# Palliative care in COPD: update

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## Background

- Approx 3000pts in Leeds with severe COPD
- High symptom burden
- High healthcare use
  - 2017: 1672 admissions with exac COPD (£2230 ea)
- Patchy access to services
- Inc referrals to SPCT





### What happened

### Late 2017: Leeds Respiratory Steering Group 'Palliative & EoLC' workstream



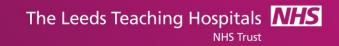


## Agreed focus:

- 1) Improve education and knowledge of services
- 2) Mapping exercise: gaps in access/provision
- 3) Integrated MDT
- 4) Breathlessness service (scoping)







### 1) Improve education and knowledge of services

Multiprofessional Study Day:

'Breathlessness in Advanced Disease'





### 2) Mapping exercise: gaps in access/provision

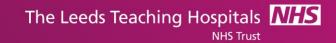
- Lack of IT systems to flag exacerbations
- Timing of ACP/EoLC discussions
- Access to MH services
- Confusion re roles (inc comm COTE)
- Patients admitted to non-resp wards
- Delayed discharges due to care availability
- Different SOB services across the city
- Lack of non-pharm/social approaches for NM pts at LTHT





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NHS Trust



#### 3) Integrated monthly MDT

- 12 month pilot
- Thurs 08.30-09.30 LTHT
- All services represented
- Discussion: unit requests/ frequent attenders





### Outcomes 1

|            | 6 months<br>Pre MDT | 6 months<br>Post MDT | Reduction |
|------------|---------------------|----------------------|-----------|
| Admissions | 142                 | 81                   | 43%       |
| Bed days   | 1086                | 787                  | 28%       |





### Outcomes 2

#### 76 patients discussed in 10 months

- 73% change in plan (attributable to discussion)
- 47% Resp review
- 25% SPCT review
- 26% hospice services
- 21% prompted ACP
- High staff satisfaction







#### Outcomes 3

 Initial analysis suggests a 54% increase in referrals to one hospice since COPD MDT



#### 4) Breathlessness service scoping:

- Strong, growing evidence base to support
  - High quality evidence action plans lower

depression, anxiety and reduced LOS

- Exercise plans reduce breathlessness
- $\therefore$  ICER ~ £8000/QALY







#### **Current Model**







palliative, neurological and bereavement support







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### Possible models...

- 1) Business as usual
- 2) 'Leeds Breathlessness Service' lite

Current model, various providers ?single point of access for referrers (SPOA) PR/Comms to inc awareness

3) 'Leeds Breathlessness Service'

SPOA, Fully integrated city-wide service\*







# Thoughts?

# Next Steps.....



