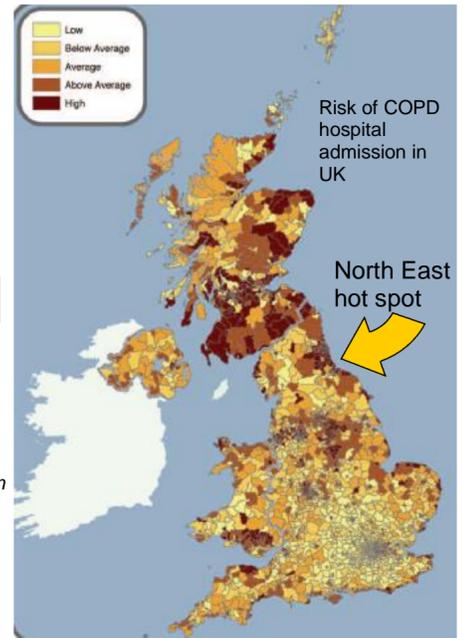


Chronic Obstructive Pulmonary Disease (COPD) is a progressive, largely preventable lung disease caused mainly by smoking and which has strong links with deprivation. It kills around 30,000 people a year in UK ("Invisible Lives" – British Lung Foundation

November 2007) and County Durham has been identified as a hot-spot representing the 7th highest challenge for the whole UK. The recorded prevalence of Chronic Obstructive Pulmonary Disease in Easington is 2.8% which is significantly higher than

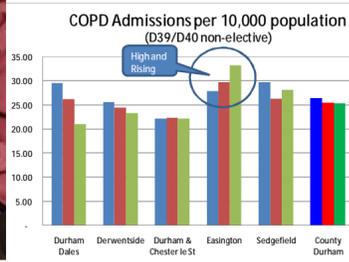
County Durham which is 2.3% and that of England which is 1.4%. It is the second most common cause of emergency admissions to hospital and in Easington the rate is higher than the rest of County Durham



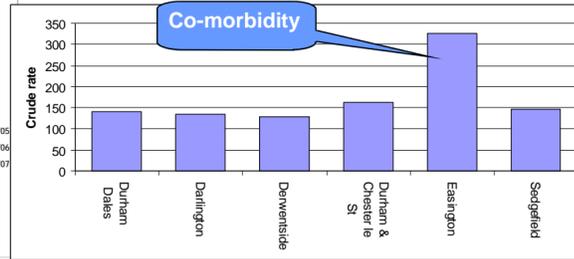
Photos and maps from British Lung Foundation 'Invisible Lives' Nov 2007



COPD in Easington



Admission rates 2004/5-2006/7 including COPD recorded any diagnosis



Source: County Durham and Darlington Informatics Team, quoted in Louise Unsworth report

Exacerbation Pathway

The Easington PBC Cluster project offers patients early attendance by a specialist clinician, followed by a programme of home management by the ICE (Intermediate Care Easington) team for up to 5 days. The option to attend A&E at a suitable hospital and be admitted is always available, and is the default position in the event of deterioration or any capacity failure.



Self Management Plan

This Easington PBC Cluster project offers patients a simple flow chart to consult during an exacerbation, which identifies steps to take (including reviewing their current medication) for immediate relief of anxiety and symptoms, and at the same time contacting their case manager for review. The option to attend A&E at a suitable hospital and be admitted is always available.

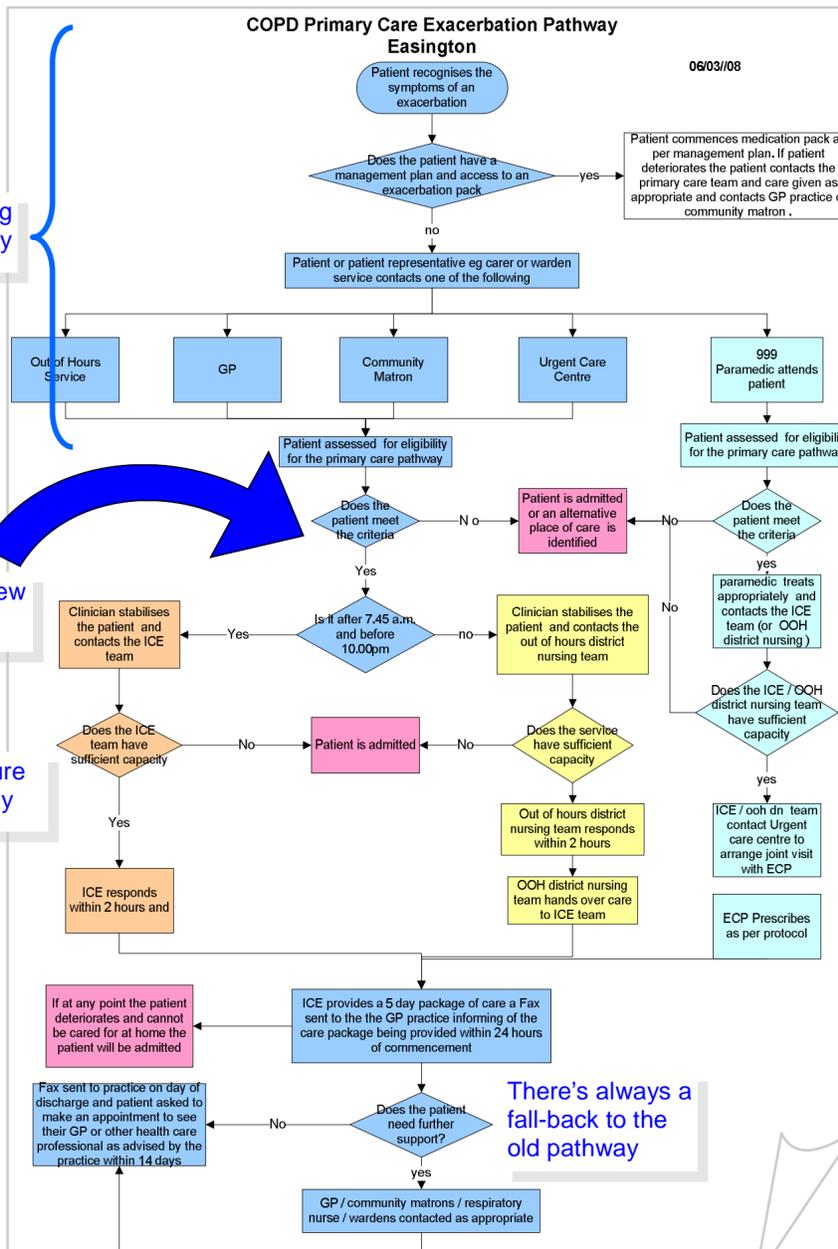
Factor	To consider
Impaired level of consciousness	CONSIDER HOSPITAL ADMISSION
Acute confusion	
Severe Breathlessness	
Rapid rate of onset	
Refuses home support	
Unable to cope at home	CONSIDER SUPPORT AT HOME
Problematic co-morbidities	
Cyanosis	
Poor social circumstances/ communication options	
Poor mobility	
Worsening peripheral oedema	

Existing pathway

Use of new pathway

Ensure safety

The patient is given the choice whether they wish to be treated at home or taken to A&E for potential admission to hospital. If the patient is unable to make a choice or communicate that choice then the old pathway (take to A&E) is used. If the patient chooses to be treated at home they will receive a package of care in their home (by the ICE team) essentially similar to the rehabilitation package that the ICE team already offers to patients discharged from City Hospitals Sunderland or retrieved from A&E by the same ICE team under admission avoidance schemes.



Self Management Plan

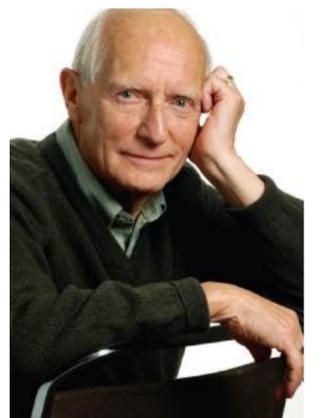
Patients are accepted onto the self management plan if they meet a number of criteria.

As part of joining the plan, patients are issued with a flowchart to describe what to do in the event of an exacerbation, which is designed to be easy to follow when the patient and carer are at their most anxious.

Initial results suggest that this simple flowchart relieves anxiety and may reduce the severity of attacks and therefore need for emergency attendances and admissions.

Patients are issued with a hand-held record so they can keep a check on their own progress and so that the professionals involved with them can review.

The flow chart clearly identifies the choices and enables them to decide at each stage (during these anxious moments) what is the next safe and appropriate step to take whilst managing the exacerbation.



Potential impact and reallocation of resources

We studied COPD admission data for Easington April 06 to March 07 to identify the issues arising.

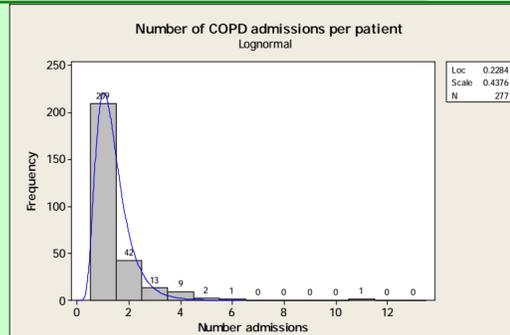
On a per patient basis, average age is 71 (SD 11.11 years, n=277). Average number of admissions per patient is 1.43, but this varies widely with the vast majority patients admitted only once. The 277 patients represent 396 admissions over the period, and are around 10% of the number of people identified by QOF having COPD

Average tariff per patient is £2,668, whereas (as expected) per admission is £1,871.30—this adds up to £739,146 over the year.

The Self Management Plan will empower patients to look after themselves.

We think many patients experience exacerbations early in the morning, yet ambulance trust data suggests that they wait until the GP Surgery is open, call and subsequently call an ambulance nearer 10am or 11am (often 4 hours after the initial exacerbation). Self-management will reduce distress and improve care.

The self management plan is primarily aimed at the group of patients with the potential for multiple admissions in a year, although any serious case will still need hospital care. The total cost of admitted care with COPD as primary diagnosis (ie not including care with COPD as a co morbidity) is £348,509 in 06/07 so there is substantial opportunity to release resources for the alternative care offered. To date around 70 patients are on the new plan and permission to run evaluations has been submitted. The Exacerbation Pathway will reduce the number of patients attending hospital. Easington is unique in Co Durham as it has no acute hospital within its boundaries, so any attendance or admission to hospital results in considerable inconvenience for patients, carers and visitors, and care at home is highly valued. This pathway will impact more patients than just those on the self management plan, and the current secondary care cost (from which we hope to use resources to provide community services) was £390,637 in 06/07.



With thanks for continued contributions from so many people, and especially recognising: Joseph Chandy, Carol Hardy; Liz Boal, Dave Britton; Hazel Bettaney; Dr R N Harrison; Pauline Brown; Sue Hook, Linda Wells; Linda Ogilvie; Katie Hewitson and many others. Hugo Minney authored the poster