

Evaluating the impact of an early palliative approach using the Universal Care Plan for Chronic Obstructive Pulmonary Disease patients in South-West London, Croydon Borough.

Cielito Caneja^{1,2} Jemima Matthew¹ Sarah Plummer¹ , Hortense Silvera¹ Sally Newsome¹ Amy Grant¹

1. Croydon Health Services NHS Trust
2. National Institute for Health and Care Research

Background

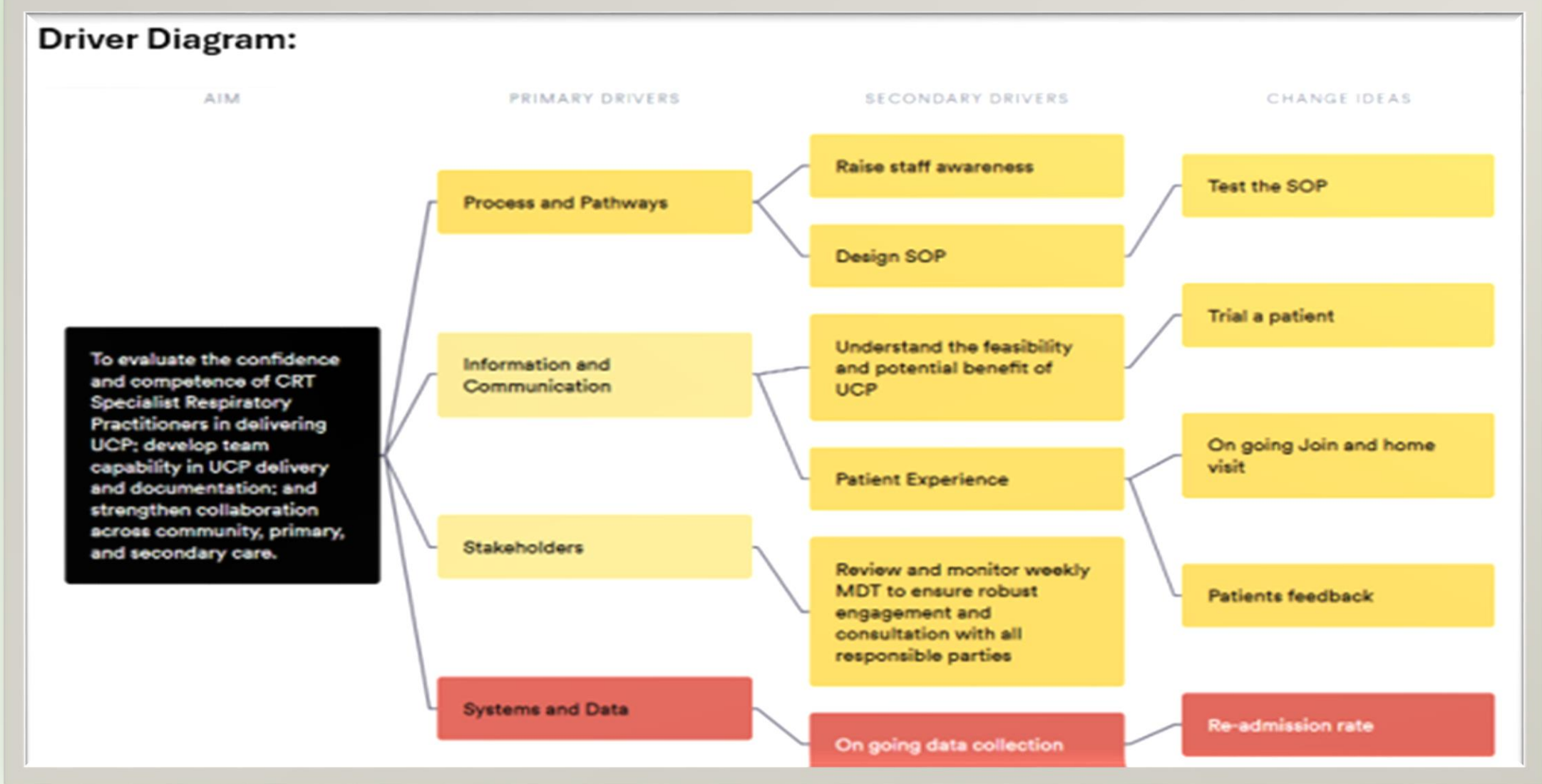
Palliative care improves quality of life for people with life-limiting illness through early, holistic, person-centred support; however, only a small proportion of the 56.8 million people who require it globally receive appropriate input[1]. Chronic Obstructive Pulmonary Disease (COPD), the third leading cause of mortality worldwide, is associated with high symptom burden and an unpredictable trajectory; early identification for supportive or palliative interventions remains inconsistent [2]. Croydon Respiratory Team (CRT) barriers to Universal Care Planning (UCP) included limited staff confidence, restricted digital platform access, and insufficient protected time. UCP provides a structured, proactive approach to identifying individuals who may benefit from early palliative care and ensuring their preferences and priorities are clearly documented.

Aim

To evaluate UCP delivery competence, improve documentation, and enhance Multi-disciplinary Team (MDT) collaboration for COPD patients.

Methods

The project was registered with the Quality Improvement Governance Team and recorded on Life QI. A multidisciplinary team implemented the intervention. Eligible patients were identified across community and primary care pathways and provided informed consent. A Plan–Do–Study–Act methodology was applied across three domains: standardised UCP training, development of a community focused UCP system, and optimisation of documentation. Five Specialist Respiratory Practitioners completed UCP training. Innovations included a joint GP-CRT clinic and a joint home visit pathway. Data were extracted from Power BI into Excel, supported by administrative coordination across EMIS and Cerner. Evaluation comprised pre- and post-UCP training questionnaires, demographic data, and hospital readmission rates.



Inclusion Criteria	Prognostic Indicator
Patients aged 70 or over	
Confirmed diagnosis of COPD (FEV1/FVC ratio <70%)	Forced expiratory volume in one second (FEV1) <30% predicted
Shortness of breath while resting.	Oxygen dependence
Trouble with activities of daily living: walking, cooking, dressing, or doing other daily activities.	Decreased functional status;
Chronic respiratory failure	
Respiratory infections – flu, pneumonia	Increasing dependence on others;
Increased emergency room visits and overnight hospital stays.	One or more hospital admissions in the previous year for an acute exacerbation of COPD
Anxiety and depression	Left heart failure or other comorbidities
Malnutrition	Weight loss or cachexia

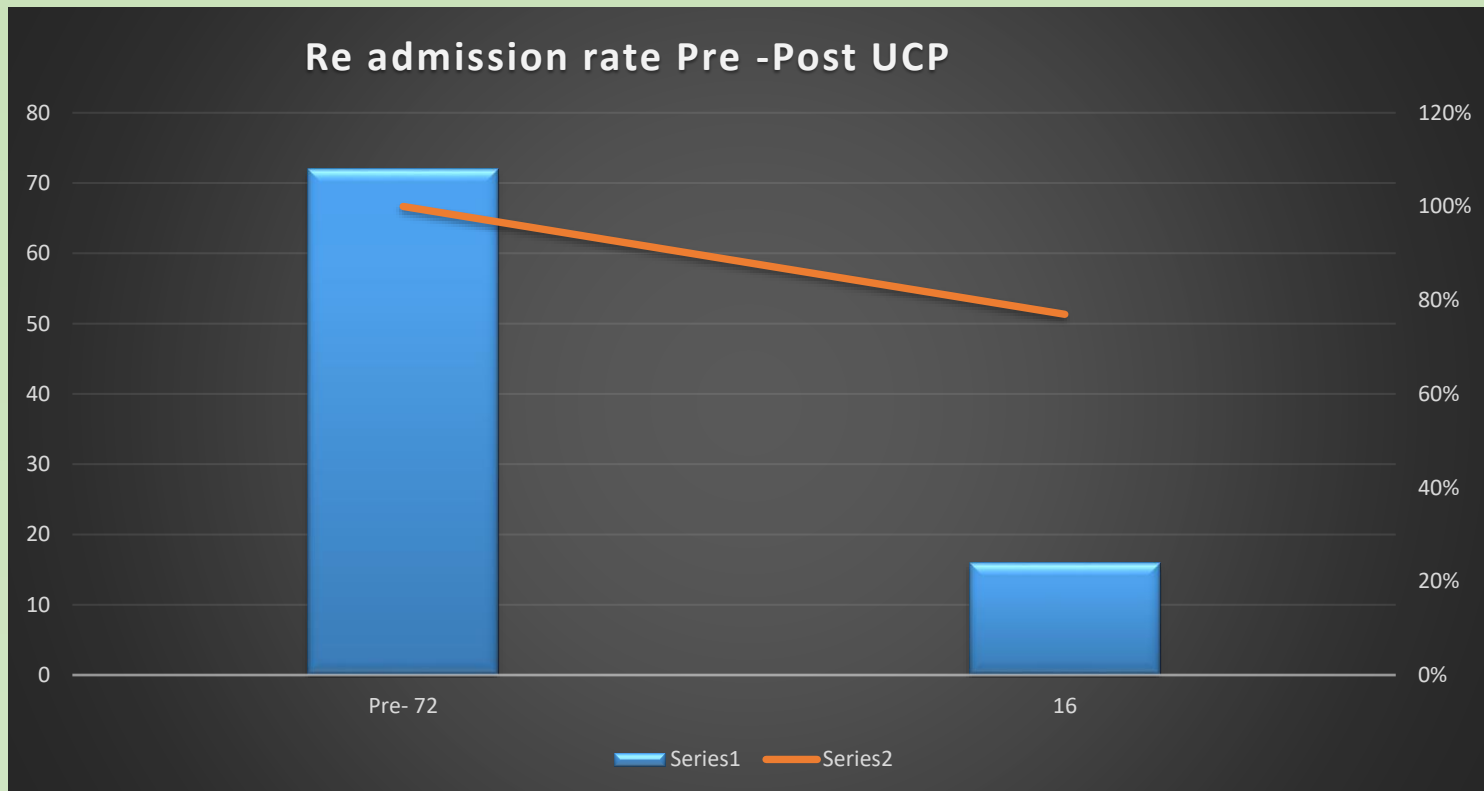
PDSA	Intervention	Change Concept Theory	Measurement
PDSA1	Standardised training	UCP	Manage variation
PDSA2	Development of an inclusive community-focused UCP system	Design System to prevent errors	Metric assessment tool
PDSA3	Optimisation of documentation	Optimise and standardise the record.	GP-CRT clinic outcome
			EMIS+CERNER+UCP integration

Results

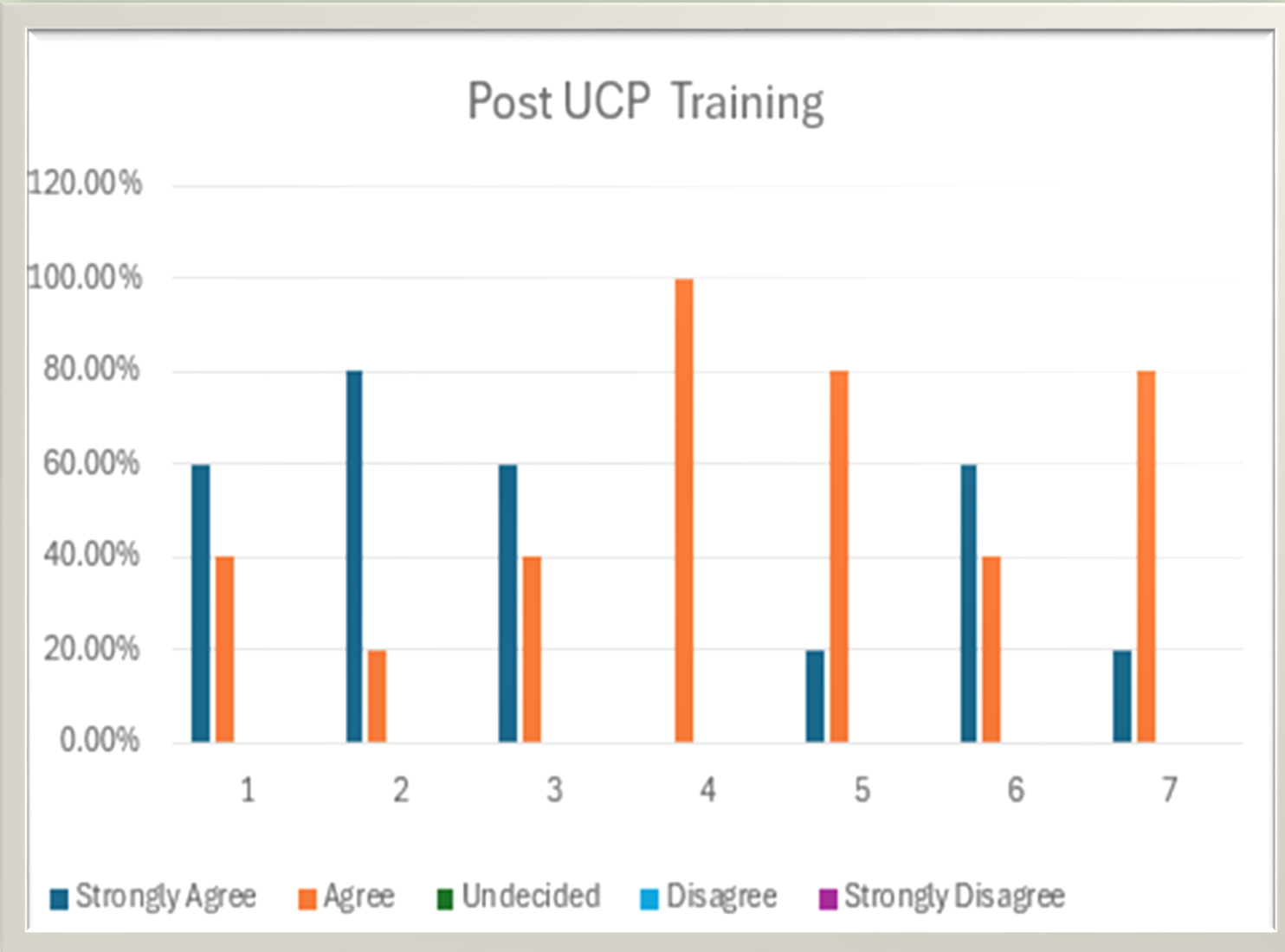
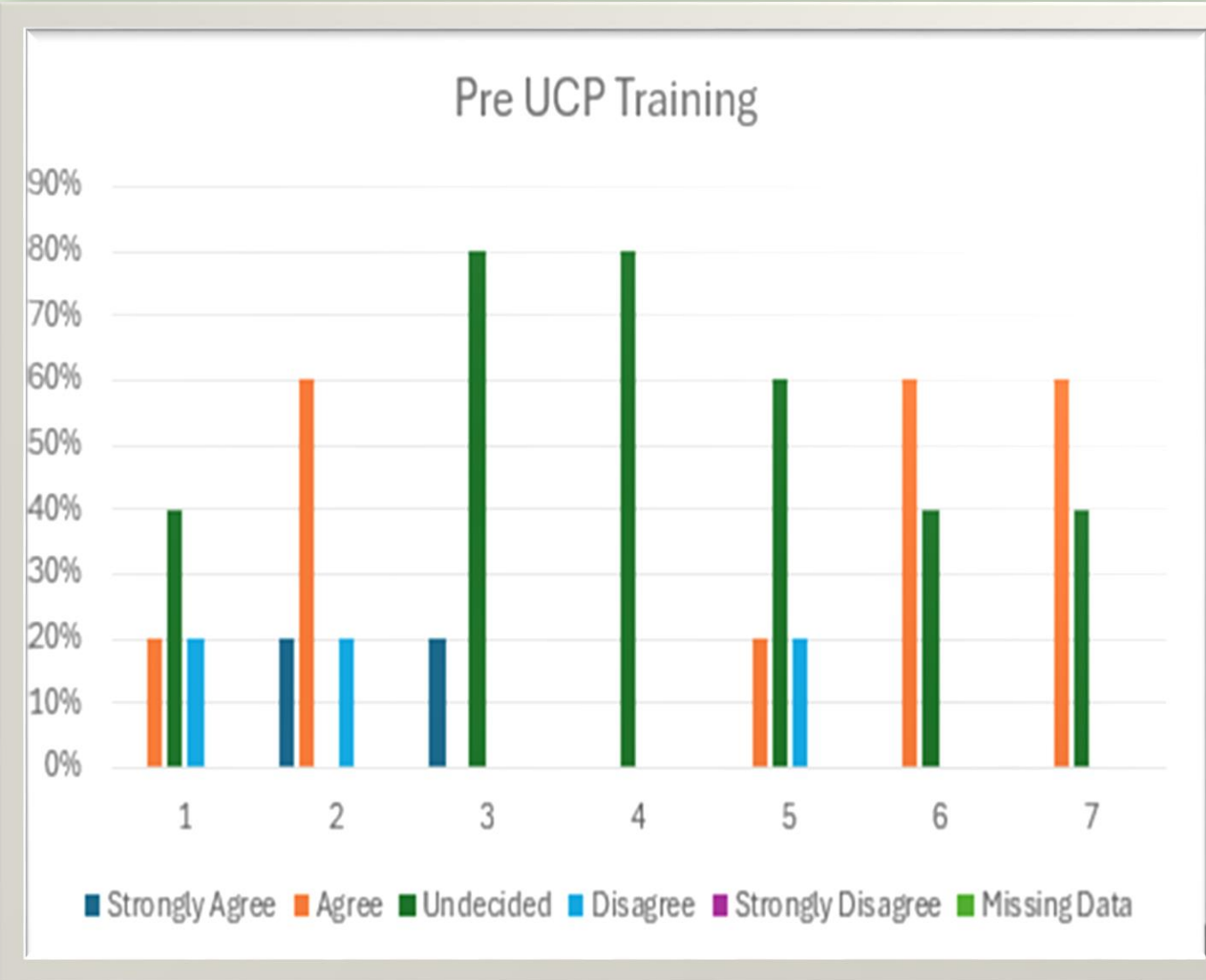
Staff capability improved substantially, with a 100% increase in confidence delivering UCP, an 80% improvement in documentation, an 80% increase in confidence collaborating with MDT, and 60% improvement in understanding UCP principles. Over five months, 216 patients were seen in joint clinics, with 28 receiving full UCP discussions. Early UCP was associated with a 77% reduction in hospital readmissions and improved patient experience.

Demographics

Gender	n=28	Percentage
Male	15	51.70%
Female	14	28.27%
Ethnicity		
White	25	89.28%
Asian	1	3.57%
Black	1	3.57%
Any other	1	3.57%



Staff Pre-Post UCP Training confidence and competence evaluation



Conclusions

UCP delivered by trained staff within an MDT framework is feasible, effective, and associated with reduced hospital readmissions. The joint clinic model strengthened integrated working across Croydon. Despite the small number of trained staff, the project optimised existing workforce capacity. Broader training will enable scalable, sustainable UCP implementation.

Recommendations

To strengthen the evidence base and support sustainable system-wide adoption, the next step is to scale the intervention to a larger population, accompanied by further staff training and capacity building to ensure robust delivery across the whole service.

Reference

[1].World Health Organisation, Palliative care. Available: <https://www.who.int/news-room/fact-sheets/detail/palliative-care> [2026, 22/04].

2.Cao Z, Tong X, He L, Luo Y, Huang K, Li W, et al. Burden of chronic obstructive pulmonary disease and its attributable risk factors in 204 countries and territories, 1990–2021: results from the Global Burden of Disease Study 2021. BMJ Public Health. 2026;4:e002489. <https://doi.org/10.1136/bmjph-2024-002489>

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