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Conference Abstract

The role of targeted training and “patient power” in promoting integrated evidence based care for COPD

Roger Beech, Reader in Health Services Research, Research Institute of Primary Care and Health Sciences, Keele University, Keele, Staffordshire, ST55BG, United Kingdom

Faye Foster, Research Associate, Research Institute of Primary Care and Health Sciences, Keele University, United Kingdom

Rosie Piggott, Clinical GP Research Fellow, Research Institute of Primary Care and Health Sciences, Keele University, United Kingdom

Correspondence to: **Roger Beech**, Research Institute of Primary Care and Health Sciences, Keele University, Keele, Staffordshire, ST55BG, United Kingdom, Phone: +44 1782733763, E-mail: r.beech@keele.ac.uk

Abstract

Introduction: Evidence based care for COPD involves patients obtaining timely access to an integrated network of evidence based services delivered by staff with different skills working across different settings. Patient needs for these different services can vary over time as the status of their condition changes or they suffer sudden health crises. The primary care team (GPs and practice nurses) have a key role as a provider of and referrer to care but their awareness and use of evidence based care has been questioned [1]. This paper describes the nature and impacts of an innovative training programme that aimed to improve the quality and integration of care by increasing the primary care team's awareness and use of needed services.

Intervention: Key characteristics of the training initiative included: targeting practices where COPD was most common; providers describing evidence based services that were available locally to support diagnosis through to end of life care; patients and carers presenting their experiences of living with COPD; practice based projects being used to pilot service improvement ideas.

Evaluating the impacts of the training intervention: Qualitative assessment of the impacts of the training intervention is examining practitioners' views on its relevance, content and any factors that facilitate or constrain the adoption of good practice. Quantitative assessment is monitoring changes in care delivery processes and hospital admission rates.

Results: Evaluation results to date have confirmed the need for the training initiative and the relevance of its content. Using local speakers facilitated knowledge about evidence based services that were currently under-used (e.g. for pulmonary rehabilitation) and prompted actions to increase referral rates. Patient and carer led sessions were probably most influential in changing professional behaviour and promoting a more patient centred approach to the delivery and integration of services. As one participant stated, “Remembering the individual and their journey of COPD and the impact it has on their life is the most important aspect the Health Worker should consider in providing supportive care”

Conclusions: Efforts to increase the continuity and co-ordination of care for chronic conditions should include initiatives to ensure that existing evidence based services are used by health staff. Use of local speakers led to primary care staff having greater knowledge about available community based services thereby promoting better integration of care for patients. “Patient power” (patients and carers presenting their lived experiences) provided insight into the patient journey and the benefits of an integrated service response.

Keywords

chronic Obstructive Pulmonary Disease, integrated care, health services research, Education, Behavioural Change.

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