

Summary of “Recharge COPD – Re- evaluate COPD patients, Review therapy in line with local guidelines, Reduce carbon footprint” Joint Working Project between GlaxoSmithKline (UK Ltd) and Hampshire and Isle of Wight ICB

April 2022 – October 2023

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

Project Overview:

Hampshire and Isle of Wight ICB and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of providing support to primary care to implement guideline-based best practice across the ICB area. This was particularly relevant in the immediate post-pandemic period. During the project we focussed on the following objectives:

- Optimising therapy and aligning to local COPD guidelines ‘Hampshire COPD Management and Prescribing guidelines’ in order to reduce exacerbations and breathlessness.
- Aligning prescribing to ‘Investment and Impact Fund ‘Help create a more sustainable NHS’ enhanced service, where clinically appropriate for patients.
- Increasing engagement with the local respiratory network to increase the likelihood of improved patient outcomes as well as supporting the identification of future projects for collaboration resulting in further benefits to patients, the NHS and where appropriate GSK.

The project launched in April 2022 with invitations to all practices to take part being sent out by the ICB, and through individual practice discussions and attendance at local meetings. As a result, the project provided full review in 65 practices that chose to take part.

Work carried out in participating practices:

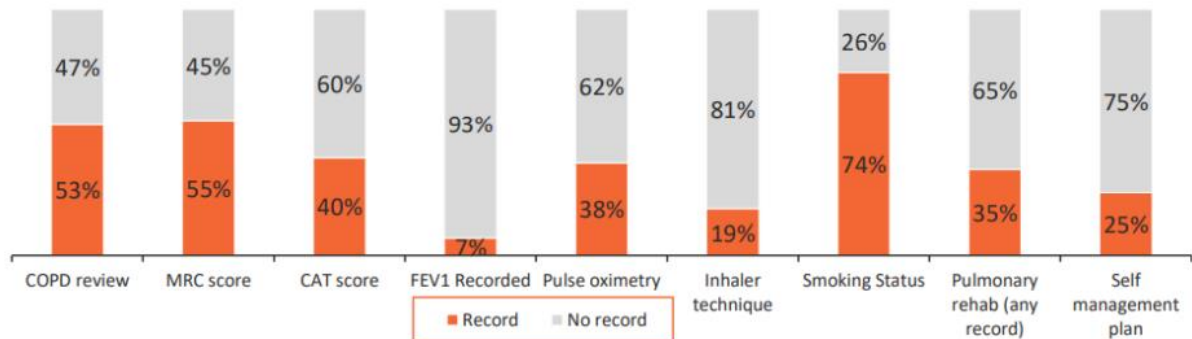
- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on their level of symptoms and exacerbations.
- The offer of pharmacist-led face-to-face or remote COPD reviews was made by 3rd party provider- Interface Clinical Services Ltd (ICS) for patients identified in the review cohorts to optimise both non-pharmacological and pharmacological care in line with national and local guidelines.
- Supporting primary care to understand and implement current best practice guidance for the management of COPD via shadowing of ICS pharmacist.

Results:

- 3983 patients seen in pharmacist led clinics.
- 47% of patients in participating practices had not received a COPD review in the previous 12 months.
- 81% of patients in participating practices did not have a record of inhaler technique being checked in the previous 12 months.

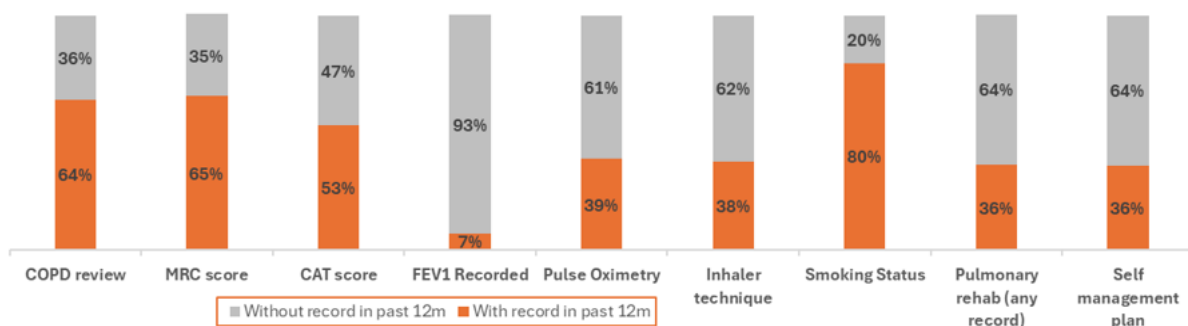
The below tables highlight progress achieved across a range of parameters.

Baseline care process achievement

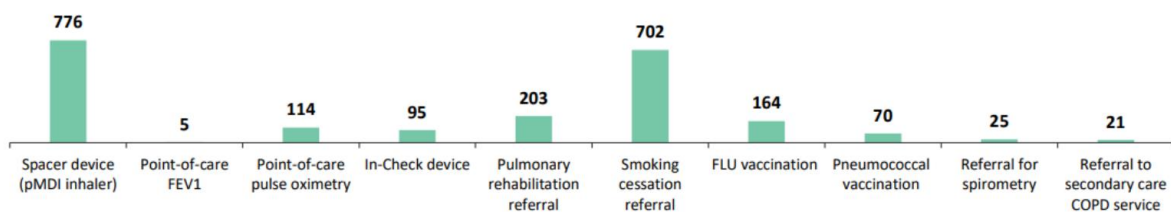


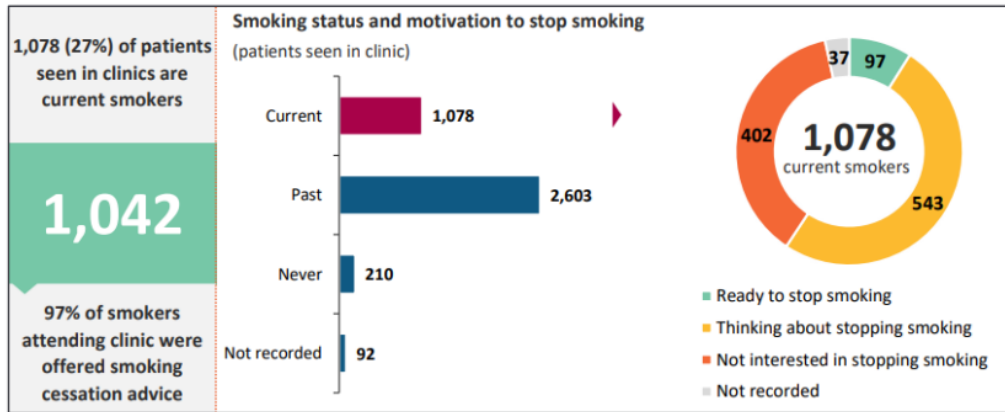
Post Service Care achievement

Overall COPD population care process achievement following face to face review



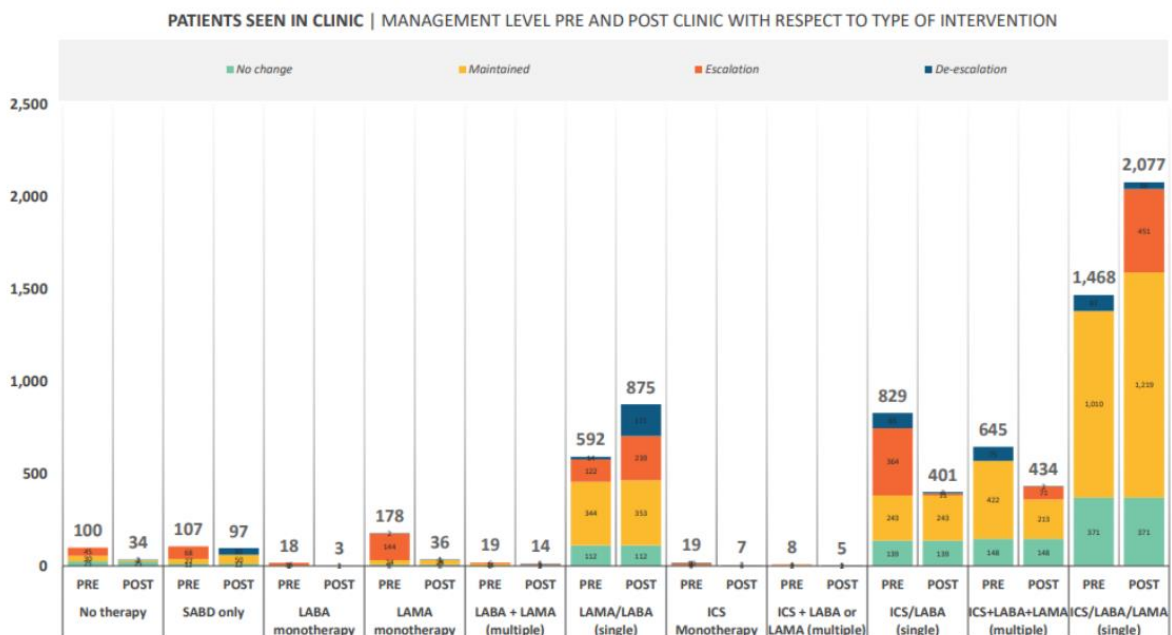
Non-pharmacological interventions

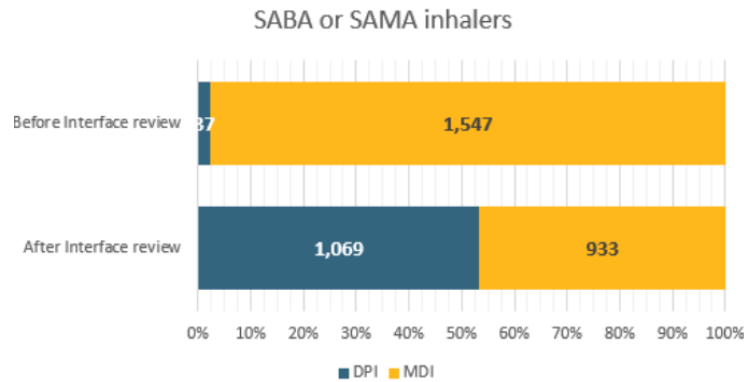
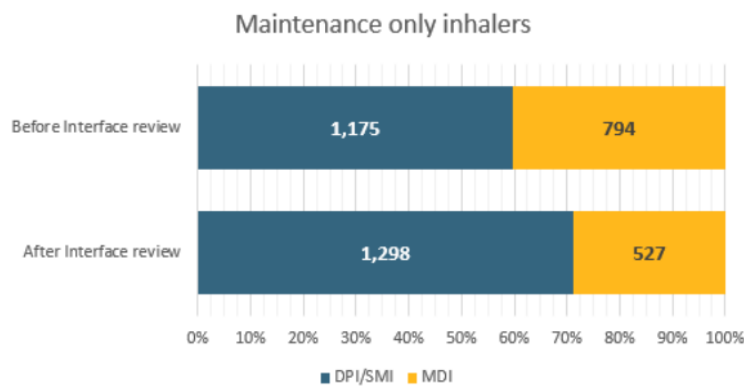
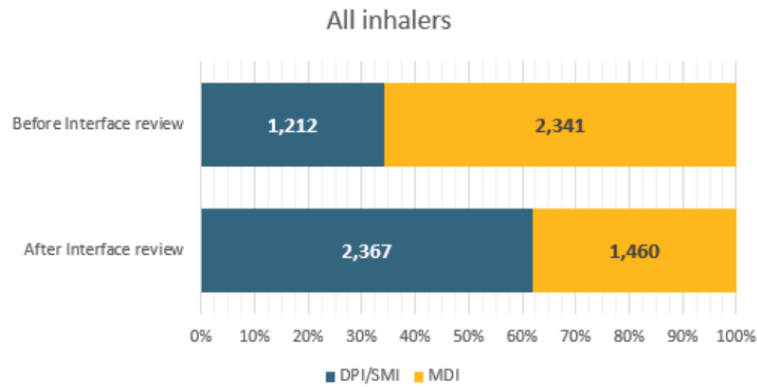




Pharmacological interventions:

- 80% of patients received ≥ 1 pharmacological intervention.
- 19% of patients consulted received an escalation in their management.
- 7% of patients consulted received a de-escalation of their management.
- 74% of patients consulted were maintained at their current level of management, with 72% of these receiving a change of device or molecule.
- 7% reduction in overall number of maintenance inhalers used via rationalisation of patient inhalers where clinically appropriate.
- 28% increased adoption of lower global warming potential (GWP) inhalers.
- All recommendations aligned to the aims & objectives of the Joint Working project.





Lessons learned:

- This project achieved the overall aims and objectives.
- The achievement in the increased adoption of lower global warming potential inhalers shows that patients and prescribers are interested in the environmental issues with prescribing and are willing to move to lower global warming potential when clinically appropriate. All project communication contained a reminder of the aims and objectives of the project, including this area, and this increased awareness utilising all opportunities of communication likely played a part in this.
- Practice uptake may have been higher if the recruitment phase of the project was able to run for longer. Other areas within the ICB may have benefitted from more information

regarding the project and governance at an earlier stage. For large scale projects at ICB level it could be beneficial to recruit leads from each locality to help with practice recruitment.

- For a wider roll out we would recommend that communications sharing the achievement of the project be produced to go to practices- this may have increased engagement.
- Further follow up on patients or further practice audits should be performed to review practice performance and long- term change. This was outside the scope of this project.