

Summary of Outcomes of “Care optimisation in COPD service” Joint Working Project
(GlaxoSmithKline (UK Ltd) and NHS Scottish Borders)

March 2021 – June 2022

NP-GB-CPU-BRF-220052 August 2022

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

Project Overview:

NHS Scottish Borders Health Board and GlaxoSmithKline (UK Ltd) commenced a Joint Working project with the aim of supporting healthcare organisations in providing equity of care and service for patients with COPD by focussing on the following:

- Provide patients with equity of care by ensuring patients are managed according to clinical need and current local guidelines
- Reduce practice burden of long-term condition management through provision of clinical pharmacist resource
- Leading to sustained improvement in quality of primary care COPD management: education and upskilling of healthcare professionals and Quality Improvement (QI) platform to support the prioritisation of ongoing workstreams
- Improve COPD outcomes and expected reduction in non-elective hospital admissions through optimisation of COPD management

The project launched in March 2021 with the project being communicated to all primary care practices across NHS Scottish Borders Health Board.

Unfortunately, considering the continued impact of COVID-19 on primary care and the project starting during the Omicron winter wave there was limited engagement in the project from practices with 3 of the potential 22 practices signing up to the service and only 2 of these completing the full patient review service. Initial concerns regarding data protection raised by the Local Medical Committee (LMC), while fully addressed, also potentially affected Practice engagement.

Outline of the work carried out in the participating practices:

- Patients with a diagnosis of COPD were risk stratified to provide a baseline report detailing current COPD management with respect to level of symptoms and exacerbation.
- The offer of Pharmacist-led face-to-face or remote COPD reviews was made by 3rd party provider- Interface Clinical Services for patients identified in the review cohorts to optimise both nonpharmacological and pharmacological care in line with NHS Scottish Borders and East of Scotland Regional Formulary defined management pathways.
- Baseline and post review summary reports detailing key outputs and Quality Improvement markers were produced to support a sustained improvement in care for COPD patient

Results: Of the 473 COPD patients on the combined register prior to Interface review

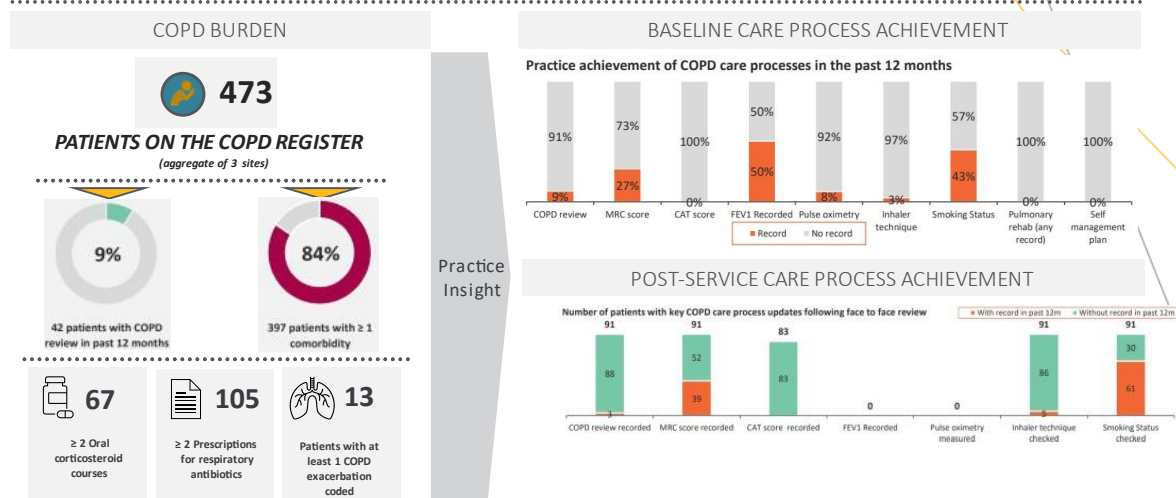
- 42 had received a COPD review in the previous 12 months (9%)
- 397 had one or more co-morbidity (84%)
- 67 had 2 or more courses of oral corticosteroids (14%)
- 105 had 2 or more courses of respiratory oral antibiotics (22%)
- 13 patients had at least 1 COPD exacerbation (2.7%)

The below tables highlight progress achieved against a range of parameters post Interface Clinical Services pharmacist review

PATIENT OPTIMISATION CLINICS | INSIGHT



INSIGHT FROM COMPLETED COPD THERAPY REVIEW CLINICS IN 2 SITES (AVERAGE LIST SIZE n= 5,853) (16/06/22)

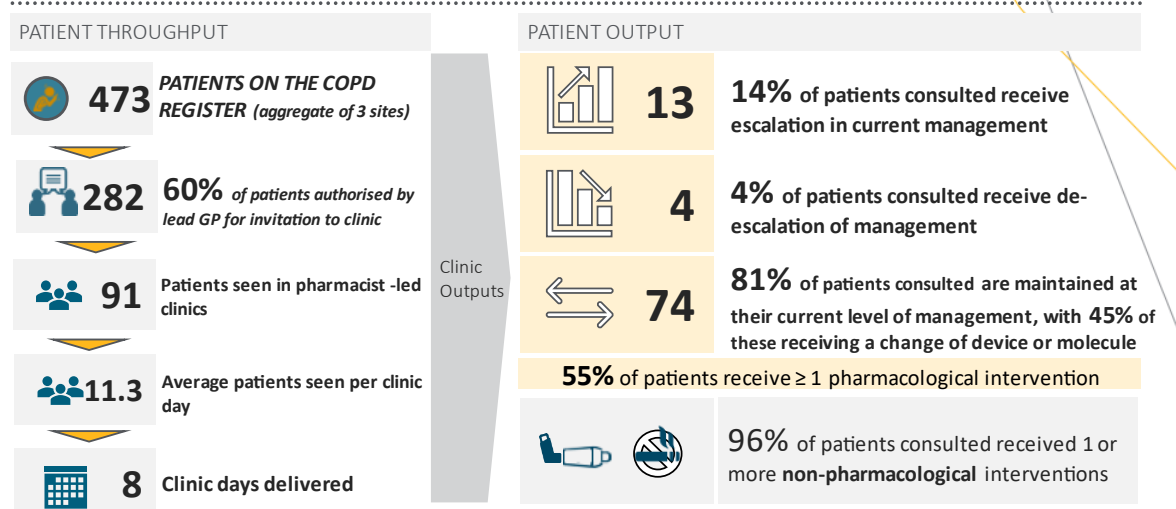


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IMPACT OF OUR PATIENT OPTIMISATION CLINICS



INSIGHT FROM COMPLETED COPD THERAPY REVIEW CLINICS IN 2 SITES (AVERAGE LIST SIZE n= 5,853) (16/06/22)



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Lessons Learned:

- The baseline audit shows there is still a significant need for additional support
- Earlier engagement with Local Medical Committee would have potentially resulted in more practices signing up to the project.
- There is variation seen in the quality of consultation (as demonstrated by the baseline care process achievement). The reviews that were carried out through this JW were found to be holistic in nature, and of high quality as shown by the post-service care process achievement.
- In reducing healthcare inequalities, the NHS have an aim to standardise reviews and ensure each patient is receiving equitable level of care which can be achieved through JW projects such as these.