

Outcomes Strategy for Chronic Obstructive Pulmonary Disease and Asthma

PCRS-UK Quick Reference Guide



Following the Consultation on a Strategy for COPD services in England, which included a chapter on asthma¹, the Department of Health has launched an Outcomes Strategy for COPD and Asthma as one in a series of documents aimed at providing guidance and strategy for improving Respiratory Care.² Building on the Consultation on a Strategy for COPD services in England, the Outcomes Strategy is a high level strategy concerned with outcomes, recognising the variations in respiratory care that exist between geographical and practice boundaries and amongst certain social groups within our populations (Table 1). It sets out six specific objectives towards which we should work (Table 1).² It is not didactic, leaving the detail for the improvements at a local level for clinicians and managers to consider and deliver.

The Outcomes Strategy is both a strategic and a visionary document giving the aspirations for improvements in respiratory care whilst recognising that it is those at local level who will make a difference to care.² This clearly has a primary care focus as the place where good early diagnosis, treatment and care will have an impact on future outcomes.

Within the strategy are several key themes (box 1) and underlying principles (box 2) on which the six outcome objectives are based.

Box 1: Key themes:

The Outcome Strategy:

- Aims to reduce variations in clinical practice (across all health care provision)
- Aims to improve outcomes for people with COPD and also asthma (morbidity, mortality and quality of life)
- Involves clinicians in the process in recognition of the fact that a clinically led process is more likely to improve care and drive up standards

The aspiration is to improve 'the rest to the best' recognising that morbidity and mortality for respiratory disorders in England lags behind some of our European colleagues. The intention is to involve local clinicians who understand their patients and their health and social care needs.

Within the strategy there are also underpinning principles (box 2) that support the aspirations and the former consultation strategy.¹

Box 2: Underpinning principles

- Working across boundaries
- Improving the quality of care
- Taking a long term view

Working across boundaries includes health and social care and also public health. Those with respiratory conditions may interact at different times with different care sectors so integration of service provision in order to support the patient regardless of setting is important. To achieve this, there is a need for professionals from health care and other sectors to communicate effectively. There is clear recognition that people with respiratory conditions often have needs that are social in nature, for example housing, mobility, domestic and financial issues, hence social care may be an important aspect of the whole care package. There is also recognition that some social groups are more likely to have and be affected by their respiratory disease. Smoking and occupational risks associated with social classes IV and V increase the prevalence of COPD: deprivation is associated with poorer asthma control, more unscheduled consultations, and mortality.³

To reduce respiratory morbidity in the long term, aspects such as prevention, and early diagnosis are crucial and it is pertinent that the strategy advises a long term view as an underpinning principle. Often, due to the high numbers and cost of respiratory admissions and readmissions, attention is focused on keeping people out of hospital but to make a real difference in future years we have to start to focus on prevention and early detection of the estimated two million COPD patients missing from our COPD registers.⁴

The strategy also takes a long term view by recognising that there are needs across the lifetime disease trajectory from prevention and diagnosis through to end of life care.

Public health is particularly relevant to respiratory care because of the fundamental importance of preventing and reducing smoking rates. Also important may be occupational factors that impact on the levels of COPD and which are amenable to interventions. Targeted interventions may help to reduce the wide variation in asthma morbidity and mortality.

Improving the quality of care whilst working within the constraints of the current financial climate, is important but there is a firm belief that proactive care for COPD and asthma can lead to future reduction in costs thus freeing up resources for other health conditions. For this we need a long term view.

To help focus our actions the most important interventions for primary care are listed here as key actions.

The key actions for primary care

Assess the extent to which the practice prevalence for COPD and asthma matches expected levels and decide on effective strategies to diagnose all those with COPD (most practices have only identified around 60% of people with COPD; the other 40% are currently unidentified). Consider local interventions in high risk groups / areas and hard to reach populations.

Review our existing registers. Check that all the patients on the COPD register have had the diagnosis confirmed. We may also revisit our asthma registers and make sure these are accurate and do not include people who have COPD (though recognising that there will be some patients who have both conditions). A local UK audit reported 27% misdiagnosis rate on GP registers in a localised audit, suggesting this is an important area on which to focus.⁵

Evaluate practice prescribing data and ensure that interventions are evidence based and in accordance with best clinical practice.

Develop a pro-active integrated model of care incorporating regular timely review

Promote self management with patients. This should include supporting lifestyle changes (especially smoking cessation) as well as provision of action plans to encourage prompt and appropriate response to exacerbations. Those with more severe disease may need a holistic clinical and social care plan

Consider the entire disease trajectory and plan interventions at all points from prevention and early diagnosis to advanced disease and end of life care.

Work with colleagues across boundaries to increase the impact in smoking cessation services, clinical and social care.

The six objectives of the Outcome Strategy

Table 1: An Outcomes Strategy - Building on the recommendations

Recommendations of: The Consultation on a National Strategy for COPD.	Objectives of: An Outcomes Strategy for Chronic Obstructive Pulmonary Disease (COPD) and Asthma in England
Prevention and identification Recommendations 1-5	1. To improve the respiratory health and well-being of all communities and minimise inequalities between communities
Finding the missing millions Recommendations 6-11	2. To reduce the number of people who develop COPD by ensuring they are aware of the importance of good lung health and well-being, with risk factors understood, avoided or minimised, and proactively address health inequalities 3. To reduce the number of people with COPD who die prematurely through a proactive approach to early identification, diagnosis and intervention, and proactive care and management at all stages of the disease, with a particular focus on the disadvantaged groups and areas of high prevalence.
High Quality Care and Support Recommendations 12-20 End-of -Life care Recommendations 21-22	4. To enhance quality of life for people with COPD, across all social groups, with a positive, enabling, experience of care and support right through to the end of life 5. To ensure that people with COPD, across all social groups, receive safe and effective care, which minimises progression, enhances recovery and promotes independence
Asthma Recommendations 23-24	6. To ensure that people with asthma, across all social groups, are free of symptoms because of prompt and accurate diagnosis, shared decision making regarding treatment, and on-going support as they self-manage their own condition and to reduce need for unscheduled health care and risk of death

Conclusion

The consultation document gave us recommendations for improving COPD and asthma care, the outcomes strategy translates this into an arching vision with objectives supported by underpinning themes and principles. The next document in the pipeline for the autumn is a publication that sets out how the NHS can deliver on the vision set out in the Outcomes Strategy for COPD, and makes the link between the NHS Outcomes Framework, the recently published NICE Quality Standard and the Outcomes Strategy. Our challenge now is to accept the challenge, focus on the key actions within our practices and localities and implement the recommendations.

References

1. Department of Health Consultation on a Strategy for Services for Chronic Obstructive Pulmonary Disease (COPD) in England. 2010 DH London
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3. The Lung and Asthma Information Agency Asthma and social class . Factsheet 2002/3
4. British Lung foundation The missing millions 2006 BLF London
5. Jones R Dickson-Spillman M Mather MJC et al Accuracy of diagnostic registers and management of chronic obstructive pulmonary disease: The Devon primary care audit Respiratory Research 2008.9:62

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