

Primary Care Review

Primary Care Review	All patients	FEV1 <30% predicted or GOLD 4
Frequency	AT LEAST ANNUAL	AT LEAST TWICE PER YEAR
Measurements to make	<ul style="list-style-type: none"> ▫ FEV₁ and FVC measurement ▫ Record BMI ▫ MRC Dyspnoea Score ▫ COPD Assessment Test (CAT Score) ▫ Consider measurement of saturation (SPO₂) by oximetry in patients with severe airflow obstruction (FEV₁ 30-49% predicted) 	
		<ul style="list-style-type: none"> • Full Blood Count • Measure saturation by oximetry (SPO₂)
Clinical Assessment	<ul style="list-style-type: none"> • Smoking status and desire to quit • Adequacy of symptom control • Breathlessness and Exercise tolerance • Estimated exacerbation frequency • Need for pulmonary rehabilitation • Self-management advice • Need for referral to specialist and therapy services • Presence of complications • Inhaler technique • Consider referral to Expert Patient Programme 	
		<ul style="list-style-type: none"> • Presence of cor pulmonale • Patients nutritional state • Presence of depression • Need for social services and occupational therapy • Consider palliative care requirements

MRC Dyspnoea Score

- 1) Not troubled with breathlessness except with strenuous exercise
- 2) Troubled by breathlessness when hurrying on the level or walking up a slight hill
- 3) Walks slower than people of the same age on the level because of breathlessness or has to stop for breath when walking at own pace on the level
- 4) Stops for breath after walking about 100 yards after a few minutes on the level
- 5) Too breathless to leave the house or breathless when dressing or undressing

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Group responsible for development:

NHS Calderdale, NHS Greater Huddersfield, NHS North Kirklees and NHS Wakefield CCG. Cross cluster respiratory group in collaboration with The Mid Yorkshire Hospitals NHS Trust and Calderdale and Huddersfield Foundation Trust.

Review due: September 2019 (unless clinical evidence base changes) Published: September 2016