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Promoting best practice in COPD management

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- **What does this article tell us?** Well-structured and planned training for the primary care team in evidence-based COPD management has a significantly positive impact on the team and patients in their care.
- **Why is it important?** COPD represents a major burden of care in the UK and is closely linked with cardiovascular disease.
- **How can I apply this knowledge to my practice?** Consider COPD training for the whole practice team.

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Chronic Obstructive Pulmonary Disease (COPD) has a major impact on the health and quality of life of patients and is the second largest cause of emergency hospital admissions in the UK.[1] There is often co-morbidity with cardiovascular disease. An increased adoption of evidence-based practice, particularly in primary care, could have a major impact on these outcomes.

A joint venture involving health care professionals, patient groups and academics developed and delivered a new COPD initiative for primary care teams in the West Midlands (Table 1). Its introduction was prioritised by the Heath Education and Innovation Cluster West Midlands North, the West Midlands Academic Health Sciences Network and the CCGs where it was to be introduced.

A review of best practice documents (see More Information) and feedback from key local informants (GPs, respiratory and pulmonary care leads and researchers) generated the new programme's educational content which included:

- COPD diagnosis and monitoring
- Clinical management of COPD
- Living with COPD
- Pulmonary Rehabilitation
- Patient self-help/management
- Palliative/end-of-life care

Most sessions were delivered by local health professionals but the 'Living with COPD' session was given by members of Breathe Easy, a patient self-help group, and a representative of the British Lung Foundation. Sessions were interactive and limited to around 30 delegates with primary care teams (GPs and nurses) from practices with high prevalence rates for COPD being targeted. Four full days were devoted to delivering taught sessions with participants also required to undertake a small service delivery project within their practice.

EXPLORING THE IMPACTS OF THE INITIATIVE

The educational initiative has been delivered three times (most recently in 2015) to primary care teams from over 35 practices in 3 different CCGs. Surveys of participants, during and at the end of the taught programme, assessed whether session content was relevant to participants' needs and how it was affecting the delivery of care. Longer-term impacts have also been explored via interviews held 10

Table 1: Key steps in developing and implementing the educational initiative

- Obtain high-level strategic support for the venture
- Agree educational content and delivery modes
- Involve patient self-help groups and organisations
- Target primary care teams to be recruited
- Review the impacts of the initiative

Table 2: Participants' assessments of the value of the educational initiative

Was the course relevant?

Course content and learner satisfaction were rated highly. One delegate stated:

- "*It was a really good course. Nice to see such a variety of things – rehab, spirometry, Breathe Easy. So broad it was very good*" Practice Nurse (PN)

Did professional behaviour change?

The quotes below indicate how some of the delegates thought their practice had changed.

- "*My knowledge of spirometry has improved tenfold*" PN
- "*My prescribing is more logical and reflects NICE*" GP
- "*I'm now promoting PR (Pulmonary Rehabilitation)*" PN
- "*Patient participation was good. I wasn't aware of Breathe Easy beforehand but I have referred patients there since*" PN

Did the organisation of care in practices change?

Some of the wider changes made or planned were:

- Audits of referrals to PR for eligible patients and an increased use of support materials to increase patient and practitioner awareness and understanding of PR
- A joint patient/practitioner initiative to establish a Breathe Easy group
- Improved measures for the identification and management of patients at increased risk of exacerbations of COPD: "*We conducted an audit of people who'd had exacerbations and identified about 50 patients. We invited them in to discuss rescue meds—at the end 36 out of 50 were given rescue packs*" GP

months after the final session with 9 primary care team members who attended the first running of the initiative (see Table 2 for key feedback).

WHAT WORKED AND WHY

Feedback from participants indicates that the goal of increasing the adoption of evidenced-based care for COPD by the primary care team was achieved. Key drivers for success of the training included:

- Primary care staff had dedicated time away from the practice and participated as a team
- Taught sessions were delivered by local 'experts'
- Small practice-based projects were a component of the educational initiative
- People with COPD/patient groups had a lead role in the delivery of taught sessions

Team involvement (a GP and a nurse as a minimum) increased the impetus and support required for changes in host practices. Local speakers not only imparted knowledge of evidence-based care but also vital information about local services which, in turn, helped improve the integration of services. The small practice-based projects were embraced by participants and provided demonstrable markers of success.

However, the session that probably provided the biggest driver for service change was the 'Living with COPD' session (Table 3).[2] A representative of the British Lung Foundation asked a panel of people with COPD and/or their carers to respond to the following pre-planned questions:

- "When did you first realise that something was wrong?"
- "How long did you have your symptoms before going to see a GP?"
- "How were you diagnosed?"
- "How do you feel about the information you received?"
- "Give me an example of how COPD impacts on your life?"
- "What works for you in managing your health?"
- "What are your thoughts on Pulmonary Rehabilitation?"
- "What about other things that have worked?"

These questions allowed them to tell their stories about life with COPD and primary care staff joined in the ensuing discussion.

Table 3: The impacts of the 'Living with COPD' session

Written feedback from primary care staff included:

- "*Remembering the individual and their journey of COPD and the impact it has on their life is the most important aspect the Health Worker should consider in providing supportive care*"
- "*The session was really informative and has given me an insight into patients with breathing conditions which I can use in a positive way during my consultations*"
- "*Very motivating session, especially from people who are experiencing the condition. It has made me more confident in my clinics to advise patients regarding Pulmonary Rehab and Breathe Easy*"
- "*Very informative. I plan to try and set up a Breathe Easy group in my area. It was eye-opening to know a patient's journey to the point of diagnosis*"

Key Practice Points

- In primary care there is a gap between current and evidence-based care for COPD
- This paper describes an educational intervention that helped to close this gap
- Involving clinical teams, local speakers and patients and project work was crucial
- Positive changes occurred at clinician and organisation level

CONCLUSION

Making best practice everyday practice depends on practitioners having the capability, opportunity and motivation to change care.[3] This initiative increased participants' knowledge and awareness of services for COPD (capability) and offered time for reflective learning (opportunity). It is fitting that a main motivation for change came from the moving accounts of people living with COPD.

CONFLICT OF INTEREST STATEMENT

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