

Summary of “COVID-19 Restart and Recovery- Risk Stratification and review of patients within Primary care with Chronic Obstructive Pulmonary Disease” Joint Working Project between GlaxoSmithKline (UK Ltd) and Aneurin Bevan University Health Board (ABUHB) January 2022 – November 2022

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

Project Overview:

Aneurin Bevan University Health Board (ABU HB) and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims provide support to primary care to address the backlog of COPD patients awaiting their annual review due to the COVID-19 pandemic; by 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:

- “Restart and recovery” – provide support to primary care to prioritise and address the backlog of patients, caused by the COVID-19 pandemic, with COPD who are due annual review (and appropriately manage current workload more effectively).
- Enable primary care to identify and prioritise patients with defined risk factors, for review (face-to-face or remote) - those patients with an unmet need.
- Support both workforce/resource challenges.
- Optimising management of COPD patients by aligning to the ‘2021 All-Wales COPD Management and Prescribing Guideline’ and ‘NHS Wales Decarbonisation Strategic Delivery Plan’ and ‘ABUHB Reducing the environmental Impact of Inhalers: Making the right choice for your patient and the planet’.
- Support primary care to conduct quality COPD reviews (through education).

The project launched in January 2022 with the project being communicated to all primary care practices across ABU HB. The NHS project lead attended various primary care meetings across the locality to drive practice recruitment and Health Board wide communications were circulated. As a result the project provided full review in 52 practices that chose to take part, with 3194 patients receiving a pharmacist led COPD review.

Work carried out in participating practices:

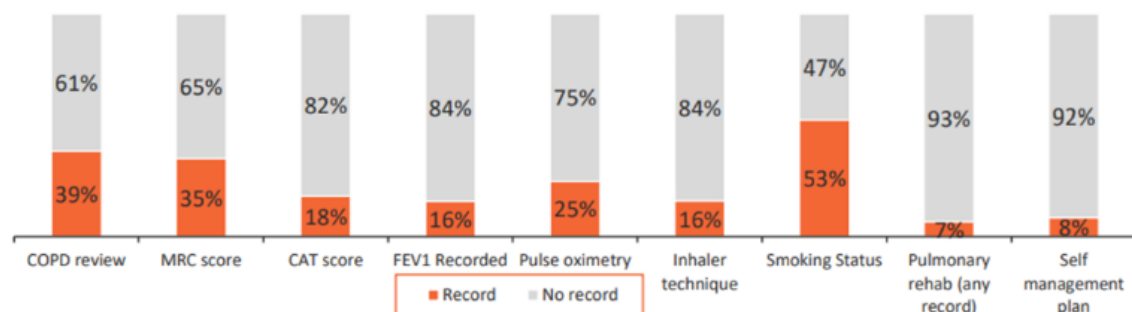
- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on their level of symptoms and exacerbations.
- The offer of pharmacist-led face-to-face or remote COPD reviews was made by 3rd party provider- Interface Clinical Services Ltd (ICS) for patients identified in the review cohorts to optimise both non-pharmacological and pharmacological care in line with ‘2021 All-Wales COPD Management and Prescribing Guideline’, ‘NHS Wales Decarbonisation Strategic Delivery Plan’ and ‘ABUHB Reducing the environmental Impact of Inhalers: Making the right choice for your patient and the planet’ guideline.
- Structured education at practice level via shadowing of ICS pharmacist.
- A 6-month evaluation report was offered to all practices to support future COPD management.

Results:

- Across the 52 practices, 9758 patients were on the COPD register, of which 3194 were reviewed by an ICS pharmacist.
- 61% of the total COPD patient populations had not received a COPD review in the previous 12 months.
- The graphic to the below shows some of the impact of the work carried out in the 52 practices involved.

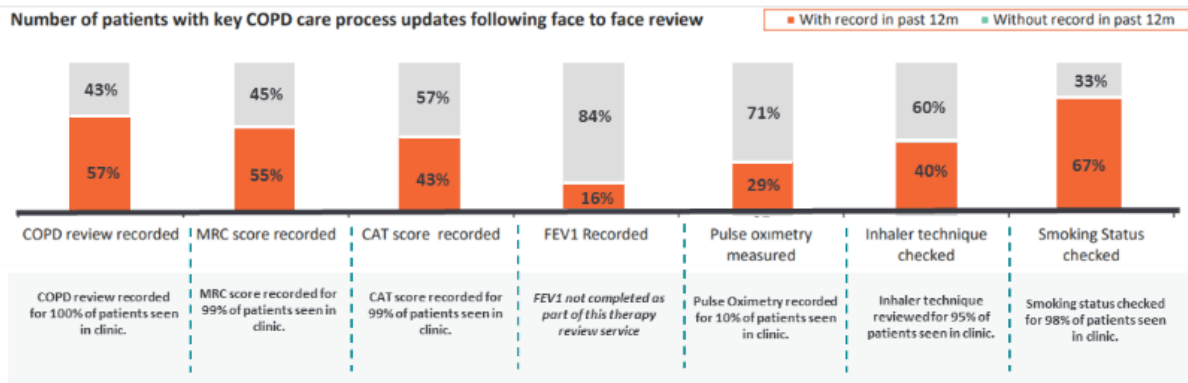
BASELINE CARE PROCESS ACHIEVEMENT

Practice achievement of COPD care processes in the past 12 months



POST-SERVICE CARE PROCESS ACHIEVEMENT

Number of patients with key COPD care process updates following face to face review

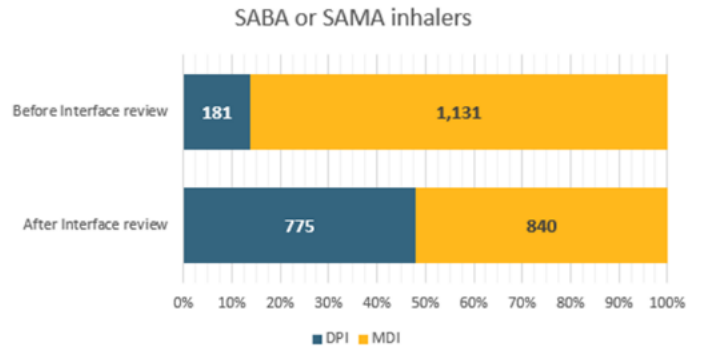
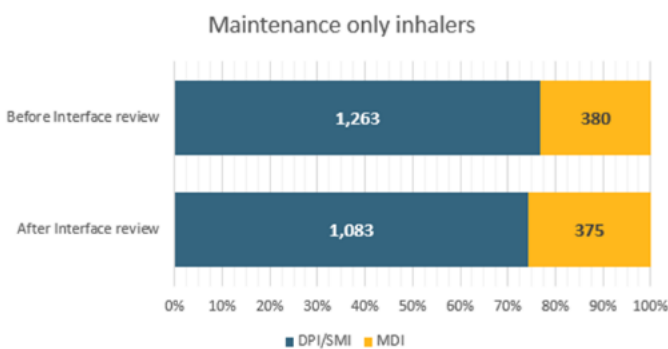
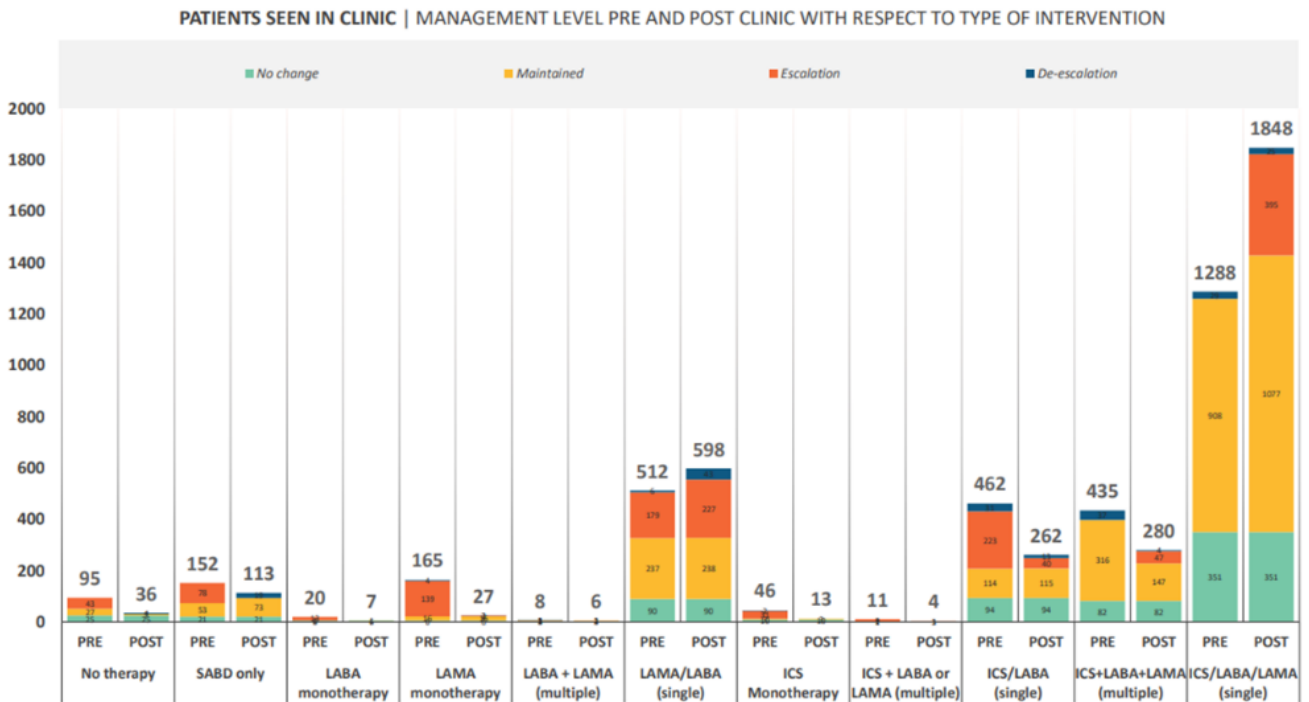


COPD review recorded for 100% of patients seen in clinic.
MRC score recorded for 99% of patients seen in clinic.
CAT score recorded for 99% of patients seen in clinic.
FEV1 not completed as part of this therapy review service
Pulse Oximetry recorded for 10% of patients seen in clinic.
Inhaler technique reviewed for 95% of patients seen in clinic.
Smoking status checked for 98% of patients seen in clinic.

Pharmacological interventions:

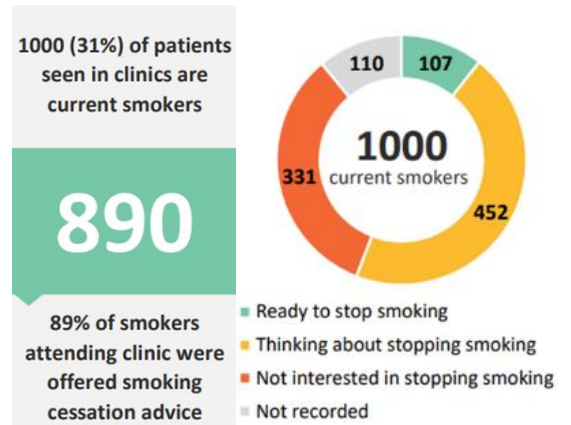
- 79% of patients received ≥1 pharmacological intervention.
- 23% of patients consulted received an escalation in their management.
- 3% of patients consulted received a de-escalation of their management.
- 74% of patients consulted were maintained at their current level of management, with 70% of these receiving a change of device or molecule.
- 11% reduction in overall number of maintenance inhalers used via rationalisation of patient inhalers where clinically appropriate.
- 11% increased adoption of low GWP inhalers
- All recommendations aligned to the aims & objectives of the JW project & All Wales COPD Guidelines

The tables below shows the pharmacological management level pre and post clinic with respect to the type of intervention alongside the types of inhalers used:

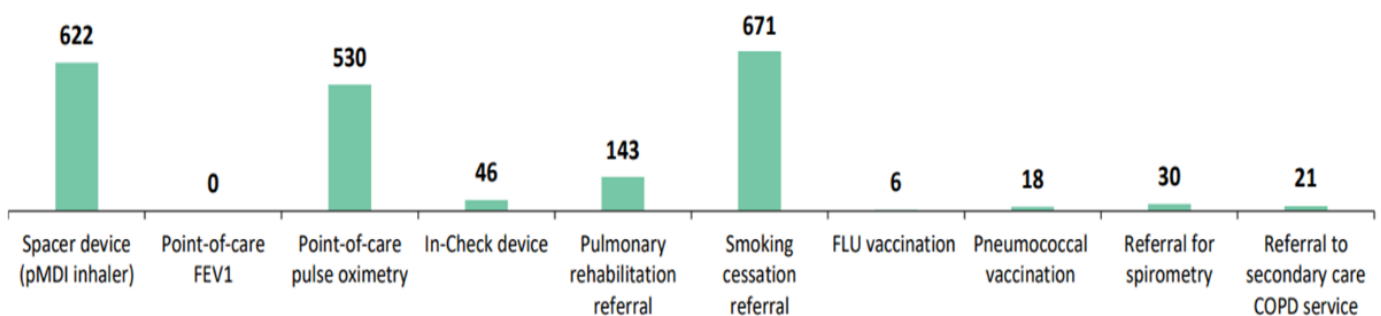


Non- pharmacological interventions

- Optimisation of non-pharmacological management of patients reviewed in line with 'All Wales COPD Management & Prescribing Guideline' resulted in the interventions shown in the table below.
- Of the 3194 patients seen, 31% were current smokers, of which 89% were offered smoking cessation advice.



Breakdown of non-pharmacological interventions for patients seen in pharmacist led clinic



Overall Project reflections contributing to project delivery:

- Stakeholders were identified and engaged early to gain operational and strategic partnership sign off.
- Regular short joint working project meetings (30 minutes every 2 weeks) were effective in managing delivery.
- Effective two-way communication was key – checking in/seeking to understand & raising/addressing concerns early/quickly, supporting and challenging each other's thinking.
- Sustainability is key (education in COPD management being built in, through 'shadowing' of Interface Clinical pharmacist).
- It is possible to optimise patients in line with the National COPD guideline and deliver against the decarbonisation agenda.
- Joint Working is an effective mechanism to deliver measurable benefits to patients.

Project Learnings:

- Uptake from practices for the 6-month final evaluation report was poor largely due to the difficulty for ICS to re-engage each practice to arrange a time to conduct this. This also resulted in a reduced dataset for the project team to evaluate the longer-term impact of the project.