

GlaxoSmithKline (UK Ltd) and NHS Portsmouth University Hospital NHS Trust and NHS Hampshire and IOW ICB Executive Summary

Improving early diagnosis rates of patients with COPD with a finding of emphysema following an invitation to the NHS Lung Cancer Screening Programme - NHS Hampshire and IOW ICB and GlaxoSmithKline Joint Working project

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

Assessment of patients to support Lung health, diagnosis and Evaluating patients from Review to Treatment support and education (ALERT)

The objective of the Joint Working project:

- Support Practices to manage patient emphysema incidental findings in a timely manner following participation in the NHS Lung Cancer Screening Programme.
- Improve early diagnosis rates of COPD through diagnostic spirometry testing.
- Provide equitable care for patients with newly diagnosed COPD through the management of pharmacological and non-pharmacological interventions.
- Demonstrate how supporting further investigations for patients with incidental findings of emphysema can be an effective way to reduce the number of patients living with undiagnosed and unmanaged COPD.

Project Contribution:

The project will run for approximately 6 months or until all practices have been fully engaged. Start date is August 2025. The outcomes will be measured across the entire project timeline with a comparison and baseline and post service outputs reported at practice and programme level.

GSK will fund nurse led spirometry clinics via IQVIA and pharmacist led clinical consultations via Interface Clinical Services Ltd (ICS). GSK will not have any influence over treatment decisions. GSK will not have access to patient medical records or personal information.

Estimated costs are outlined below:

The NHS contribution to the project does not include any transfer of money, it is based on the approximate costs of resource allocation

- GSK: £170,890 covering IQVIA and GSK staff costs for the 17 practices
- NHS: £68,270 (£4,016 per practice)
 - ICB Level Input: 44 hours
 - GP time: 8.5 hours per practice
 - Admin staff: 15 hours per practice
 - Nurse/pharmacist time: 2 clinic days (15 hours) + 1 day shadowing (7.5 hours) per practice

Intended Benefits:

Patient	<ul style="list-style-type: none"> • To improve the care of patients identified as having moderate/severe emphysema, that otherwise would not receive a timely assessment and follow up due to a lack of NHS resource and capacity. • Support earlier diagnosis and an opportunity to optimise the management of their COPD.
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	<ul style="list-style-type: none"> • The opportunity to receive a full holistic pharmacist led COPD review in line with local COPD guidelines including optimisation of both pharmacological and non-pharmacological management. • The awareness of diagnosis and early interventions could potentially lead to fewer COPD exacerbations and related interventions such as out of hours/A&E visits and hospital admissions. • Education and treatment options of their COPD management leading to potentially greater concordance with therapy. • Better experience for the patients engaging with the healthcare system – access to an IQVIA nurse and Interface Clinical Services Clinical pharmacist.
NHS	<ul style="list-style-type: none"> • Realisation of value-based healthcare objectives of improved patient outcomes with reduced costs. • Increased diagnosis of COPD, supporting earlier intervention and improved outcomes. • Improved management of COPD population in line with national and local guidelines. • Prescribing in-line with national and local sustainability aspirations where clinically appropriate for patients. • Opportunity to upskill primary healthcare professionals at their own GP practice in the management of COPD. • Potential reduction in COPD- related interventions, including hospital admissions and emergency care.
GSK	<ul style="list-style-type: none"> • Helps GSK to live its value of being a patient focussed company. • Demonstrate partnership working. • Expansion of the COPD patient population who are managed according to current clinical and best practice guidelines. • An increase in the appropriate use of medicines licensed for COPD aligned to local guidance, this may increase the prescribing of GSK products as well as those of other pharmaceutical companies. • Better understanding of the challenges faced by the NHS in delivering high-quality patient services and care. • Broadening of professional network. • Potentially publish any valuable data findings.