

COPD legacy project across Norfolk and Waveney

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

NHS Norfolk and Waveney ICB and GSK are undertaking a Joint Working project. The aims are to:

- Validate the COPD disease register in participating practices including GOLD staging for each patient and offer review to the most at risk group first.
- Deliver reviews for patients with an existing READ code diagnosis of COPD in line with COPD management and prescribing guidelines ‘Chronic Obstructive Pulmonary Disease (COPD) Primary Care Guideline and ‘Chronic Obstructive Pulmonary Disease (COPD) Inhaler Types and Devices Aug 2022’
- Support ‘Chronic Obstructive Pulmonary Disease (COPD) Inhaler Types and Devices Aug 22 which states: “Device choice should be based on product licence, patient ability to use the device, Global Warming Potential (GWP) and cost. Local formulary 1st choice options based on drug content, lowest GWP (DPI/ SMI) and cost” and the local formulary: “where clinically appropriate, choose a device with the lowest global warming potential (GWP) i.e Dry Powder Inhaler (DPI), Soft Mist Inhaler (SMI) or Metered Dose Inhaler (MDI) with a lower GWP”.
- Support Norfolk and Waveney’s 5 year pulmonary rehabilitation strategy by increasing the referrals into the service.
- Align to the ‘Triple Aim’ set out by government [Health and Care Bill: integration measures - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/health-and-care-bill-integration-measures). “These Bill provisions aim to encourage these bodies to not only continue a culture of working in the best interest of their immediate service users and organisations, but also on public health, prevention and reducing health disparities for the wider population”

The project will run from May 2023 to December 2023 with the pooling of skills, experience and resources from both parties:

GSK will fund National Services for Health Improvement (NSHI) Ltd to conduct patient reviews, provide access to independent guided consultation software, and carry out audits, in up to 50 practices at an approximate cost of £5,271 per practice, to a total of approximately £263,560. In addition, GSK will contribute a total of approximately £15,200 in indirect costs such as colleagues' time across the project. GSK will not have any influence over treatment decisions.

The NHS will contribute up to approximately 4,950 hours of resource across primary care colleagues' time and ICB project management time at an approximate indirect cost of £6,341 per practice in up to 50 practices, to a total of approximately £317,055. The NHS contribution to the project does not include any transfer of money, it is based on the approximate costs of resource allocation.

Intended Benefits:

Patients	<ul style="list-style-type: none">• Full COPD review in line with local guidelines based on GOLD risk stratification to ensure that at risk patients are prioritised for review.• Optimisation of both non-pharmacological & pharmacological management.• Potentially fewer COPD exacerbations and related interventions such as out of hours/A&E visits and hospital admissions.• Better informed about COPD management and treatment options leading to potentially greater concordance with therapy.• COPD managed in accordance with current best practice clinical guidance.• Better experience of the healthcare system – access to a NSHI respiratory nurse specialist and/or upskilled primary care clinician at their own GP practice in line with recommendations in ‘fit to care’ (Fit to Care Primary Care Respiratory Society (pcrs-uk.org)
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GlaxoSmithKline (UK Ltd) and NHS Norfolk and Waveney ICB Executive Summary

NHS	<ul style="list-style-type: none">• Validation of the COPD register and signposting of patients for further investigation such as patients who may not have COPD or may have other co-existing conditions which may remain, as yet, undiagnosed.• Support with patient identification and risk stratification.• Additional nurse resource support.• Local and National guideline implementation resulting in consistent prescribing and non-prescribing recommendations and promoting learning for sustainability.• Insight into COPD population at practice and local healthcare economy level to allow sharing best practice and evaluation of care provision to support clinical governance and support equity of care.• Opportunity to upskill primary care healthcare professionals.• An environment to support the delivery of improved health outcomes for the COPD patient population.• Potential reduction in COPD-related interventions, including hospital admissions and emergency care.• Prescribing in line with national and local sustainability aspirations where clinically appropriate for patients.
GSK	<ul style="list-style-type: none">• Broadening of the professional network.• Demonstrate partnership working.• Potential increase in prescribing of Norfolk and Waveney local formulary dry powder inhaler products within class where clinically appropriate for patients, aligned to the sustainability agenda – which may include GSK products• Expansion of the COPD patient population who are managed according to current clinical and best practice guidelines as a result of the programme.• Increase in the appropriate use of medicines licensed for COPD aligned to local guidance, will likely 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.• Helps GSK to live its value of being a patient-focussed company.