COPD: Integrated Care

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The Integrated Care Pharmacy Team

- Support community nursing, therapy services within the integrated care service
- Domicillary medicines management support - clinical and adherence reviews
- Housebound patients with long term conditions
- Care Home support
The COPD Project

• Patients with moderate to severe COPD identified by the community matron in one nursing team.

• Aim to assess the benefits of pharmacy intervention in this group and measure impact on exacerbations and hospital admissions.

• GPs informed and very supportive
What did we do?

Initial visit to assess inhaler technique

– Demonstrate and observe
– Initial holistic patient review
– Patient information leaflets provided
– CAT score undertaken
– Liaise with GP to consider change of device
– Medication review and follow up as appropriate
Follow up visit (3 months)

- Reassess inhaler technique
- Further advice and support
- Face to face visit (preferred over telephone call)
Final visit at 6 months

– Re-do CAT score
– Final inhaler check
– Follow up any outstanding COPD changes / recommendations
Results

• 53 patients identified Oct – May 2016
• Average CAT score 19.2 before and 16.7 after (a difference or change of 2 or more suggests a clinically significant difference or change in health status)
• Average no of visits 2.4
• Average length of time spent per patient 104mins
• Meds stopped : 6 , Meds started : 9
• Significant interventions
Significant Interventions
(over and above inhaler technique and medication review)

• Smoking cessation offered and accepted – smoking not completely stopped but no. cigs/day halved
• Oxis turbohaler replaced Seretide (seretide stopped due to adv reaction – severe muscle cramps) – patient cannot believe why not had oxis before as “chest feels so much clearer and better”
• Referral to OT/Physio through district nurses for patient with past history of stroke (medication not suitable option) – couldn’t hold breath with tiotropium handihaler – swapped to Fostair MDI with spacer and tidal breathing – carers report better symptoms
Significant Interventions cont:

- Patient with dementia – would accept spacer with mask with carer support and reassurance – using tiotropium handihaler through spacer – in hospital recently with chest infection and still wheezy – on antibiotics and oral steroids (previous steroid combination inhaler stopped by locum as easibreathe and couldn’t use - ?replacement) – seretide evohaler 250 2 puffs bd through spacer – much improvement with symptoms and COPD control – wheeze stopped
• Compare exacerbations pre and post intervention – how??
  – Most Practices not on systm one
  – Access to information / notes
• Evaluate Admissions pre and post – how??
• Dementia patients
  – Difficulties with CAT score assessment
  – Inhaler technique assessment
  – Inability to use device
• Dementia cont:
  – Lack of appropriate licensed devices
  – Not willing to use spacers / face masks
  – Where to go to next / options for treatment for dementia patients?
  – No specific training / advice on patients with dementia

• Limited information on FEV1 / spirometry data due to lack of sharing of records

• Asthma/ COPD diagnosis: which is it? Uncertainty around medicines optimisation

• Limitations in skill – eg monitoring Sats
Overall

- Most patients didn’t know how to use their inhalers correctly
- Improvements in technique shown after each visit
- But worsening dementia overriding some of the improvement
- Side effects from using inhaler properly!
We also found

• Patient taking tiotropium orally as supplied without handihaler device
• Patients not able to use MDI due to reduced lung capacity
• Lack of prescribing of spacer devices
• Lack of available appropriate licensed devices that patients can use eg with dementia
Working with other HPs

• GPs very positive and on board with recommendations/ changes
• Liaison with respiratory nurses and practice nurses positive
• Patients liked the input- had never been shown how to use their inhalers previously
• Raised profile of the team – getting more referrals for inhaler technique review
Our thoughts

• Definite benefits for patients – face to face contact invaluable

• Advice and support to carers benefits patients – previous training variable

• Could benefit from more training ourselves on inhaler technique and the different devices (new ones on market)

• CAT Score limitations – dementia ?MRC more appropriate
Next Steps

• Evaluate and review potential for roll out
• Need access to records
• Roll out inhaler training across staff groups
• Consider skill mix – support workers ??
• Consider developing skills eg monitoring sats
• Patient experience survey
• Feedback from CN / GPs
Summary

• Toe in the water / learning curve for us / new team
• Meds optimisation not quite as straightforward as it might first seem –
• Need confidence to develop skills – follow up visits enabled this
• Time limited project – difficult to demonstrate effects