The medical management of COPD in Britain has been reviewed for a National Strategy to provide to provide better care throughout the National Health Service. Experts identified diagnosis and failure to educate and treat patients as a major issues. There is both underdiagnosis, (up to 80% of GOLD defined COPD are not identified), and overdiagnosis (misdiagnosing asthma as COPD). To diagnose COPD earlier, the general public need to be made more awareness of COPD and its symptoms. Accurate post-bronchodilator spirometry is required to confirm all diagnoses, no-one without training should undertake spirometry to diagnose COPD.

Treatment of COPD requires a comprehensive assessment of the patient and drugs given according to guidelines. Currently GPs are paid to record data on their patients, IT based systems are being introduced to use the data to produce treatment advice.

Non drug management including education and adopting healthy behaviours are fundamental to all patients with COPD, but poorly performed. Oxygen therapy is widely misused, and pulmonary rehabilitation underused.

Acute care for COPD exacerbations requires good communication between the patient, primary care and hospitals. Early intervention can prevent many hospital admissions.

An expert panel, including patients and carers, produced the following evidence based recommendations for the National Strategy:

1. Having registers of accurately COPD patients in primary care. Each patient on the register is assessed fully to allow proper treatment decisions.
2. Each patient has a care plan to ensure that every patient:
   - has appropriate treatment with drugs
   - is referred to appropriate services such as smoking cessation and pulmonary rehabilitation
   - co-morbidities are identified recorded and managed
   - has access to information about their disease
3. Acute exacerbations are (i) identified early, (ii) their severity assessed and (iii) treated appropriately. The patients care plan should be updated after an exacerbation or admission.
4. Regular clinical reviews to map disease progression and check for complications and co-morbidities.
5. End of life care is defined, identified and managed appropriately.