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3 year evaluation of a primary care trust chronic obstructive pulmonary disease health improvement programme

AB15PR

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Introduction: Although respiratory diseases are not currently a priority in the national strategy for health, COPD imposes a considerable burden on patients and the health services and will focus in the proposed New GP Contract. A COPD Health Improvement Programme based on the BTS and GOLD COPD guidelines has been running for 3 years in the 18 practices of Wyre Primary Care Trust. A visiting, practice based spirometry service, nurse education programme and community pulmonary rehabilitation have enabled the delivery of guideline recommendations.

Rationale: A structured COPD programme based on accurate diagnosis, assessment, management and rehabilitation improves outcomes for patients and offers a model for Primary Care Organisations to commission and deliver high quality respiratory services.

Methods: A population of patients, over 40, on respiratory medications, without a firm diagnosis of asthma, has been followed for 3 years. Patients are offered; diagnostic spirometric assessment, smoking cessation advice, therapy trials, secondary care referral where appropriate, annual practice nurse review, pulmonary rehabilitation with a continued weekly exercise classes.

Results: 2020 patients have been through initial spirometric assessment. Of these 242 (12%) had mild COPD, 525 (26%) mod COPD, 298 (15%) severe COPD. 414 (20%) were diagnosed asthma and 256 (23%) actually had normal spirometry. All smokers assessed have been offered smoking cessation support. 200 COPD patients have been referred to community pulmonary rehabilitation. 140 completed and 8 week course and 50 continue to attend weekly exercise classes. Data on functional ability demonstrate that breathlessness scores show some improvement at all steps with the most significant improvement with pulmonary rehabilitation.

Conclusion: The COPD Health Improvement Programme described provides an effective model of service delivery at Practice and PCT level, enabling the standards in the proposed New GP Contract to be achieved. Pulmonary Rehabilitation for patients who have been through a structured assessment, with appropriate therapy trials, appears to be the intervention that has the most positive impact on health status

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Supported early discharge following acute exacerbation Of COPD

AB16PO

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Hospital admissions for acute exacerbations of COPD (AECOPD) can be shortened by nursing support for a period following discharge. Many suitable patients are denied this service by the difficulties hospital units have in providing it, and the shortage of trained respiratory nurses. The government has endorsed partnerships between the NHS and private sector. We explored whether private sector nursing could support such a service, where patients were supervised by and returned to an experienced respiratory nurse specialist.

During the study period Portsmouth Trust had 276 admissions for AECOPD, of whom 118 received support discharge. The usual length of stay for this diagnosis is 6 days. During the service, most patients were discharged within 2 days.

67% of patients were classified as severe under the BTS COPD guidelines. 22 normally lived alone with no support. 18 were re-admitted. No additional social services support was required.

The nursing team 1 G grade and 1 F grade WTE, were supplemented by further F grades at the weekend and during holiday periods. They worked to a care plan agreed with the hospital team prior to the start of the service. Support was provided for an average of 5 hours during a ten day follow-up period, including 54 calls from 34 patients outside office hours. Patients had separate follow-up arrangements to their GP's normal service.

Patient satisfaction was very high with 86% agreeing or agreeing strongly that receiving care at home was important to them.

In a group of patients with severe disease, this service discharged 42% of patients which compares with about 30% in other studies. The flexibility of the private sector may help Trusts resource this important COPD service

Source of funding/Conflict of interest: Dr Holmes is the Medical Director of Nestor healthcare Group which provides the service

Treatment options for seasonal allergic rhinitis

AB17PR

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Background: Seasonal Allergic Rhinitis (SAR) or 'hay fever' is a common, complex disorder resulting in nasal and ocular symptoms. Treatments for SAR aim to minimise symptoms, improve quality of life and reduce the risk of developing any co-existent disease. Improving the evidence-base for treatment decisions in primary care is now a priority for the NHS.

Methods: We used standard systematic review methods to conduct a systematic review of all randomised control studies (1990-2002) evaluating the effectiveness of treatments for SAR. For a study to be included all patients had to be at least 12 years with a physician