Summary of "COPD optimisation in Greater Glasgow and Clyde" Joint Working Project between GlaxoSmithKline (UK Ltd) and Greater Glasgow and Clyde (GGC)

May 2022 – April 2024

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

Project Overview:

Greater Glasgow and Clyde (GGC) and GlaxoSmithKline (UK Ltd) undertook a Joint Working Project with the aims of providing support to primary care to address the backlog of patients and standardise patient care in line with national and local guidelines. During the project we focussed on the following objectives:

- Aligning to Greater Glasgow and Clyde 'COPD inhaler device guide', focussing on patients with risk factors for review and optimisation in line with 'Guidelines'.
- Aligning to 'Recover, Restore, Renew' to reduce the use of MDIs across GGC where clinically appropriate.
- Increasing awareness and uptake/usage of all non-pharmacological interventions already available and established across the health board e.g pulmonary rehabilitation, vaccinations, smoking cessation and Dynamic Scot digital service (Dynamic Scot pre-dated this Joint Working Agreement, created by the NHS and was already available to patients).

The project launched in May 2022 with the project being communicated to all practices via the NHS project lead using certified communications, individual practice discussions and attendance at local meetings. As a result, the project provided full review in 11 practices that chose to take part, with the original aim of 50 practices.

Work carried out in participating practices:

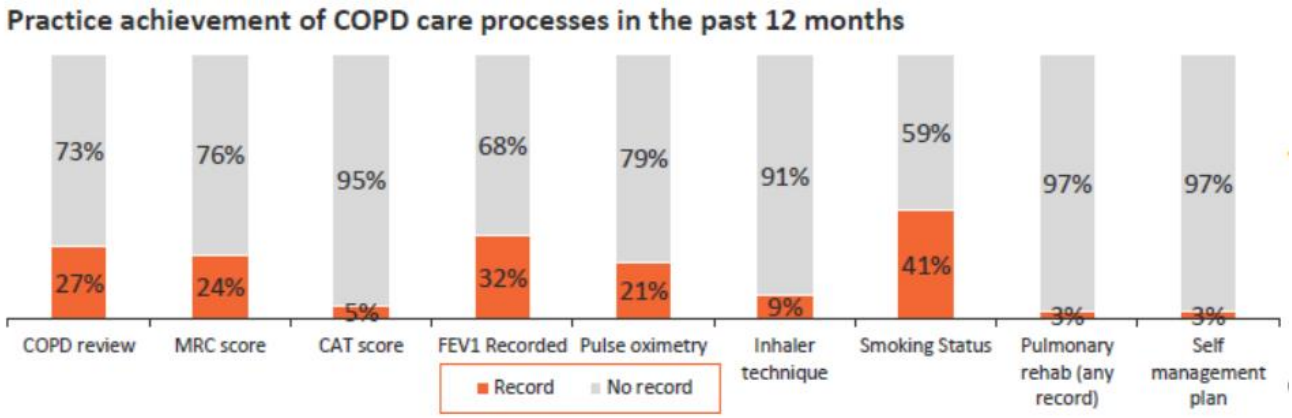
- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on their level of symptoms and exacerbations.
- The offer of pharmacist-led face-to-face or remote COPD reviews was made by 3rd party provider- Interface Clinical Services Ltd (ICS) for patients identified in the 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:

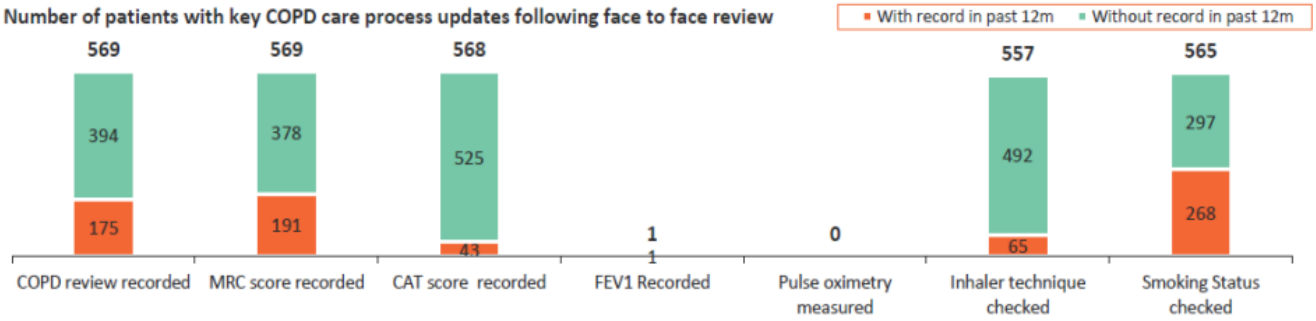
- 569 patients seen in pharmacist led clinics.
- 73% of patients in participating practices had not received a COPD review in the previous 12 months.
- 91% of patients in participating practices did not have a record of inhaler technique being checked in the previous 12 months.

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

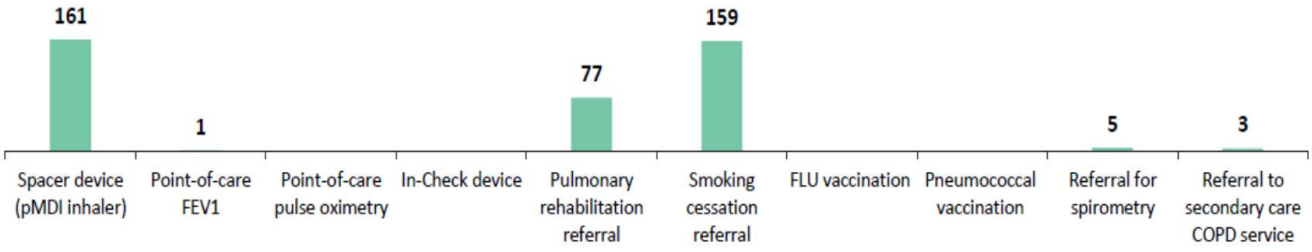
Baseline care process achievement

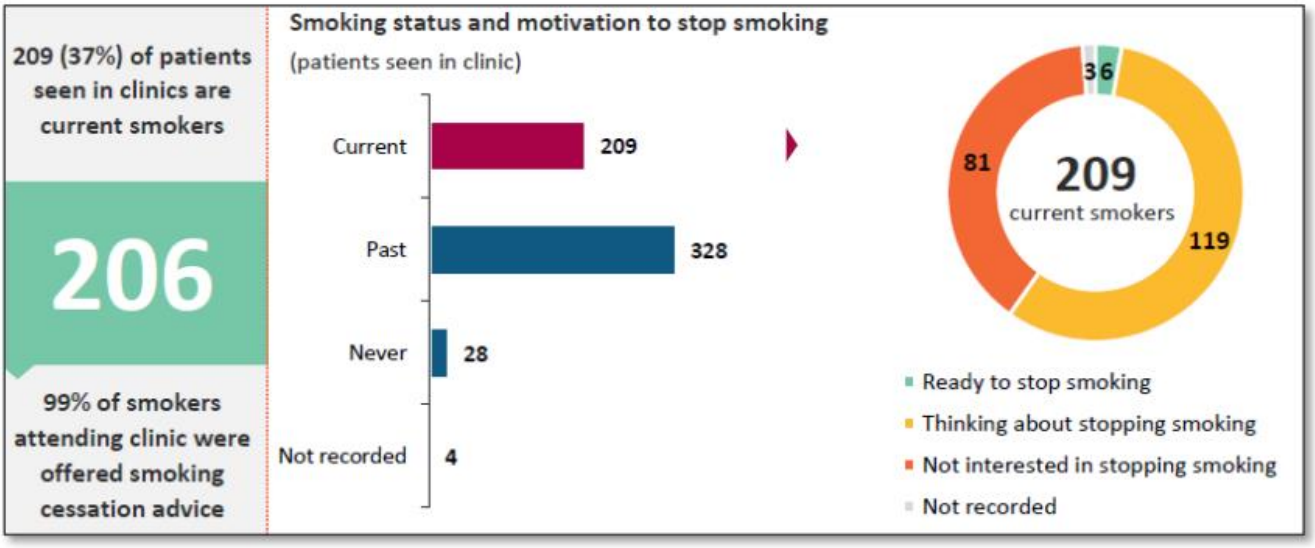


Post Service Care achievement



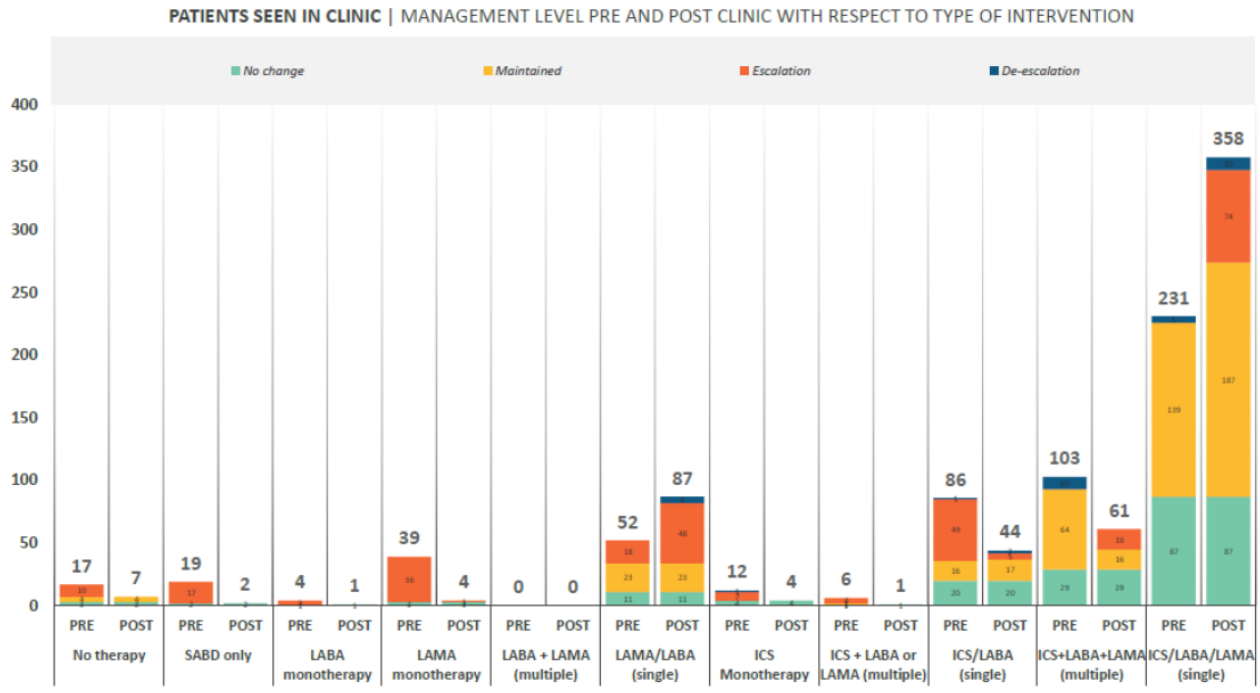
Non-pharmacological interventions for patients seen in pharmacist-led clinic



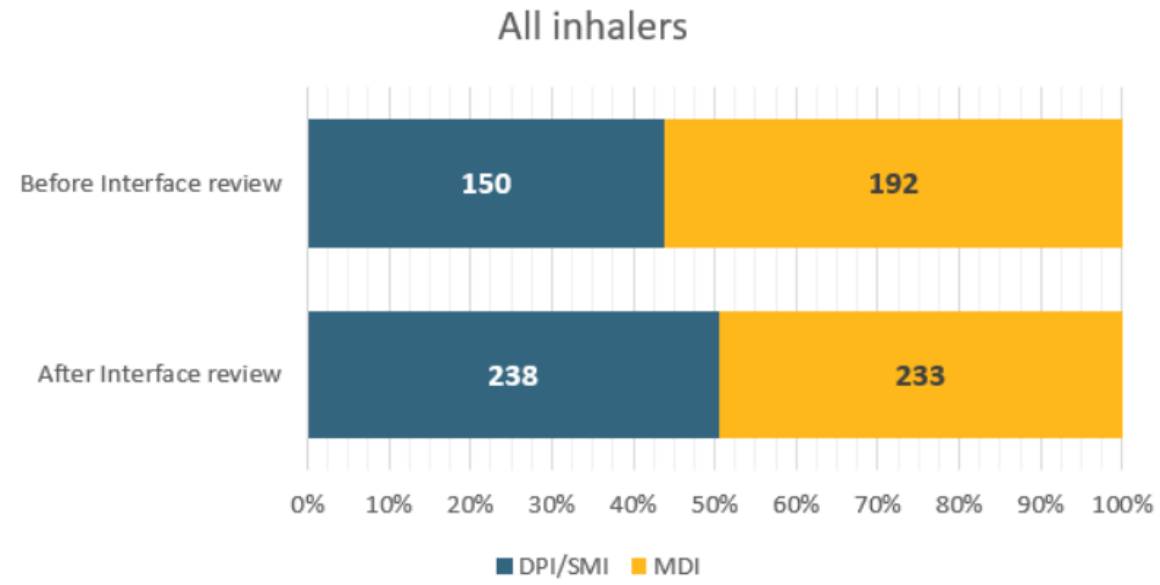


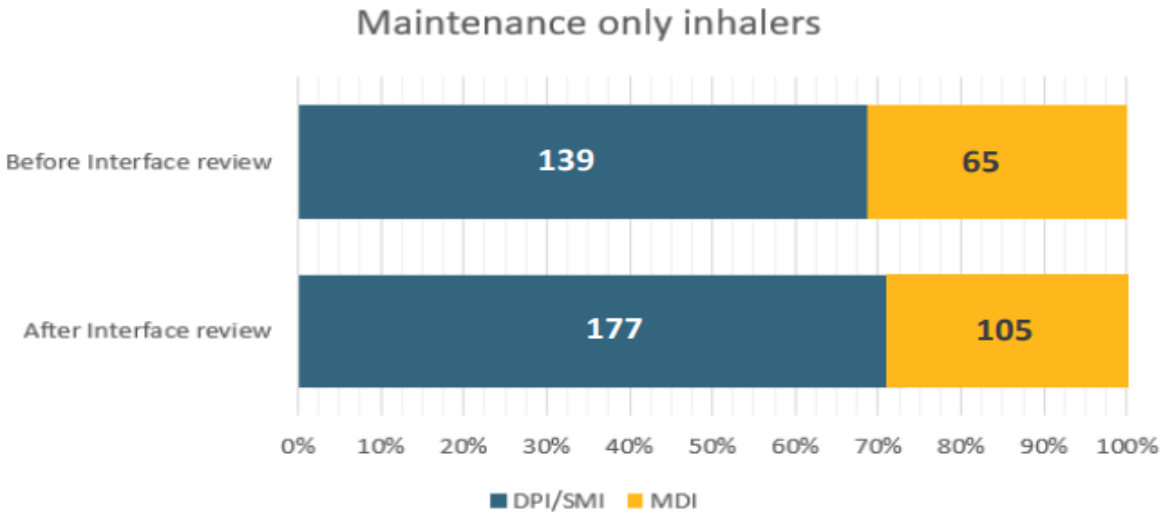
Pharmacological interventions:

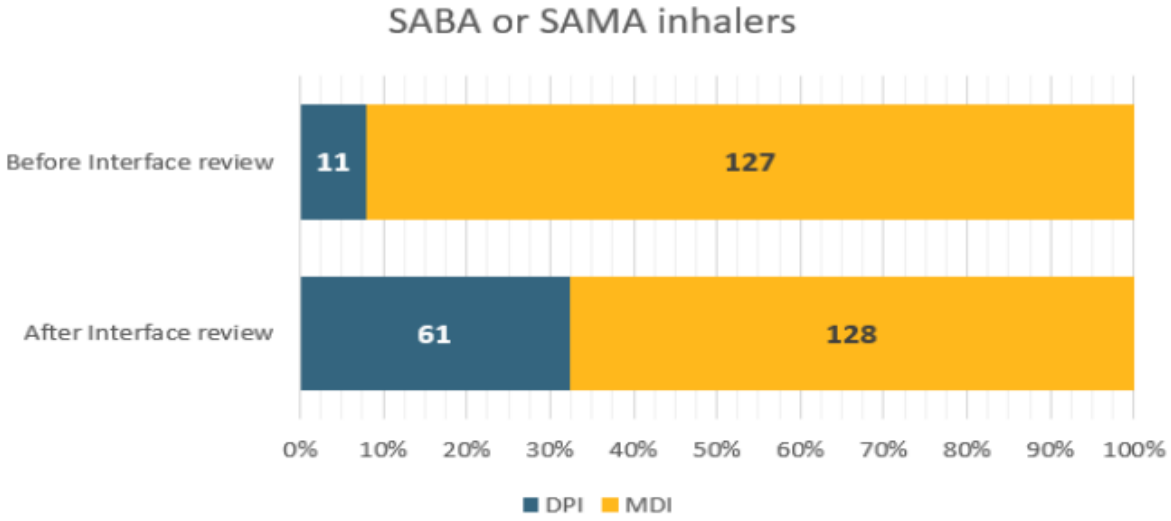
- 73% of patients received ≥1 pharmacological intervention.
- 25% of patients consulted received an escalation in their management.
- 3% of patients consulted received a de-escalation of their management.
- 72% of patients consulted were maintained at their current level of management, with 61% of these receiving a change of device or molecule.
- All recommendations aligned to the aims & objectives of the Joint Working Project.



ICS monotherapy- not licensed in COPD


All inhalers
Before Interface review
After Interface review
150
192
238
233
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
DPI/SMI
MDI


Maintenance only inhalers
Before Interface review
After Interface review
139
65
177
105
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
DPI/SMI
MDI


SABA or SAMA inhalers
Before Interface review
After Interface review
11
127
61
128
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
DPI
MDI

Lessons learned:

- The practice uptake in this project wasn't as high as the project team hoped. This could be due to a range of factors, some anecdotal reasons are as follows:
  - Scotland differs to the rest of the UK, as they do not have QOF as a financial incentive for long-term condition reviews to support individual practice 'buy in'.
  - Practices are typically reactive in their management of long-term conditions due to a range of factors including backlog from COVID-19 and reduced workforce. This was seen in the pre-service baseline care process achievement where 73% of patients had not received a review in the previous 12 months.
  -Due to the current pressures on practices, there could be a fear that this type of project will increase workload as patient's are proactively recalled for review. Practices may have seen this as an addition to their current workload.
  - Some practices had concerns regarding GDPR and data agreements.
  -There were some difficulties regarding logistics – achieving room availability within practices.
  - There may have been apprehension about joint working initiative and external agency clinician input based on perceptions and prior experiences.
- It would have been useful to understand these concerns/issues earlier into the practice recruitment phase so any communications could have been proactive in addressing them – future projects could consider a user/partner research and scoping initial phase to understand issues and establish contacts/champions.
- Practice communications could have shared some early learns from practices who had already taken part sharing the ease of the service, time requirements from practices and the outcomes. Capacity to collate and certify results and undertake repeated communication cycles could be considered in future project planning.
- IT access was more difficult in NHS GG&C vs other UK projects due to the currently transitioning GP clinical systems. Many of the practices had EMIS Web reporting functionality inactive on their EMIS PCS account which is required for in depth audits of practice clinical records and proactive recall of patients. This issue was resolvable, but it required direct involvement by NHS GG&C eHealth team per practice, increasing time required for practice sign up. Practices in NHS GG&C are transitioning from EMIS PCS to Vision (Cegedim) which should resolve this issue in time, but potential requirement to resource and allow time for direct eHealth support for future projects should be noted.
- The objectives of the project were met in participating practices.
- The project increased referrals to pulmonary rehabilitation and smoking cessation indicating that the patients in the area are willing to engage with activities to improve their condition.
- 73% of patients required one or more pharmacological interventions, with 25% of patients requiring an escalation in their management, indicating the patient group reviewed were the cohort of high symptom burden and risk.
- The low number of patients who had received a review in the previous 12 months, and the high symptom burden of the patients who were reviewed in the service (as evidenced by the

pharmacological interventions required), indicates that there could be continued patient need across Glasgow for services such as this.

- There were positives of the NHS and industry working in partnership on this project. GSK gained a greater insight into the challenges faced by primary care and the patient need and the NHS gained an insight into the gaps in primary care to allow more efficient workforce planning.
- Through this partnership working 569 patients received a review including symptom and risk-preventative optimisation, based on national and local guidelines. Proactive COPD optimisation reviews could improve symptoms, reduce risk of future exacerbations, hospitalisations and cardiovascular events, and improve prescribing value and sustainability.
- The activity and impact of the project is well aligned with evolving NHS strategy objectives, including transition from reactive to preventative care, transition from hospital-based to community interventions, and digital transformation of services and pathways.