

# Care optimisation in Chronic Obstructive Pulmonary Disease (COPD) across NHS Borders health board supported by a Joint Working project with GSK



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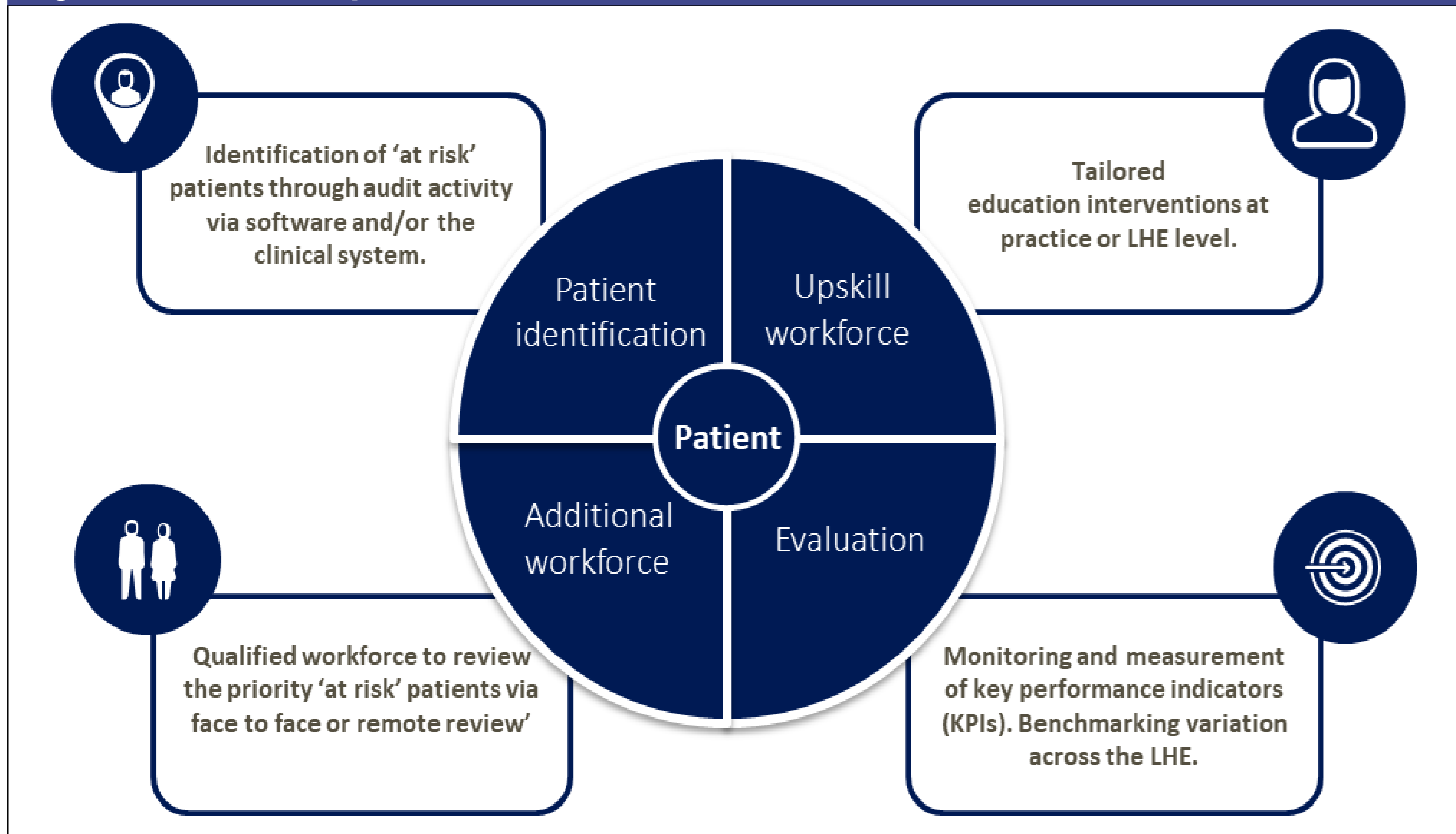
## Background

- An estimated 1.2 million people are living with diagnosed COPD – considerably more than the 835,000 estimated by the Department of Health in 2011. In terms of diagnosed cases, this makes COPD the second most common lung disease in the UK, after asthma. Around 2% of the whole population – 4.5% of all people aged over 40 – live with diagnosed COPD.<sup>1</sup>
- Over 2,700 people have COPD in NHS Borders, an increase of 13% since 2010. The prevalence is 2.35% and it is one of the top 5 potentially preventable admissions to the Borders General Hospital.<sup>2</sup>
- A more recent strategic planning document titled “Changing & Social Care for you, 2018-2021”<sup>3</sup> addresses the issue of what can be done in primary care to support improvements in respiratory care. Factors such as improved case management and more polypharmacy reviews are identified as factors that could improve the overall quality of disease management.
- Care programmes have been prepared to both develop the Pulmonary Rehabilitation service in NHS Borders and expand its use.<sup>4</sup>

## Programme Aims

- The Care Optimisation Service is a modular primary care COPD programme that aims to support healthcare organisations in providing equity of care and service for patients with COPD. It is a joint working programme between NHS Borders and GSK.<sup>5</sup>
- Figure 1 illustrates and overview of the broad aims for this joint working project

Figure 1: Core components of a COPD review

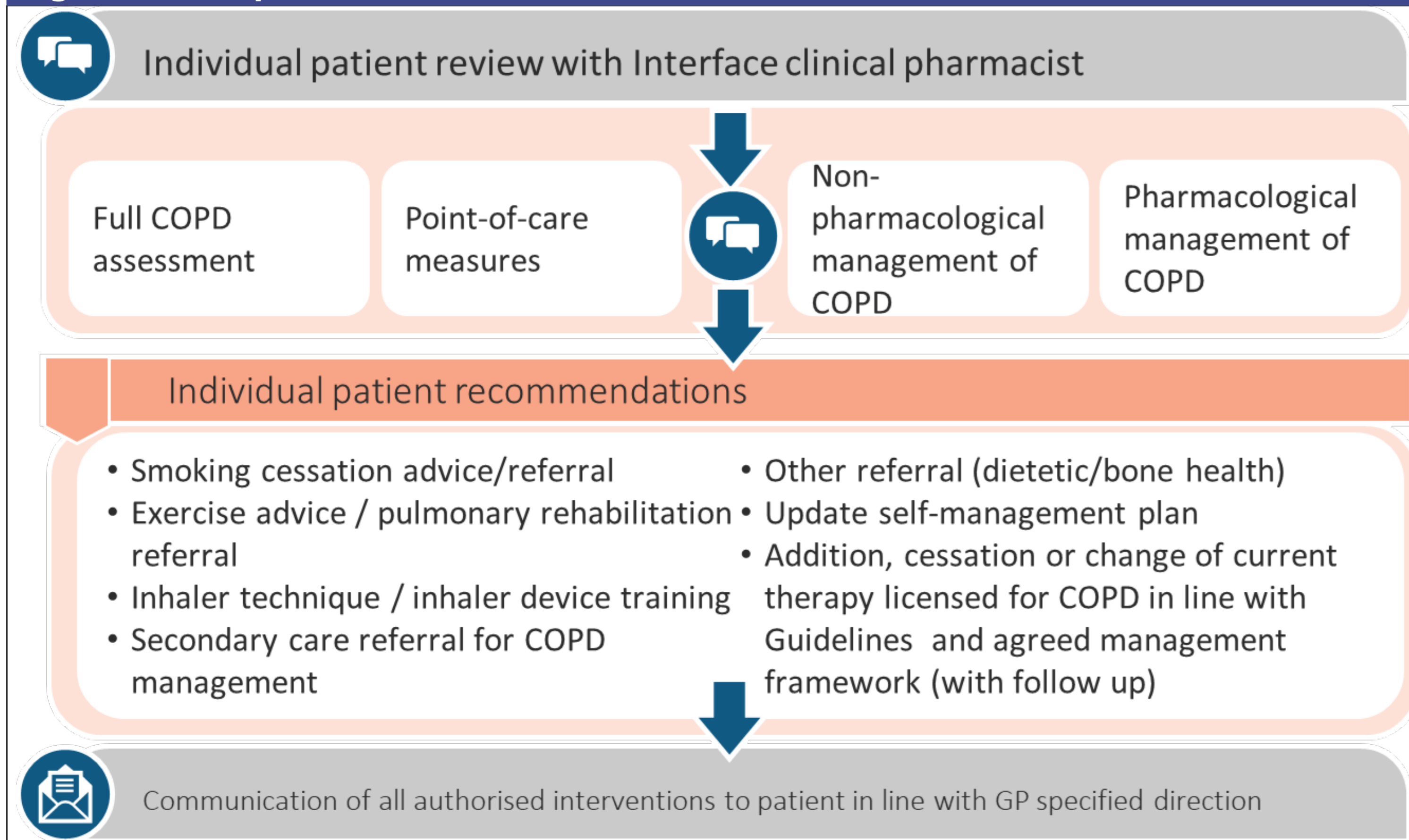


- The specific elements of this project include:
  - Delivery of COPD reviews to over 1000 patients, a service provided by Interface pharmacists as an additional resource to support routine service delivery.
  - Education in COPD care delivered by a local clinician and pharmacist and made available to clinical staff at participating practices.
  - Formal service evaluation at 6 months post review intervention to provide an objective assessment of progress from the project initiation benchmark.
  - Provision of an embedded quality improvement tool (eQIpped) to support future COPD service optimisation and evolution.

## Methods

- The major investment of the project is the delivery of additional COPD reviews to support primary care staff currently prioritising the local COVID-19 and flu vaccination programmes. Reviews fundamentally support the overall clinical assessment and provide an opportunity for both non-pharmacological and pharmacological interventions (see Figure 2).
- The initial patient stratification exercise provides primary care respiratory leads with an overview of the COPD care needs in their practice but also an opportunity to prioritise and target care to patients who would benefit the most from a COPD review with a pharmacist.

Figure 2: Components of a COPD review

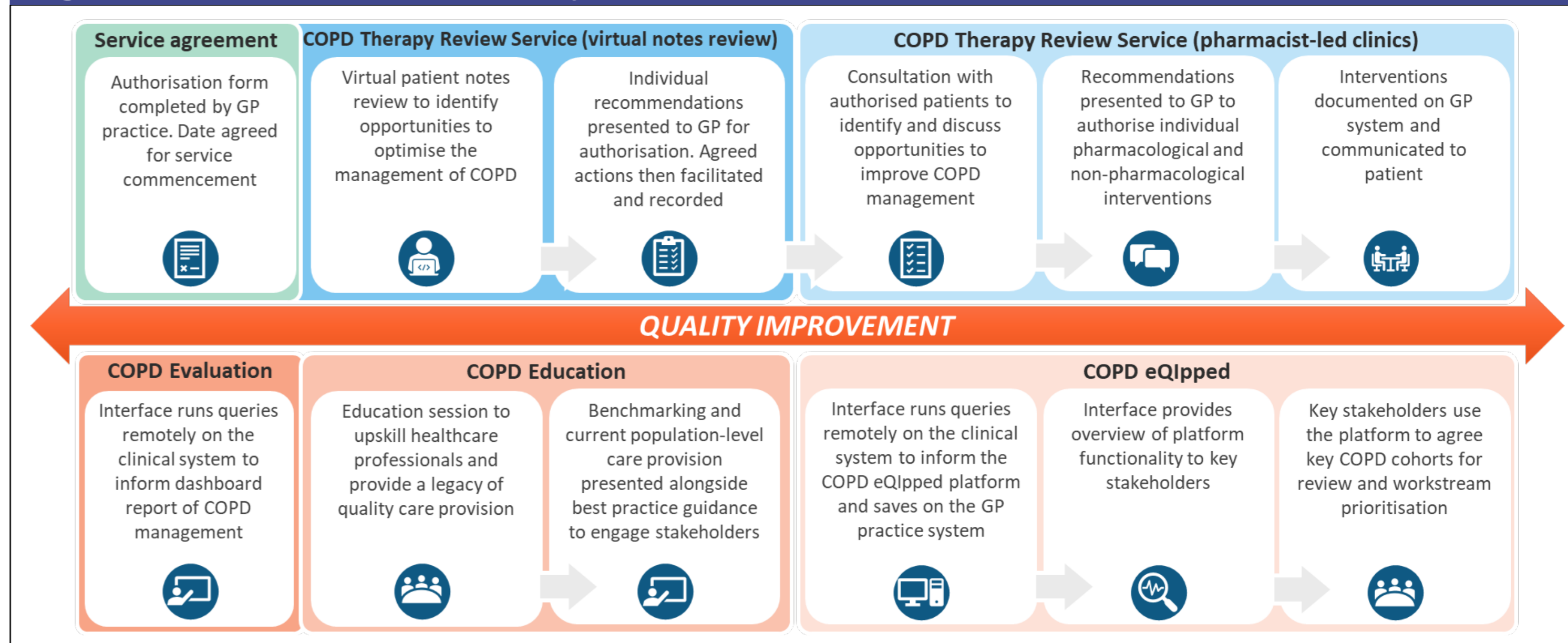


## Acknowledgements

Many organisations and associated individuals working in this Joint Working lead team have contributed to the design and implementation of this project including: Kerry Straughan, Robynne Wong, Sandeep Sarkar, Matt Burdus, Elaine Hancock and Tom MacKay

- The entire review process provides a platform for the delivery of the broader quality improvement components of the project (see Figure 3). HCP Education and service evaluation help embed the long-term benefits of the programme into routine care.

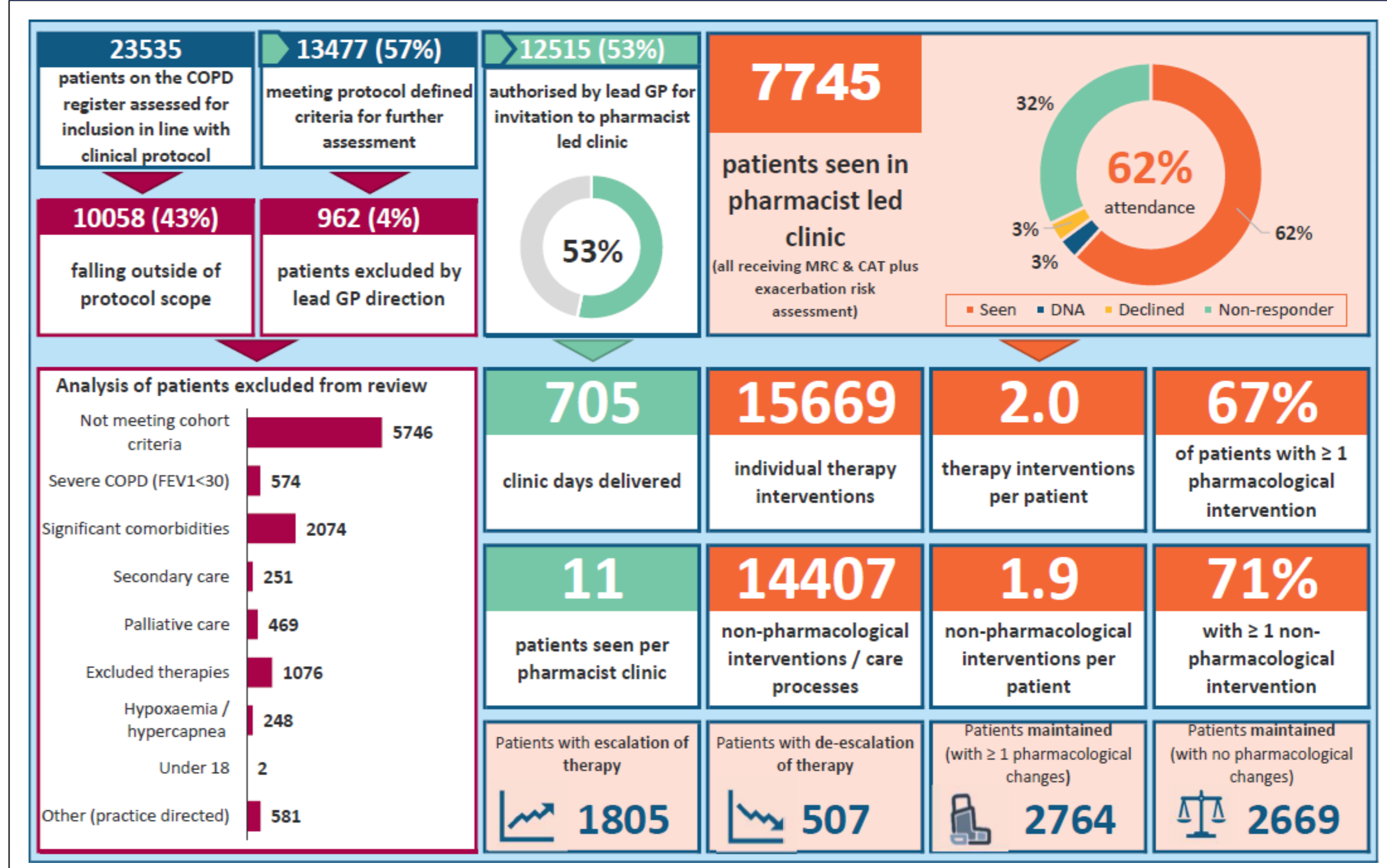
Figure 3: A platform for quality improvement in COPD care



## Measures & Anticipated Benefits

- The primary performance indicators measured in the project are:
  - Increased delivery of COPD reviews vs. baseline** with the aim of 37% of NHS Borders patients diagnosed with COPD being reviewed by Interface pharmacists. An associated increase in referrals to pulmonary rehabilitation and smoking cessation. The value of the service being assessed by patient and HCP surveys.
  - See the illustrative dashboard in Figure 4, a template to be used in the project.
  - Elevated formulary compliance** with measures of appropriate medicine optimisation to defined inhaler classes within the NHS Borders COPD formulary. This optimisation to reduce overall spend per inhaler vs. baseline.
  - Greater use and recording of objective COPD symptom scoring tools vs. baseline** such as the COPD Assessment Test (CAT)<sup>6</sup> and Breathlessness MRC scores.
- Secondary measures include:
  - Reduced healthcare utilisation assessed by trends/feedback on GP activity and hospital admissions.
  - Delivery and assessment of effective HCP education and strengthening local clinical partnerships alongside use of digital educational resources such as the GSK Remote Review Hub (<https://offyourchest.gsk.com/remote-reviews>).

Figure 4: An illustrative COPD review dashboard (dummy data)



## Summary

- The overall aim of the project is to demonstrate that Joint Working is an effective mechanism to deliver measurable benefits to the patients, NHS Borders and GSK.
- The long-term ambition is to improve health outcomes for patients with COPD while not increasing healthcare resource utilisation. At the same time elevating the overall standard of care and level of HCP education in COPD care.
- Due to delays caused by the pandemic and vaccination priorities in primary care, the project only started recruitment in October 2021. At the start of November 2021, the first practice enrolments are imminent and the project will complete in 2022.

## References

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Date of access to all websites listed in References is 20 Oct 2021

In accordance with the ABPI code of practice 'Collaborative working', including its implementation, must have and be able to demonstrate the pooling of skills, experience and/or resources from all parties involved for the joint development and implementation of patient and/or healthcare centred projects. There must be a shared commitment to successful delivery from all parties, and each party must make a significant contribution. Joint working which is patient centred and always benefits patients is an acceptable form of collaborative working