

**EXCLUSIVE** Disease accounts for one in eight emergency admissions

# £800m savings identified through better COPD care

Sarah Calkin

sarah.calkin@emap.com

NHS commissioners could save more than £800m over the next decade by improving care pathways for patients with chronic obstructive pulmonary disease, analysis available exclusively to *HSJ* subscribers suggests.

The analysis by health information specialists Sg2 projects how much COPD patients will cost NHS commissioners in each primary care trust area by 2020. It then sets out for each primary care trust the savings possible through better managing the COPD pathway.

The data is timely as COPD exacerbations are common over winter months, creating capacity issues at hospital providers.

The disease accounts for one in eight emergency admissions in the UK and the second highest number of bed days.

The data suggests PCTs could save an average of £5.3m each by 2020 if they implemented programmes to educate patients and help them manage their condition without the need for hospital stays or going to accident and emergency. That could reduce the number of COPD hospital spells by an average of 33 per cent by 2014.

The potential savings were calculated by multiplying the number of spells the research



PCTs could save an average £5.3m each by improving COPD care pathways

predicts could be avoided by the relevant tariff price, adjusted for market force factors.

Researchers found most potential for savings in parts of the North West, North East and Yorkshire and the Humber, where rates of COPD are high.

With an estimated saving of £3,621 per 1,000 of the population, NHS Knowsley was found to have the biggest potential.

NHS Barking and Dagenham was identified as having the greatest potential for reducing hospital stays, with researchers predicting those could be cut by 41 per cent from 319 spells in 2008-09 to 216 in 2014. Six of the 10 PCTs with the biggest potential for reducing hospital stays were also in London.

NHS Knowsley medical director Chris Mimmagh told *HSJ* the

PCT had introduced many of the actions suggested by Sg2 through a COPD service run by St Helen's and Knowsley Teaching Hospitals Trust, which had an annual cost of £1.2m.

The service includes a 24/7 helpline, patient action plans and community based clinics staffed by consultants and a dedicated team of COPD nurses.

Dr Mimmagh said: "It's still early days but it's showing a drop in A&E attendance and admissions. We are moving in the right direction."

In 2009-10 the PCT saw 690 fewer A&E attendances, 145 fewer emergency admissions, and 58 fewer emergency readmissions than in 2008-09.

See the results for your PCT at [www.hsj.co.uk/changeforecast](http://www.hsj.co.uk/changeforecast)

## ACUTE CARE

# Elderly miss out on post surgery care

Edward Davie

edward.davie@emap.com

Managers have been urged to improve the treatment of elderly patients after a survey found that only a third of older patients who died in hospital following surgery received good care.

The study published today by the National Confidential Enquiry into Patient Outcome and Death looked at elderly patients who died in hospital within 30 days of undergoing surgery.

Nearly two thirds were judged to have received less than good care. NCEPOD is calling for specialist elderly care and consultant input at all stages of the patient pathway.

Report co-author Kathy Wilkinson told *HSJ* careful attention should be given to ensuring patients were not dehydrated or malnourished and or subject to unnecessary drug treatments.

She said older patients needed to be reviewed daily by specialists in elderly care. Delays in their surgery – often due to nutritional and hydration issues – should be subject to rigorous audit and rectified.

The study also found one in five of the elderly patients who died following surgery had not had their pain assessed – an observation the authors said should be taken as a "fifth vital sign". One in four NHS trusts do not have an acute pain service.

## GP COMMISSIONING

# Hakin tells consortia not to reinvent PCTs

GP consortia should not just purchase management support from recreated primary care trusts, Department of Health managing director of commissioning and development Dame Barbara Hakin has warned.

Several PCT chiefs are already considering turning their organisations into commissioning support enterprises. British Medical Association GPs committee chair Laurence Buckman has told family doctors to turn to NHS managers for their commissioning support and advice, rather than to the private sector.

However, speaking at the PCT Network community services

conference in London on Tuesday, Dame Barbara said she was concerned GPs were expecting the NHS to "marshal commissioning support in a way that faintly looks like PCTs currently". If this happened, she said, commissioning would not become "the professional and highly attuned system that it needs to be" to tackle rising acute demand.

Dame Barbara told delegates she had a responsibility to ensure GPs could choose from "really great NHS staff" and the independent and private sector.

She said: "There are some big companies waiting in the wings hoping to get it all. They need



Barbara Hakin: "Outside the box"

huge critical mass to make that work but there are those of them who are optimistic they will get 70 or 80 consortia."

Speaking to *HSJ* later, Dame

Barbara said: "I don't know what the right model is. But it doesn't feel as if [it] is something similar to what we have. My biggest concern is people won't really think outside the box."

She said she hoped the new system would lead to "more sharing of resource rather than most things being done 152 times".

BMA deputy chair Richard Vautrey told the Commons health committee last week he was concerned PCTs were already losing some of their best managers, describing them as "the very people who we need in the future to make these changes work".