

# National Chronic Obstructive Pulmonary Disease (COPD) Audit Programme

## - National COPD Primary Care Audit 2015 (Wales)

### Frequently Asked Questions

#### What is the National COPD Audit Programme?

The National COPD Audit Programme provides a major opportunity to ensure that all people with COPD receive appropriate care. It comprises a number of workstreams aimed at driving improvements in healthcare service and quality for COPD patients and to improve COPD patient outcomes in England and Wales. It includes audits of primary care, secondary care and pulmonary rehabilitation programmes.

The programme is led by the Royal College of Physicians (RCP), working in strategic partnership with the [British Thoracic Society](#) (BTS), the [British Lung Foundation](#) (BLF), the [Primary Care Respiratory Society UK](#) (PCRS-UK) and the [Royal College of General Practitioners](#) (RCGP). It is commissioned by the Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCA). It is included in NHS trusts' Quality Accounts and the NHS Wales Clinical Audit & Outcome Review Plan. The programme supports the Department of Health's aims to improve the quality of services for people with COPD, measuring and reporting the delivery of care as defined by guidance standards.

The audit programme aims to engage all eligible services in England and Wales and is led by an expert team of clinical directors and supported by an experienced steering group comprising strategic partners and key stakeholders, including patient representation.

#### Why is COPD an important condition for a national audit?

Chronic Obstructive Pulmonary Disease (COPD) causes progressive breathlessness with cough, punctuated by exacerbations (flare-ups) that may lead to hospital admission with significant morbidity and mortality. In England 835,000 people have been diagnosed with the disease and a further two million people with COPD may be unidentified<sup>1</sup>. COPD is the fifth biggest killer in the UK<sup>2</sup>.

COPD is the second most common reason for emergency admission to hospital<sup>3</sup>. 15% of those admitted to hospital with COPD die within three months and around 25% die within a year of admission<sup>3</sup>. It is estimated that there are 1.4 million annual consultations in primary care for COPD, which is four times more than for angina<sup>4</sup>. 24 million working days are lost each year from COPD with £3.8 billion lost through reduced productivity<sup>3</sup>.

It is now known that the care provided for people with COPD varies widely in terms of the way the diagnosis is made, the information provided to patients about the disease and how to manage it, the treatment provided including medication and services such as pulmonary rehabilitation. Information collected as part of the National COPD Audit Programme will help to highlight areas where COPD care for patients is good, and where improvements still need to be made, so that changes can be made to improve standards of care. The audit will also help to make sure reliable information on the quality of care and outcomes is available for patients and the public.

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<sup>1</sup> Department of Health. *Consultation on a strategy for services for chronic obstructive disease (COPD) in England*. London: DH, 2010.

<sup>2</sup> Department of Health. *An outcomes strategy for people with chronic obstructive pulmonary disease (COPD) and asthma in England*. London: DH, 2011.

<sup>3</sup> Department of Health. *An Outcomes Strategy for COPD and Asthma: NHS Companion Document*. London: DH, 2012.

<sup>4</sup> Healthcare Commission. *Clearing the air: A national study of chronic obstructive pulmonary disease*. Healthcare Commission; 2006.

### **What are the core aims and objectives of the national COPD primary care audit 2015?**

The most recent (2008) National COPD audit collected data from primary care on COPD management, but the National COPD Audit Programme is the first which has been commissioned to collect data that will allow integrated assessment of the quality of services, at the level of the individual patient, across the whole of the treatment and outcome pathway.

#### Core Aims:

- Measure performance and its variation
- Improve quality of care for people with COPD
- Improve data recording to support measurement against national standards

#### Objectives:

- Provide feedback on performance against standards, at practice, Local Health Board (LHB) and national level
- Make recommendations for improvement, including using the opportunity of the primary care data extraction to encourage improvement in the quality of data recorded in primary care through the use of appropriate COPD templates.
- Signpost to, and influence the development of quality improvement resources
- Additionally, to seek to link data across the audit workstreams, and with other sources of data, which map the patient journey, and in doing so, highlight variations in patient care and outcomes, and strive to innovatively drive up standards of patient care.

### **Who is running the national COPD primary care audit?**

The audit is led by the RCP, working in strategic partnership with the PCRS-UK, RCGP, BLF and BTS. The Clinical Audit Support Unit (CASU) of the Health and Social Care Information Centre (HSCIC) has been sub-contracted by the RCP to provide informatics support for the primary care audit, working with NHS Wales Informatics Service (NWIS)

The audit, including development of dataset and report templates, is overseen by a primary care audit steering group, which includes GP, nurse, practice management and commissioning members, along with professional body representatives and technical advisors. Additionally, the indicators and corresponding clinical Read codes to be used as a basis for the extraction have been further reviewed and developed by the HSCIC with support from Primary Care Information Service (PRIMIS, a business unit of the University of Nottingham).

### **What does the primary care audit measure?**

As part of the National COPD Audit Programme, the national COPD primary care audit (Wales) will collect information to measure the delivery and quality of care which COPD patients receive at their GP surgery. It seeks to enable the improvement of the quality of care for COPD delivered in primary care settings through the provision of high quality longitudinal data.

The data collection for the primary care element of this audit is designed to support reporting on indicators selected to map to the National Institute for Health and Care Excellence (NICE)'s Quality Standard for COPD. These relate to primary care elements such as - COPD prevalence, spirometry, chest radiograph at diagnosis, annual review, recording of breathlessness, provision of management plan and education, inhaler technique, appropriate medicines management, pulse oximetry, referral for rehabilitation, and appropriate consideration of end of life care.

### **Which patients are included?**

Inclusion criteria:

- The patient is registered with the practice in Wales on the first day of the extraction period.
- There is a recorded COPD diagnosis code with a date up to the end of the reporting period.
- The patient is aged 35 or over on the first day of the extraction period.

### **Who can participate in the audit?**

All general practices (GP surgeries) in Wales that provide care for COPD patients will be able to take part.

### **What are the benefits for a GP practice taking part in the audit?**

#### **– 5 Reasons to Participate:**

1. It will identify the areas in which individual practices and Health Boards could improve the provision and quality of care for COPD patients and devise improvement activities which:
  - a. result in improved care for your patients
  - b. may potentially result in efficiency savings within your practice
  - c. could count towards your personal development/revalidation requirements of practice staff
2. Benchmarking practices with others within Health Boards, and nationally, will provide opportunities to share good practice ideas
3. The audit will facilitate improvements in data quality/completeness which will support the effective management of COPD patients
4. It will build a more comprehensive national body of evidence on which to build understanding of COPD care across Wales
5. Society as a whole will benefit through improvement in service quality and outcomes for COPD patients, and its potential impact for the wider economy/community.

### **How much work will it entail for a participant?**

Participating practices will be required to do the following:

- Email their consent to take part to their Local Health Board (as per instructions received)
- Display a poster in their practice waiting room
- If a patient requests further information, supply a patient information leaflet
- If a patient asks for their data not to be included in the audit, record the necessary Read codes to ensure the patient is opted out of the audit

For those practices that agree to take part in the audit, the data extraction itself will run automatically so should require no extra work. Should any issues be identified during the process, the practice may be contacted, although any requirement for additional activity at the practice should be minimal.

### **Does the audit have Confidentiality Advisory Group approval?**

The National COPD Audit Programme has been granted authority to collect and process patient identifiable data, under Section 251 of the NHS Act 2006, by the Confidentiality Advisory Group (CAG) of the NHS Health Research Authority for both its primary care and secondary care audits, without explicit consent from individual patients. The reference number for this approval is CAG 8-06(b)/2013.

Primary care participation will be on an 'opt-in' basis at the level of individual general practices. Email consent of 'opt-in' is required from participating practices. Participating practices will be required to display a poster in their practices advising patients that the audit is taking place, and supply a copy of our patient leaflet if further information is requested by a patient. (Pdfs of poster and leaflet will be provided and will also be available to download from the audit programme website).

Participating organisations, and people with COPD, can feel confident that participating in the audit is legal and ethical.

### **Do you have Ethics Approval from an Ethics Committee?**

This is an audit, not research, so ethics approval is not necessary. At some stage in the future the data collected through this audit may be used to produce academic papers for publication but these would not include any information that can be used to identify individual patients. Any such use of the data will always be in line with the overall aims of improving care and services for COPD patients and will be subject to

Healthcare Quality Improvement Partnership (HQIP) data access procedures/requirements and the appropriate data, research ethics and other approvals in place to do so.

### **What information about the audit is available to give to patients?**

Patient information leaflets are available on the audit programme website

<https://www.rcplondon.ac.uk/projects/primary-care-workstream>

### **What if a patient does not want to have their confidential information included?**

If a patient does not want their information to be used in the national COPD primary care audit then they should inform a member of staff at their general practice, who should make sure that their information is excluded from the audit. Patients should be assured that not taking part will not affect their treatment in any way.

Provision is made for individual patients to 'opt out' using the Read code 9Nu0 (v2)/XaZ89 (CTV3) "Dissent from secondary use of GP patient identifiable data". If a patient 'opts out' in this way then no data for that patient will leave the practice. Any record containing the previously used code 9M1.. (v2)/XaJrC (CTV3) "Informed dissent for national audit" will also be excluded. If a patient changes their mind and would like to reverse a previous objection please use 9Nu1 (v2)/XaZ8A (CTV3) "Withdraw dissent from secondary use of GP patient identifiable data".

In the future, there will be other national COPD audits taking place in different places, and at different times, such as in hospitals and pulmonary rehabilitation programmes. Patients asking not to be included in the primary care (general practice) audit should be advised that this will not automatically remove them from these other future (non-primary care) COPD audits too. When they take place they will be advertised and patients will have the opportunity to ask for your details not to be included in them at that time, if they wish.

## **Data Collection**

### **What data items are collected?**

This audit will collect 123 patient level data items for all relevant patients. The national COPD primary care audit will collect data items required to answer the audit questions only; demographic and clinical data for people with COPD. A full list of data items, including the Read codes used for the extraction, are available in the Primary Care Extraction Specification (PCES), which is available to download from:

<http://www.rcplondon.ac.uk/projects/primary-care-workstream>

### **Why is personal confidential data required?**

Each Patients' NHS number, postcode, date of birth, GP practice code and, if relevant, date of death are collected by the audit. These fields are used to link multiple records across the care pathway (e.g. primary care data to Hospital Episode Statistics for England, information from the Patient Episode Database for Wales, secondary care audit data, pulmonary rehabilitation audit data) and rationalise duplicate records submitted from more than one service provider, i.e. one patient = one record.

Personal confidential data are also used to validate the NHS number as no information on the name of an individual is collected.

The patient postcode is converted into Lower Super Output Area (LSOA) once NHS number validation is completed in order to minimise use of sensitive items. LSAO is used to calculate deprivation in audit analysis.

The GP practice code is used to distinguish data submissions from individual practices and to group patient cohort for that practice.

Date of death is used to determine mortality rates.

### **Why are you collecting data items which may be poorly collected or incomplete?**

All routinely collected data used for audits contain elements of incomplete recording and the audit team understands the critical importance of using the collected information responsibly, in a way that supports service improvement.

In the first of year of the audit, performance will be measured and where the data are poorly recorded, working with the RCGP and PCRS-UK, we will promote better use of the correct codes by feeding back to individual general practices on how their performance compares with local and national benchmarks. The audit dataset contains data items aligned to NICE guidance, some of which are likely to be poorly recorded, such as those relating to palliative care and the use of some assessment tools. This is a deliberate part of the audit design – where data quality/completeness is poor our aim is to promote ways to improve it. The first round of data extraction has itself been designed as a pilot to establish baseline measures of recording. In keeping with a quality improvement agenda the Programme team will re-measure the performance annually, subject to future commissioning, with feedback to complete the audit cycle.

**When is the primary care audit data collection period?**

Data will be extracted for the period covering 1 January 2014 to 31 March 2015.

The audit timeline is as follows:

Action	Date
Practice recruitment period	Tuesday 1 September – Friday 6 November 2015
Data extraction window	Monday 9 November – Friday 4 December 2015
Practice level / LHB reports made available for download	W/commencing Monday 1 February 2016
National Report Published	Mid May 2016

**Data Submission**

**How is data submitted to the audit?**

The required data from the practice clinical system will be extracted via Audit+ (via a similar process that has supported the National Diabetes Audit) and transferred electronically directly to a secure server within the NHS Wales Informatics Service. No data is transferred to any third party supplier. The data is then transferred securely to HSCIC. HSCIC will then send an anonymised version of the data to the National COPD Audit team at the RCP. No information that could identify individual patients will be sent to the RCP, or used in reports or other publications.

The national COPD primary care audit is operating with a General Practice **opt in model** and no data will be taken from general practice unless they consent for it to be released.

**Publication**

**How much information about a practice and how well it's done in the audit is going to be published?**

The data generated as a result of the extraction will be used for outputs which support comparative, data-driven improvements in patient care and other related quality improvement activities. The analysis will be focussed on assessment of compliance with NICE standards.

Each practice which takes part in the audit will receive a practice-level report about the standards of care they are providing to their COPD patients, and how these compare with other practices in Wales. This information helps practices to see where they need to improve the care they provide to people with COPD. These reports will be aggregated data, and will not include patient level data. Each practice-level report, to be produced by HSCIC, will only be accessible to the general practice concerned.

Practice-level reports will not be made publically available for this first audit data extraction. This will allow practices to examine their COPD care, their data completeness/quality and coding approach.

The audit data items extracted are categorised according to their ‘centrality’ in the processes of COPD care. The categorisation scheme consists of 3 levels:

- Level 1 data are extremely important, but usually available from sources such as the Quality and Outcomes Framework (QOF) (publicly accessible data – to be reported at practice level).
- Level 2 data are important items for the quality improvement elements (to be reported at practice level).
- Level 3 data are exploratory and intended to evaluate how well certain items are recorded, with a view to using them as level 2 items in future extractions.

The audit's reporting plans have been designed to recognise the varying levels of data completeness, e.g. Level 3 items are not planned to be analysed/reported at an individual general practice level, but are exploratory and intended to inform the next stage of the quality improvement cycle. We will report on how these items are recorded at a national level. The evaluation and use of information about this variability in recording of codes is an intentional part of the audit design and the reporting plan has been designed to ensure the collected data are used fairly and responsibly.

Reports will also be produced for Local Health Boards (LHBs). These will be made publicly available but will not name individual practices.

LHB and National level reports will be published on the audit programme website ([www.rcplondon.ac.uk/COPD](http://www.rcplondon.ac.uk/COPD)).

#### **Will each practice be measured against its peers?**

Practice data will be benchmarked at Local Health Board and National (Wales) level.

#### **How does a practice access its results?**

Practice reports will be accessible via the HSCIC Clinical Audit Platform website. HSCIC will contact practices with details of how to access their report.

#### **Will there be any future outputs from the primary care audit?**

At some point in the future, pilot work will be undertaken linking the data from the results various National COPD audits (subject to appropriate approvals) – secondary care, primary care, pulmonary rehabilitation – to map the patient journey. Results will be fed back to health professionals, and key indicators will be published in publicly available reports. The audit will provide stakeholders with a variety of different reports (to be confirmed) but no practice-level reports will be made publicly available and no patient-level data will be included in any sets of results or reports.

## **Quality Improvement**

#### **How can I improve care for my COPD patients?**

The National COPD Audit Programme incorporates a dedicated Quality Improvement Group whose remit is to coordinate and oversee the audit's approach to supporting participants in using their results effectively.

For general practices, relevant QI resources will be signposted; commentary on how general practices can improve their performance in coding, alongside educational and practical tools to help improve COPD care, will be included in reports. These resources will be accessible from the programme's website and developed in collaboration with the RCP's partner organisations such as the Primary Care Respiratory Society UK (PCRS-UK) and the Royal College of General Practitioners (RCGP).

## **Further Information**

#### **Who do I contact for further information about the national COPD primary care audit or the wider national COPD audit programme?**

You can visit the website: [www.rcplondon.ac.uk/copd](http://www.rcplondon.ac.uk/copd) or contact the national COPD audit team by Email: [copd@rcplondon.ac.uk](mailto:copd@rcplondon.ac.uk) or Telephone: 020 3075 1502.