

Summary of “COPD Legacy Project, Berkshire West and GSK joint working - Optimisation of care for patients with COPD”

Joint Working Project- GlaxoSmithKline (UK Ltd) and Berkshire West ICB

August 2022 – November 2023

This summary has been written by GSK with consultation and approval from the Joint Working Project Team.

Project Overview:

Berkshire West ICB and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of standardising patient care in line with national and local 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 local COPD management guidelines. Priority reviews were provided based on current 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 e.g. 3D.
- Ensuring appropriate referral to local pulmonary rehabilitation, smoking cessation and oxygen services according to local guidelines.
- Ensuring alignment to local Guidelines for the Management of Chronic Obstructive Pulmonary (COPD) Disease in Primary Care, the Berkshire West Reducing the environmental impact of inhalers’ agenda and the ‘Investment and Impact Fund ‘Help create a more sustainable NHS’ enhanced service, where clinically appropriate for patients.

The project launched in August 2022 with the project being communicated to all primary care practices across Berkshire West. The project provided full review in 23 practices. The initial ambition was to recruit 25 practices.

Work carried out in participating practices:

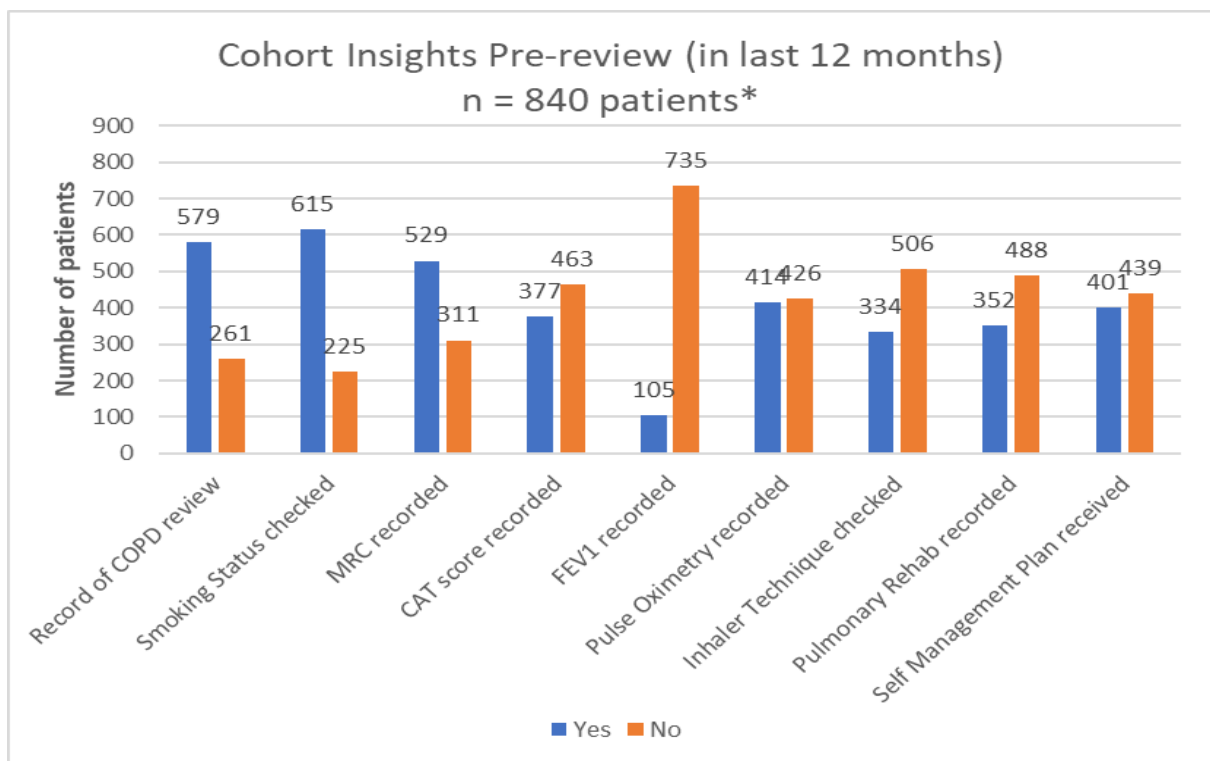
- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on GOLD classification.
- The offer of Nurse-led face-to-face or remote COPD reviews was made by 3rd party provider- National Service for Health Improvement (NSHI) for patients identified in the review cohorts to optimise both non-pharmacological and pharmacological care in line with local 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:

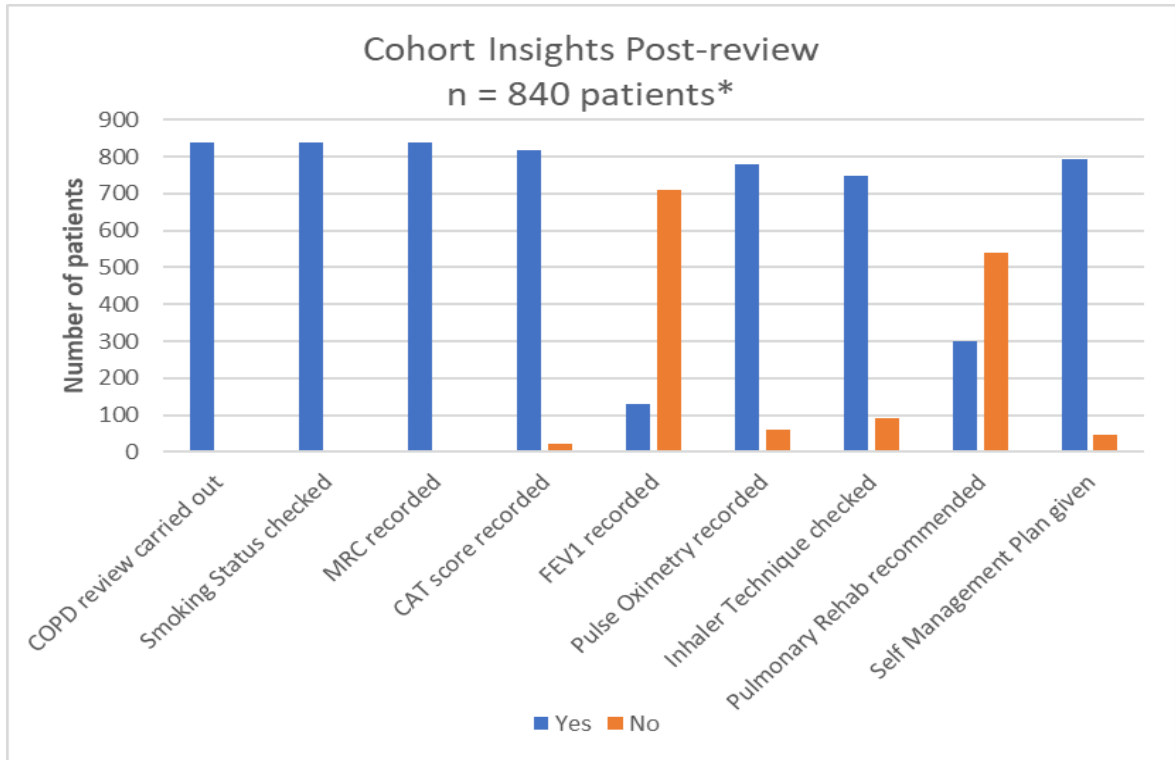
- 840 patients reviewed.
- 79% of reviews were done face to face and 21% were done remotely.
- 261 patients reviewed had not received a review in the previous 12 months.
- 225 had not had their smoking status checked in the previous 12 months.
- 506 had not had inhaler technique checked in the previous 12 months.

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



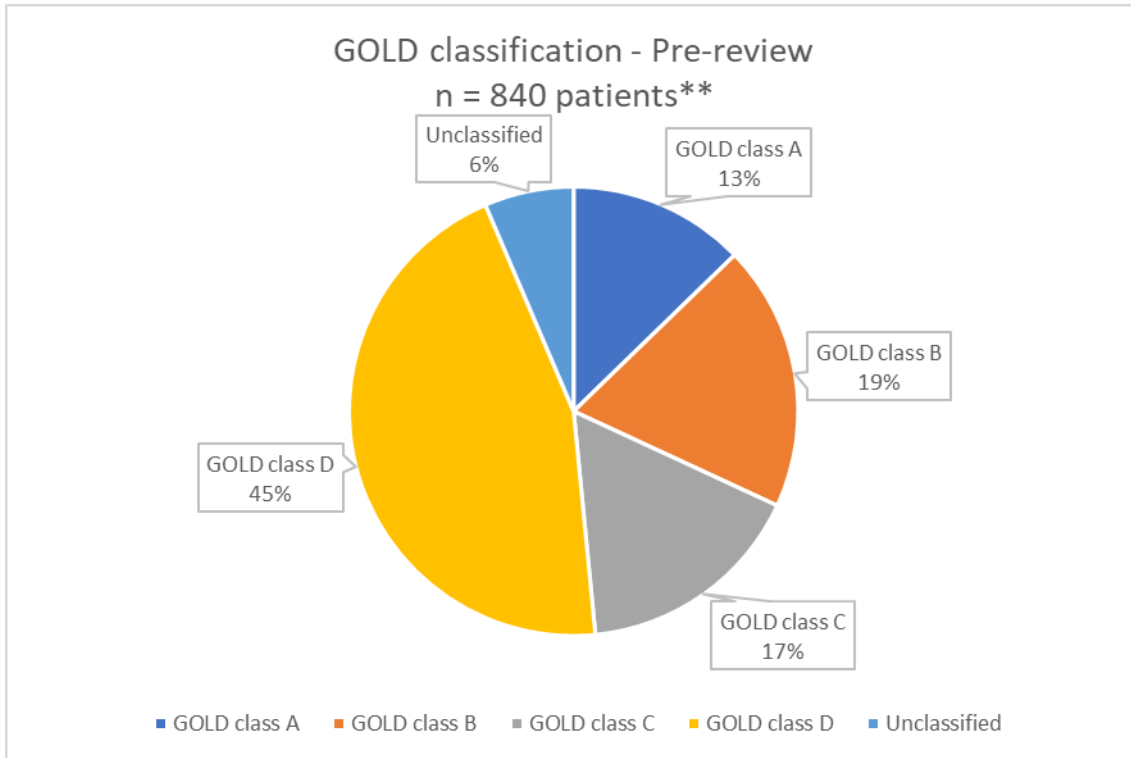
* Patients receiving an initial full COPD review

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



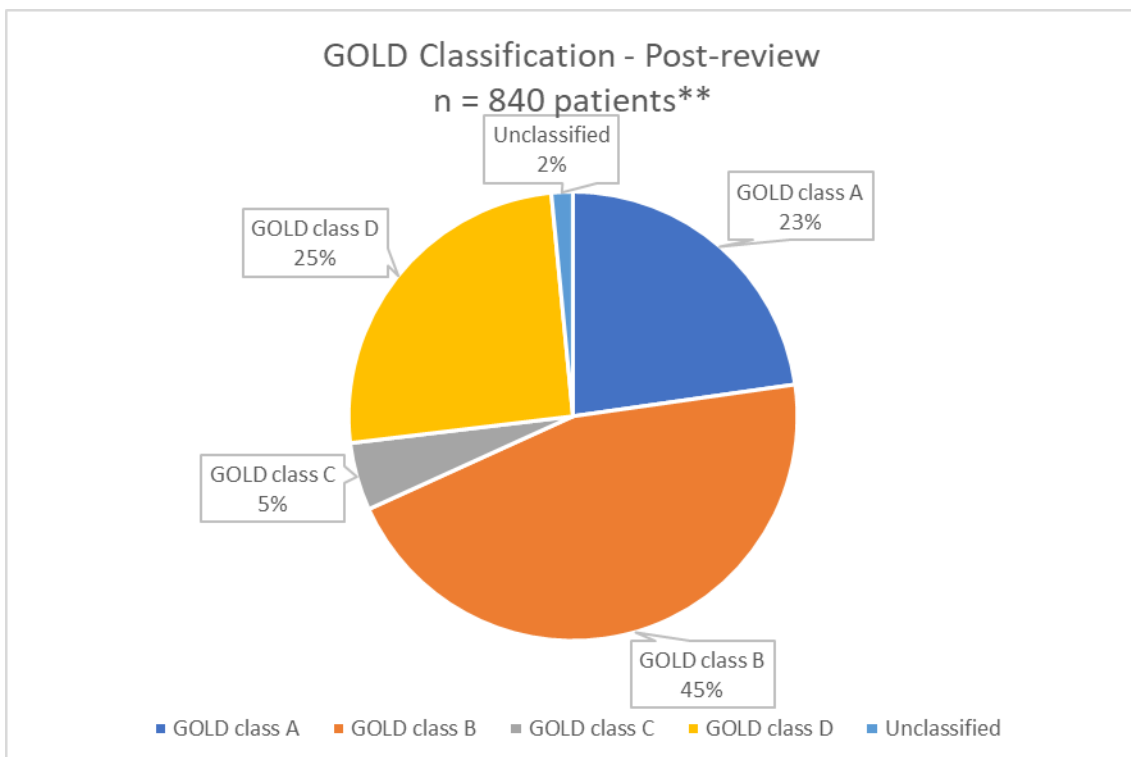
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** Patients receiving an initial full COPD review

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



** Patients receiving an initial full COPD review

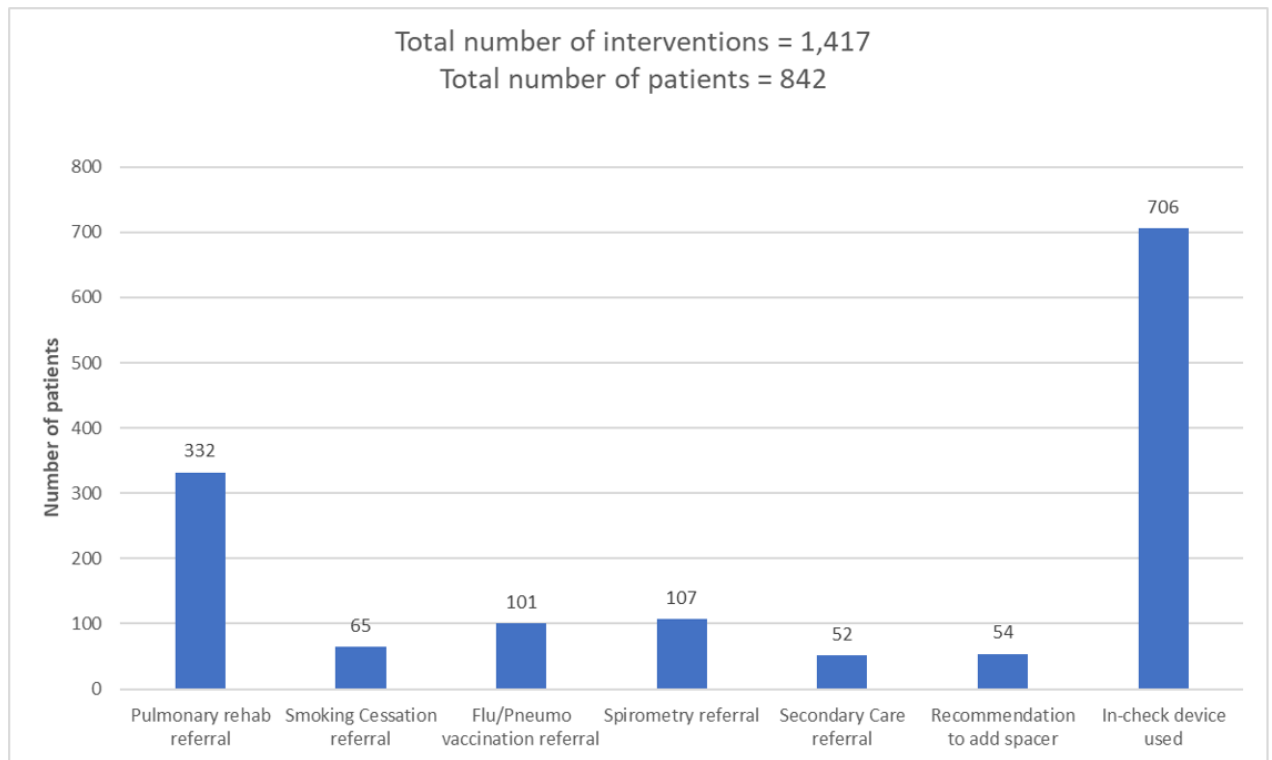
Classification based on last recorded mMRC/CAT – if no recordings in the last 12 month

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

Intervention	Patients	% of patients
Escalation of therapy	117	11.9%
De-escalation of therapy	35	3.6%
Maintained at current level of therapy	829	84.5%

Intervention	Patients	% of patients
Device change only	345	35.2%
Molecule change only	0	0.0%
Device and molecule change	87	8.9%
No device or molecule change	549	56.0%

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



Breakdown of device type 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	785	577	110	345
LABA only	0	0	4	2
LAMA only	0	0	76	52
LABA + LAMA (multiple)	2	1	8	1
LABA/LAMA (combined)	1	3	123	165
ICS only (Inhaled Corticosteroid-ICS monotherapy, is not licensed in COPD)	17	12	1	2
ICS + LABA (multiple)	2	0	0	0
ICS + LAMA (multiple)	6	0	6	0
ICS/LABA (combined)	64	44	53	56
ICS + LABA + LAMA (multiple)	0	0	0	0
ICS/LABA+LAMA or ICS+LABA/LAMA (multiple)	119	63	227	125
ICS/LABA/LAMA (combined)	240	277	115	189

Lessons learned:

- The project had a small project team, and a broader representation across primary and secondary care can be advantageous in the design of the project and in taking the learnings back to different areas for continuous improvement. However, the small project team did not impact on practice recruitment with us achieving 92% of the target.
- Practice recruitment through ICB comms worked well alongside the supplier contacting practices directly to discuss the service.
- For future projects it would be beneficial to understand the rationale in the practices who either did not engage or declined the service so could be good to consider sending a survey to practices to gain this insight and enable them to contact the project team for any learnings that could be used in their own practice.
- It would be useful, in future projects, to gain permission from practices to return to complete an audit 6-12 months post practice completion to understand the long term impacts these projects have on patient care.