

## **GlaxoSmithKline (UK Ltd) and East Kent Health & Care Partnership (EKHCP) Summary of outcomes**

### **EKHCP & GSK Joint Working Project to Support the Review of High Risk COPD Patients.**

**April 2023 – July 2024**

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

#### **Project Overview:**

East Kent Health & Care Partnership (EKHCP) 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:

- Optimising management of COPD patients by helping primary care to identify and prioritise for review patients who have risk factors.
- Optimise in line with local guideline and prescribing strategies including decarbonisation strategy.
- Optimise use of inhalers including inhaler technique and rationalising the use of multiple single-ingredient inhalers.
- Align to the NHS long term plan and local guideline where the NHS aspires to lead by example in sustainable development where clinically appropriate for patients.
- Align to the Core20plus5 focus on Chronic Obstructive Pulmonary Disease (COPD) including driving up uptake of vaccines for respiratory viruses in appropriate patients to reduce infective exacerbations and emergency hospital admissions due to those exacerbations

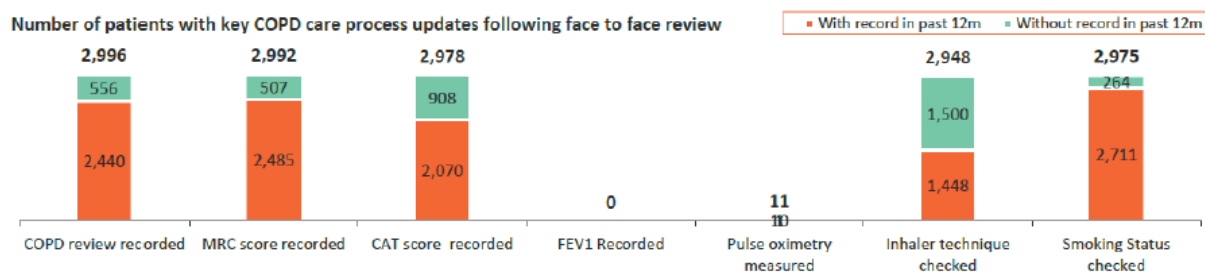
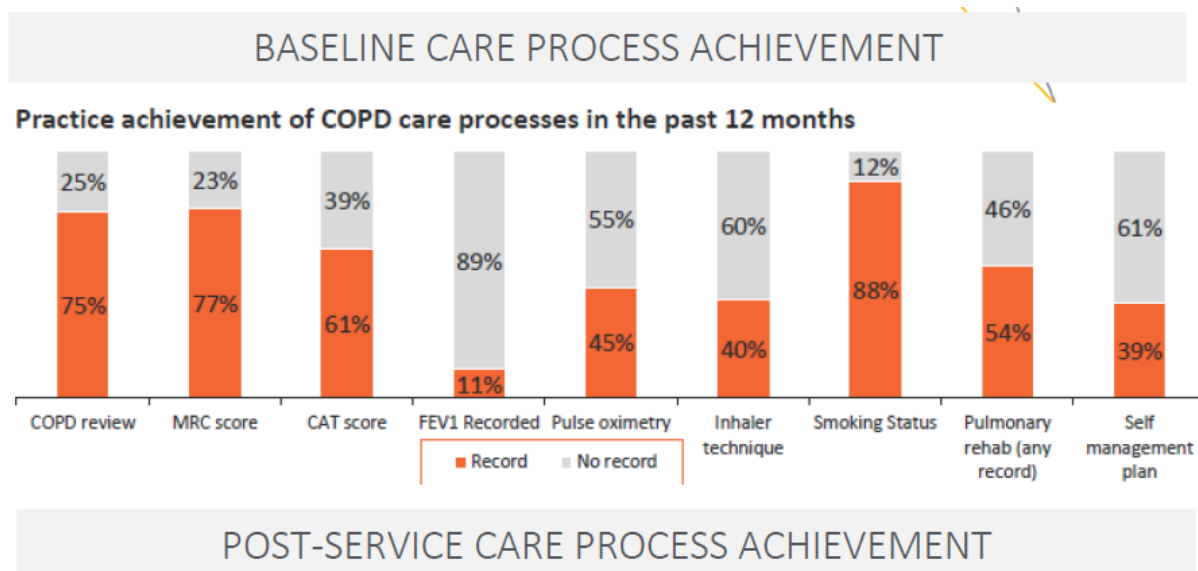
The project launched in April 2023 with it being communicated to all primary care practices across EKHCP via email. A further email and GP bulletin were also used to communicate progress with the project and encourage further participation. The NHS project leads also engaged directly with non-responding practices. As a result, the project provided full review in 34 practices that chose to take part, with 2,996 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 3<sup>rd</sup> 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 Kent and Medway 'Primary Care Management of COPD' guideline.
- 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 34 practices, 9,670 patients were on the COPD register, of which 2,996 were reviewed by an ICS pharmacist.
- 25% 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.

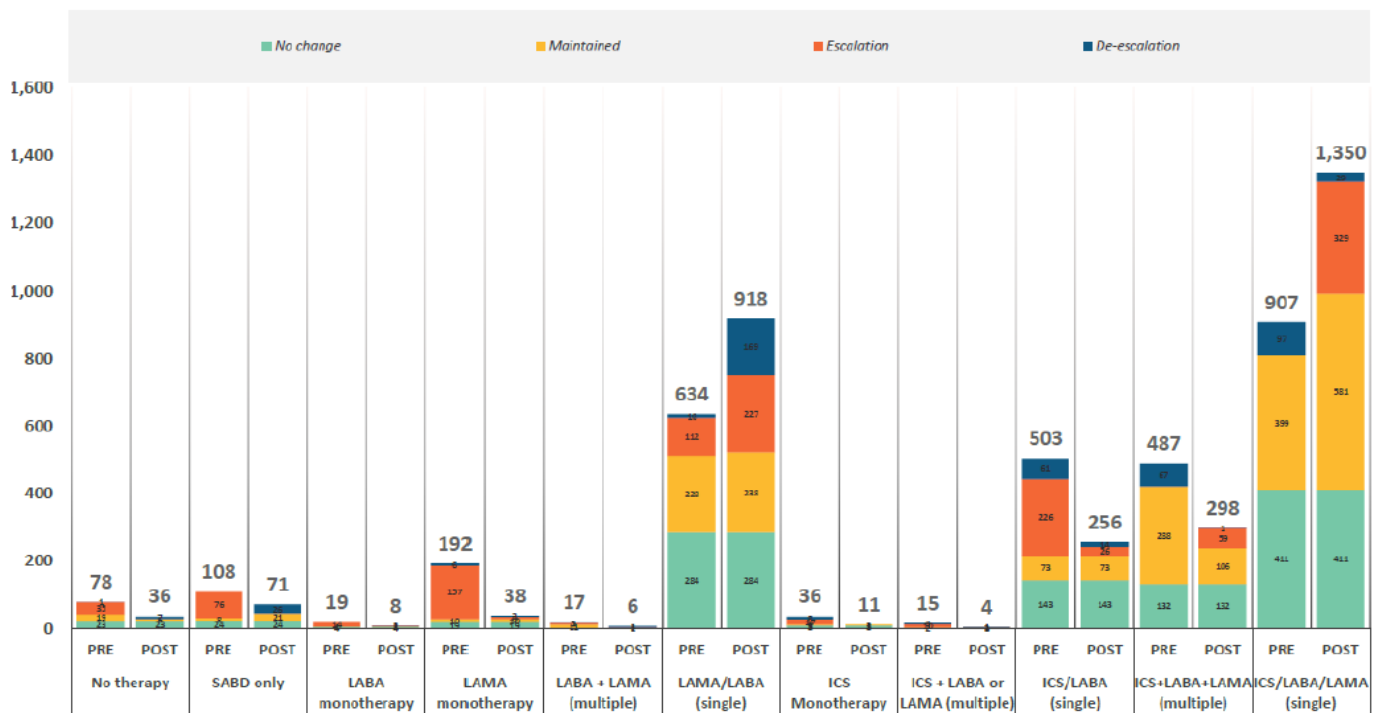


**Pharmacological interventions:**

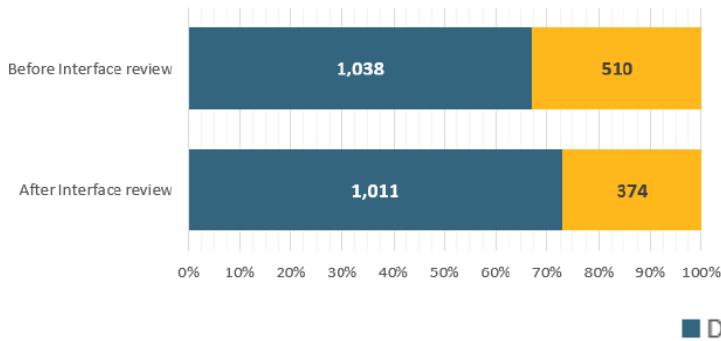
- 66% (1971) of patients received  $\geq 1$  pharmacological intervention.
- 22% (652) of patients consulted received an escalation in their management.
- 8% (254) of patients consulted received a de-escalation of their management.
- 70% (2090) of patients consulted were maintained at their current level of management, with 50% of these receiving a change of device or molecule.
- 16% increased adoption of lower global warming potential (GWP) inhalers across all devices.
- All recommendations aligned to the aims & objectives of the local 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:

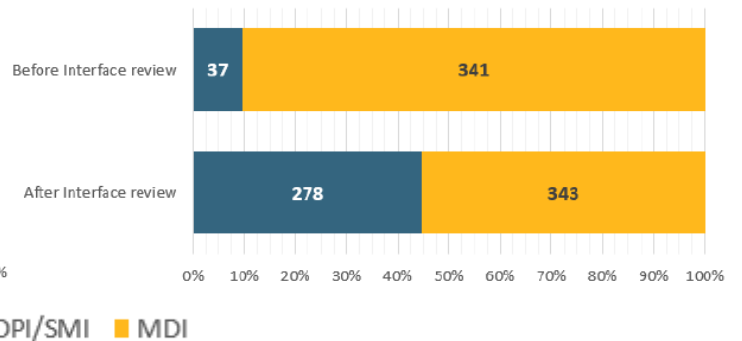
PATIENTS SEEN IN CLINIC | MANAGEMENT LEVEL PRE AND POST CLINIC WITH RESPECT TO TYPE OF INTERVENTION



Maintenance only inhalers

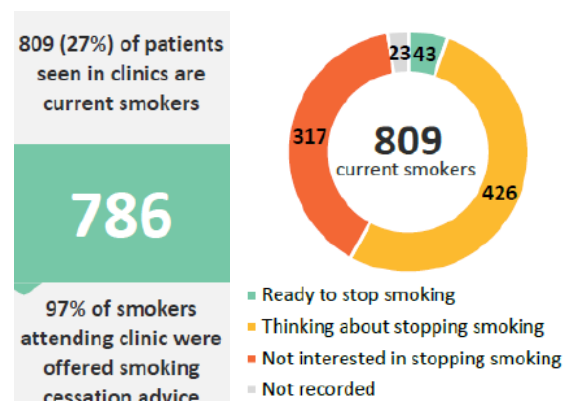


SABA or SAMA inhalers

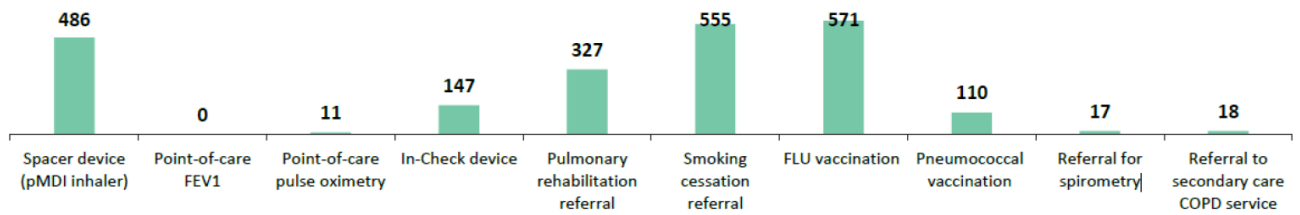


### Non-pharmacological interventions

- Optimisation of non-pharmacological management of patients reviewed in line with local Chronic Obstructive Pulmonary Disease (COPD) guidance resulted in the interventions shown in graph on the next page.
- Of the 2,996 patients seen, 27% were current smokers, of which 97% 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.
- NHS project leadership – Having a local GP who also had additional influence as Clinical Director and Respiratory Lead was instrumental in supporting with the sign up of practices that we found more difficult to engage in the earlier stages of the project.
- Engaging the local ICB and inviting their participation in the project steering group allowed for a wider buy in and sharing of the project outcomes.
- 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.