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**Title:** Managing COPD as a long term condition: Reducing variation and improving quality of care

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**Body:** Introduction: COPD costs the UK healthcare system an estimated €1112m pa with national data indicating significant unwarranted variation in quality of care, recorded prevalence and hospital admission. Experience across a national improvement programme has identified four stages of any long-term condition where focused effort can improve care and outcomes: finding out, living with the condition, when things go wrong and towards the end of life. Aim: To identify what information and approaches can help primary care teams in England use capacity differently to improve care and outcomes for patients living with COPD. Method: Two practices, two clinical commissioning groups and one specialist respiratory team tested approaches to improve delivery of long term care for COPD patients. Analysis of the patient pathway and current use of primary and secondary care resources identified priority areas. Clinical teams then tested how information, consultations and organisation of work could be adapted to improve healthcare resource use and patient-reported outcomes. Results: Understanding current resource use and comparative performance demonstrated potential for more proactive use of capacity in areas such as education, self care and medicines management. The first two sites who spent increased time proactively with patients reported improvement in self management of exacerbations and medicines management. Conclusion: Focusing effort on a small number of sites, regularly using comparative data and providing practical support can facilitate change and demonstrate how capacity may be used differently to improve quality of care for people living with COPD.