

108: IMPROVING CARE AND REMOVING INEQUALITIES – EVALUATING AIM2000: AN EDUCATION INITIATIVE TO RAISE QUALITY OF CARE AND PROPAGATE BEST PRACTICE IN ASTHMA CARE.

Coles J., Lamming C., Bradbrook S., Amess M.

Objective:

To evaluate the AIM 2000 Programme across more than 80 GP practices, by examining the extent to which AIM 2000 objectives were met, and identifying factors that contributed to, or inhibited its success.

Methods:

The evaluation project, which ran concurrently with the initiative for three years, firstly established a baseline of asthma care and then documented the intervention, including the nature, learning set approach and content of the Programme. Basic data was collected at practice, patient and professional level and practices were surveyed and visited to obtain their views on the Programme. Practice staff were also asked about their involvement and skills in asthma care. A questionnaire to ascertain patients' experience of their asthma and their asthma care was used to survey the patients annually across the three years to assess the impact of the project as perceived by them.

Results:

GP and nurse participants in the Programme reported it had helped them considerably to improve the management of asthma within their practices. Some practices had enhanced the level of qualification and training undertaken by nurses and the relationship between the level of responsibility and level of training had been improved. Results from the nurse skills questionnaire showed the Programme had enhanced their ability to use asthma education and management skills in their current post. While about 80% of nurses had an asthma qualification at the start of the project, about half of those replying undertook additional learning during the AIM Programme. By the end 21% of those responding also had a COPD qualification.

91% of the GPs replying to the professional development questionnaire felt that the AIM Programme had helped them improve asthma care in their practice.

Over the course of the project reported attendance at clinics improved by between 3 and 6.5%. The proportion of patients with self management plans increased over time and in mid-2001 was 6% higher than in the controls. 73% of patients with light to moderate asthma had self-management plans. Self management plans undoubtedly motivated patients and showed positive benefits in greater knowledge, better monitoring, reduced anxiety and in dealing with exacerbations. The level of confidence amongst patients with plans also showed an increase over time, hence giving an even greater benefit. The proportion of patients reporting that they had been frightened by their asthma in the previous twelve months fell by 3.4% during the course of the project and was considerably less than that in the control practices.

The project while being well received by the participating practices also provoked the interest of a number of Primary Care Groups /Trusts (a PCG/T is a managerial grouping) to extend it across all their practices. As well as extending it in asthma care, other PCGs have embarked on a programme using the AIM 2000 principles but applied to the four clinical areas of respiratory, coronary heart disease, mental health and cancer services.

Conclusions:

The AIM methodology was liked by participating practices, had demonstrable outcomes of benefit to patients and was sufficiently valued to be extended on a PCG wide basis by some PCGs and to other (largely chronic) conditions. There is little doubt that the AIM 2000 Programme had a significant impact on participating practices and that it was valued by these practices. It would also appear to have had important benefits for patients. Partnership arrangements with eight drug companies working within the project were found helpful and generally not intrusive. Inevitably the benefits of the Programme were achieved at some cost

e.g. through additional resources and effort. However, a development of the approach, probably at PCT level, would be likely to be sustainable and to achieve similar benefits in other clinical areas within primary care.