



# Chronic Obstructive Pulmonary Disease (COPD)

## OBJECTIVE

To support eight CCGs in the implementation of best practice care for COPD patients predominantly in primary and community care, in order to deliver better health outcomes, reduce hospital admissions and return efficiency savings.

## ISSUE BEING ADDRESSED

There is significant variation in the management and outcomes of patients with COPD across NW London, much of which is unwarranted; in some CCGs there is a 3-fold difference in performance against key QOF measures between best and worst practices, and notable differences in performance between CCGs. This project aims to reduce this unwarranted variation while increase minimum levels of care by addressing gaps in knowledge among primary care staff, driving effective commissioning, and eliciting a transparent data baseline that will allow for comparative performance.

## KEY OUTPUTS

1. Outcomes-based commissioning contracts through co-productive model of engagement
2. A primary care education infrastructure that reaches all CCG primary care healthcare professionals
3. Embedding data templates within 1<sup>o</sup> care workflow that support improved outcomes through capture of QOF and additional outcome focussed metrics
4. Comparable data made available across a CCG(s) enabling measurement of comparative performance by practice

### Developing people across the NHS

- Increase awareness of COPD best practice across primary care
- Improve capabilities around measurement and management of COPD (e.g. case finding, diagnostics, ongoing care), through an education infrastructure

### Achieving better health outcomes

- Reduce unplanned hospital admissions and readmissions in patients diagnosed with moderate to severe (but not very severe) COPD by 20%
- Improve access to pulmonary rehabilitation programmes for eligible patients
- Align 1<sup>o</sup>, 2<sup>o</sup> and community care incentives to drive focus on better outcomes

### Building social capital

- Collaborate with patient-led support groups and enable them to assess and use self-management tools and grow their patient networks
- Provide opportunities for the CCG respiratory commissioning teams and clinical leads across the patch to collaborate and learn from each other

### Generating and spreading knowledge

- Facilitate transparency in COPD care across 8 CCGs through better data

### Contributing to economic prosperity

- Generate a total saving of £4 million annually associated with COPD management

## DIRECT BENEFITS TO MEMBER ORGANISATIONS

Patients	20,000
Staff	12,000
NHS organisations participating in collaborations	8
Non-NHS organisations participating in collaborations	tbc
Sites implementing and spreading innovation	8
Other AHSNs implementing project / programme	tbc

## TIMELINE

May 2015 – Jan 2019