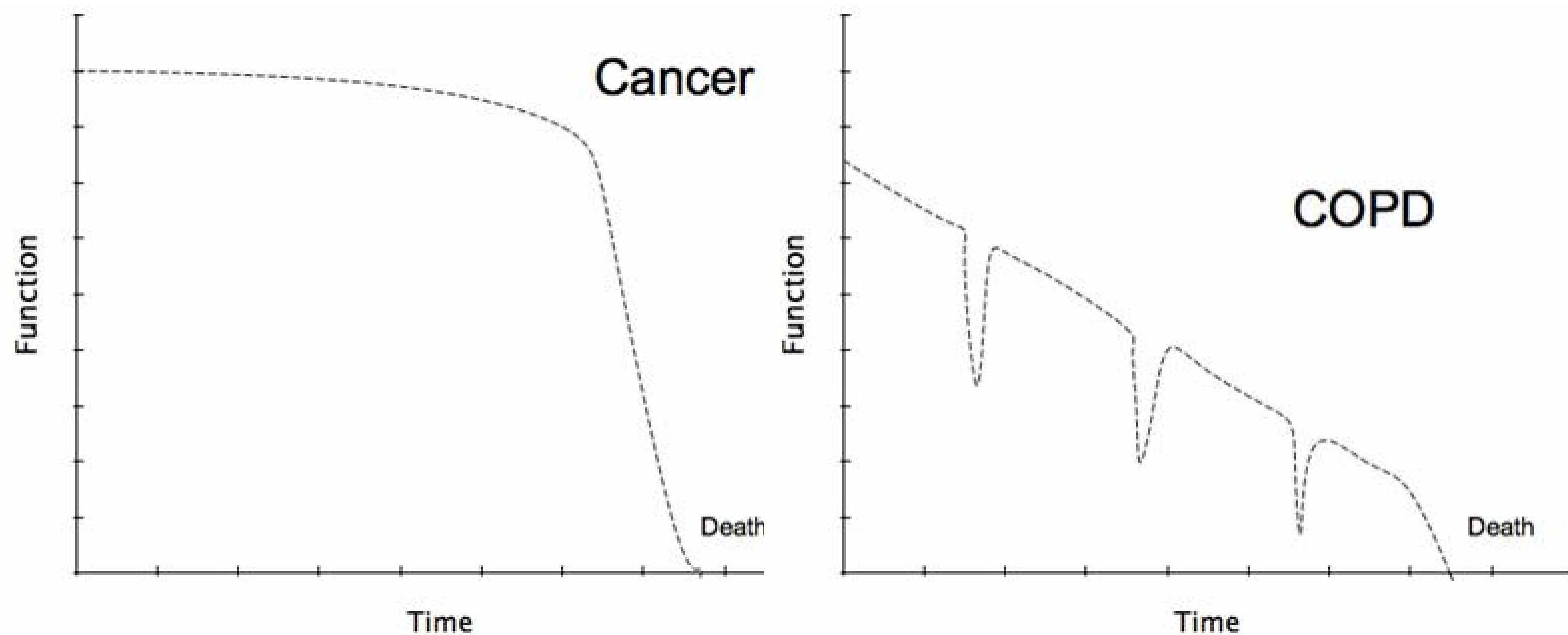
Defined as:
- Very severe airflow obstruction (FEV1< 30 % predicted);
- History of two or more severe exacerbations requiring a hospital admission in the preceding year;
- Housebound by disability (MRC 5);
- Low BMI (< 20);
- Established respiratory failure or with previous ventilation for respiratory failure.

- Access to supportive care for patient and family through to bereavement stage
- Managed according to guidelines, e.g. Liverpool Care Pathway



End of life care

Department of Health



Disease trajectories for cancer and for COPD

So:

- **In COPD difficult to determine transition from progression to dying phase**
- **In UK, individuals with severe disease have a 5 year survival rate of 24-30%**

NHS

How does COPD compare to CHD or cancer care

- Lack of priority for COPD by Health Care professionals and managers
- No clear care pathways for acute care and long term care
- Variable pulmonary rehabilitation and supportive care
- Generally poor access to services at end of life
- Variation in commissioning
- Lack of large scale change

education for health

End of life care
(2 recommendations & 3 national actions)

- Recommendation 21: There should be improved access to high- quality end-of-life care services that ensure equity in care provision for people with severe COPD, regardless of setting.

- **Recommendation 22**: Access to information and appropriate support should be available for carers and those who are bereaved.

NHS

6. Asthma

Asthma

Department of Health

- Similarities and differences between asthma and COPD
- Issues over differential diagnosis
- Need to commission services to optimise care provision

NHS

Asthma
(2 recommendations and 3 national actions)

- **Recommendation 23**: The NHS should recognise similarities and differences between asthma and COPD, and commission services accordingly to optimise the model of provision of care

- **Recommendation 24**: People should be managed according to evidence-based guidelines

Supported by development of good practice guides, pilot projects to develop evidence of innovation and improvements in care, recommendations for asthma indicators in QOF

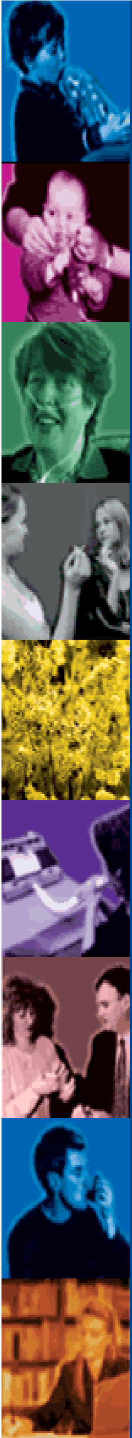
7. Activities to support implementation of the national strategy

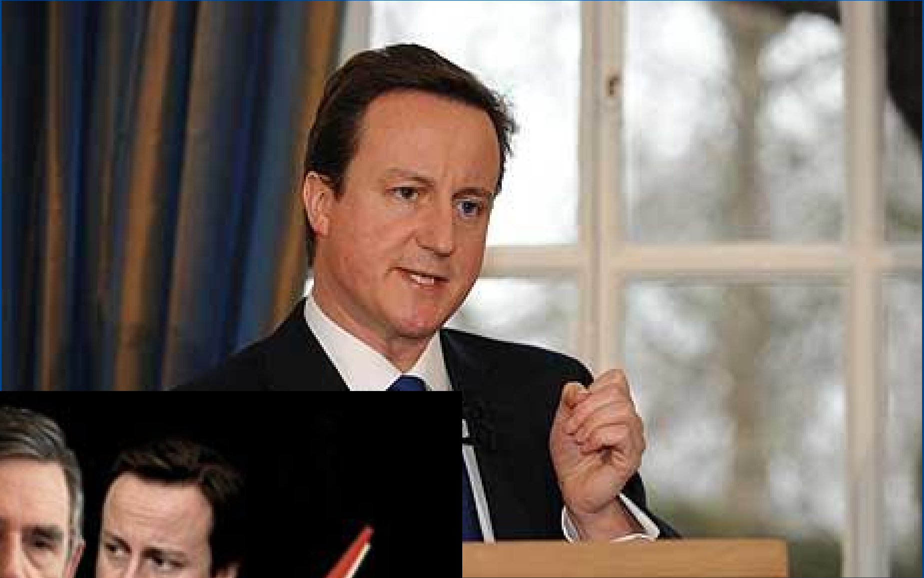
Timeline update

- Consultation completed on April 6th 2010 with workshops in the 10 SHAs in England during consultation period
- Approximately120 responses and 1600 attendees at workshops
- Now being collated

- General Election May 6th
- PURDAH
- Then what????

education for health





education for health

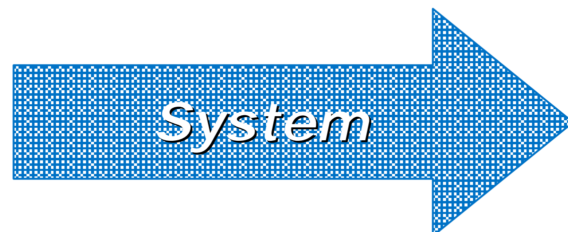
National Action

Department of Health

- Medicines management guidance
- Workforce skills and competences
- Guidance on NIV / pulmonary rehabilitation/spirometry
- Guidance on Surgical and non surgical intervention

- Full commissioning specification – end 2010
- Good practice guides
- Toolkit for identifying at risk groups

- Information about condition at diagnosis
- Self-management programme
- Education



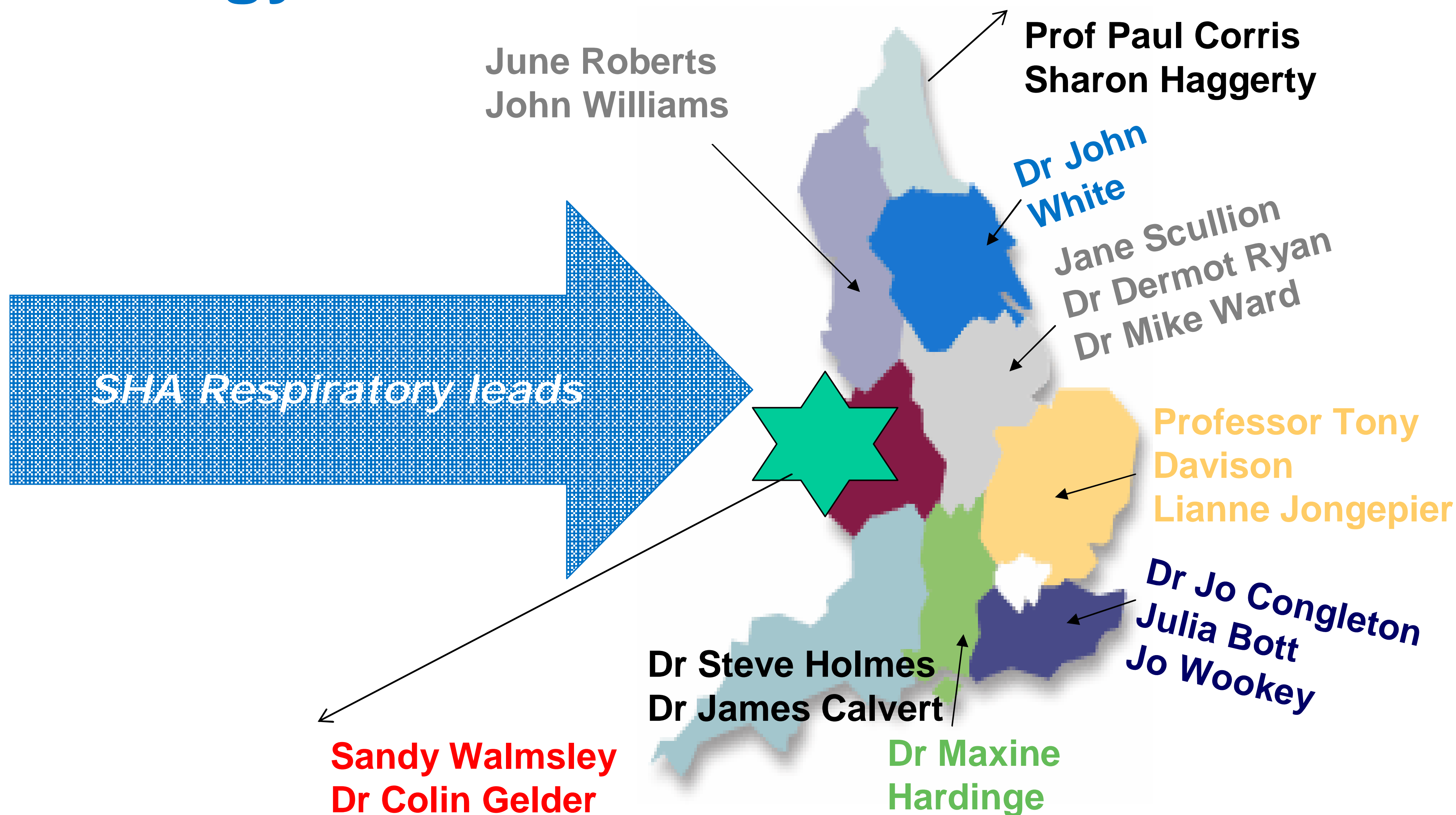
- QoF, PbR, Metrics, Indicators including for Quality Improvement, Audit, Working with HSE/DWP

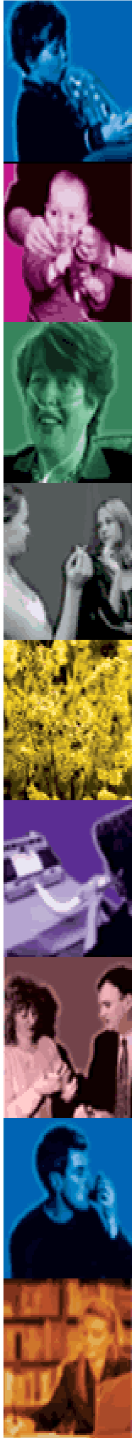
NHS

- Each strategic health authority (SHA) will appoint, (subject to available funding), a clinical lead and a small supporting team.
- Work with PCTs to help the development of respiratory networks at a local level and to support pilot projects to gather further information on innovation and improvement

education for health

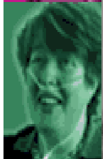
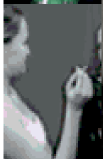
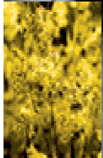
Implementing the COPD strategy

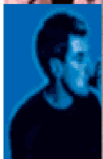
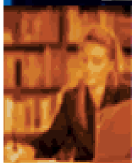




- NHS Improvement to support the development of networks and the pilot projects, and these projects will explore the important clinical and network links between respiratory disease and cardiovascular disease
- **Subject to available funding**, will be developing and piloting models of care that can help commissioners better design services for people with COPD and more broadly for respiratory disease

education for health

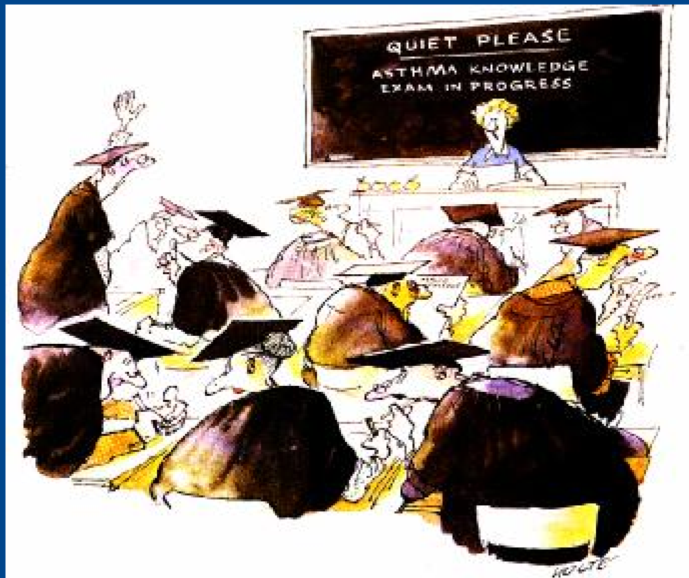
shake-up
troubles
prices climb
inflation
nightmares
Hardship

New models: what do we mean?

- Secondary / acute care
- Primary care
- Emergency care: WIC, OOH,A&E
- In reach
- Outreach
- Admission avoidance schemes
- Early discharge
- Intermediate care
- Step up and step down????????

education for health

Developing a competent workforce
Continuing Education



education for health

Results: percentage of nurses with an advanced role responsibility

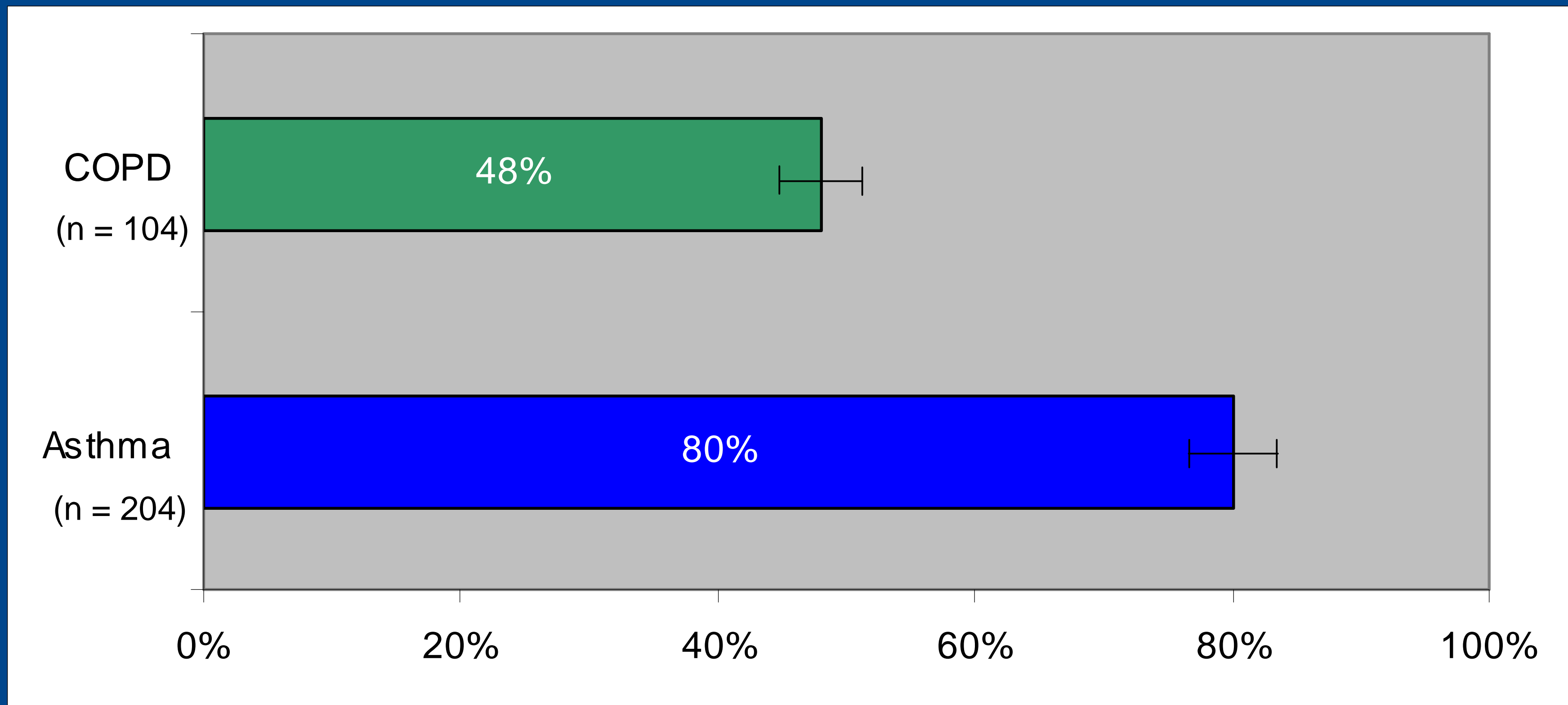
	Percentage
COPD (n = 215)	58%
Asthma (n = 255)	66%

0% 20% 40% 60% 80% 100%

Upton J, Madoc-Sutton H, Sheikh A, Frank T, Walker S, Fletcher Roles & raining of primary care respiratory nurses in the UK in 2006: are we making progress? *Primary Care Respiratory Journal* 2007;**16**(5):284-290.

education for health

Results: percentage of nurses with an advanced role who have accredited training



education for health

The challenge is on!

education for health