

GlaxoSmithKline (UK Ltd) and NHS Devon ICB Summary of outcomes

“Review of COPD Patients in Primary Care – Supporting NHS recovery- Devon ICB and GSK Joint Working Project”.

September 2023 – September 2024

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

Project Overview:

Devon ICB and GSK undertook a Joint Working Project with the aim 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 focused on the following objectives:

- Prioritise COPD patients with risk factors for review to address the COVID-19 backlog in line with NHS recovery plans.
- Ensure alignment to the Devon Management of Chronic Obstructive Pulmonary Disease (COPD) guidance.
- Optimise use of inhalers including inhaler technique and rationalising the use of multiple single-ingredient inhalers.
- Align to the NHS long term plan where the NHS aspires to lead by example in sustainable development and Devon ICB guidance on ‘The Environmental Impact of Inhalers’ where clinically appropriate for patients.

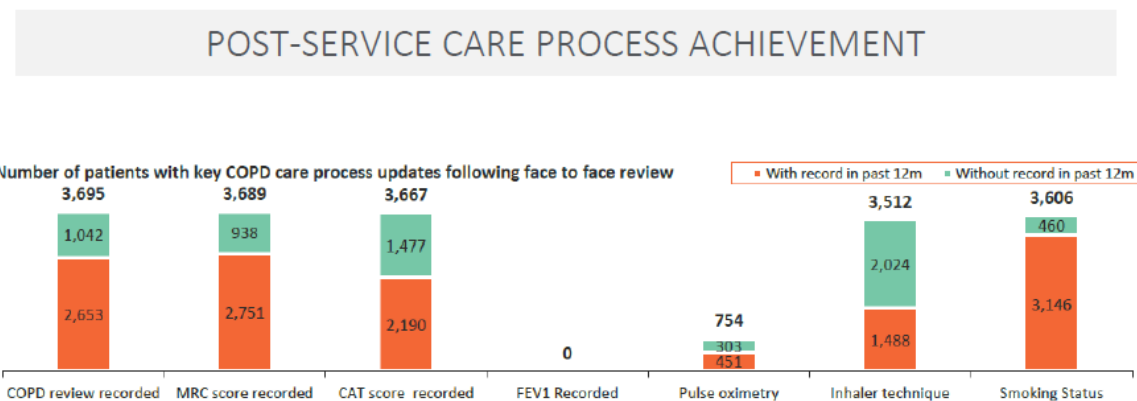
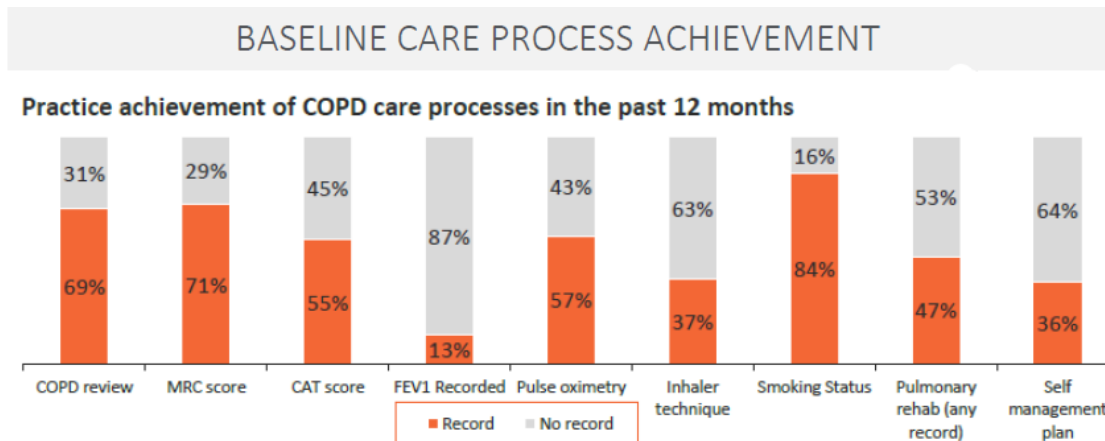
The project launched in September 2023 with the project being communicated to all primary care practices across Devon ICB via email. A further email and GP bulletin were also used to communicate progress with the project and encourage further participation. The NHS project leads also engaged directly with non-responding practices. As a result, the project provided full review in 63 practices that chose to take part, with 3695 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 ‘Devon Management of Chronic Obstructive Pulmonary Disease (COPD) guidance’.
- Structured education at practice level was offered via shadowing of the ICS pharmacist.
- A 6-month post project completion report was offered to all practices to support future COPD management.

Results:

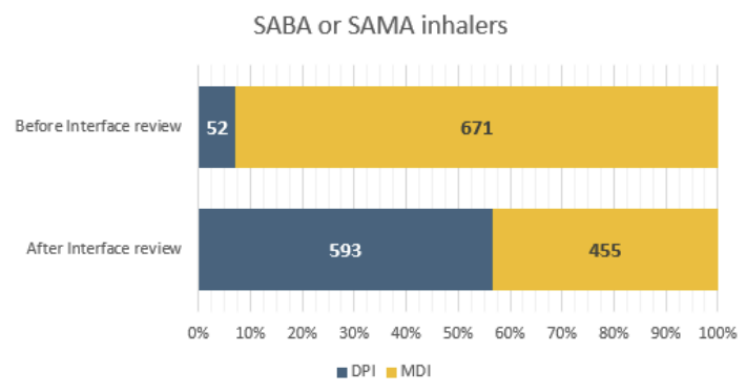
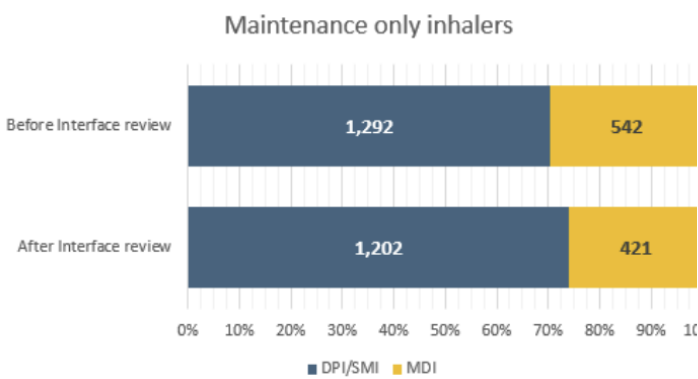
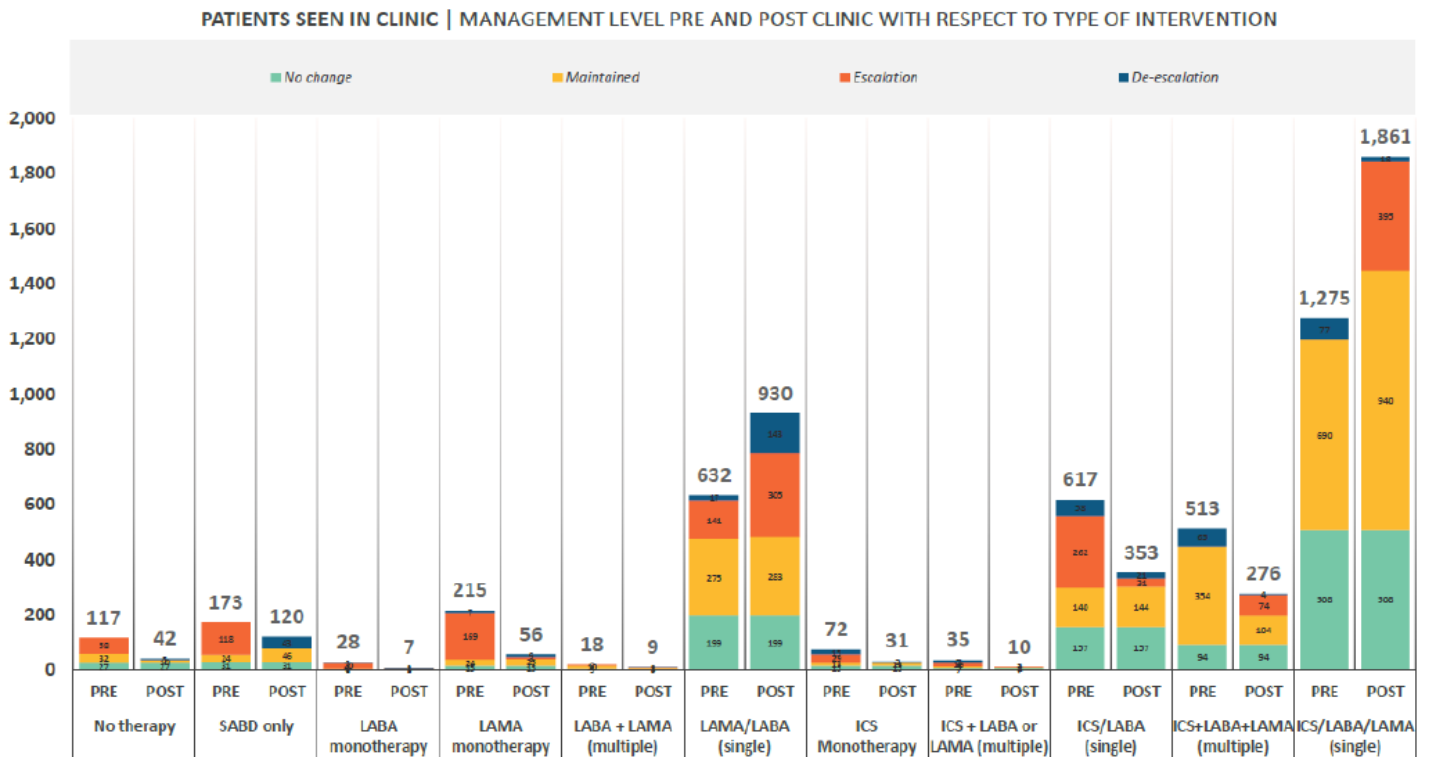
- Across the 63 practices, 15,531 patients were on the COPD register, of which 3,695 were reviewed by an ICS pharmacist.
- 31% of the total COPD patient populations had not received a COPD review in the previous 12 months.
- The graphics below provide insight on the baseline COPD care vs post service impact.



Pharmacological interventions:

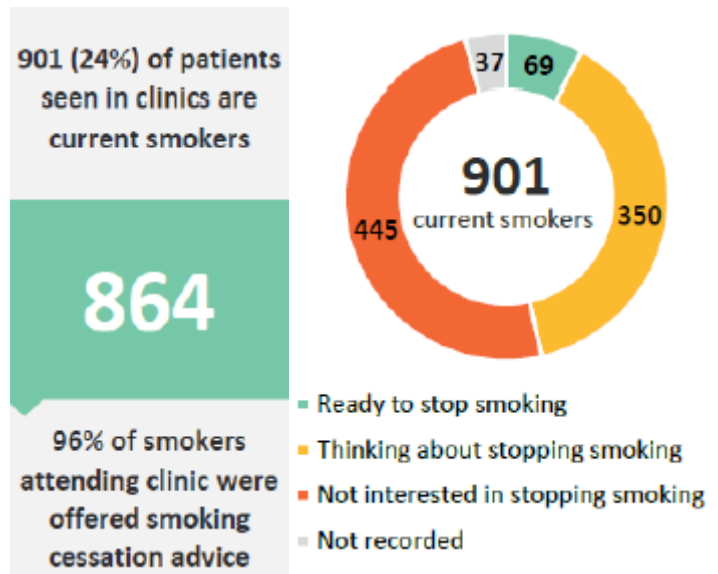
- 73% (2704) of patients received ≥ 1 pharmacological intervention.
- 22% (816) of patients consulted received an escalation in their management.
- 7% (249) of patients consulted received a de-escalation of their management.
- 71% (2630) of patients consulted were maintained at their current level of management, with 60% of these receiving a change of device or molecule.
- 11.5% reduction in overall number of maintenance inhalers used via rationalisation of patient inhalers where clinically appropriate.
- 16% increased adoption of lower global warming potential (GWP) inhalers across all devices.
- All recommendations aligned to the aims & objectives of the Devon Management of Chronic Obstructive Pulmonary Disease (COPD) guidance.

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

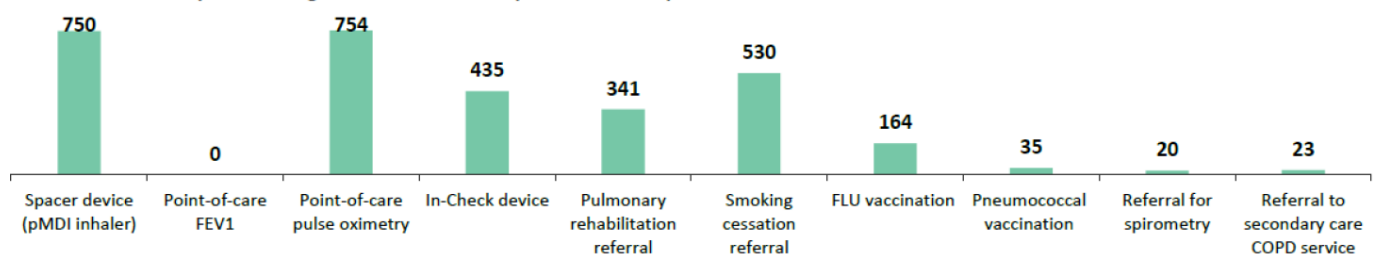


Non- pharmacological interventions

- Optimisation of non-pharmacological management of patients reviewed in line with 'Devon Management of Chronic Obstructive Pulmonary Disease (COPD) guidance' resulted in the interventions shown in the graph below.
- Of the 3695 patients seen, 901 were current smokers, of which 96% were offered smoking cessation advice.



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



Overall Project reflections contributing to project delivery:

- 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.
- ICB wide email and bulletin communications were used to good effect and at the right frequency. Further project information based on the initial practice feedback and queries were incorporated into the communications as the project progressed.
- 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:

- It would have been beneficial to engage through locality meetings via the NHS team members earlier in the project. Although the email and bulletin communications were effective for engaging all practices across the ICB, the locality meetings provide a good forum for two-way communication with practices less familiar with the aims and conduct of the project.

- Most initial communications were aimed at practice managers and GPs, however finding routes to engage other clinical staff with an interest in respiratory such as the nurses and practice pharmacists was beneficial and could have been done sooner in the project.
- Project governance was a key theme of the queries received by interested practices. Additional information was provided through a mid-project communication, however addressing this from the outset could have been beneficial to the project participation.
- For future projects there is an ask of whether the Index of Multiple Deprivation (IMD) or similar data could be utilised to add an additional insight into variation of outcomes across areas with different levels of deprivation.