Audit and training of a remote patient review service during the COVID-19 pandemic – could remote respiratory reviews be a ‘new normal’?

Background & Aims

The COVID-19 pandemic presented an immediate challenge to the routine delivery of COPD care within the UK. If forced a rapid re-appraisal and re-structure of many primary care services to a remote care model.

A non-NHS rapid response in respiratory care was essential during the early stages of the pandemic as much of the front-line NHS were either diverted to delivering urgent care or compromised in delivering routine care.

GSK provide a COPD patient review service delivered by Interface, aimed at supporting GP practices in improving COPD management through a proactive assessment of patients with a diagnosis of COPD. By employing a pharmacist-led approach appropriate non-pharmaceutical interventions and ensuring patients are prescribed the optimal level of pharmacological treatment in an inhaler device they are best able to use, pharmacist-led programmes such as this can contribute to reducing symptoms and future risk of exacerbations.

Two core support needs were immediately identified in COPD care: QHCP education on the delivery of effective remote consultations.

Audit and training of a remote patient review service reviews be a ‘new normal’?

The HCP webinars and COPD patient review service were developed by GSK and Interface, with Interface delivering the review service. Both elements were delivered to the UK NHS as a Medical Education Goods & Services programme funded by GSK.

Results

Attendance at reviews in the FTF cohort (10,566 patients) was 53% in comparison to 70% in the remote review cohort (889 patients), see figure 1. Only from practices where the COPD review service had been fully delivered was used in this comparison (FTF; 100% complete (195 practices); Remote; 46% complete (118 practices).

The two webinars were successfully delivered to 1323 attendees, 83% of attendees found the webinar valuable with respondents reporting a 44% increase in confidence (4.0/5 vs. 2.8/5) following the webinar (see figure 1). The dominant recorded attendee role distributions were nurse (54%), GP (23%) and pharmacist (16%).

A total of 139 questions and comments were recorded. The three dominant themes were categorised as:

Discussion

The remote review format provides a valuable and effective pathway for delivery of online reviews, a useful tool as the NHS expands patient access choice and continues to manage the constraints imposed by the COVID19 pandemic. Its format aligns well with recent NHS England post COVID19 review document highlighting the need to proactively identify priority groups - including those with respiratory disease - for review.

The observed lower intervention rate needs to be further explored and could be explained by a number of factors, such as:

- Availability of remote non-pharmaceutical services (e.g. pulmonary rehabilitation).
- Inability to perform confining tests, for example, SpiO2 and FEV1.

For this study, 2/3 of practices surveyed had access to SpiO2 and FEV1 measures to assess inhaler technique through telephone triages. In the context of the COVID-19 pandemic, access to these measures is at risk.

It appears that many aspect of the ‘new normal’ (remote care) shaped by the response to the COVID19 pandemic will remain in routine primary care. How this affects remote COPD reviews is yet to be understood but the assessment provides some initial insights.

Conclusion

It remains to be seen how to deliver a more efficient remote review service that continues to facilitate patient risk stratification and delivery of best quality care to COPD patients in greatest need.

An effective review service needs to integrate with an evolving NHS infra-structure such as online referrals and services (e.g. online pulmonary rehabilitation and community pharmacy) to better support implementation of review recommendations.

The service needs to be support further innovations such as video consultations, gathering patient health outcome and experience data and remote diagnostics. This needs to be delivered within the framework of an evolving NHS medical and IT environments.

Methods

The COPD patient review service is a comprehensive pharmacist-led clinical review of the patient, following a review template. A typical patient review last about 30 minutes and includes both pharmaceutical and non-pharmaceutical elements. The remote review was delivered by telephone.

To identify higher risk patients for review, a key first step is risk stratification of the COPD patient population. Symptoms are assessed using the COPD CAT questionnaire and MRC scores. Review priorities and treatment interventions are reviewed and approved by the practice GPs.

The delivery of a remote COPD patient review service needed an update of certain aspects of the protocol to address challenges of remote review provision, such as patient engagement, data governance and effective delivery of key clinical elements such as symptom and inhaler technique assessment.

A comparison was made between the pre-pandemic face to face (FTF) service delivery data (Jan. 2019 to Mar. 2020) and the initial remote review data (Apr.- Jun. 2020).

The two educational webinars were delivered in April 2020 on the WebEx platform.

The focus of webinar content was on supporting HCPs to deliver remote consultations using insights from the remote COPD reviews as an exemplar.

Core content was created and delivered by Interface staff supported by GSK staff in areas such as governance oversight, NHS engagement and production management (IT, pots and Q&A).

References

3. Statement approved for use by PCRS: “PCRS have reviewed [webinar content] and approved this programme as suitable for the education of primary care healthcare professionals.”
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5. COVID-19 rapid guideline: community-based care of patients with chronic obstructive pulmonary disease (COPD), NICE; URL: https://www.nice.org.uk/guidance/ng174
6. Statement approved for use by PCSO: “PCSO have reviewed [webinar content] and approved the programme as suitable for the education of primary care healthcare professionals.”
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