



GSK and Hull University Teaching Hospitals NHS Foundation Trust Collaborative Working Executive Summary

ELEVATE in COPD Biologics (Early Linked-data to Enable Value-based Advanced Treatment and Enhanced Care in COPD biologics) – A Collaborative Working Agreement between GSK and Hull University Teaching Hospitals NHS Foundation Trust to assess and review the current COPD pathway and services to support the improvement of COPD care in Hull.

Partner Organisations:

- Hull University Teaching Hospitals NHS Foundation Trust – Anlaby Road, Hull, HU3 2JZ
- GSK – 79 New Oxford Street, London, UK, WC1A 1DG

Project Rationale:

Hull University Teaching Hospitals NHS Foundation Trust ('Hull') and GSK are undertaking a Collaborative Working project together to support activities required to develop and embed a new Chronic obstructive pulmonary disease (COPD) care model into the service pathway in Hull.

The aim of this project is to enable timely treatment optimisation, including appropriate identification and initiation of licensed COPD biologics to support the effective management of patients with COPD. This will include developing in-house population health management solutions to facilitate risk surveillance, building knowledge and skills of local neighbourhood workforce, and embedding treatment optimisation within existing services.

COPD prevalence in the Humber is above national average (1.9%), ranging from ~2.7% in the East Riding of Yorkshire to ~3.2% in Hull^{1,2,3}. Hull is among the most deprived local authority areas in England (ranked 4th most deprived out of 317)⁴ and has one of the highest smoking prevalence rates nationally (fourth highest of 148 upper-tier local authorities in England)⁵. COPD prevalence, morbidity and mortality are closely linked to smoking and deprivation and consequently, COPD outcomes in the Humber area are worse than average³. Humber and North Yorkshire has higher emergency COPD-related hospital admission rates than the national average (233.1 per 100,000 people compared with 201.1 per 100,000 nationally) and Hull has among the highest COPD-related premature mortality rates nationally (86.6 compared with 45.5 per 100,000 population in England)^{1,2,3}.

Recent developments in COPD management have introduced biologic therapies for eligible patients with eosinophilic COPD who continue to experience exacerbations despite optimised inhaled therapy, increasing the range of treatment options available to clinicians⁶. The evolving COPD treatment landscape along with the current system pressures demonstrated in Hull highlights the need for care models that enable the timely identification, assessment and management of people with modifiable high-risk COPD.

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

Project Period:

The project is expected to run for 15 months from September 2026 to January 2028.

GSK and Hull University Teaching Hospitals NHS Foundation Trust Collaborative Working Executive Summary

Primary Project Objectives:

1. Develop and deploy a data-driven, population level risk surveillance and management system.
2. Support a sample of primary care sites to optimise care and facilitate timely assessment for advanced COPD therapies, including biologics, for identified COPD patients with modifiable high risk.
3. Develop robust clinical pathways for post-exacerbation COPD optimisation, including timely access to biologics where appropriate.

Project Contribution:

The project will involve a balance of contributions from both parties equivalent to approximately 51% (NHS) and 49% (GSK), with the pooling of skills, experience, and resources, with estimated costs outlined below:

GSK:

- £102,351 to support delivery of the project, comprising of GSK employee time and funding of agreed activities required to support service set up.

Hull University Teaching Hospitals NHS Foundation Trust:

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

- £105,887 for project co-ordination and provision of time by various roles required to support service set up, as well as NHS overheads.

Intended Benefits:

Patient:

- Consistent, timely and coordinated care through a re-designed end-to-end COPD pathway.
- Earlier identification and appropriate management of patients, reducing variation in care, unwarranted delays, and the resulting harm from preventable exacerbations and their treatment.
- 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.

Hull University Teaching Hospitals NHS Foundation Trust (NHS):

- 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 guidance.
- Streamlined referral pathways and processes will reduce time from referral to treatment (RTT), supporting attainment of national targets.
- May support optimisation of healthcare resource utilisation by mitigating downstream clinical and cost consequences of poorly controlled COPD, including recurrent acute exacerbations.

GSK and Hull University Teaching Hospitals NHS Foundation Trust Collaborative Working Executive Summary

- Supports early diagnosis, optimisation of treatment and ongoing proactive management, with the aim of reducing variation in care and the risk of preventable acute exacerbations that place sustained pressure on healthcare services.
- 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.
- Supports with creating a sustainable and scalable model of active risk surveillance for COPD patients in the region.
- Provision of training on COPD optimisation and assessment of patient eligibility for biologics and/or other advanced COPD treatments. This supports upskilling of the team and helps ensure that appropriate patients are identified and managed in a more consistent and timely manner, which may positively impact patient experience and outcomes.
- Evaluation and evidence generation will enable assessment of the added value of different pathway components, informing further improvements and streamlining. Delivering activity that directly aligns with the three shifts set out in the 'Fit for the Future' NHS 10 Year Plan; hospital to community, analogue to digital, and sickness to prevention.

GSK:

- Supports the delivery of sustainable pathway improvements aligned to NHS priorities, national/local guidance and patient needs.
- 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. Humber and North Yorkshire Health and Care Partnership. *Diagnosing and Treating Chronic Obstructive Pulmonary Disease (COPD)*. Available from: <https://humberandnorthyorkshire.org.uk/diagnosing-and-treating-chronic-obstructive-pulmonary-disease-copd/>. (Accessed July 2026).
2. Fingertips Department of Health and Social Care COPD Data. Available from: <https://fingertips.phe.org.uk/search/COPD>. (Accessed July 2026).
3. Hull Joint Strategic Needs Assessment. *Respiratory Disease*. Available from: <https://www.hulljsna.com/adults/health-factors-adults/respiratory-disease/>. (Accessed July 2026).
4. Hull City Council Index of Multiple Deprivation. Available from: <https://www.hulljsna.com/glossary/imd/>. (Accessed August 2026).

GSK and Hull University Teaching Hospitals NHS Foundation Trust
Collaborative Working Executive Summary

5. Hull City Council Smoking and Vaping Among Adults. Available from: <https://www.hulljsna.com/adults/lifestyle-factors-adults/smoking-adults/>. (Accessed August 2026).
6. Global Initiative for Chronic Obstructive Lung Disease (GOLD). *Global Strategy for the Diagnosis, Management and Prevention of COPD: 2025 Report*. GOLD; 2025. Available from: <https://goldcopd.org/2025-gold-report/>. (Accessed July 2026).