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Title: COPD admissions in London: What general practice characteristics are associated?

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Body: Background Chronic obstructive pulmonary disease (COPD) is the commonest cause of emergency admissions in London. There is much dispute about medical care factors that influence COPD admissions. Aim To examine the influence of healthcare organisation (Primary Care Trust – PCT) and practice characteristics on NHS COPD admissions in London. Method Retrospective analysis of routinely collected data on COPD admissions of patients registered with London general practices (2005–2010) and of practice characteristics and performance data. Admission data were obtained from Hospital Episode Statistics (HES). Practice characteristics and performance data were obtained from the NHS Information Centre (Quality and Outcomes Framework - QOF). Negative binomial regression was used to assess the association between practice characteristics and COPD admission rates. Results Data on 51,352 COPD admissions of patients from 1,530 practices in 31 London PCTs showed mean annual COPD admissions/10,000 patients/GP list were stable between 2006 (17.5; 95%CI 16.9-18.1) and 2009 (16.8; 95%CI 16.2-17.3). There was wide variation (median; IQR) in practice list size (4,807; 3,079–7,143), diagnosed COPD prevalence (0.89; 0.61–1.25), and deprivation rank (10,060; 5,266-17,154). Practice quality varied little: QOF total points/points available (median 0.955; IQR 0.931-0.974); QOF smoking points/available (1.0004; 1.0003-1.0005). COPD prevalence (B=1.006; 95%CI 1.005-1.007) and deprivation (B=1.0003; 95%CI 1.0002-1.0004) were only factors significantly associated with COPD admissions. Discussion A wide range of practice COPD admission rates was observed. Practice characteristics were not predictors of COPD admission rates.