

Summary of “COPD: Risk Stratification and management optimisation for patients in Primary Care, in line with national guidelines and strategy” Joint Working Project between GlaxoSmithKline (UK Ltd) and Birmingham and Solihull CCG

July 2022 – March 2024

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

Project Overview:

Birmingham and Solihull CCG and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of providing support to primary care to address the backlog of Chronic Obstructive Pulmonary Disease (COPD) patients awaiting annual review following the COVID-19 pandemic, and standardise patient care in line with national and local guidelines. During the project we focussed on the following objectives:

- Prioritising patients with risk factors for review.
- Aligning to national prescribing strategies such as Investment and Impact Fund ‘Help create a more sustainable NHS’ enhanced service where clinically appropriate for patients.
- Ensuring alignment to national NICE COPD management and prescribing guidelines and supporting ‘CCG Universal Offer’ through providing review support to practices.
 1. Emphasising the importance of high-impact low-cost interventions for all (‘flu vaccination, smoking cessation support, pulmonary rehabilitation referral) and of inhaler technique check and self-management plans.
 2. Reinforcing the appropriate use of triple therapy as guided by the NICE guideline.
 3. Ensuring patients received appropriate therapy in line with national guidelines.
 4. Minimising the number of inhalers and the number of different types of inhaler used by each person as far as possible.
 5. Prescribing in line with local formulary.

The agreement was signed in July 2022 but the project wasn’t launched within the CCG until October 2022 with the project being communicated to all practices utilising the CCG newsletter and direct GP practice emails. As a result, the project provided full review in 89 practices, surpassing the original aim of 75.

Work carried out in participating practices:

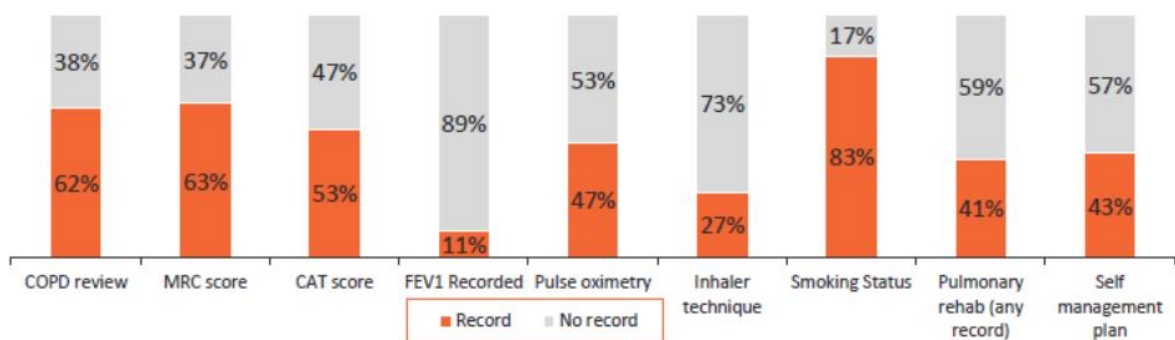
- Audit of COPD register.
- Patients with a diagnosis of COPD were risk stratified based on their level of symptoms and exacerbations.
- The offer of pharmacist-led face-to-face or remote COPD reviews was made by 3rd party provider- Interface Clinical Services Ltd (ICS) for patients identified in the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

Results:

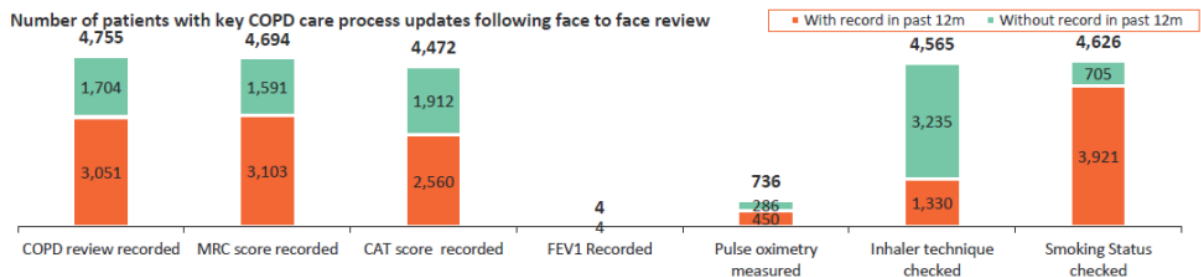
- 4755 patients seen in pharmacist led clinics.
- 38% of patients in participating practices had not received a COPD review in the previous 12 months.
- 73% of patients in participating practices did not have a record of inhaler technique being checked in the previous 12 months.

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

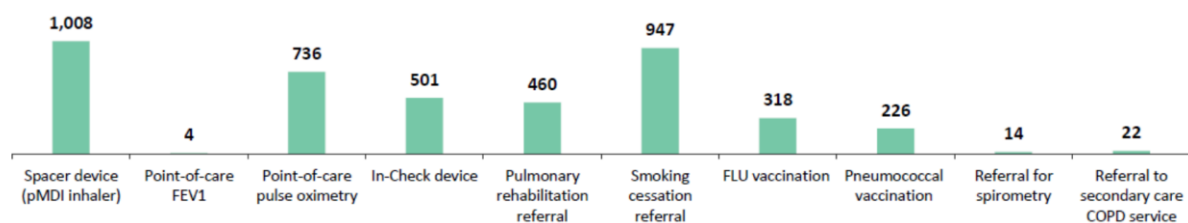
Baseline care process achievement

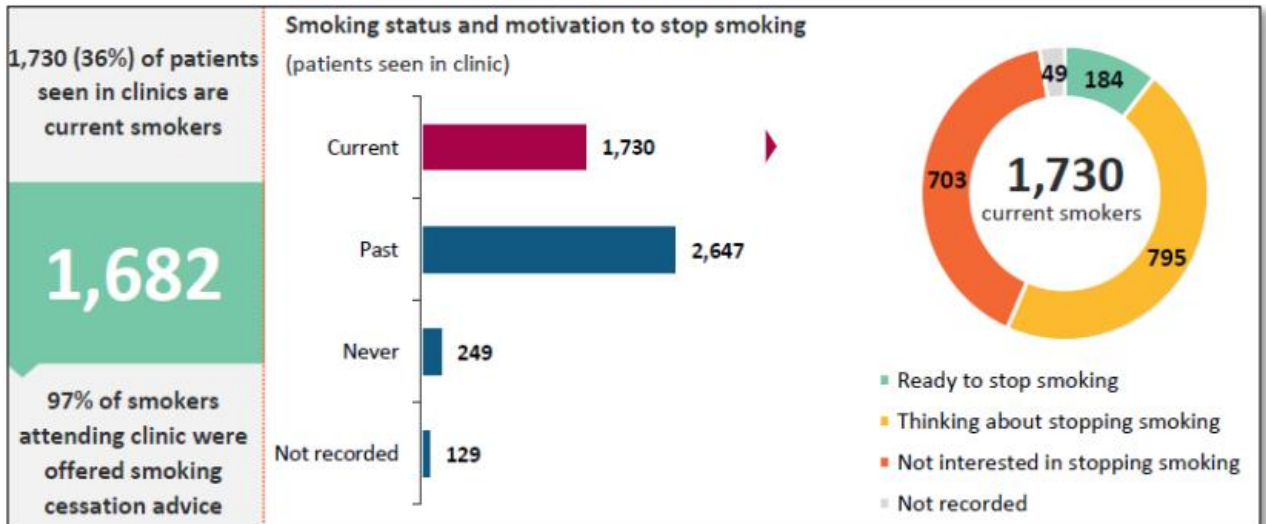


Post Service Care achievement



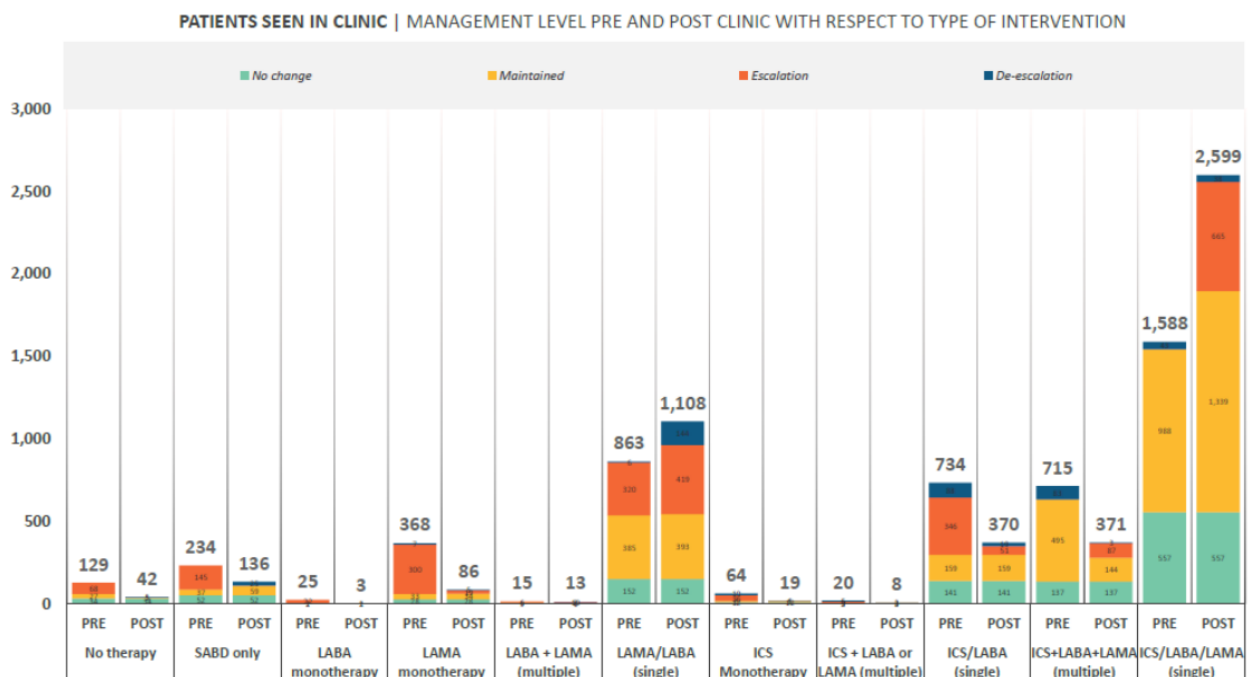
Non-pharmacological interventions



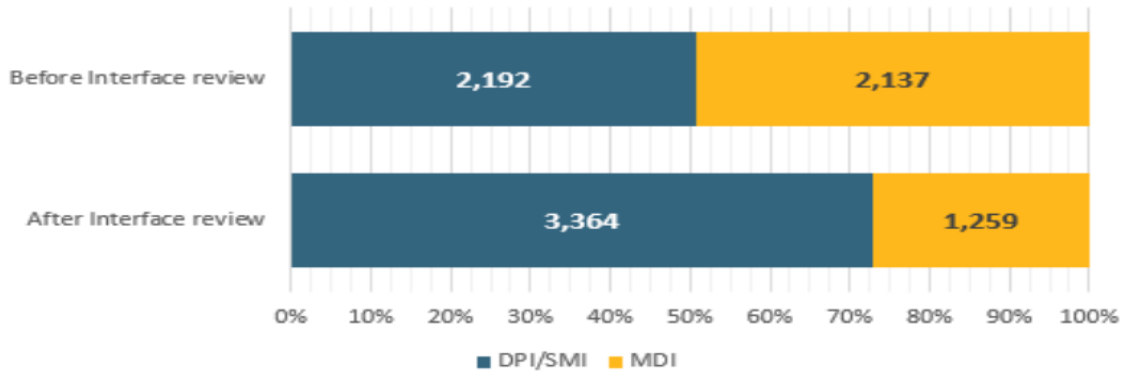


Pharmacological interventions:

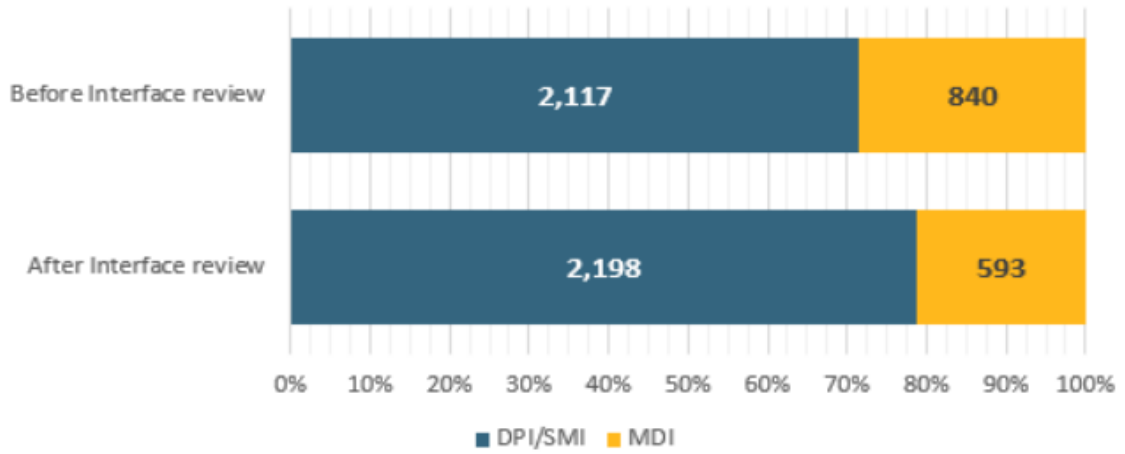
- 77% of patients received ≥ 1 pharmacological intervention.
- 27% of patients consulted received an escalation in their management.
- 5% of patients consulted received a de-escalation of their management.
- 68% of patients consulted were maintained at their current level of management, with 66% of these receiving a change of device or molecule.
- 5.6% reduction in overall number of maintenance inhalers used via rationalisation of patient inhalers where clinically appropriate.
- 22% increased adoption of lower Global Warming Potential (GWP) inhalers.
- All recommendations aligned to the aims & objectives of the Joint Working project.



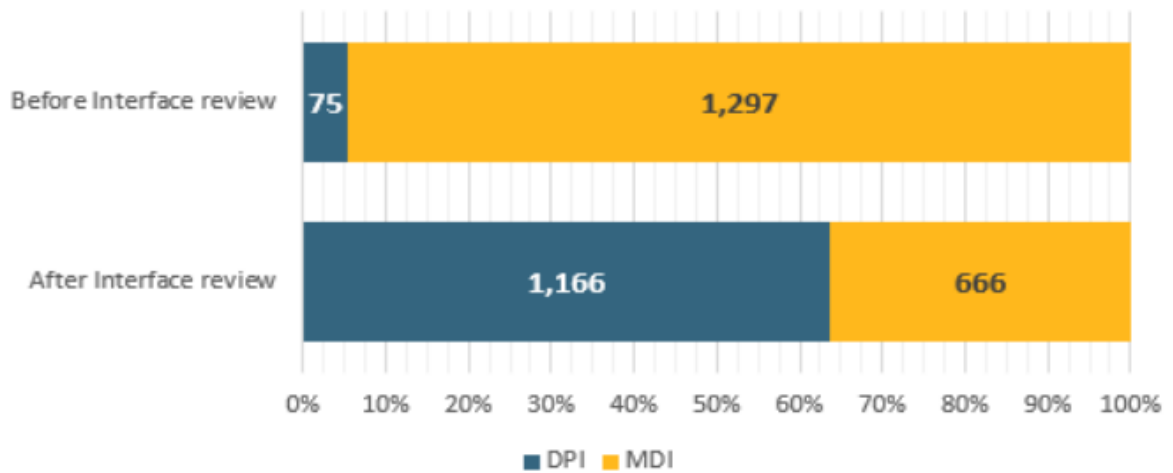
All inhalers



Maintenance only inhalers



SABA or SAMA inhalers



Lessons learned:

- This project overachieved on practice recruitment with fast uptake by practices. This may have been due to the Universal Offer also covering the same time.
- The work carried out met the overall objectives.
- The achievement in the increased adoption of lower GWP inhalers shows that patients and prescribers are interested in the environmental issues with prescribing and are willing to move to lower GWP when clinically appropriate. All project communication contained a reminder of the aims and objectives of the project to increase awareness. Utilising all opportunities of communication likely played a part in this movement.