Summary of "Optimising COPD care across Bedfordshire, Luton and Milton Keynes" Joint Working Project- GlaxoSmithKline (UK Ltd) and Bedfordshire, Luton and Milton Keynes ICB

August 2022 – November 2023

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

Project Overview:

Bedfordshire, Luton and Milton Keynes (BLMK) ICB and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of standardising patient care in line with national and locality guidelines, reducing practice burden of long-term condition management and sustained improvement in quality of primary care COPD management. During the project we focussed on the following objectives:

- Delivering a structured guideline level review for patients with an existing READ code diagnosis of COPD, in line with the GOLD report and aligned to the local COPD prescribing guidelines. Priority review was provided based on current GOLD severity grading i.e. GOLD group D, followed by C, B and A respectively.
- Validating the COPD disease registers within participating practices including GOLD staging for each patient e.g. 3D. The service will ensure appropriate referral to local pulmonary rehabilitation and oxygen services.
- Ensuring alignment to the relevant local COPD guidelines (Bedfordshire and Luton COPD and ACO Guidelines; Milton Keynes Prescribing Guidelines for stable COPD and ACO) and the locality formulary.
- Ensuring alignment to the Investment and Impact Fund to 'Help create a more sustainable NHS' and the local guideline 'Strategies to support reduced Inhaler carbon emissions' which states: "Consider DPIs or SMIs as first choice, where clinically appropriate".

The project launched in August 2022 with the project being communicated to all primary care practices across BLMK. The project provided full clinical review in 41 practices. The initial ambition was to recruit 50 practices.

Work carried out in participating practices:

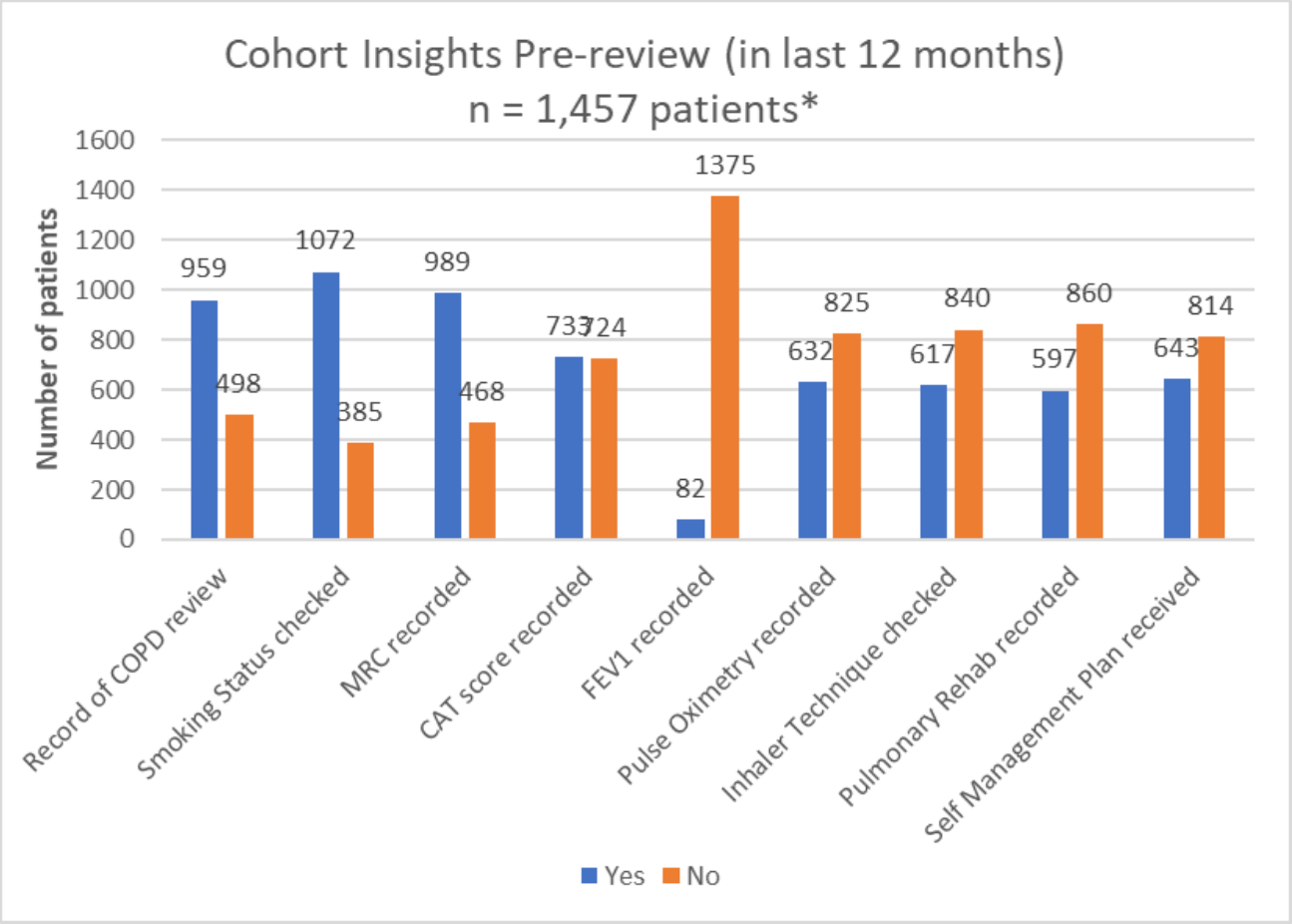
- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on GOLD classification.
- The offer of Nurse-led face-to-face or remote COPD reviews was made by 3rd party provider- National Service for Health Improvement (NSHI) for patients identified in the review cohorts to optimise both non-pharmacological and pharmacological care in line with locality guidelines.
- Structured education at practice level via shadowing of NSHI nurse.
- Offer of spirometry where practices were able to meet NHS airflow requirements and provide spirometers.
- Practices received a 12 month license for the ongoing use of Lunghealth software. LungHealth provides a full, consistent, algorithm-guided consultation in line with current

NICE/GOLD guidelines. It prompts clinicians to consider guideline recommended interventions during patient reviews as they make patient care decisions.

Results:

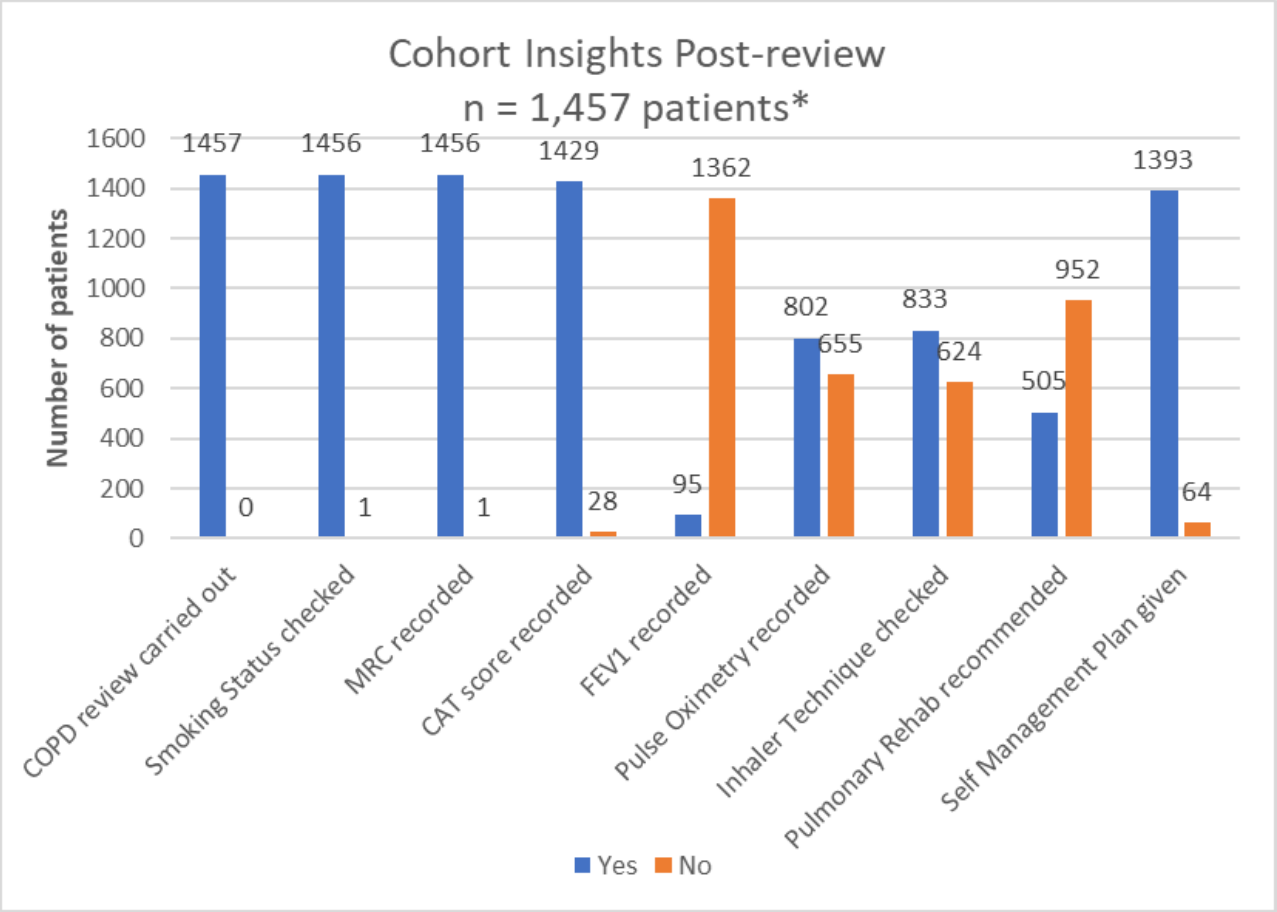
- 1,457 patients invited for initial review,
- 1,760 patient reviews conducted (some patients required a follow up review).
- 20% of reviews were done face to face and 80% were done remotely.
- 498 patients reviewed had not received a review in the previous 12 months.
- 385 had not had their smoking status checked in the previous 12 months.
- 840 had not had inhaler technique checked in the previous 12 months.

The below tables highlight progress achieved across a range of parameters.



Due to remote reviews the last recorded FEV1 / Pulse Oximetry was used

*Patients receiving an initial full COPD review



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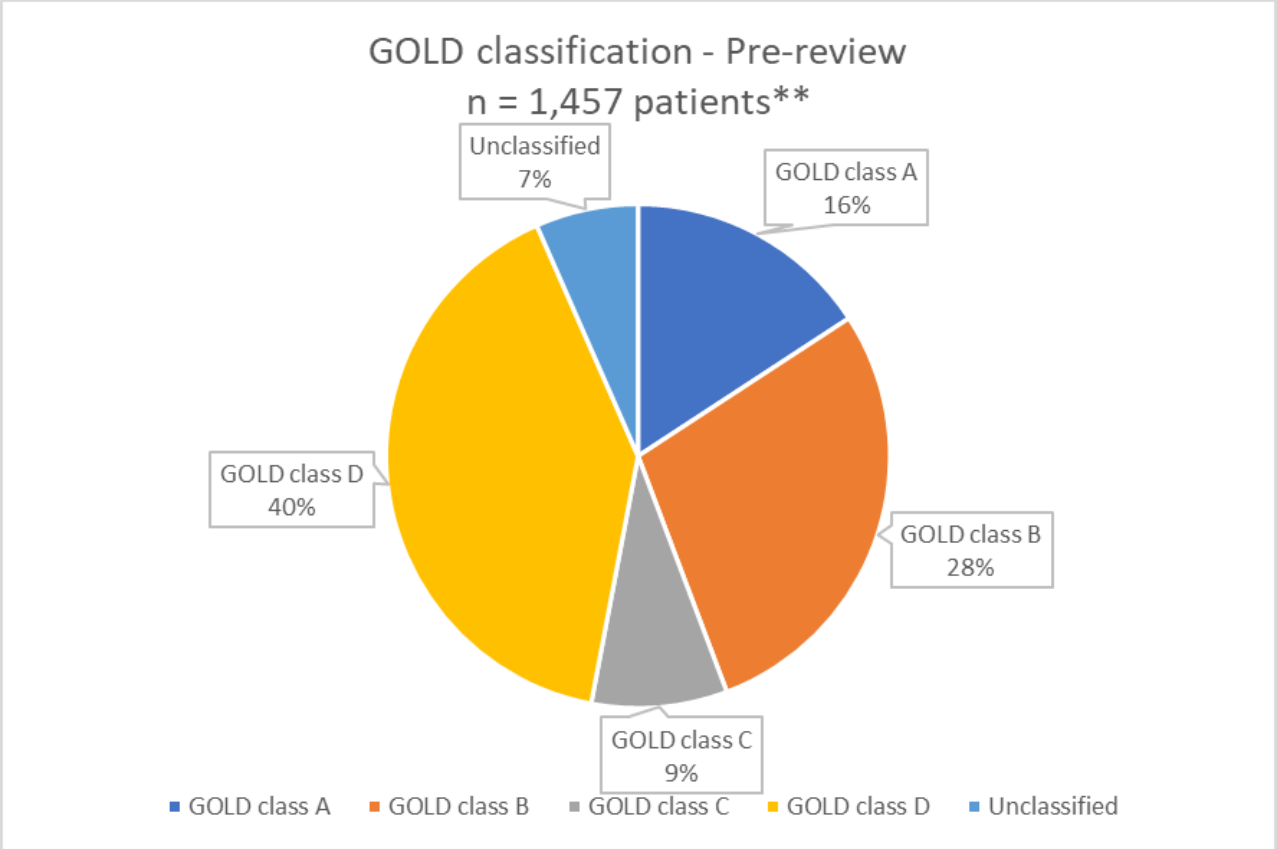
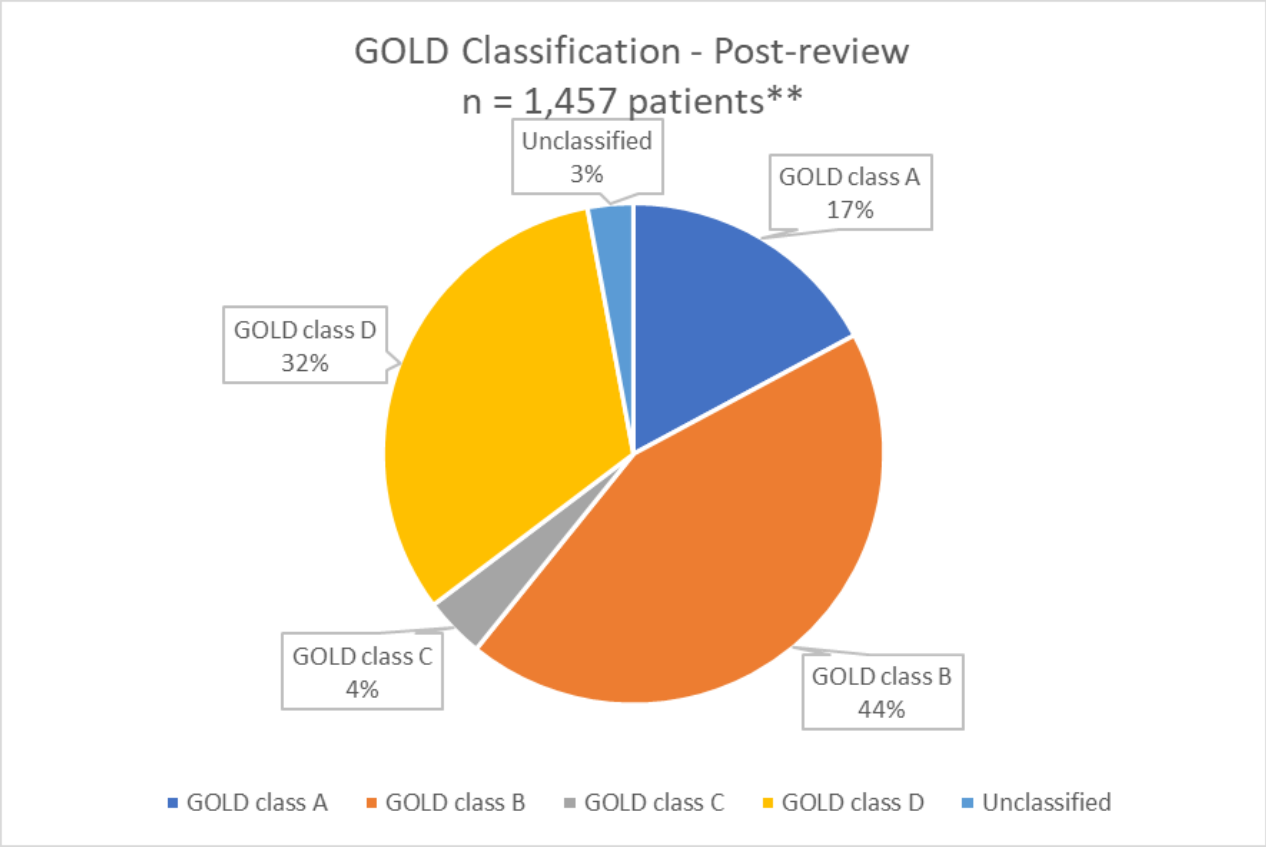


**Patients receiving an initial full COPD review

Classification based on last recorded mMRC/CAT – if no recordings in the last 12month



**Patients receiving an initial full COPD review

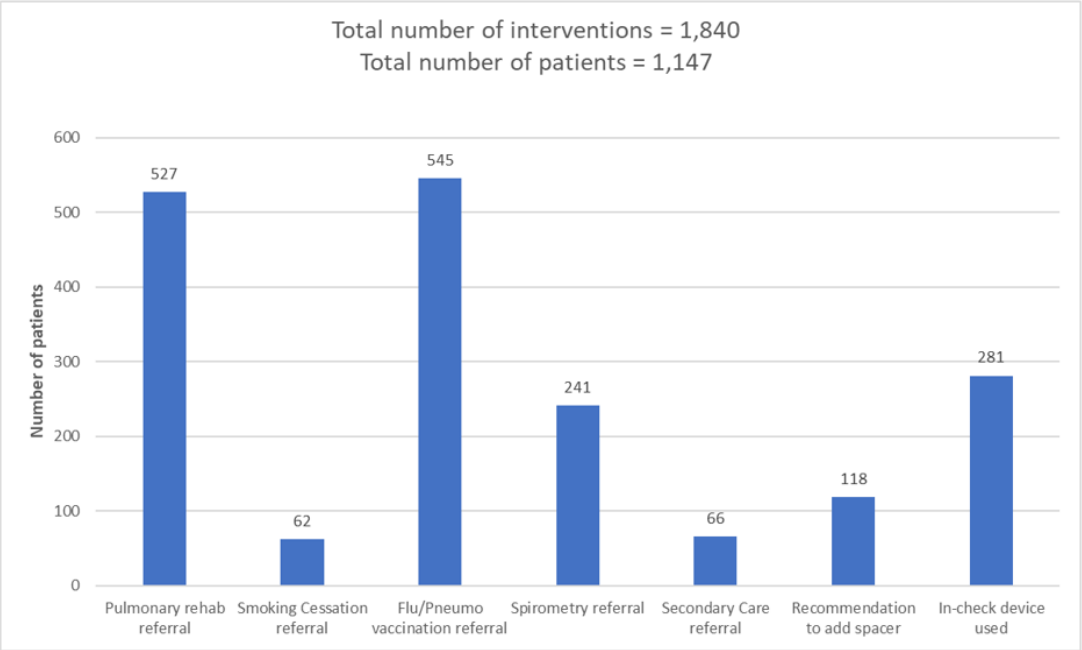
Classification based on last recorded mMRC/CAT – if no recordings in the last 12month

Pharmacological interventions (some patients were reviewed more than once)

Intervention	Patients	% of patients
Escalation of therapy	306	17.4%
De-escalation of therapy	47	2.7%
Maintained at current level of therapy	1407	79.9%

Intervention	Patients	% of patients
Device change only	707	40.2%
Molecule change only	0	0.0%
Device and molecule change	182	10.3%
No device or molecule change	871	49.5%

Non- pharmacological interventions (some patients may receive more than one intervention)



Breakdown of device type and MDI/DPI split as per NHS enhanced service

Device type	MDI inhalers pre-review	MDI inhalers post-review	DPI/SMI inhalers pre-review	DPI/SMI inhalers post-review
SABA	1334	825	214	833
LABA only	3	2	6	6
LAMA only	0	0	151	121
LABA + LAMA (multiple)	0	0	2	2
LABA/LAMA (combined)	5	3	220	249
ICS only (Inhaled Corticosteroid-ICS monotherapy, is not licensed in COPD)	25	12	3	5
ICS + LABA (multiple)	0	0	4	4
ICS + LAMA (multiple)	4	3	6	3
ICS/LABA (combined)	158	99	79	128
ICS + LABA + LAMA (multiple)	0	0	0	0
ICS/LABA+LAMA or ICS+LABA/LAMA (multiple)	162	83	309	220
ICS/LABA/LAMA (combined)	467	392	169	399

Lessons learned:

- The project had a small project team, and a broader representation across primary and secondary care can be advantageous in the design of the project and in taking the learns back to different areas for continuous improvement. However, having the small project team did not impact on practice recruitment with us achieving 82% of the target.
- Practice recruitment through ICB communication worked well alongside the supplier contacting practices directly to discuss the service.

- For future projects it would be beneficial to understand the rationale for those practices who either did not engage or declined the service. It would be good to consider sending a survey to practices to gain this insight and enable them to contact the project team for any learns that could be used in their own practice.
- It would be useful, in future projects, to gain permission from practices to return to complete an audit 6-12 months post review completion to understand the long term impacts these projects have on patient care.