Background

- An estimated 1.2 million people are living with diagnosed COPD – considerably more than the 850,000 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.1
- The All-Wales COPD Management and Prescribing guideline was published in 2021.2 The purpose of the guideline was not only to provide a consistent approach to care and diagnosis of COPD across Wales but also to provide consistent prescribing guidelines to support addressing the climate change challenge identified in 2019 and the associated strategic plan.3
- A bespoke toolkit has been published to support the appropriate use of collaborative working/joint working across NHS Wales4 and the agreement for this project follows those guidelines.5

Programme Aims

- BCUHB has an estimated 19,000 patients with COPD (prevalence of 2.7%).6 There are a number of relevant medicine optimisation elements that draw on the All-Wales COPD guideline and align to a value-based healthcare model i.e. ‘sustained improvement becomes wins within existing budgets.’7 For appropriate patients with COPD in BCUHB, these include:
  - Optimising the estimated 5,600 Long Acting Muscarinic Antagonists (LAMA) scripts being prescribed each month.
  - Identifying opportunities for pharmacological and non-pharmacological treatment optimisation.
  - Reducing the number of multiple inhalers prescribed where value-based alternatives are available.
  - Reviewing inhaler use was identified as an action in the Committee on Climate Change’s 2020 ‘The path to a Net Zero Wales’ report. Many inhalers contain hydrofluoroalkanes (HFA), which are powerful greenhouse gases, with a Global Warming Potential (GWP) effect up to several thousand times that of carbon dioxide. These gases are used as the propellant in Metered Dose Inhalers (MDI), which accounted for 70% of all inhalers in the UK in 2017. The ambition in Wales is to reach 20% MDI use by 2025.8 The medicine optimisation activity in this project aims to contribute towards achieving that ambition.
  - The framework for the delivery of the project is grounded in providing patients with equitable and a best-practice case, specifically including:
    - Reducing the practice burden of long-term condition management through provision of clinical pharmacist resource.
    - Driving guideline awareness, implementation and mentoring of healthcare professionals.
    - Improving COPD outcomes (e.g. CAT score) and reducing non-elective hospital admissions by optimising inhaled maintenance therapy & non-pharmacological interventions.

Methods

- The major investment within the project is for the delivery of additional COPD reviews to support primary care staff currently recovering from the impact of the COVID-19 pandemic. Reviews fundamentally support the overall clinical assessment and provide an opportunity for both non-pharmacological and pharmacological interventions (see Figure 1).
- 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.

Measures & Anticipated Benefits

- The primary performance indicators measured and objectives in the project are:
  - Percentage of patients receiving a COPD review in the last 12 months. An expected increase.
  - Excess of death attributable to COPD – measured by the percentage of patients receiving pharmacological and/or non-pharmacological interventions alongside measures of patients having their therapy escalated or de-escalated or rationalised.

Progress

- The project was started in September 2021. At close of recruitment, 64 practices had agreed to participate – reviews had been completed in 41 practices, active in 19 practices and scheduled for the remaining 4 practices.
- Regular project teams meeting review progress and support practice engagement. The example dashboard shown in Figure 2 (June 2022 review) is used to assess progress.

Summary

- A core aim of the project is to demonstrate that Joint Working is an effective mechanism to deliver measurable benefits to the patients, BCUHB and GSK. Practice engagement has been balanced across the 3 BCUHB localities and exceeded expectations (4 vs. 60 practices) and 3390 patients (to date) have been consulted in Interface pharmacist-led COPD review clinics.
- Feedback from the practices to date indicated that this service was valued, especially at a time when there is a backlog of up to 2 years in completing COPD reviews.
- Data is already available indicating progress towards achieving the pharmacological therapy aims of the project (see Figure 3).
- BCUHB’s intent is to gather further insight on COPD health outcomes (e.g. CAT score) in relevant patient cohorts. This data is to be gathered from a sample of BCUHB practices using the accuRx COPD Florey tool.8

References

2. All-Wales COPD Management and Prescribing Guideline; Core aspects of self-management and COPD management in adults; https://www.wales.nhs.uk/sites/default/files/homepage.html
4. Introducing the Green Agenda, including its implementation, must have and be able to demonstrate the presence of adequate processes for change, when appropriate, to support the delivery of investment and/or care. This includes the identification of areas that will benefit from investment. A core aim of the project is to demonstrate that Joint Working is an effective mechanism to deliver measurable. This includes the identification of areas that will benefit from investment. A core aim of the project is to demonstrate that Joint Working is an effective mechanism to deliver measurable. This includes the identification of areas that will benefit from investment. A core aim of the project is to demonstrate that Joint Working is an effective mechanism to deliver measurable.
5. In accordance with the ABPI code of practice ‘Collaborative working’, including its implementation, must have and be able to demonstrate the presence of adequate processes for change, when appropriate, to support the delivery of investment and/or care. This includes the identification of areas that will benefit from investment.

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** = GSK UK Pharma Ltd. (GSK), = Interface Clinical Services Ltd. (Interface) and = Betsi Cadwaladr University Health Board (BCUHB)