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Introduction

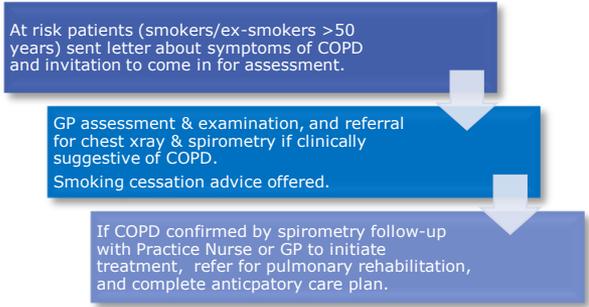
Chronic obstructive pulmonary disease (COPD) is a progressive, largely preventable, lung disease caused mainly by cigarette smoking. Many people with COPD are diagnosed late, when symptoms are severe and considerable impairment and disability is apparent, and thus the benefits of treatment are reduced and the burden on healthcare services increased. Recent evidence suggests that COPD could affect 3.7 million people in the UK yet only 900,000 people currently have a diagnosis.

Project aims

To increase practice COPD prevalence to at least average Lothian levels (1.74%), thereby improving the health & wellbeing of our patients and offering them earlier opportunities for treatment.

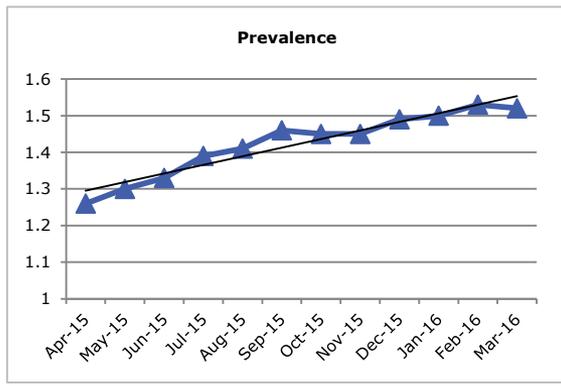
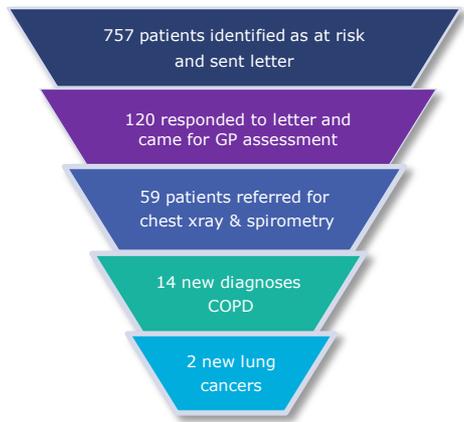
Methodology

Computer searches identified all smokers/ex-smokers over 50 years of age without an existing COPD code. This at risk group was sent a letter explaining COPD; patients were invited to make an appointment with a GP if they had any of the specified symptoms. The GP took a history, examined the patient, and referred for chest xray and spirometry (if appropriate). Treatment trials and smoking cessation were also offered if necessary.



Results

There was a 16% response rate to the patient letter, and of the patients who came in for assessment 49% were referred on for investigations as their symptoms were suggestive of COPD. Practice COPD prevalence increased from 1.26% to 1.52% by identifying 14 new cases of COPD during the course of the screening project. 2 new lung cases were also diagnosed. NNS (number needed to screen) COPD = 54 NNS lung cancer = 379



Conclusions and future work

This was a beneficial quality improvement project, which was embraced by the whole practice team, and which has delivered measurable success likely to improve patient outcomes. Patients diagnosed with COPD have had treatment initiated, and both the new cancers were early localised disease which have been amenable to curative surgery. Practice COPD prevalence has not reached Lothian average levels, but this may be a reflection of our practice demographic. Prevalence will continue to be monitored to ensure that it stays static, or continues to improve – it is hoped that the project will have encouraged a longterm change in clinician behaviour with lower referral thresholds for spirometry, and that feedback about the project to both patients and staff will generally increase awareness of the condition, encouraging patients to continue to come forward for early assessment, diagnosis and treatment.

References

COPD screening and case finding: Primary Care Respiratory Society UK – Opinion No. 38 (2010)