

Summary

Long term conditions affect over 15 million people in England and account for 70% of health and social care spending. Interventions to improve quality of life in patients with long term conditions often focus on improving primary care to reduce hospital use. However, evidence is equivocal on whether improving primary care management of long term conditions does reduce hospital use and costs.

Chronic obstructive pulmonary disease (COPD) is one of the most common long term conditions. The COPD 'Year in the Life' project launched in 2011 to improve the quality of care of COPD patients across four Primary Care Trusts (now CCGs). This project developed and evaluated a series of interventions implementing National Institute for Health and Care Excellence (NICE) COPD guidelines. A preliminary evaluation suggested that COPD management improved and costs per patient fell, but the longer term impact of the interventions are less clear.

This study evaluated the sustainability and long term impacts of the interventions on COPD management and on primary and secondary care use and costs, and the factors that influenced them. The project used mixed quantitative and qualitative methods to investigate the impacts in 189 general practices and how projects such as this can influence what happens in general practice.

A protocol giving more detail of our research methods is available here: [COPD protocol - summary - Nov 2014](#)

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Start date and duration: January 2014, twelve months

Partners and collaborators involved: UCL; Barking & Dagenham, Havering & Redbridge Clinical Commissioning Group cluster; Waltham Forest Clinical Commissioning Group, Nuffield Trust, Barking & Dagenham and Havering Breathe Easy Groups.