Introduction

COPD (Chronic Obstructive Pulmonary Disease) exerts a huge health burden on the health of the population and on the health services. Based on international figures at least 440,000 people in Ireland have COPD, of whom over 180,000 have moderate or severe disease, and only half of whom may be diagnosed.1 Most patients who get exacerbations of COPD are managed at home by their GP. It is estimated that in 2006 over 18,500 people were treated for exacerbations of COPD within the community.2

In 2007 the Health Services Executive (HSE) established a steering group to develop a national strategy for the management of COPD.3 The aim of the strategy was to reduce the burden of disease in terms of adverse impact on quality of life, avoidable illness, disability and death. A true picture of existing services was required, to allow recommendations to be developed and prioritised appropriately.

A survey of general practitioners was therefore carried out, with the following aims:

• To describe the range of services available to COPD patients in primary care
• To highlight gaps in services and any difficulties in accessing current services
• To consult General Practitioners regarding the improvements required to services for COPD patients in Ireland

Methods

A sample of 500 randomly selected GPs was generated by the ICGP. The survey was both distributed by and returned to the ICGP, to ensure anonymity. Data was collected by means of a postal survey which was distributed in December 2007.

Data was entered into an Excel spreadsheet and descriptive statistics carried out. Comments and proposed service improvements were incorporated into the results of the wider consultation process.

Results – respondents

121 valid questionnaires were returned (response rate 24.2%) from practices in 23 counties. Sligo, Clare and Longford were the counties not represented.

Location of practices according to former health board area is shown.

Practice size ranged from single-handed practices with no practice nurses, nurses.

One third of practices described their catchment area as urban, a quarter as rural and the remainder as mixed. The distance from the nearest acute no more to 50 miles. A quarter of practices were within 10 miles.

Results – spirometry

Respondents were asked to approximate the proportion of COPD patients in whom they carried out/referred for spirometry.

Slightly greater numbers used spirometry to confirm their clinical diagnosis of COPD, with fewer using it to monitor the severity of disease. In over a quarter of practices, spirometry was used to screen 80-100% of those at high risk.

Results – COPD clinics

Fifteen respondents (12.4%) had dedicated COPD clinics, most commonly held monthly. The health care staff who participated in the clinics and the aspects of COPD management covered are shown in the table below.

COPD clinic Staff

Aspects of COPD management

GP 5 (33.3%) symptom review 15 (100%)
Practice Nurse 2 (13.3%) inhaler technique 14 (93.3%)
Community RNS 2 (13.3%) smoking cessation 15 (100%)
COPD nurse 1 (6.7%) patient education 13 (86.7%)
Smoking Cessation Officer 0 (0%) smoking cessation 14 (93.3%)
Pharmaceutical company 13 (86.7%)

Results – Access to services

Respondents were asked to indicate how easy or difficult it was for their COPD patients to access various listed services. For particular services, respondents were asked to report the typical waiting time.

Preventive services

Examples of waiting times

• Pulmonary rehab programmes – one week to 12 months (23.9% no access)
• Chest X-ray - 24 hours to six weeks
• Long term oxygen therapy assessment (56.3%)
• Respiratory consultant OPD – one week to 12 months
• Physiotherapy – days to six months

Summary

• 53.7% of GPs have access to spirometry within their own practice. A practice nurse usually conducts the test (64%) and a GP interprets the results (83%). Almost half have no arrangements in place for calibration and maintenance of their spirometer.

• Many practices report that their patients are unable to access patient support groups (21.1%), pulmonary rehabilitation (21.9%), rapid access respiratory clinics (37.0%) or community options for management of an exacerbation - home based (49.1%) or local community unit/district hospital (30.9%).

• Services that are difficult/very difficult to access include support groups (49.1%), long term oxygen therapy assessment (56.3%).

• Waiting times are up to six months for physiotherapy and pulmonary function testing and up to one year for respiratory consultant review, long term oxygen therapy assessment and pulmonary rehabilitation.

• This survey highlights geographical variation and service gaps which must be addressed, so that a shift can occur towards a community-based, responsive, flexible service for patients with COPD.

References:


2. M O’Connor,* on behalf of the National COPD Strategy Group. National survey of General Practitioners on services for patients with COPD. Preventive services.

Acknowledgements:

Thanks to Claire Collins and Carol Wilse of the ICGP for coordinating the distribution of the survey and to all the general practitioners who took the time to complete the questionnaires.