

Current practice and issues in the management of COPD in primary care: Survey of PCRS-UK members

Conclusions

The survey findings suggest gaps in clinical leadership at both practice and PCO level and highlight widespread variability in service provision. Taken overall the findings appear to support the need for:

- 1) A respiratory lead in every PCO to drive services forward
- 2) Clinical leadership within every practice to drive improvements in patient care
- 3) Respiratory networks and provision of high quality community services.

In the longer term, the PCRS-UK COPD communications programme will look to address the above key findings and conclusions from the survey. The first element to be published, titled 'First Steps', will encourage primary healthcare professionals to assess their current level of knowledge and practice approach to COPD management with the use of practical quick tips. The overall aim of the programme is to support primary healthcare professionals in preparing for the impending launch of the COPD National Strategy.

This survey has highlighted issues to the authors that require further explanation and follow up at both a local and a national level.

Background

The Primary Care Respiratory Society UK (PCRS-UK) is the independent charity representing primary care health professionals interested in delivering the best standards of respiratory care to achieve optimal respiratory care for all.

In order to effectively support the launch of the COPD National Strategy and the engagement of primary healthcare professionals, a faculty of PCRS-UK members has been convened and a communications programme developed. This programme is being supported the Department of Health and educational grants from Allen & Hanburys, Astra Zeneca, Boehringer Ingelheim/Pfizer, who will also support the dissemination of the programme.

The overall aim of the programme is to create high awareness and understanding of the National Strategy for COPD and what it means for primary care health professionals, encouraging them to implement the Strategy in their own practices and to improve the care and services they provide to people with COPD. The programme will recognise the different levels of respiratory expertise and interest and utilise the flow of endorsement to drive the awareness, understanding and ultimately engagement within practices. This programme is the first stage of a longer term plan and will focus on raising awareness and engagement during the pre-launch and immediate post launch phase of the National Strategy during 2009/10. By the end of this initial phase it is hoped that at least one person per practice will be engaged and driving change to improve the care of COPD patients within their practice.

The first element of the pre-launch phase of the communications programme was a survey of PCRS-UK members to deliver a snapshot of respiratory care amongst this interested and informed group.

Aims and Objectives

PCRS-UK members (and associates) were invited to complete a survey on COPD management in June 2009. The results provide a summary of the views of PCRS-UK members (a sample relatively motivated and interested in respiratory medicine) and while it may not represent the views of a wider population, it provides valuable insight into some of the leadership, patient education and health inequality issues faced when treating COPD.

This survey represents the first stage of a communications plan to support widespread understanding and implementation of the forthcoming COPD National Strategy.

The aims of this survey were to:

- Establish a baseline understanding of current practice and issues in COPD management to highlight key themes which need addressing for a successful campaign
- To determine the 'state of readiness' and current level of awareness of the COPD National Strategy
- To provide a benchmark from which to monitor and track progress of the communications programme
- To provide information to support the communications programme.

Methodology

A questionnaire, designed by the authors (Dr Steve Holmes, Dr Raj Ramachandram and Judith Lawrence) and comprising 23 multiple-choice questions was made available between 12th and 22nd June 2009 via the PCRS-UK website for completion online. All members were invited to take part via an email alert.

RESULTS

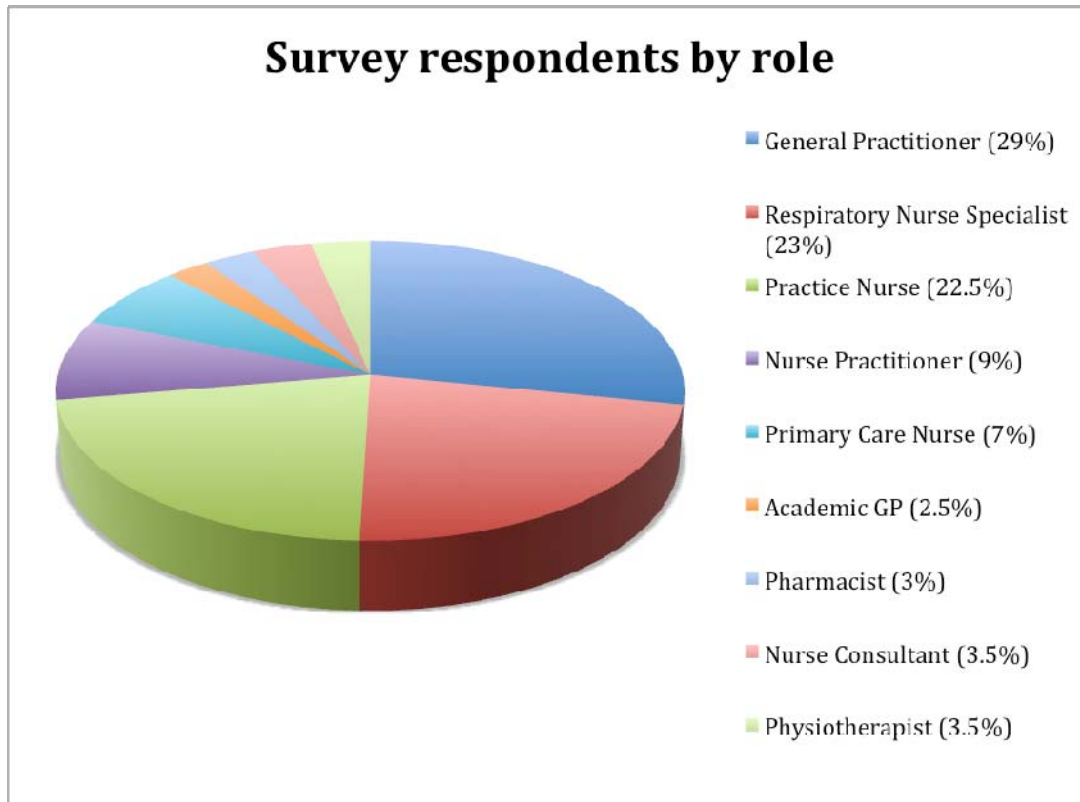
1. DEMOGRAPHICS

200 respondents completed the survey of which 191 were PCRS-UK members. 99% of those who answered said they were involved in managing COPD patients or COPD services.

The sample delivered a wide geographical spread and included 10% from Scotland, 4% from Wales and 4% from Northern Ireland. All SHAs in England were represented.

Respondents were provided a list of roles and asked to indicate as many as were relevant to them. Results are shown in Chart 1.

Chart 1: Survey respondents by role



In addition to these, other roles indicated were respiratory lead for practice (15%), respiratory lead in PCO (10%) and trainer/lecturer (10%).

24% of those who answered the question identified more than one role.

2. CLINICAL LEADERSHIP

The majority of the sample (136) worked in a practice and of these, 85% identified a practice based respiratory lead. The majority of whom (69%) were the respondent. Of the leads identified 65% were GPs, 32% were nurses, 2% were physiotherapists and 2% were pharmacists.

Only 62% said that they were aware of a respiratory lead in their PCO. Of these, 43% identified this person as themselves. Of the leads identified 57% were GPs, 38% were nurses, 2% were physiotherapists and 2% were pharmacists. 6% said they were both the PCO and practice respiratory lead.

Only 66% were aware of a respiratory network in their area. The DoH has signalled that they will be recommending respiratory networks in England (in a similar way to those recommended in Northern Ireland and Scotland) to support implementation of the COPD National Strategy. However, these are yet to be recognised by over a third of the sample.

In summary, even amongst this informed and motivated sample, 15% said that they did not have a respiratory lead within their practice. Nearly 40% said that they were not aware of a PCO respiratory lead for their area. One third were not aware of a respiratory network in their area. This suggests a gap in clinical leadership, of respiratory care, at practice and PCO level in many local areas.

3. LOCAL ACCESS AND ADEQUACY OF SERVICE PROVISION ACROSS PCOs

15 services were identified by the authors during the development of the survey as being significant to the quality of care support given to patients.

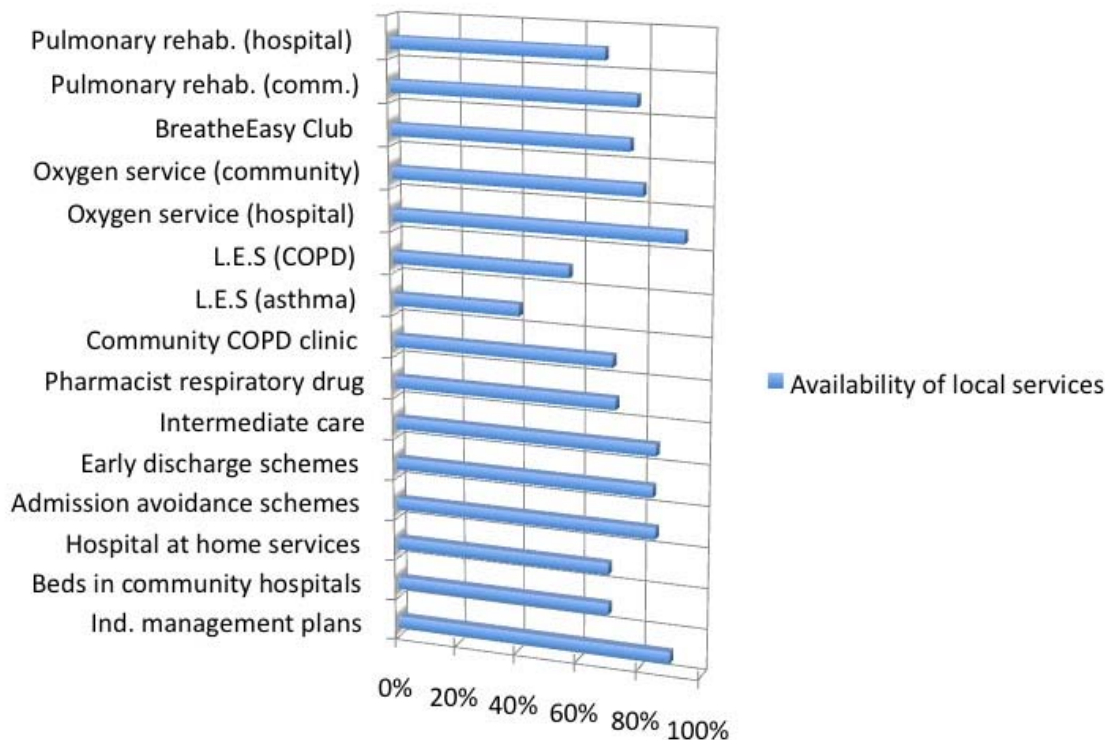
Respondents were asked to indicate which of the services they had local access to, to support the care of their respiratory patients, and if there was local access available, to provide a ranking for adequacy on a three-point scale ranging from Highly adequate to Inadequate.

11% - 24% of respondents did not answer parts of this question.

The results shown below are presented for those who did answer the question. Data is shown for overall availability and has been split between those respondents who said they had a PCO respiratory lead and those who said they did not. This split suggests that services appear to be generally either equally or more available where a PCO respiratory lead is in place.

3.1 AVAILABILITY OF LOCAL SERVICES

Chart 2: Availability of local services



A hospital based oxygen service was the most widely available service (93%). The availability of other services was very variable.

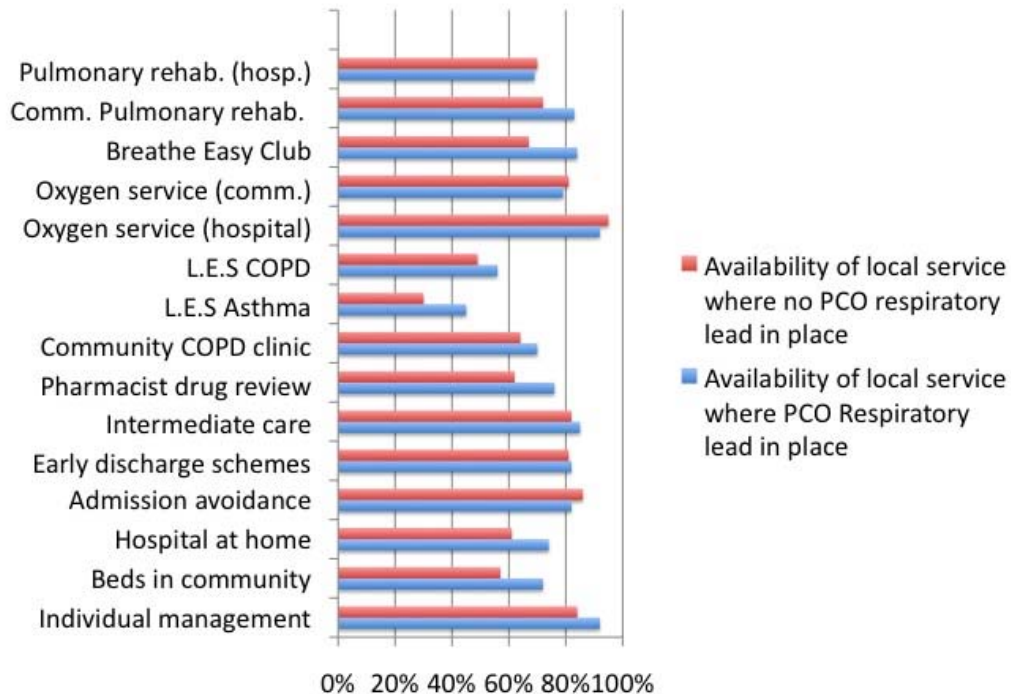
As shown in Chart 2 above, there were substantial gaps perceived in availability of service provision across the sample..

Many of the local services highlighted would be considered good practice in respiratory medicine. It is incumbent upon those working in respiratory medicine to review the availability and adequacy of services provided in their area.

3.1.1 AVAILABILITY OF LOCAL SERVICES: WITH AND WITHOUT A PCO RESPIRATORY LEAD IN PLACE

The data was separated into those who said they had a PCO respiratory lead (n=104) and those who said they did not (n=61) and further analysis was carried out. A summary of results is presented in Chart 3 below.

Chart 3: Availability of local services: with and without a PCO respiratory lead in place



In this sample, local access to services was either similar to or greater where a PCO respiratory lead is in place.

Where there was no PCO based respiratory lead, some important services were much less available, including for example community based pulmonary rehabilitation with 83% availability where a PCO respiratory lead was in place, compared with 72% where one was not.

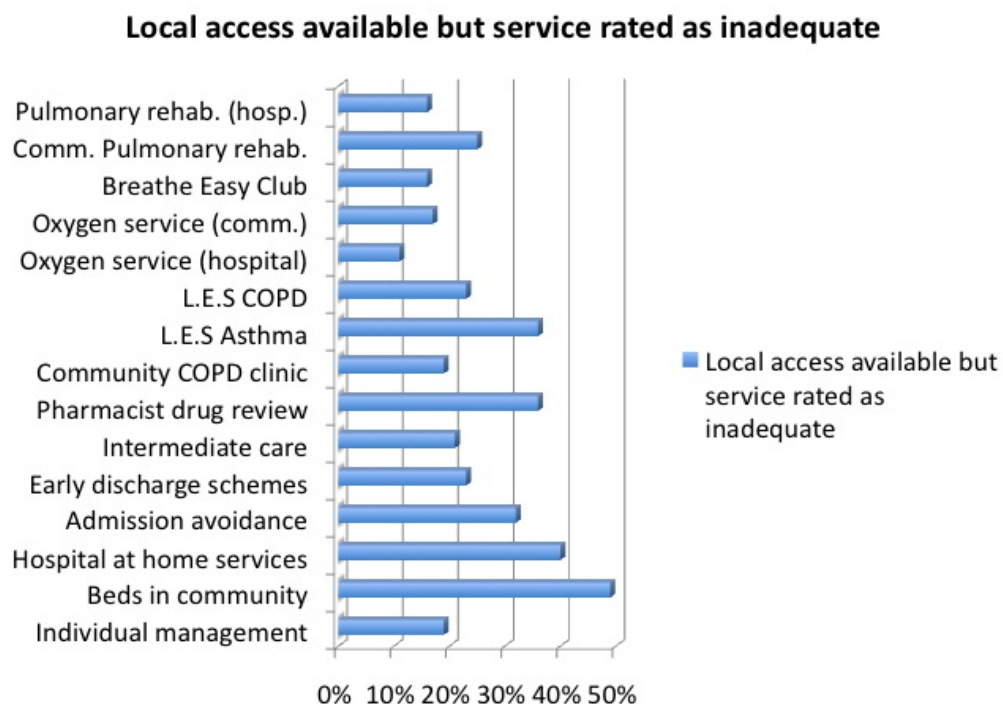
The authors note an increased availability of Breath Easy clubs where there was a PCO respiratory lead in place. (84% compared with 67% where no PCO respiratory lead).

A proportion of respondents utilise the opportunity provided by locally enhanced services for asthma and COPD. These also showed higher availability where a PCO respiratory lead was identified as being in place.

3.2 ADEQUACY OF SERVICE PROVISION

Even where services were available, they were often rated as inadequate. A summary is shown in Chart 4 below as a percentage of those with local access to a service who rated it as 'inadequate'.

Chart 4: Percentage of services rated as 'inadequate' by respondents with access to them.



There is a limit to the conclusions that can be drawn from these results when taking into consideration the complexities over definitions and respondents perceptions of what constitutes a service.

4. MANAGEMENT OF COPD IN GENERAL PRACTICE

4.1 USE OF GUIDELINES

Respondents were asked to indicate which local guidelines and protocols they currently use for COPD, from a list supplied. They were then asked whether they follow any national or international guidance and protocols for COPD, and if yes, to specify which.

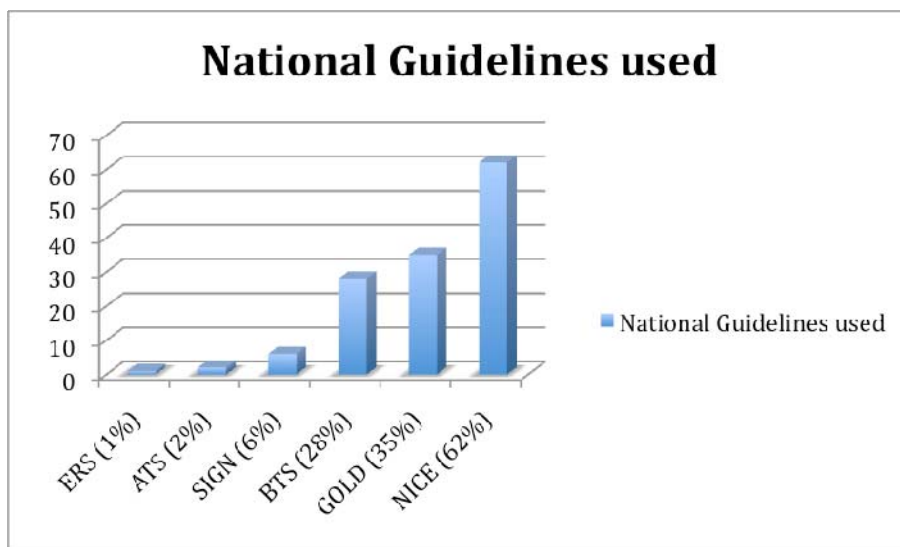
The question on local guidelines was answered by 86% of respondents and the question on national guidelines was not answered by 90% of respondents.

The results show that there is currently a wide range of local (including practice based) and national guidelines being used across the UK. Most practices use a mix of both.

In this sample, 91% use local guidelines (with just under half using more than one) and 97% use national guidelines, with just under half using more than one.

The most commonly used national guidelines are NICE (62%) and GOLD (35%). 28% of respondents use the BTS guidelines. See chart 5 below.

CHART 5: National Guidelines used

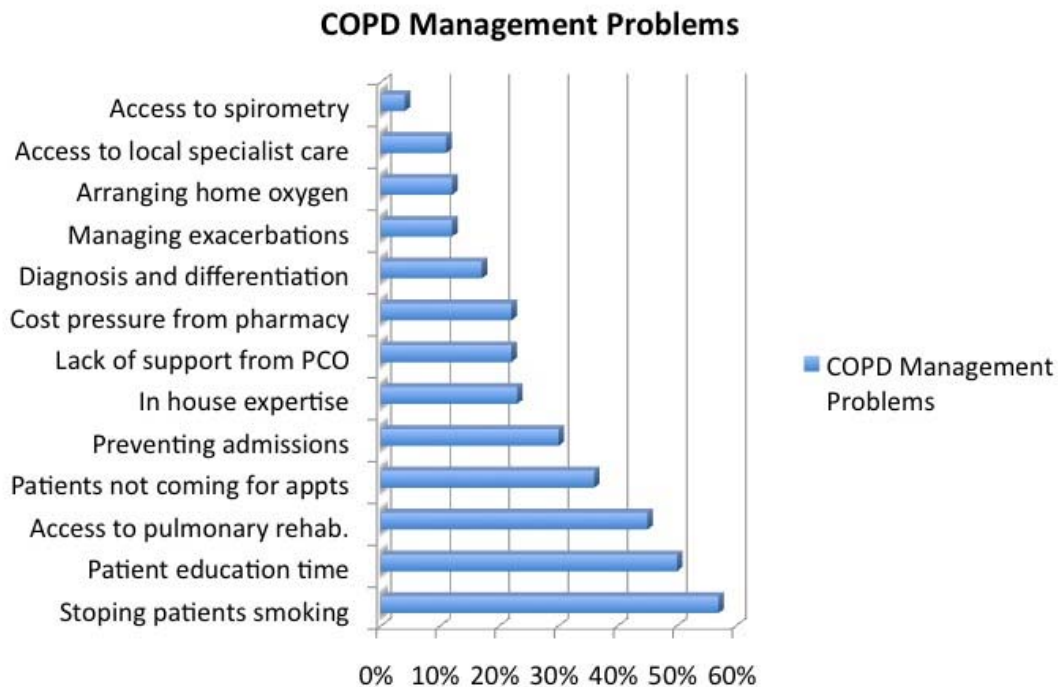


The reported use of a range of guidelines (over three in nearly half of practices) suggests that no one source provides a practical guidance needed in daily clinical practice. The authors recognise the need for more than one guideline and the value of carefully considering the reliability of different types of guidelines that are currently available to them.

4.2 PROBLEMS MANAGING COPD IN PRACTICE

Respondents were asked to say which are the main problems they face in managing COPD in their practice by indicating as many options as applied from a given list. 69% of the total sample answered this question. A summary of the data is shown in chart 6.

CHART 6: Main problems reported in practice management of COPD



'Stopping patients smoking' is a recognised issue in the management of COPD patients and remains problematic for clinicians. In this survey it was reported as the biggest issue (57%).

The authors note that there were many reported problems with 'Not enough time to educate patients' (50% of the sample) and recognise that the reasons for this are multi-factorial and may require further analysis.

Despite high availability of local service access to pulmonary rehabilitation, this is perceived as problematic by 45% of the sample.

There was a perception of a lack of clinical expertise even amongst this group of informed GPAIG respondents with 17% reporting issues in diagnosing COPD and differentiating it from asthma, 23% reporting 'not enough clinical expertise in house' and 12% reporting problems 'managing COPD exacerbations'.

Almost a quarter reported **both** a lack of support from their PCO and pressure from Pharmacy Advisors regarding costs.

4.3 PRACTITIONER CONFIDENCE

Despite major gaps in service provision and ongoing issues in managing COPD, most respondents still felt that the standard of COPD care within their practice was good with an average rating of 5.41 on a scale of 1-7 (where 1 is not confident and 7 is very confident).

However, respondents were more confident in their own individual management of COPD patients, than with the standard of care in their practice, scoring an average of 6.06.

Despite this high individual confidence level, there appears to be an acknowledgement of a sub-optimal service provision for patients with COPD and a willingness to continue to improve patient care in the light of new evidence or guidance.

4.4 AWARENESS OF NEW INITIATIVES IN COPD

157 people answered the question asking if they were aware of any new initiatives for COPD to be launched in the future. 4 out of 5 (80%) were aware that new initiatives in COPD were forthcoming and most (84%) were aware of the impending COPD National Strategy. Awareness of forthcoming new NICE guidelines was the second highest at 48%.

The vast majority (80%) said their practice took a pro-active stance when new national guidelines are published with 47% of practices implementing the guidance and 45% reviewing and updating practice clinical policy.

56% of respondents said that new guidance would initiate some change in their management of COPD and an additional 31% anticipated significant change. Only 14% anticipated minimal or no change to their current management of COPD.

Overall there is a high knowledge and awareness of new initiatives in COPD, with the vast majority expecting to take a pro-active stance on release of new national guidance to help improve the care offered to patients.

CONCLUSIONS

Summary of conclusions

The survey findings suggest gaps in clinical leadership at both practice and PCO level and highlight widespread variability in service provision. Taken overall the findings appear to support the need for:

- 4) a respiratory lead in every PCO to drive services forward
- 5) clinical leadership within every practice to drive improvements in patient care
- 6) respiratory networks and provision of high quality community services.

In the longer term, the PCRS-UK COPD communications programme will look to address the above key findings and conclusions from the survey. The first element to be published, titled 'First Steps', will encourage primary healthcare professionals to assess their current level of knowledge and practice approach to COPD management with the use of practical quick tips. The overall aim of the programme is to support primary healthcare professionals in preparing for the impending launch of the COPD National Strategy.

The Primary Care Respiratory Society, formerly known as the *General Practice Airways Group*, is a registered charity (Charity No: 1098117) and a company limited by guarantee registered in England (Company No: 4298947)

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