

Aligning to All-Wales COPD Management and Prescribing Guideline post COVID – A Joint Working collaboration between Betsi Cadwaladr UHB & GSK



Griffith A*, Gallimore C*, Smith K*, Hughes T+, Woodhouse B#, Wilkinson R# & Hughes A#

[* = GSK UK Pharma Ltd. (GSK), + = Interface Clinical Services Ltd. (Interface) and # = Betsi Cadwaladr University Health Board (BCUHB)]

Background

- An estimated 1.2 million people are living with diagnosed COPD – considerably more than the 835,000 estimated by the Department of Health in 2011. In terms of diagnosed cases, this makes COPD the second most common lung disease in the UK, after asthma. Around 2% of the whole population – 4.5% of all people aged over 40 – live with diagnosed COPD.¹
- The All-Wales COPD Management and Prescribing guideline was published in 2021.² The purpose of the guideline was not only to provide a consistent approach to care and diagnosis of COPD across Wales but also to provide consistent prescribing guidelines to support addressing the climate emergence declared in 2019 and the associated strategic plan.³
- A bespoke toolkit has been published to support the appropriate use of collaborative working/joint working across NHS Wales⁴ and the agreement for this project follows those guidelines.⁵

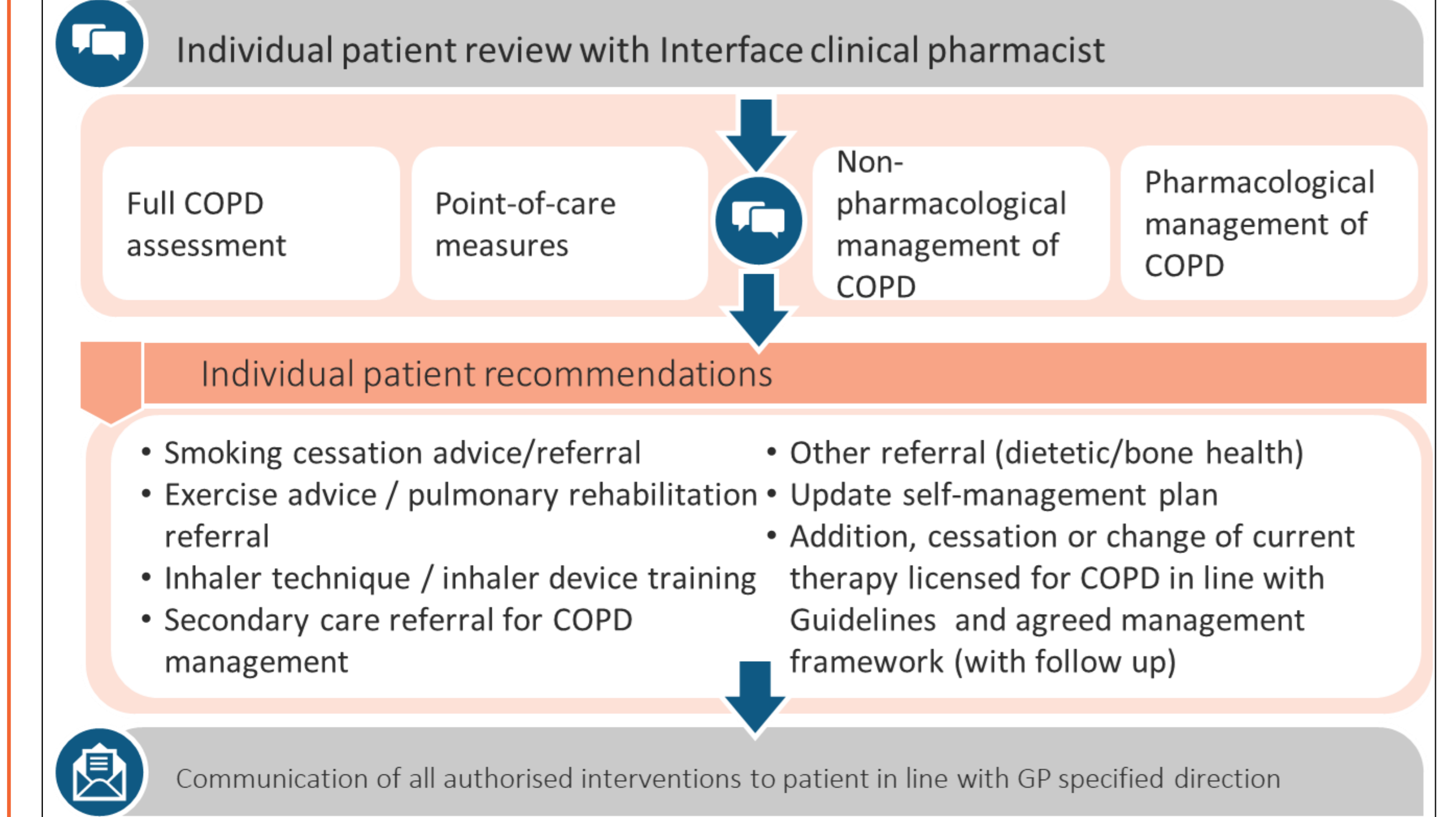
Programme Aims

- BCUHB has an estimated 19,000 patients with COPD (prevalence of 2.7%).⁶ There are a number of relevant medicine optimisation elements that draw on the All-Wales COPD guideline and align to a value-based healthcare agenda (i.e. delivering better outcomes within existing budgets).⁷ For appropriate patients with COPD in BCUHB, these include:
 - Optimising the estimated 5,600 Long Acting Muscarinic Antagonists (LAMA) scripts being prescribed each month.
 - Identifying opportunities for pharmacological and non-pharmacological treatment optimisation
 - Reducing the number of multiple inhalers prescribed where value-based alternatives are available.
- Reviewing inhaler use was identified as an action in the Committee on Climate Change's 2020 "The path to a Net Zero Wales" report. Many inhalers contain hydrofluorocarbons (HFC), which are powerful greenhouse gases, with a Global Warming Potential (GWP) effect up to several thousand times that of carbon dioxide. These gases are used as the propellant in Metered Dose Inhalers (MDI), which accounted for 70% of all inhalers in the UK in 2017. The ambition in Wales is to reach 20% MDI use by 2025.⁸ The medicine optimisation activity in this project aims to contribute towards achieving that ambition.
- The framework for the delivery of the project is grounded in providing patients with equitable and a best-practice care, specifically including:
 - Reducing the practice burden of long-term condition management through provision of clinical pharmacist resource.
 - Driving guideline awareness, implementation and mentoring of healthcare professionals.
 - Improving COPD outcomes (e.g. CAT⁹ score) and reducing non-elective hospital admissions by optimising inhaled maintenance therapy & non-pharmacological interventions.

Methods

- The major investment within the project is for the delivery of additional COPD reviews to support primary care staff currently recovering from the impact of the COVID-19 pandemic. Reviews fundamentally support the overall clinical assessment and provide an opportunity for both non-pharmacological and pharmacological interventions (see Figure 1).
- The initial patient stratification exercise provides primary care respiratory leads with an overview of the COPD care needs in their practice but also an opportunity to prioritise and target care to patients who would benefit the most from a COPD review with a pharmacist.

Figure 1: Components of a COPD review



- The specific elements of this project include:
 - Delivery of COPD reviews (face to face or remote) to the target of 60 practices across BCUHB, a service provided by Interface pharmacists as an additional resource to support routine service delivery.
 - Education in COPD care through "shadowing" of clinical pharmacists during their delivery of COPD reviews at participating practices.
 - Formal service evaluation at 6 months (post review intervention) to provide an objective assessment of progress from the project initiation benchmark.
 - Final COPD care and management decisions are made by the patient's own HCP.

Measures & Anticipated Benefits

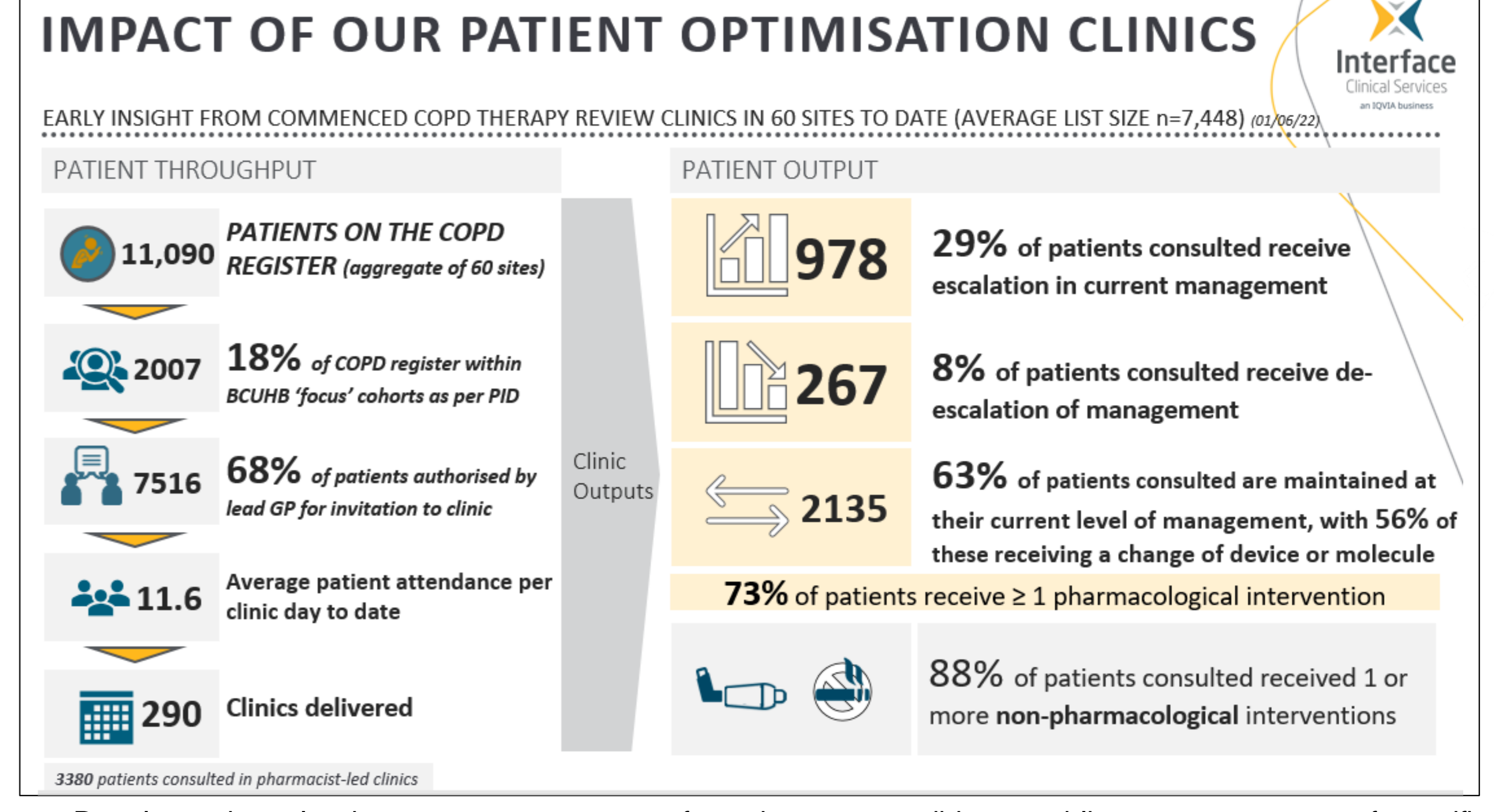
- The primary performance indicators measured and objectives in the project are:
 - Percentage of patients receiving a COPD review in the last 12 months. An expected increase.
 - Evidence of addressing un-met therapy need. An improvement, measured by the percentage of patients receiving pharmacological and/or non-pharmacological interventions alongside measures of patients having their therapy escalated or de-escalated or rationalised

- Prescribing spend measures aligned to All-Wales COPD guidelines.² Specific measures in comparison to spend in February 2021 include:
 - Expected reduction in respiratory prescribing spend
 - Expected reduction in LAMA prescribing spend
 - Expected increase in LAMA/LABA prescribing spend (LABA – Long Acting Beta Agonist)
 - Expected increase in SITT prescribing spend (SITT – Single Inhaler Triple Therapy)
- Prescribing changes aligned to the ambitions of the national/local carbon footprint strategy.⁸ An aspiration of a 80%:20% DPI/FMI:MDI split for appropriate patients (DPI – Dry Powder Inhaler & FMI – Fine Mist Inhaler) by 2025.

Progress

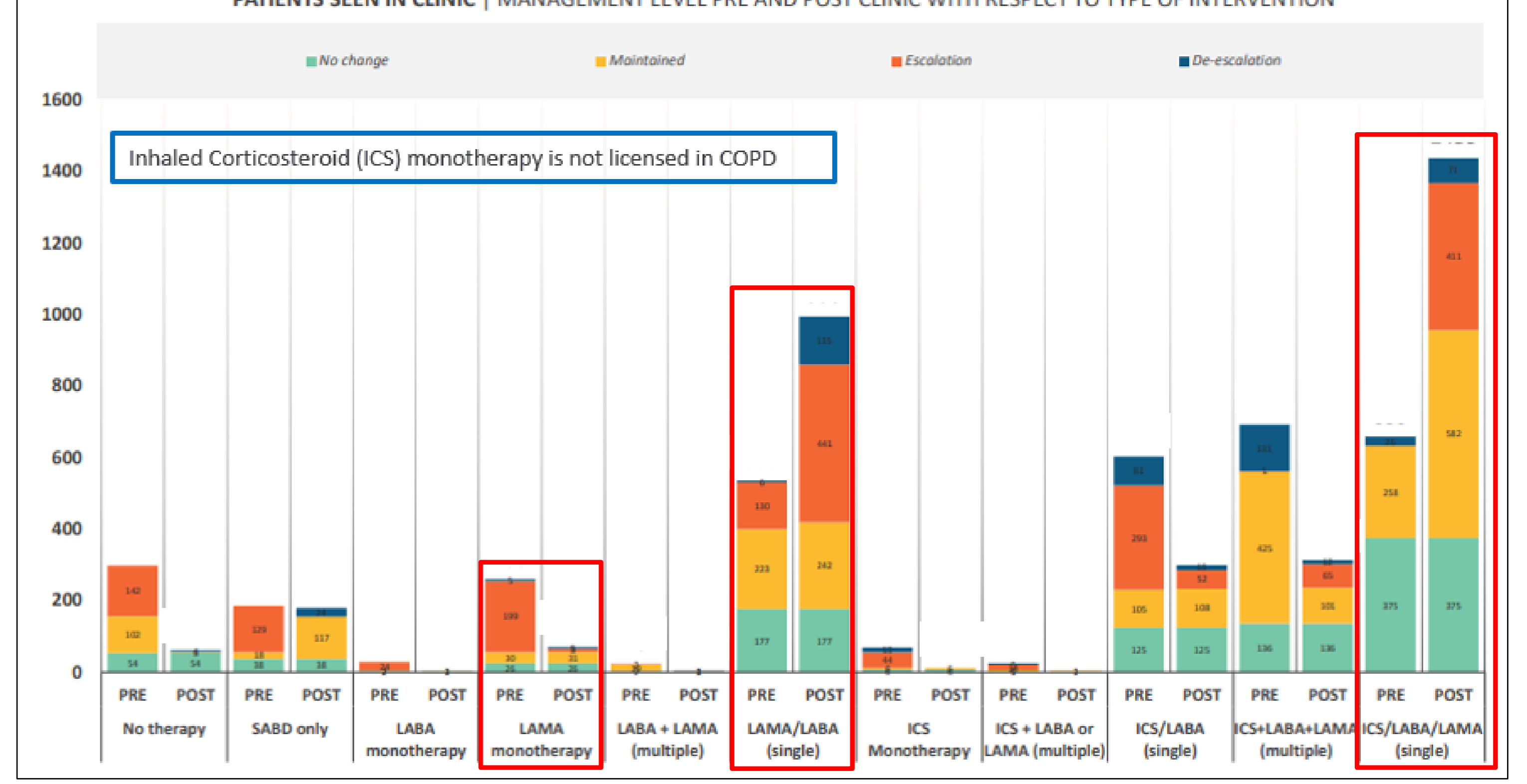
- The project was started in September 2021. At close of recruitment, 64 practices had agreed to participate – reviews had been completed in 41 practices, active in 19 practices and scheduled for the remaining 4 practices.
- Regular project teams meeting review progress and support practice engagement. The example dashboard shown in Figure 2 (June 2022 review) is used to assess progress.

Figure 2: An example COPD review dashboard (June 2022 data)



- Regular review also incorporates measures of respiratory prescribing, enabling an assessment of specific medicine class prescribing against agreed project outcomes and national guidelines, see Figure 3 (June 2022 review) and associated areas of focus boxed in red.
- In addition, the availability of this level of prescribing granularity analysis enables the project team to assess progress against inhaler GWP impact. To date (June 2022), for maintenance COPD inhalers, a 3% (35% -> 32%) reduction in MDI inhaler prescribing has been observed.

Figure 3: Project analysis of COPD prescribing by medicine class (June 2022 data)



Summary

- A core aim of the project is to demonstrate that Joint Working is an effective mechanism to deliver measurable benefits to the patients, BCUHB and GSK. Practice engagement has been balanced across the 3 BCUHB localities and exceeded expectations (64 vs. 60 practices) and 3380 patients (to date) have been consulted in Interface pharmacist-led COPD review clinics.
- Feedback from the practices to date indicated that this service is valued, especially at a time when there is a backlog of up to 2 years in completing COPD reviews.
- Data is already available indicating progress towards achieving the pharmacological therapy aims of the project (see Figure 3)
- BCUHB's intent is to gather further insight on COPD health outcomes (e.g. CAT score) in relevant patient cohorts. This data is to be gathered from a sample of BCUHB practices using the accuRx COPD Florey tool.¹⁰

References

- British Lung Foundation – Numbers of people diagnosed with COPD; URL: <https://statistics.blf.org.uk/copd>
- All-Wales COPD Management and Prescribing Guidelines, <https://awtc.nhs.wales/medicines-optimisation-and-safety/medicines-optimisation-guidance-resources-and-data/prescribing-guidance/all-wales-copd-management-and-prescribing-guideline/>
- NHS Wales Decarbonisation Strategic Delivery Plan, <https://gov.wales/sites/default/files/publications/2021-03/nhs-wales-decarbonisation-strategic-delivery-plan.pdf>
- Working together - a guide for the NHS, healthcare organisations and pharmaceutical companies, <https://www.abpi.org.uk/publications/working-together-a-guide-for-the-nhs-healthcare-organisations-and-pharmaceutical-companies>
- GlaxoSmithKline (UK Ltd) and Betsi Cadwaladr University Health Board COPD Joint Working Project – Executive Summary, <https://www.gsk.com/media/7178/betsi-es.pdf>
- PEDW Data Online, <https://nwis.nhs.wales/information-services/health-intelligence/bedw-data-online/>
- Taking the value-based agenda forward, <https://www.nhsconfed.org/sites/default/files/media/Taking-the-value-based-agenda-forward.pdf>
- Introducing the Green Agenda, <https://allwales.icst.org.uk/news/introducing-the-green-agenda-supporting-prescribers-and-patients-to-choose-eco-friendly-inhalers/#>
- COPD Assessment Test (CAT), CAT online, URL: <https://www.catestonline.org/hcp-homepage.html>
- accuRx support article – What is a Florey? URL: <https://support.accurx.com/en/articles/3542649-what-is-florey>

Date of access to all websites listed in References section is 1 June 2022.

Acknowledgements

Many organisations and associated individuals working in this Joint Working lead team have contributed to the design and implementation of this project including: Kerry Straughan, Melanie Prytherch, Andy Currie, Sandeep Sarkar, Matt Burdus, Susan Murphy, Vicky Allum and Berwyn Owen.

In accordance with the ABPI code of practice 'Collaborative working', including its implementation, must have and be able to demonstrate the pooling of skills, experience and/or resources from all parties involved for the joint development and implementation of patient and/or healthcare centred projects. There must be a shared commitment to successful delivery from all parties, and each party must make a significant contribution. Joint working between pharmaceutical companies and the NHS which is patient centred and always benefits patients is an acceptable form of collaborative working.

First presented at the Welsh Thoracic Society Summer Conference on 24 June 2022

Material Certification: NP-GB-RS-PSTR-220002 June 2022