

COPD or not COPD, that is the question?

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Introduction

The Liverpool Community Respiratory Team (LCRT) is a well-established multi-professional team who support patients' with COPD at home, to avoid hospital admissions. We are also an inpatient early supported discharge service.

As well, LCRT provides inhaler triple switch and optimisation and admission avoidance clinics, to support primary care. In order to be reviewed in these clinics there must be diagnostic spirometry or CT scan to support a diagnosis of COPD.

An incorrect diagnosis can lead to;

- Incorrect medication being prescribed
- Lengthening/worsening of symptoms
- Unnecessary attendances to primary and secondary care
- Fiscal impact to patient in medicines, travel and insurance costs.
- Inability to accurately plan service provisions due to incorrect figures being held at local and national levels.

Method

For this project we reviewed approximately 1000 patient notes sent to us from primary care who had been coded as COPD.

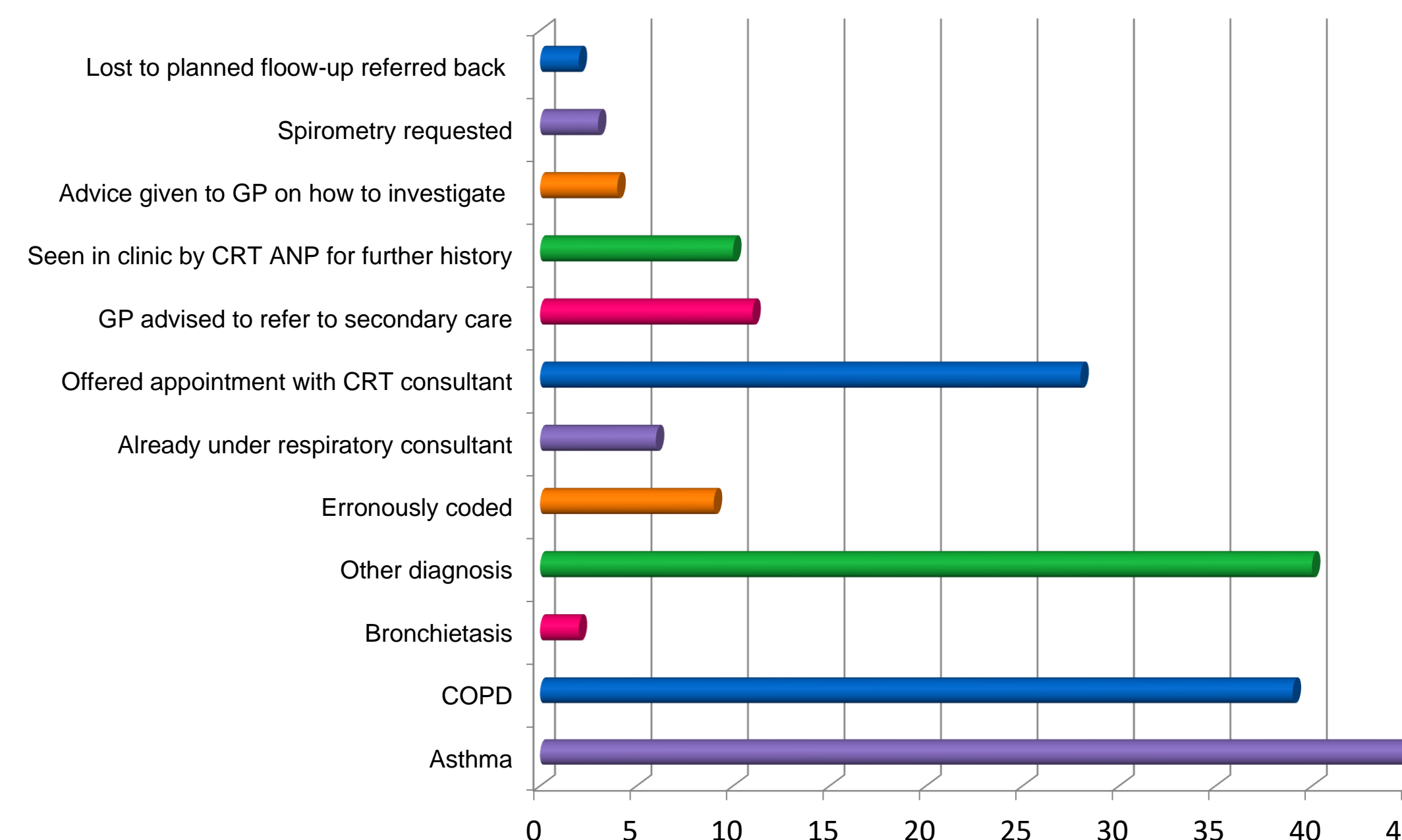
We identified 200 patients' who has been coded as COPD, who on closer scrutiny had doubtful diagnosis. The reason for this was multifactorial but included a history of non-obstructive spirometry, lack of diagnostic testing or the patient has never smoked.

LRCT developed a virtual Diagnostic Doubt MDT (Multi disciplinary team), for these 200 patients in which patient's notes were reviewed by a respiratory consultant and specialist respiratory nurse practitioners (SRNP). The clinic reviewed spirometry, blood test results, imaging, history and primary and secondary care communications to clarify a diagnosis.

If a diagnosis could not be determined the patient was then invited for a one off appointment with a respiratory physician, either by telephone or video link. The GP and patient were then informed of any clinical decisions made.



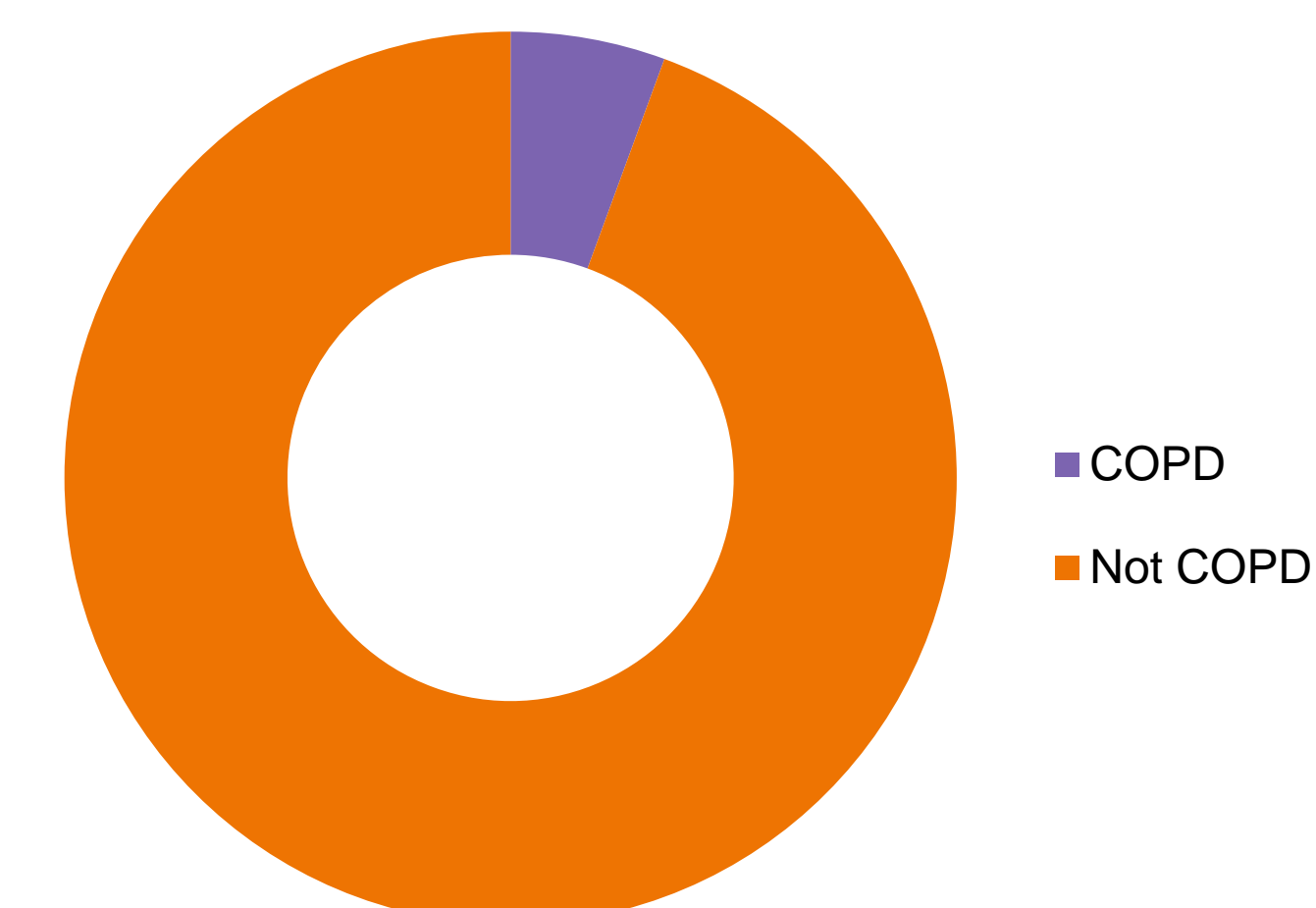
Data analysis



Results

Of the 200 patients that have been reviewed (August 2021), only 39 patients were confirmed to have COPD.

Outcomes



Conclusion

An incorrect diagnosis has a significant impact on the NHS and the patient. The current pathways for assessment and diagnosis in Liverpool need to be more robust.

Based on this project we suggest that every patient in Liverpool should have a specialist respiratory review. This would require an investment and new resources, however a correct diagnosis would make cost savings in the long term.

A new diagnostic model should include review of a patient's diagnostic tests by trained clinicians. A diagnosis and treatment plan should put in place immediately, to stop diagnostic errors occurring. If diagnostic evidence for COPD is not found this model should include a differential diagnosis pathway and referral to other appropriate services.