

Outcomes as of September 2010

Patient	<ul style="list-style-type: none"> • 18% improvement in the quality of patient review, moving from QoF to NICE standards⁴. • Importantly, the percentage of patients receiving an annual COPD review has increased from 44% to 74%⁴ • An increase in patient understanding of their condition from 64% to 76%, with 50% of patients reporting that their understanding of what to do if their symptoms get worse had increased as a result of their lung check-up⁵ • 9/10 patients were satisfied with the level of service given to them during the check-up, and felt the review was thorough⁵
NHS	<ul style="list-style-type: none"> • A 12% reduction in year-on-year COPD admissions in the period July 2009 to June 2010. In comparison, the other practices in Sunderland PCT recorded a 2% increase over the same period⁶ • 42 Healthcare Professionals (a GP and Practice Nurse Respiratory Lead from each practice) have attended three half-day COPD updates, in addition to the training and mentoring delivered through practice-by-practice bespoke action plans
GSK	<ul style="list-style-type: none"> • There has been a 6% increase in the proportion of patients receiving high dose combinations, in line with NICE COPD guidelines⁴ • Research with key project stakeholders has confirmed the strong working relationship between Wearside and GSK, and an enthusiasm to work together in a Joint Working partnership: "We couldn't have achieved what we have without the support of GSK"⁷ • Demonstration of GSK's alignment with the QIPP agenda

Key Success Factors

- A comprehensive business plan, jointly devised by GSK and Wearside Consortium, provided a solid foundation for true partnership working and shared roles and responsibilities across every aspect of the project
- POINTS underpinned the Wearside Consortium's annual plan for COPD and associated incentive payments by enabling exact measurement of practice and consortium performance against set objectives
- Wearside Consortium's 'bottom-up' approach to individual practice action plans, and its 'ownership' of POINTS data, resulted in a high degree of engagement and motivation among local practices

Next Steps

- Further consortium-wide COPD training events to support ongoing development of HCPs
- Review of undiagnosed COPD patients across the consortium, dependent on practice capacity
- Sunderland PCT is currently discussing the need for a city-wide pathway to ensure effective use of COPD services, based on the success of this project

* The Patient Outcomes and Information Service (POINTS) is provided by Glaxosmithkline (UK) Ltd (GSK) as a service to medicine, and is delivered on behalf of GSK by Quintiles.

References – The Challenge

1. British Lung Foundation, "Invisible lives. Chronic Obstructive Pulmonary Disease (COPD) finding the missing million." November 2007.
2. Data on total list size, COPD list size and prevalence have been taken from the England Quality and Outcomes Framework (QOF) 2008/09 database <http://www.ic.nhs.uk/statistics-and-data-collections/supporting-information/audits-and-performance/the-quality-and-outcomes-framework/qof-2008/09/data-tables/prevalence-data-tables>, Accessed October 2010.
3. Wearside Hospital Episodes Statistics Report 2007/2008, report prepared by GSK October 2008. HCM/MAM/08/38502/1 – Page 7.

Sources – Outcome Data

4. POINTS data reports for 17 practices, 2,836 patients. Collected and supplied by Quintiles, data analysis by GSK, September 2010.
5. COPD patient experience survey. Data collected from 216 patients and analysed by Ipsos MORI, September 2010.
6. SUS data based on HRG D221. Data provided by NHS Sunderland PCT and analysed by GSK, August 2010.
7. Stakeholder Survey, data collected and analysed by Ipsos MORI, March 2010.

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To access the Department of Health Joint Working Toolkit visit:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840

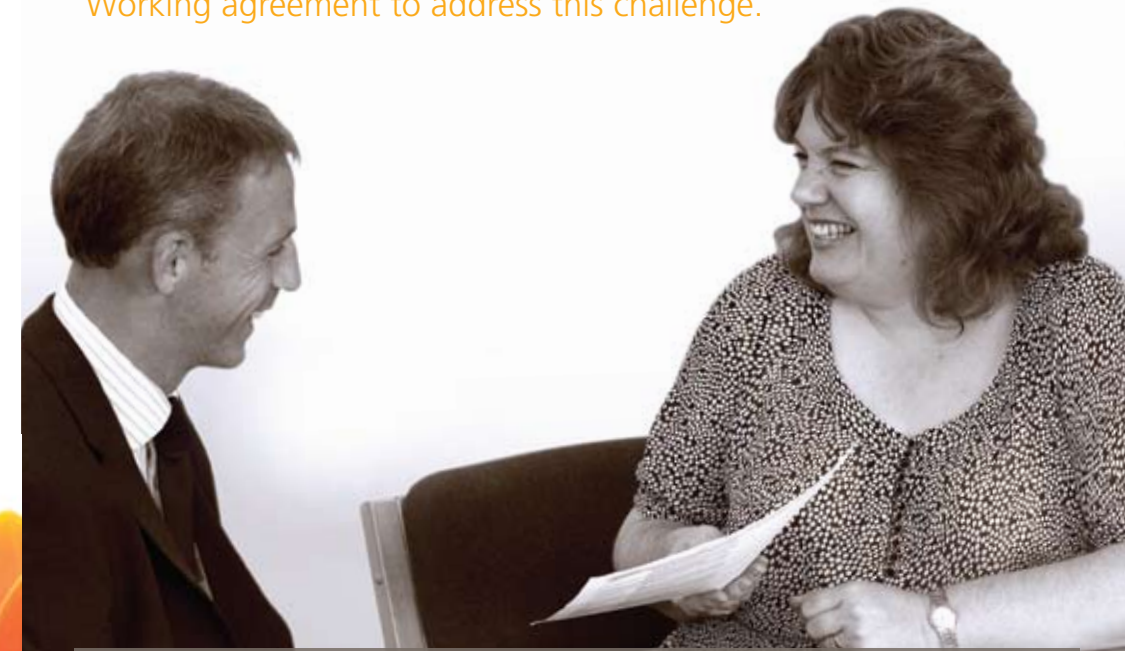


This project has been formulated in accordance with the ABPI Guidance notes on Joint Working between Pharmaceutical companies and the NHS, published March 2009.



A fresh approach that benefits patients the NHS and industry

Wearside Consortium wanted to improve the quality and productivity of COPD management by ensuring that all of its practices provide a consistent standard of care in line with NICE COPD guidelines, thereby improving the use of existing resources. Janet Rutherford, PBC Vice chair, and Alison Walton, GSK Integrated Healthcare Manager, identified the opportunity for GSK and Wearside Consortium to work together through a Joint Working agreement to address this challenge.



The implementation of the Joint Working project was overseen by a dedicated Steering Group, with members drawn from both Wearside Consortium and GSK. The implementation process also involved the development of a bespoke educational programme, tailored to practice and Consortium needs, which was deployed as part of an evidence-based care pathway.

The Challenge

The British Lung Foundation’s “Invisible Lives” report ranked Sunderland PCT 6th in its table of UK healthcare regions facing the greatest challenge from COPD – and number 1 in the North East. People here are 51% more likely to be admitted to hospital with COPD than the UK average¹. The area has a strong industrial heritage, and Sunderland was at one stage the world’s biggest shipbuilding town, owing to the wealth generated by Wearside coal and the need to transport it.

Locally, Wearside Consortium serves a population of 107,935 people – 38% of Sunderland PCT’s population² – through 21 practices. Wearside Consortium has a COPD prevalence rate of 2.8%, which equates to 3,070 COPD patients². COPD presents a significant cost burden to Wearside Consortium, with spend on COPD hospital admissions reaching £1.1m in 2007/08³.

The Objectives

Patient
<ul style="list-style-type: none"> • Improve the quality of the annual COPD review and adherence to NICE COPD guidelines • Increase patients’ confidence and ability to self-manage their condition
NHS
<ul style="list-style-type: none"> • Improve the capability of Healthcare Professionals to ensure high-quality COPD care for all • Improve equality of COPD care across Wearside Consortium in line with NICE COPD guidelines • More appropriate use of resources, e.g. reduction in inappropriate referrals to secondary care and reduction in unplanned admissions to secondary care, resulting in ‘care closer to home’
GSK
<ul style="list-style-type: none"> • Increased use of appropriate respiratory medicines, including GSK medicines, in line with NICE guidelines • Demonstrate the value GSK can bring to patients and the NHS through GSK’s extensive skills and experience in COPD management and alignment with the QIPP agenda

The Solution

Joint Working involves the pooling of skills, resources and expertise from both parties, and the very first step in the process was to develop a Joint Working business case, which clearly specified the proposition, deliverables, roles/responsibilities, contribution from each party, and key outcomes and measures for patients, Wearside Consortium and GSK.

The Approach

- Development of a treatment protocol by Wearside Consortium, in line with NICE COPD guidelines and agreed with secondary care and Sunderland PCT
- Installation of the POINTS* patient audit tool in all practices, to enable effective prioritisation of COPD patients for review, and the measurement of change from QoF to NICE standard of care
- A practice-by-practice analysis of training needs, based on the POINTS baseline, which informed the development of practice COPD action plans, supported by the GSK Respiratory Care Associate (RCA) in line with NICE COPD guidelines
- A bespoke, consortium-wide training programme to up-skill healthcare professionals to deliver NICE COPD standards of care. This training programme was developed by GSK and Wearside Consortium together with local respiratory specialists
- A Wearside Consortium incentive scheme of £2 per patient per practice in each financial year, encouraging achievement of pre-specified objectives
- A patient experience survey to measure the quality of the patients’ annual COPD review, to review areas of strength as well as those in which improvements could be made



Resources Contributed to Project Delivery

Wearside Consortium	GSK
<ul style="list-style-type: none"> • PBC Business Manager & Clinical Lead – project management and practice engagement • Development of COPD treatment protocol • Locum cover for healthcare professionals to attend training sessions • Provision of training facilities • Incentive scheme - £2 per patient • 50% of the cost of the Patient Experience Survey 	<ul style="list-style-type: none"> • Project management resource • POINTS patient audit tool to enable effective prioritisation of COPD patients for review, and to measure the change from QoF to NICE standard of care • Dedicated RCA resource to develop practice-by-practice bespoke action plans, including training and mentoring, in line with NICE guidelines and patient audit results • 50% of cost of the patient experience survey • Health Outcomes Consultant to set project measures, interpret and analyse locality data, and evaluate results
Value of Total Contribution = £162,300	Value of Total Contribution = £91,000

(All project documentation is aligned with DoH and ABPI guidance on Joint Working).

// People here are 51% more likely to be admitted to hospital with COPD than the UK average¹”

