



Resource impact statement

Resource impact

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Indicator

The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale.

Introduction

Exacerbations affect morbidity in people with COPD, with evidence that people with COPD at the highest risk of exacerbations can be identified by exploring medical history for the presence of prior exacerbations (<u>Mullerova et al. 2014</u>). Evidence from the UK (<u>Quint et al. 2011</u>) reports that people with COPD remember the number of exacerbations that they have experienced, with the authors noting that patient recall is sufficiently robust to inform stratification to identify frequent and infrequent exacerbator groups for subsequent years.

Understanding the frequency of exacerbations can help when creating personalised management plans, identifying triggers and avoiding future exacerbations.

Resource impact

This revised indicator changes the content of existing reviews. It is not anticipated that there will be a significant resource impact to record the number of exacerbations and assess breathlessness in the review.

The resource impact of the proposed indicator is therefore unlikely to be significant.