Storyboard submission

Follow the detailed instructions in this template for writing a description of your storyboard. Type your information in each section below and save this completed storyboard document as a Microsoft Word file.

Please spell check your storyboard before submission as it will be published on the NHS Wales Awards website.

Please note: The storyboard should be between 500 – 1000 words maximum (including references but excluding headings, images or graphs)

Submit your storyboard using the online submission system at www.eventsforce.net/nhsawards2013 by Friday 25 January 2013.

1. Storyboard Title

“Aneurin Bevan Health Board (ABHB) Primary Care Respiratory Education Programme (PREP)”

2. Brief Outline of Context

Chronic Obstructive Pulmonary Disease (COPD) is the fifth leading cause of mortality in the UK¹ and Wales has a high proportion of patients with chronic conditions². Emergency admission rates are predicted to rise in line with the demographic changes associated with aging populations³.

An evidence based approach to tackling chronic disease is fundamental to improving health outcomes and reducing hospital admissions.

This meets the objectives outlined in Welsh Assembly Government strategy documents:
- Designed for Life⁴
- Designed to Improve Health and the Management of Chronic Conditions in Wales²
- Setting the Direction⁵
3. Brief Outline of Problem

Patients receive most of their COPD care from General Practitioners and Practice Nurses, who have varying knowledge and skill levels in the management of patients with COPD. In ABHB there were 11,893 patients diagnosed with COPD (1.98% prevalence). COPD was identified as an area for development of initiatives to enhance patient care.

4. Assessment of Problem and Analysis of its Causes

60% of health care professionals (HCPs) who participated in the project had not received structured education on COPD. Variability in knowledge and skills could potentially impact the quality of care delivered.

5. Strategy for Change

Aneurin Bevan Health Board (ABHB) and GlaxoSmithKline (GSK) combined resources to the value of £300,000 to support primary care to deliver an improved standard of care based on National Institute of Clinical Excellence (NICE) COPD Guideline 2010 with a focus on delivering basic COPD care consistently and well.


41 practices in ABHB participated in a training programme to improve the care of COPD patients by:

- Raising standards of care beyond Quality and Outcomes Framework (QOF) indicators to NICE standards to enhance outcomes
- Improving patient reviews and using medicines appropriately to reduce COPD exacerbations and secondary care admission rates in COPD in line with NICE COPD Guideline 2010

Project also aimed to:
- Reduce the variability of COPD care management
- Assess the quality of the service
- Bring care “closer to home” and better use existing resources
- Optimise patient pathways and improve the appropriateness of referrals to secondary services

Health care professionals (mainly practice nurses) attended 2 full day workshops and 12 half day workshops, each practice was also offered 2 full day mentoring sessions.

GSK resources included
- External respiratory nurse specialist (Tracy Kirk) and Quintiles nurse
- GSK Respiratory Care Associate to support individual practice engagement and organisation of education sessions
- GSK Health Outcomes Consultant and Project Manager
• POINTS* audit provision

ABHB provided
• Executive steer and Governance leadership
• Clinical championship and leadership

The project commenced March 2011 and completed March 2012.

6. Measurement of Improvement

The impact of the programme was measured pre and post intervention by
• Audit of practice data
• Patient experience questionnaire
• Evaluation of health care professional experience
• Evaluation of unscheduled care data
• Prescribing data using POINTS* and CASPA (comparative analysis system for prescribing audit)

7. Effects of Changes

Evaluation of the data indicated improvements in the following areas:
• There was a trend towards a reduction in unscheduled admissions for participating practices\textsuperscript{11}
• Prescribing data shows a trend toward increased prescribing of appropriate inhaled therapies in line with NICE COPD Guideline 2010\textsuperscript{12}
• Health care professionals reported improved confidence, skill and enthusiasm in managing COPD patients with an alignment to NICE guideline reported in clinical practice\textsuperscript{7}
Effect of Structured Education on Practice Nurse Knowledge

Improvements in delivery of care elements over and above those in the QoF indicators were identified\(^2\).

- **Recording spirometry** is used to diagnose and determine COPD severity. At baseline 59% of patients had an FEV1 recorded, this increased to 89%.
- **Recording exacerbations** is a marker of disease control and risk of hospital admission. At baseline 23% had exacerbations recorded, this increased to 77%.
- **Recording breathlessness**: increased from baseline 72% to 94%.
- **Compliance with NICE standard of care**: a composite score indicating that 90% of patients received elements of care in line with NICE guidance post project.

Patients highly valued their review and there was increased participation in management of their own care (n=247)\(^3\).

![Bar chart showing practice nurse knowledge improvements after training](chart.png)

- **Very satisfied**: 90%
- **Fairly satisfied**: 8%
- **Neither satisfied nor dissatisfied**: 1%
- **Very dissatisfied**: 2%
8. Lessons Learnt

- Providing education and mentorship to healthcare professionals delivering COPD care increases concordance with evidence-based guidelines and measurable improvement in clinical outcomes.
- Future projects should also target smoking cessation as this still remains a major issue
- Following the educational programme the Health Board wish to promote a structured approach to COPD education in further practices, Gwent wide.

9. Message for Others

This work demonstrates the contribution evidence based practice nursing can make to both the experience and outcomes for patients

Providing targeted education and mentorship in a practice setting significantly improves the impact of the education programme on clinical practice.

Joint Working with the pharmaceutical industry within a strong governance framework can be highly productive and positively impact patient care.

* The Patient Outcomes and Information Service (POINTS) is provided by GSK and is delivered on behalf of GSK by Quintiles. It involves the extraction of anonymised data which can be used by practices for assessment of existing services and does not involve the transfer of any patient identifiable data to GSK or Quintiles
References

1. Invisible Lives, British Lung Foundation
2. Designed To Improve Health and The Management Of Chronic Conditions in Wales
3. A Profile of Long-Term and Chronic Conditions in Wales
   (accessed 16 January 2013)
5. Setting The Direction
6. Quality & Outcomes Framework Achievement data
7. Gwent PREP results - Healthcare Professional Questionnaire
9. Best practice guidance for joint working between the NHS and the pharmaceutical industry
11. Gwent PREP results - COPD Non-elective admissions analysis
12. Gwent PREP results - POINTS report
13. Gwent PREP results - Patient questionnaire