

EMPOWERING PATIENTS WITH COPD TO ACCESS HIGH QUALITY CARE: THE IMPACT OF PERSONALISED SCORECARDS

Authors:
Gulsen Gungor
Rob Meaker
Kirsty Barnes
James Mountford
Robyn Hudson
John Craig
Professor Mike Roberts

The Challenge

A high proportion of COPD patients are not receiving optimal care. For example, in our pilot Redbridge Practices on average only 18% of COPD patients have had their diagnosis validated with spirometry according to NICE 2010 guidance.

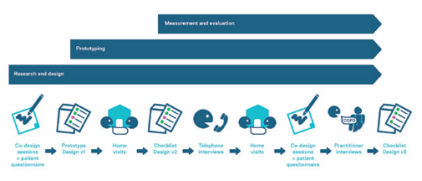
Patients themselves are unaware of the quality of their care, and the variation of quality between Practices. At one of our Practices, 100% of COPD patients had received spirometry, at another, 1% of COPD patients.

Patients often bypass Primary Care services and go to A&E due to a lack of self-management advice and empowerment. We know that typically COPD patients experience their symptoms for on average 7 days before an emergency attendance at A&E.

COPD is associated with high NHS cost due to the frequency of emergency admissions, across the UK accounting for 1 million bed days and £491 million per year. In our 10 pilot Practices there were 154 COPD admissions last year, on average 29% of the COPD patients on the Practice registers were admitted.

The response:

The patient led methodology

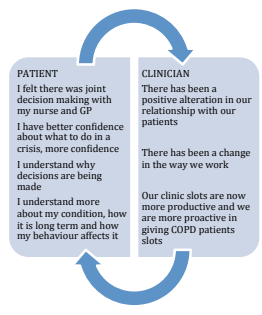


Patients, GPs, Practice Nurses and Practice Managers from 10 GP Practices in NHS Redbridge worked together to co- create a patient scorecard

Practices feedback quotes:

“We have been involved in many service improvement projects over the years, and “SHINE COPD” has been the best by far in implementing something new and challenging”

“This project delivered what it said it would deliver at the start... the scorecards look very professional and eye catching and surely will make a difference.”



that outlined patient priorities for best care using the NICE guidelines (2010). Several versions were tested with patient focus groups until the content and style were refined to suit patients’ needs. These individualised scorecards help inform and empower patients to seek attention for those evidence based interventions that reduce risk of admission to hospital.

The driving hypothesis for the project was that providing individualised quality information to both GPs and patients would result in increased engagement with the issues around COPD and a set of behaviour changes for both groups

We identified the need to utilise qualitative primary research and a process of prototyping to help shape the design and communication of the checklist

Results:

Lessons learnt:

- The quality scorecards proved a very effectual tool with the participating Practices in changing behaviours and attitudes within Practices around best COPD care and creating a more

proactive and positive relationship with their COPD patients

- Co- design and collaboration between clinicians and patients are necessary for such a programme to work
- The scorecards clearly show variation in Practice quality, and challenges within the system to delivering best COPD care, therefore the scorecards become a great motivator for change and improvement
- The short timescale for this project meant that no meaningful quantitative results were seen in admissions and patient level quality indicators, however the qualitative results were significant
- A new model of patient engagement and education helps to foster more collaborative and sustainable improvements in Primary Care (see below).

A New Model For Patient Engagement:

