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**REPORT TO THE PBC Governance Committee  
TO BE HELD ON: 9<sup>th</sup> September 2009**

<b>Enclosure:</b>					
<b>Subject:</b>	COPD and Asthma Review, Westgate Practice Lichfield				
<b>Lead Director:</b>	Sue Price				
<b>Lead Officer:</b>	Anna Hammond				
<b>Recommendation:</b>	<b>For Approval</b>	<b>X</b>	<b>For Discussion</b>	<b>For Information</b>	

**PURPOSE OF THE REPORT:**

To outline a proposal for a time limited specialist intervention to assist with the diagnosis and management of COPD

**KEY POINTS:**

The service will assist in the diagnosis, then treatment, of patients with suspected COPD, those on the asthma register and smokers and ex smokers. It is time limited assistance from the PCT specialist team and will also provide enhanced education for the practice staff to deliver more effective services in the future.

**CORPORATE OBJECTIVES:**

3

Strategic objective - 4

**RESPONSIBLE COMMITTEE:**

NAME:

APPROVED at cmte: YES/NO

Date of Cmte:

**IMPLICATIONS:**

<b>Legal and/or Risk</b>	
<b>Standards for Better Health</b>	
<b>Financial</b>	The total cost is £13,595.5 to be taken from the practice pump priming allocation

<b>Training</b>	Improved practice training on COPD management
<b>PBC</b>	Presented by PBC
<b>Patient Engagement &amp; safety</b>	

**RECOMMENDATIONS / ACTION REQUIRED:**

**The committee are asked to approve this proposal**

## **Service Specification for Westgate Practice COPD and Asthma Review**

**June 2009**

**Lead Clinician :**

Joan Manzie. Consultant Respiratory Nurse South Staffordshire PCT Provider Services

**Lead Commissioners :**

Dr P James General Practitioner Westgate Surgery Lichfield

Anna Hammond Commissioning Lead East Locality

**Index**

Index	Page 4
Introduction	Page 5
Proposed pathway	Page 5
Westgate Practice COPD & Asthma Review Pathway	Page 6
Service specification COPD register	Page 7
Service specification suspected COPD register	Page 7
Service specification asthma register	Page 8
Service specification identify smokers and ex-smokers Who may have developed COPD	Page 9
Service specification : up skill and education for Practice nurses	Page 10
Costings	Page 11

## Introduction

Westgate surgery is a large GP practice in the centre of Lichfield with about 18,000 registered patients.

The surgery have operated a strict adherence to best practice guidelines and have a COPD register where all patients have a spirometry confirmed diagnosis of COPD. Currently that register has 103 COPD patients. In recognition of those patients with probable COPD but where diagnosis is not confirmed by spirometry the surgery also has a register of those patient with suspected COPD, this register amount to 30 patients. This equates to a practice prevalence of COPD of 0.6%. Although in a fairly affluent area this is still below the national prevalence.

The surgery want to commission a time limited specialist intervention within the surgery that :

1. Confirms the diagnosis and robust nature of the existing COPD register
2. Reviews the suspected COPD register to establish diagnosis
3. Identifies patient on the asthma register who have COPD
4. Identifies smokers or ex-smokers who may have developed COPD
5. Develops existing practice skills that ensure sustainability of improved COPD management

## Proposed Pathway

The proposed pathway is based on the establishment of a specialist clinic within the surgery that delivers consultations to review and confirm diagnosis of COPD, review existing treatments and maximise existing treatment regimes where necessary.

A schematic representation of the pathway is presented on the following page with a subsequent detailed service specification.

The work required to fulfil this commission is prioritised as :

1. Existing COPD register

This work should take be conducted over 9 weeks (not necessarily consecutive) but take no more than 8 calendar months to complete

2. Suspected COPD register

This work should take be conducted over 12 weeks (not necessarily consecutive) but take no more than 6 calendar months to complete

3. Asthma register: patients at risk of COPD >35 years with symptoms.

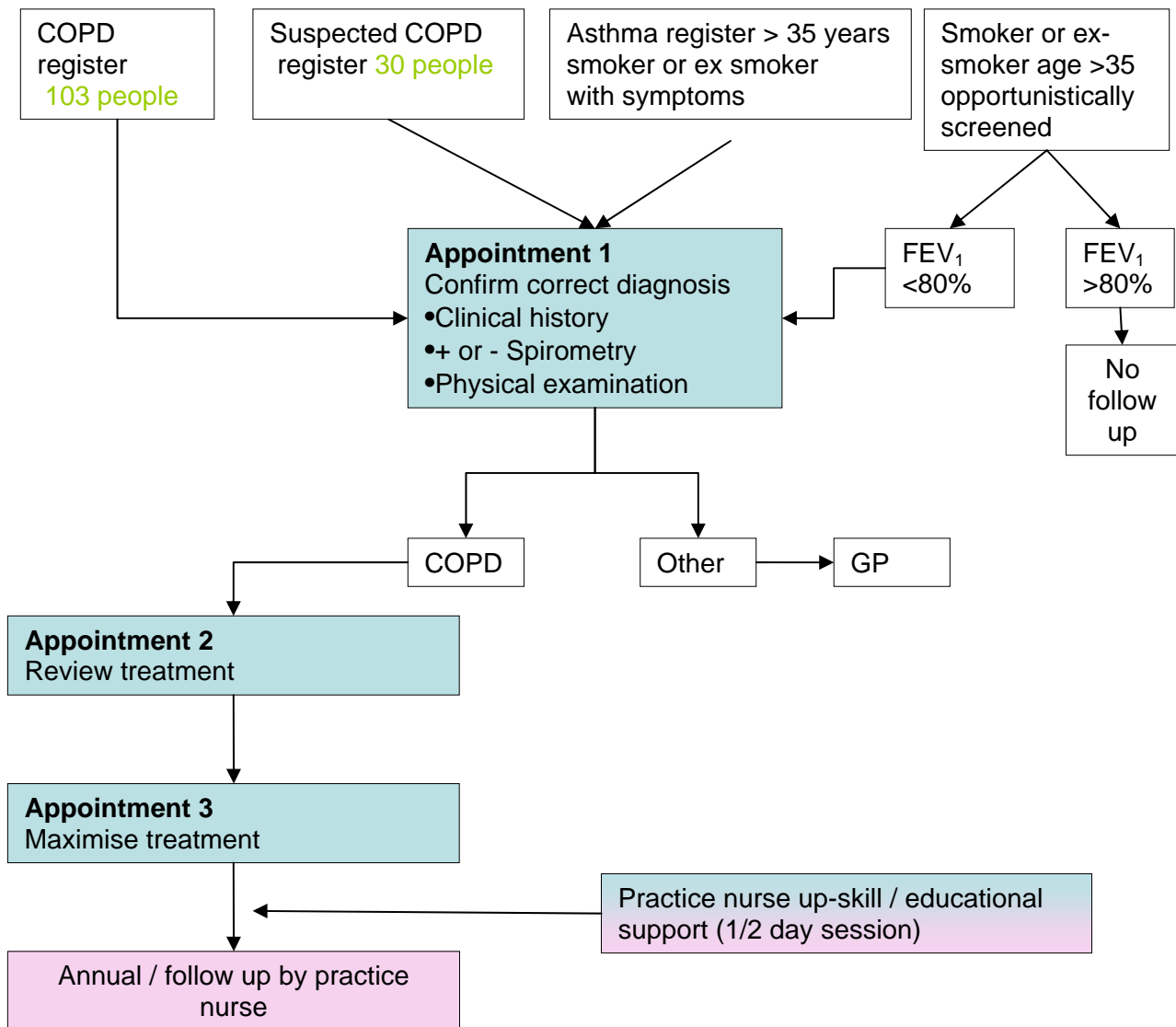
This work should take be conducted over 13.5 weeks (not necessarily consecutive) but take no more than 8 calendar months to complete

Patient consultations will be recorded in the surgery held case note for each patient.

The respiratory team will provide all specialist equipment e.g. spirometer, blood gas analyser, test cartridges and all clinical sundries associated with spirometry and blood gas analysis

ALL costings are calculated on figures presented in appendix 1

**Westgate Surgery : COPD & Asthma Review Pathway**



**Staff responsibilities in the pathway**

GP and other surgery staff

Consultant Respiratory Nurse

Practice Nurse

### Service Specification COPD register

There are 103 people on the COPD register. Currently all of these patients have spirometry to support the diagnosis of COPD and this will not be repeated. This reduces the time required per patient and therefore appointment 2 & 3 will be combined. Each patient will have the following

- Appointment 1 – Confirm diagnosis and grade severity of COPD, i.e. review case notes / clinical history / physical examination / measure FEV<sub>1</sub>
- Appointment 2 – Review and maximise treatment

Each appointment will be 30 minutes long and long term follow up will be by the practice nurse for education and self management teaching

103 people requiring 2 X 30 minute appointments = 103 hours clinic time

This equates to 25.75 (26) clinics of 4 hours duration @ 2 clinics per week equates to 13 weeks conducted over no more than 8 calendar months

**Clinic cost: £3,767** including clinical equipment

Patients with suspected co-morbidity requiring second opinion or further investigation will be referred by to the overseeing GP.

Patients who require a blood gas analysis (borderline saO<sub>2</sub> 92% or below) to assess their oxygen requirements will have capillary blood gas analysis performed by the Cannock COPD team. This will occur in the patient's home and is costed additionally.

It is anticipated that no more than 5% of this register would need this test this equates to 6 tests

**Blood gas analysis cost: £312**

**TOTAL COST: £ 4,079**

Formal assessment for long term oxygen therapy will continue to be provided by secondary care

Patients who DNA will be offered a second appointment only.

### Service Specification suspected COPD register

There are 30 people on the suspected COPD register. Each patient will have consultations following the proposed pathway :

- Appointment 1 – Confirm diagnosis and grade severity of COPD, i.e. review case notes / clinical history / physical examination / measure FEV<sub>1</sub> spirometry if FEV<sub>1</sub>< 80% predicted / chest x-ray / routine bloods
- Appointment 2 – Review treatment and results to exclude differential diagnosis
- Appointment 3 – Maximise treatment

Each appointment will be 30 minutes long and long term follow up will be by the practice nurse for education and self management teaching

30 people requiring 3 X 30 minute appointments = 45 hours clinic time

This equates to 12 clinics of 4 hours duration @ 2 clinics per week equates to 12 weeks conducted over no more than 8 calendar months

**Clinic cost £3,128**

Patients with suspected co-morbidity requiring second opinion or further investigation will be referred by to the overseeing GP.

Patients who require a blood gas analysis to assess their oxygen requirements can have capillary blood gas analysis performed by the Cannock COPD team (this would be in the instance of borderline saO<sub>2</sub> 92% or below or to exclude differential diagnosis of chronic hyperventilation). It is anticipated that no more than 1% of these patients may fall into this category. This equates to 1 test.

**Blood gas analysis cost £52**

**TOTAL COST: £3180**

Formal assessment for long term oxygen therapy will continue to be provided by secondary care

Patients who DNA will be offered a second appointment only.

**Service specification asthma register**

Current best practice suggests that existing asthma registers should be interrogated to establish those patients who may have a COPD diagnosis. It is a more time efficient and cost effective approach to review only those on the asthma register who may be at high risk of COPD. Current guidelines suggest this would be those age > 35 who are current or ex smokers.

For time efficiency and cost effectiveness the surgery will send a screening questionnaire based on the presence of symptoms that are associated with COPD.

There are currently 360 patients on the asthma register who require screening with the symptom based questionnaire. Westgate surgery propose to undertake this work. Those patients considered at risk of having COPD ie those who responded positively to the symptom screening questionnaire will have an FEV<sub>1</sub> measurement appointment and where FEV<sub>1</sub> < 80% predicted will follow the pathway thus requiring 3 appointments.

As the number of clinics required to complete this work is uncertain it is proposed that a calculation is made based on 20% (20% of smokers develop COPD) this gives an estimated demand of 72 patients.

Based on each patient having consultations following the proposed pathway

- Appointment 1 – Confirm diagnosis and grade severity of COPD, i.e. review case notes / clinical history / physical examination / measure FEV<sub>1</sub> spirometry if FEV<sub>1</sub> < 80% predicted / chest x-ray / routine bloods
- Appointment 2 – Review treatment and results to exclude differential diagnosis
- Appointment 3 – Maximise treatment

Each appointment will be 30 minutes long and long term follow up will be by the practice nurse for education and self management teaching

72 people require 3 X 30 minute appointments = 108 hours clinic time

This equates to 27 clinics of 4 hours duration @ 2 clinics per week equates to 13.5 weeks conducted over no more than 8 calendar months

**Clinic cost £3,753**

Patients with suspected co-morbidity requiring second opinion or further investigation will be referred by to the overseeing GP.

Patients who require a blood gas analysis to assess their oxygen requirements can have capillary blood gas analysis performed by the Cannock COPD team (this would be in the instance of borderline saO<sub>2</sub> 92% or below or to exclude differential diagnosis of chronic hyperventilation). It is anticipated that no more than 2% of these patients may fall into this category. This equates to 2 tests.

**Blood gas analysis cost: £104**

**TOTAL COST: £3,857**

Formal assessment for long term oxygen therapy will continue to be provided by secondary care

Patients who DNA will be offered a second appointment only.

**Service Specification : Identify smokers or ex-smokers who may have developed COPD**

To screen this section of the practice population in the most cost effective way GP's will opportunistically screen patients using an FEV<sub>1</sub> monitor. Those with an FEV<sub>1</sub> <80% will have an appointment for spirometry. Of these patients those with clinical history and spirometry suggestive of COPD will have a maximum of two further appointments following the pathway for suspected COPD. The number of appointments required is difficult to estimate however, based on the principle that about 20% of smokers will develop COPD, therefore it is proposed that 100 appointments are commissioned with an option to review further commissioning requirements based on the activity collected on this aspect of the pathway.

Based on 100 consultations following the proposed pathway

- Appointment 1 – Confirm diagnosis and grade severity of COPD, i.e. review case notes / clinical history / physical examination / measure FEV<sub>1</sub> spirometry if FEV<sub>1</sub> < 80% predicted / chest x-ray / routine bloods
- Appointment 2 – Review treatment and results to exclude differential diagnosis
- Appointment 3 – Maximise treatment

Each appointment will be 30 minutes long and long term follow up will be by the practice nurse for education and self management teaching

100 consultations of 30 min appointments = 50 hours clinic time

This equates to 12.5 clinics of 4 hours duration @ 2 clinics per week equates to 7 weeks (may not be consecutive) conducted over no more than 8 calendar months

It is not anticipated that these patients will require blood gas measurement

**Clinic cost : £1737.50**

**TOTAL COST : £ 1737.50**

**Service specification : up-skill and education for practice nurses**

To ensure sustainability of the improved management of COPD by existing practice nurses there will be a full afternoon training on the following :

- Diagnosis of COPD
- Management of stable COPD
- Management of acute (unstable) COPD
- Performing and interpreting spirometry

This session will be delivered by the Consultant Respiratory Nurse in the training room at Westgate Surgery. The surgery will provide a computer and projection equipment flip chart of white board

The PCT will provide all other training materials e.g. examples of spirometry/ spirometer, handouts

The session is 4 hours long conducted on one day

**Education session cost : £139**

**Appendix 1****Costings**

<b>Description</b>	<b>Cost</b>
Consultant Respiratory Nurse 1 session (4 hours)	<b>£139</b>
Respiratory CNS Blood gas visit (patients home) 1.5 hours	<b>£52</b>
Spirometer paper (4 rolls @ £22 each )	<b>£88</b>
Disposable one way mouth pieces	<b>£65</b>

**Appendix 2**

Practice costs for set up, evaluation and audit

6 hours GP	£459
3 practice manager	£90
3 hours nurse manager	54
Total costs	£603