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Title: Audit of quality of reviews of COPD patients in a UK primary care practice

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Body: INTRODUCTION Work by IMPRESS (BMJ 2012) has shown non-pharmacological interventions to represent the best value in the management of COPD patients. Cheadle Medical Practice is a suburban primary care practice serving a population of 11,700 with a COPD prevalence of 1.7%. AIMS Previous audits have led to improvement in numbers of patients regularly reviewed (PCRJ 2011). We have now looked at whether patients receiving multiple pharmacotherapy have also been offered best value interventions. METHOD We undertook an audit of COPD patients on “triple therapy” of inhaled corticosteroids + long acting beta-agonist + long acting anti-muscarinic, to see if they had received smoking cessation intervention, seasonal influenza vaccination, stratification by MRC score and assessment of suitability for referral for pulmonary rehabilitation in the previous 12 months. This was done by interrogation of clinical computer records. RESULTS 70 suitable patients were identified. 50 (71%) had annual COPD review recorded. These 50 had MRC value recorded. 36 (72%) had MRC of 3 or above, of which 22 (61%) had been referred to local pulmonary rehabilitation service. 66 (94%) had smoking status recorded, all (100%) of the 20 current smokers and 43 ex-smokers had been offered brief intervention or specialist cessation service referral. 57 (81%) had received flu vaccination. DISCUSSION Of the 189 patients on the COPD register, 37% were on triple therapy, 22% of these had MRC score of 3 or above. Referrals to pulmonary rehabilitation for these patients are above national average but leave room for improvement. Pro-active, structured recall and review remain central to successful COPD management.