

Summary of “Optimising COPD care in line with guidelines and reducing carbon footprint”

Joint Working Project- GlaxoSmithKline (UK Ltd) and Sefton Place

February 2022 – June 2023

This summary has been written by GSK with consultation and approval from the Joint Working Project Team. GSK did not have access to patient data and did not influence treatment decisions.

Project Overview:

Sefton Place and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of standardising patient care in line with national and locality guidelines, reducing practice burden of long-term condition management and sustained improvement in quality of primary care COPD management. During the project we focussed on the following objectives:

- Delivering a structured guideline level review for patients with an existing READ code diagnosis of COPD, in line with the GOLD report and aligned to the local COPD prescribing guidelines. Priority review provided based on GOLD severity grading i.e. GOLD group D, followed by C, B and A respectively.
- Validating the COPD disease registers within participating practices including GOLD staging for each patient to ensure appropriate referral to local pulmonary rehabilitation and oxygen services.
- Ensuring effective medicines optimisation in line with the locality prescribing guidelines. Aligning to the Pan Mersey Green agenda and the ‘Investment and Impact Fund ‘Help create a more sustainable NHS’ enhanced service, where clinically appropriate for patients.

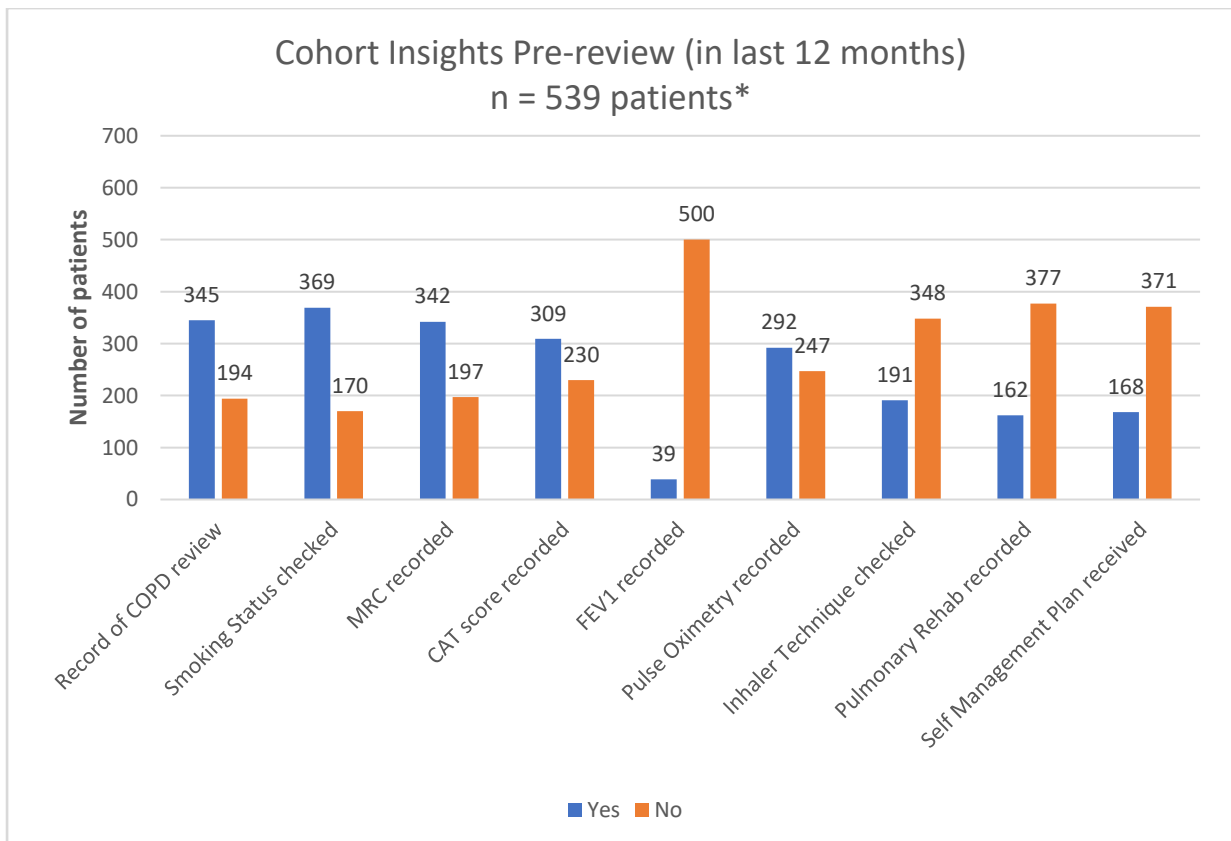
The project launched in February 2022 with the project being communicated to all primary care practices across Sefton Place. The NHS project lead attended various primary care meetings across the locality to drive practice recruitment. The project provided full NSHI clinical review in 17 practices and mentorship only (no NSHI nurse only reviews, the practice received education and training in Lunghealth) in 1 practice. The initial ambition was to recruit 25 practices.

Work carried out in participating practices:

- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on GOLD classification.
- The offer of Nurse-led face-to-face or remote COPD reviews was made by 3rd party provider- National Service for Health Improvement (NSHI) for patients identified in the review cohorts to optimise both non-pharmacological and pharmacological care in line with ‘Pan Mersey COPD guidelines’.
- Structured education at practice level via shadowing of NSHI nurse.
- Offer of spirometry where practices were able to meet NHS airflow requirements and provide spirometers.
- Practices received a 12 month license for the ongoing use of Lunghealth software. LungHealth provides a full, consistent, algorithm-guided consultation in line with current NICE/GOLD guidelines. It prompts clinicians to consider guideline recommended interventions during patient reviews as they make patient care decisions.

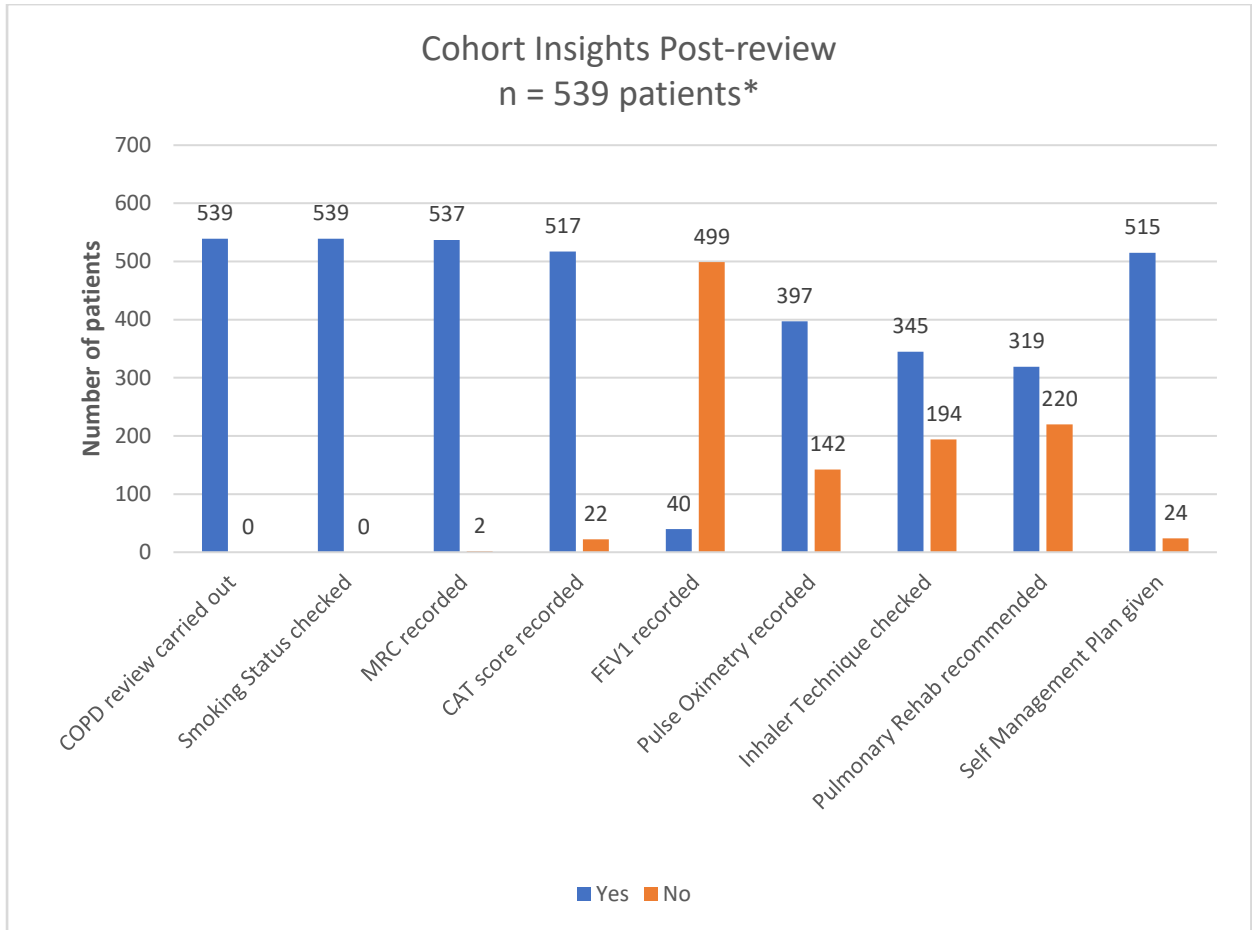
- **Results:**
- 539 patients reviewed.
- 48.3% of reviews were done face to face and 51.7% were done remotely.
- 194 of patients reviewed had not received a review in the previous 12 months.
- 170 had not had their smoking status checked in the previous 12 months.
- 348 had not had inhaler technique checked in the previous 12 months.

The below tables highlight progress achieved across a range of parameters.



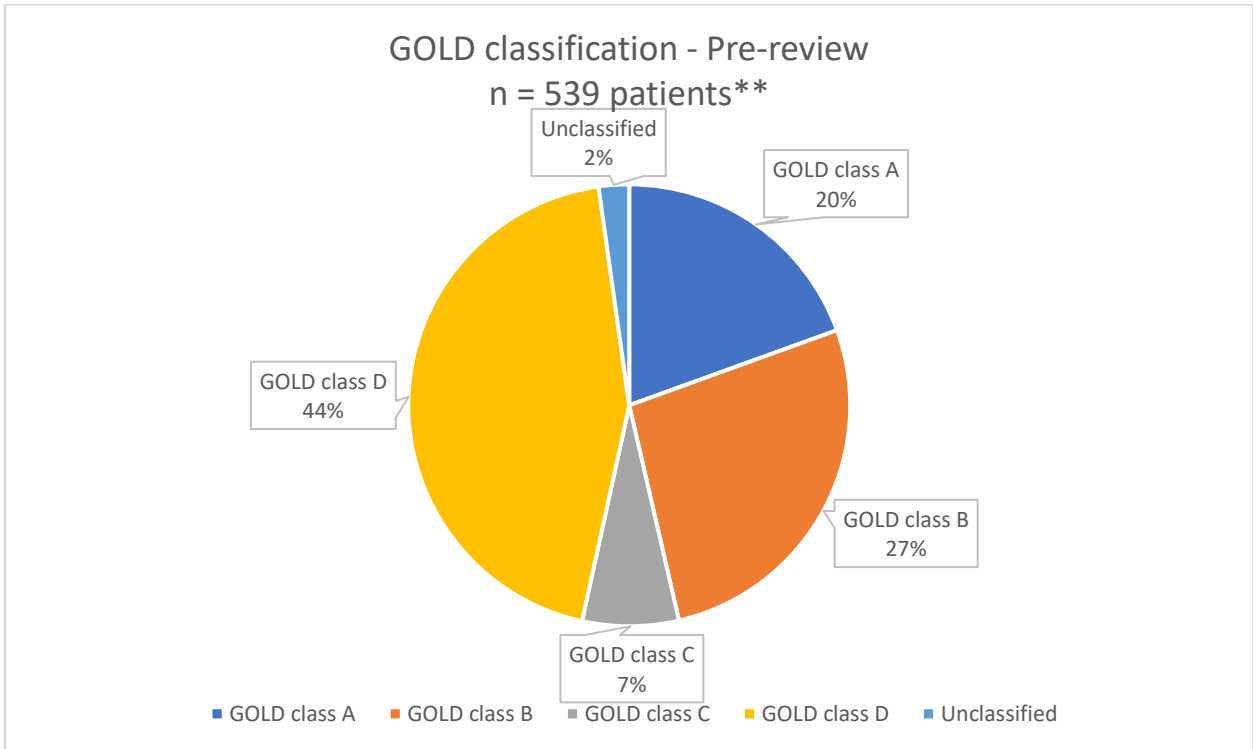
* Patients receiving an initial full COPD review

Due to remote reviews the last recorded FEV1 / Pulse Oximetry was used



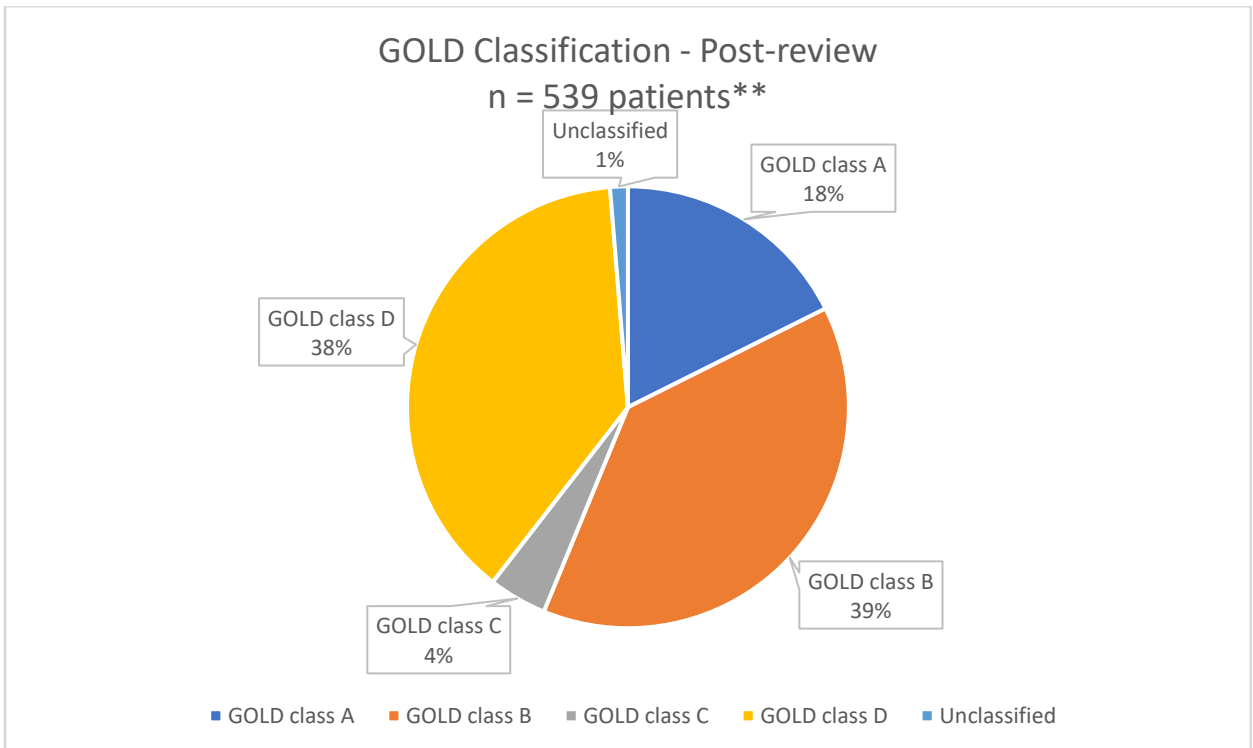
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** Patients receiving an initial full COPD review

Classification based on last recorded mMRC/CAT – if no recordings in the last 12 month



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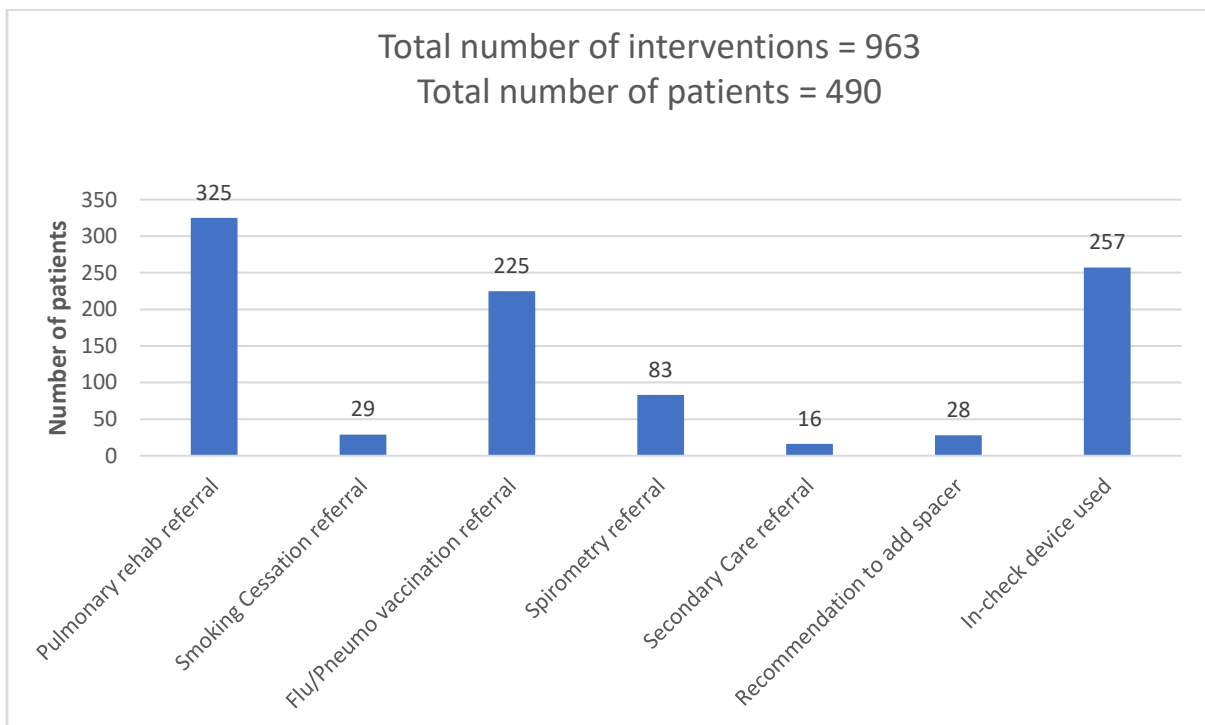
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Pharmacological interventions (patients may have been reviewed more than once)

Intervention	Patients	% of patients
Escalation of therapy	107	16.6%
De-escalation of therapy	8	1.2%
Maintained at current level of therapy	531	82.2%

Intervention	Patients	% of patients
Device change only	248	38.4%
Molecule change only	0	0.0%
Device and molecule change	57	8.8%
No device or molecule change	341	52.8%

Non- pharmacological interventions (patients may have more than one)



Breakdown of device type (total number) and MDI/DPI split as per NHS enhanced service

Device type	MDI inhalers pre-review	MDI inhalers post-review	DPI/SMI inhalers pre-review	DPI/SMI inhalers post-review
SABA	462	282	110	334
LABA only	0	0	4	1
LAMA only	0	0	32	17
LABA + LAMA (multiple)	0	0	2	0
LABA/LAMA (combined)	0	0	70	96
ICS only (Inhaled Corticosteroid-ICS monotherapy, is not licensed in COPD)	11	6	3	3
ICS + LABA (multiple)	2	0	0	0
ICS + LAMA (multiple)	2	2	2	2
ICS/LABA (combined)	47	34	36	46
ICS + LABA + LAMA (multiple)	0	0	0	0
ICS/LABA+LAMA or ICS+LABA/LAMA (multiple)	59	32	103	68
ICS/LABA/LAMA (combined)	136	130	134	187

Lessons learned:

- The project would have benefitted from a broad NHS project team with representation from primary care and medicines optimisation. This could have improved practice uptake.
- Early results could have been used to drive practice recruitment in remaining practices.
- Practice recruitment deadlines should be agreed and communicated to practices as this may help to speed up recruitment.
- Communication should include what the requirements for the practice will be in terms of staff time, administration time and logistics regarding room requirements as concerns over this can slow recruitment.
- There was a great need for spirometry but not necessarily the ability to perform it due to airflow requirements and equipment being uncalibrated for long periods during/post covid.