GSK and University Hospitals Plymouth NHS Trust Collaborative Working Executive Summary

A Collaborative Working Agreement between GSK and University Hospitals Plymouth NHS Trust to assess and review the current chronic obstructive pulmonary disease (COPD) pathway and services to support the improvement of COPD care across Plymouth, as well as parts of Devon and Cornwall.

Partner Organisations:

- University Hospitals Plymouth NHS Trust – Derriford Road, Crownhill, Devon, PL6 8DH
- GSK – 79 New Oxford Street, London, UK, WC1A 1DG

Project Rationale:

University Hospitals Plymouth NHS Trust ('UHP') and GSK are undertaking a Collaborative Working project together to map out and review the existing COPD pathway and services in Plymouth, Devon, and Cornwall.

The aim of this project is to review the COPD pathway and services across UHP through insight gathering, pathway mapping and subsequently co-designing an 'idealised' action plan for addressing bottlenecks in the current service to support the effective management of patients with COPD.

Analysis of Hospital Episode Statistics (HES) data shows that between April 2020 and March 2025, 4,465 people had chronic obstructive pulmonary disease (COPD) recorded in secondary care at UHP. The burden of COPD on hospitals and the healthcare system in UHP seems to be reflected in the increase in non-elective bed-day activity in newly diagnosed COPD patients with bed days rising from 2,457 to 2,631 in 2024/25. Moreover, between April 2020 and March 2025, the average 30-day readmission rate for COPD patients was 10.9%, compared with a national average of 10.3%, and 40.3% of incident patients and 8.2% of existing patients experienced more than one exacerbation.[1] Together, these findings highlight UHP as a Trust where targeted pathway redesign could provide opportunities to potentially reduce acute burden, shorten inpatient stays, and improve access to specialist care for COPD patients.

In this Collaborative Working project, a third-party service provider (IQVIA) has been contracted and funded by GSK to support the delivery of the agreed project activities.

A Summary of Outcomes Report will be published on the GSK website within six months of project completion. UHP may also publish or link to the summary, where appropriate.

Project Period:

The project is expected to run for 5 months from August 2026 to December 2026.

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Primary Project Objectives:

1. Analyse Trust-specific data on population with COPD and access to care to create an initial view of disease burden, service utilisation and variation across the pathway. Any data made available to GSK will be anonymised and aggregated. No patient-identifiable information will be shared with GSK and the NHS will remain the data controller for project data.
2. Understand the current state by mapping the as-is COPD pathway (detection → referral → specialist assessment → monitoring/treatment) and confirm status quo pathway measures with key stakeholders to identify gaps and challenges through short surveys and semi-structured interviews.
3. Undertake a co-creation workshop with key stakeholders to co-develop an action plan with named owners and acceptance criteria with the aim of addressing gaps and challenges in order to achieve an agreed 'ideal' pathway. The NHS remain ultimate decision-makers for the implementation of any agreed actions.
4. Leave a sustained legacy by enabling a clear view of the current pathway and a plan for service improvements as well as supporting best practice sharing to support scalable and sustainable COPD pathway implementation.

Project Contribution:

The project will involve balanced contributions from all parties, including the pooling of skills, experience and resources. Estimated contributions are outlined below:

GSK:

- £8,971 to support delivery of the project, comprising of GSK employee time and resource dedicated to project management and oversight, together with funding for IQVIA as a third-party provider to facilitate the agreed project activities (including data analysis, insight gathering, pathway mapping, drafting outputs).

University Hospitals Plymouth NHS Trust:

These contributions are not direct monetary contributions, but are a reflection of the estimated amount of hours that will be required to implement the project, and the value of that time.

- £6,084 for project co-ordination, engagement with the insights gathering process and providing relevant expertise, and participation in the workshop to co-develop, review and own the action plan.

Intended Benefits:

The project itself will focus on delivery of the agreed outputs, including pathway mapping, stakeholder insight gathering, and development of a co-created Action Plan. Any downstream benefits described below are dependent on UHP's review, prioritisation and implementation of resulting actions from the co-created action plan.

A key immediate benefit of this Collaborative Working project is to support UHP in gaining a better understanding of its current COPD pathway, identifying areas of variation, unmet need and opportunities for improvement through pathway mapping, stakeholder engagement and insight gathering. The development of a co-created action plan will enable them to target

identified improvement opportunities and inform future service development. Subject to implementation of the action plan, this may contribute to the following potential benefits for patients and the NHS.

Patient:

- Consistent, timely and coordinated care through an end-to-end COPD pathway.
- Earlier identification and appropriate management of patients, reducing variation in care and unwarranted delays.
- Supports patient confidence and engagement through provision of clear referral routes, defined roles/responsibilities to support continuity of care and transition between levels of care/services.
- Supports identification of pathway barriers, delays and unwarranted variation that may impact patient experience.

University Hospitals Plymouth NHS Trust (NHS):

- Provides a structured understanding of the current COPD pathway, highlighting challenges, bottlenecks, variation and opportunities for improvement, and translating these insights into a stakeholder-owned Action Plan to support future service development.
- Supports maintenance and improvement of patient care by optimising existing COPD pathways, supporting appropriate identification, treatment and monitoring in the most suitable setting, in line with national and local guidance.
- Helps mitigate downstream clinical and cost consequences of sub-optimally controlled COPD.
- Supports early diagnosis, optimisation of treatment and ongoing proactive management, with the aim of reducing variation and enabling prompt intervention.
- Improves efficiency and consistency of care delivery, supporting better use of NHS resources through clear pathways, appropriate stratification of patients, and more predictable service demand over time.
- Enables shared learning and best practice across NHS organisations, supporting scalable and sustainable COPD pathway design and implementation.
- Supports with building system capability and business case creation based on the outcomes of this collaboration within UHP, supporting wider adoption and alignment across ICBs, Federations, PCNs and practices.

GSK:

- Demonstrates the role of Collaborative Working in supporting NHS-led service improvement while maintaining patient care.
- Supports the delivery of sustainable pathway improvements aligned to NHS priorities, national/local guidance and patient needs.
- Leaves a practical legacy within UHP through:
    - Established systems, tools and frameworks that support ongoing pathway optimisation.

  - Improved alignment within NHS teams to sustain and evolve COPD pathway improvements beyond the life of the project.
- Supports appropriate prescribing of medicines which may include those of GSK and/or other companies.
- Reinforces GSK's commitment to being ambitious for patients by supporting NHS-led service improvement and access initiatives via defined contributions.

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References:

1. IQVIA Specialty Service Mapping – COPD Hospital Episode Statistics (HES) backing data 2025 – Data on File, REF-333774