

Summary of “Health Innovation Manchester and GSK Joint Working: Optimisation of care for people living with COPD in Greater Manchester”- GlaxoSmithKline (UK Ltd) and Health Innovation Manchester

June 2022 – November 2023

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

Project Overview:

Health Innovation Manchester and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of standardising patient care in line with national and local guidelines, reducing GP 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:

- Validating the COPD disease registers within participating practices including GOLD staging for each patient.
- Delivering reviews for COPD patients in line with GMMMG ‘COPD Management Plan’. Ensuring effective medicines optimisation in line with the local prescribing guidelines.
- Aligning to the GMMMG ‘COPD Management Plan’ to ‘use dry powder inhalers wherever possible to avoid the environmental impact of MDI inhalers’ and the Investment and Impact Fund ‘Help create a more sustainable NHS’ enhanced service, where clinically appropriate for patients.
- Ensuring appropriate referrals to local pulmonary rehabilitation, smoking cessation, oxygen services and members of the MDT where needed.
- Supporting primary care to conduct guideline level reviews through education.
- Supporting the NHS, where applicable, in achieving NHS England’s priorities according to 2022/23 priorities and operational planning guidance and Core20Plus5 focus areas e.g. increasing the uptake of Flu and Pneumonia vaccines.

The project launched in June 2022 with the project being communicated to all primary care practices across Greater Manchester. The NHS project team attended various primary care network meetings across the locality to drive practice recruitment and used localised project information packs to share information regarding the project to interested practices. The project provided full review in 48 practices. The initial ambition was to recruit 50 practices.

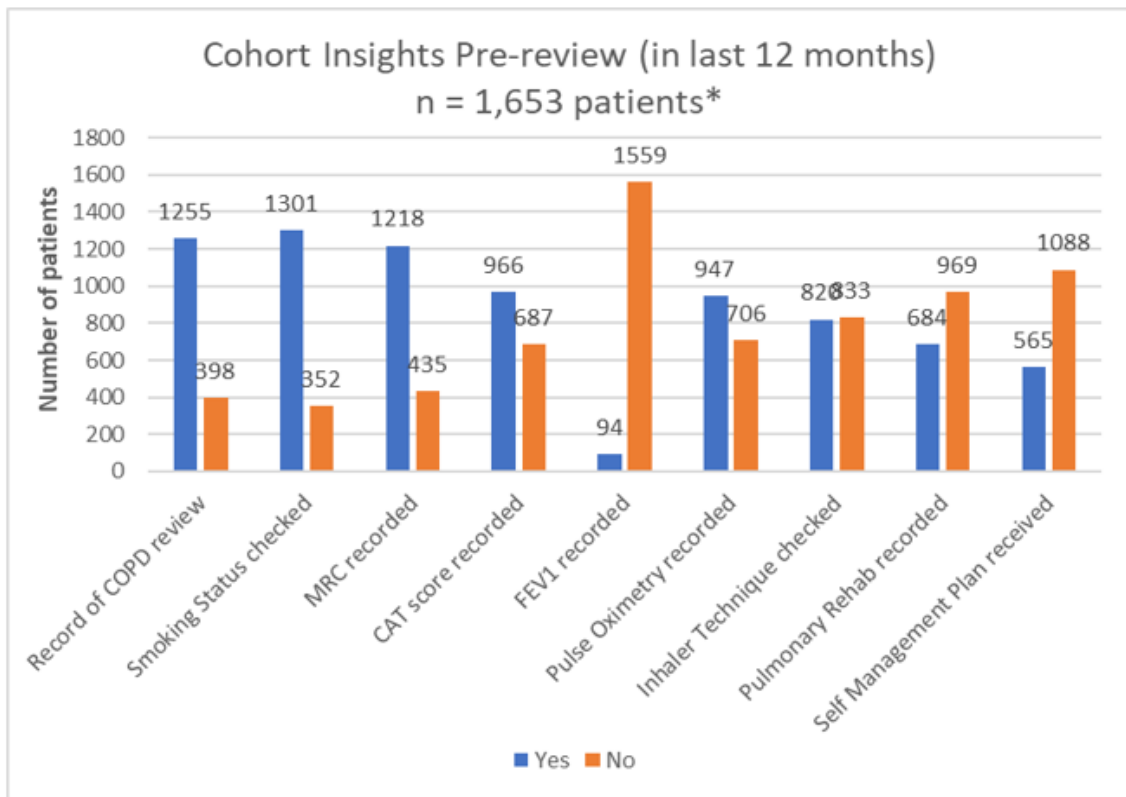
Work carried out in participating practices:

- 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 the GMMMG ‘COPD Management Plan’.
- 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.

Results:

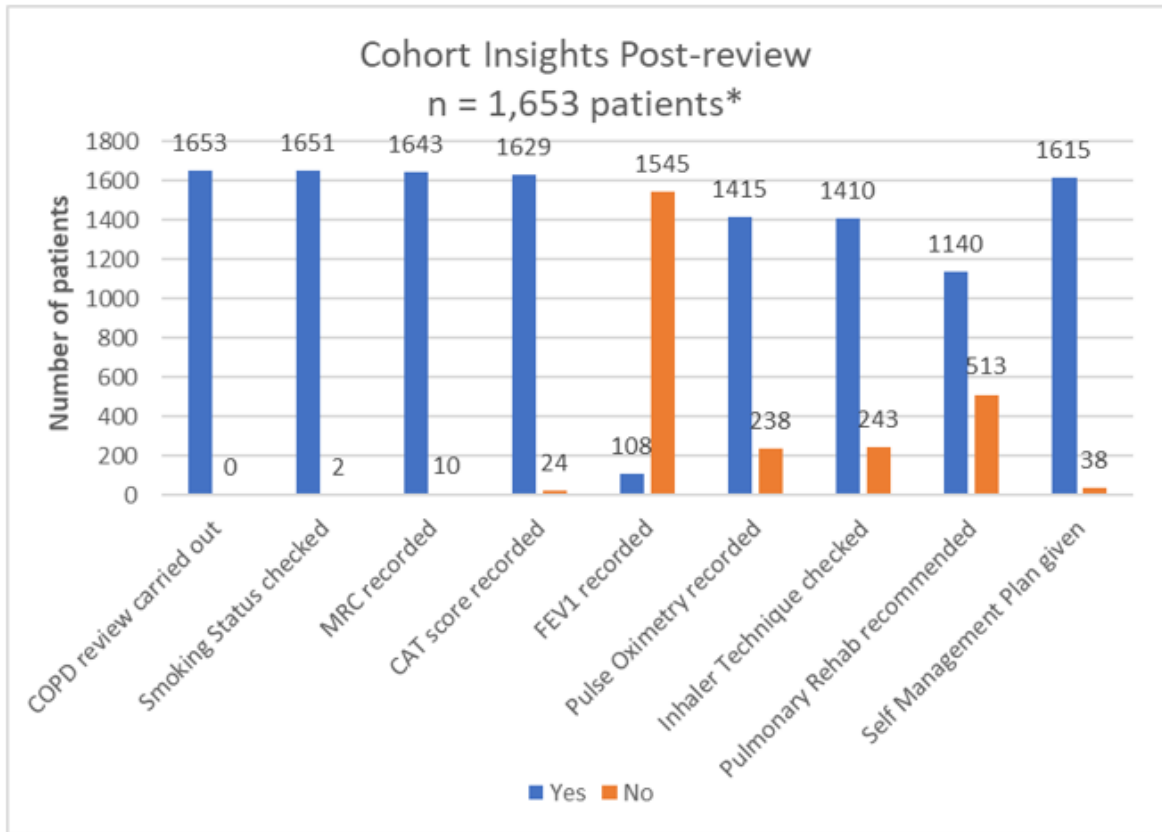
- 1, 653 patients reviewed.
- 65% of reviews were done face to face and 35% were done remotely.
- 398 of patients reviewed had not received a review in the previous 12 months.
- 352 had not had their smoking status checked in the previous 12 months.
- 833 had not had inhaler technique checked in the previous 12 months.

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



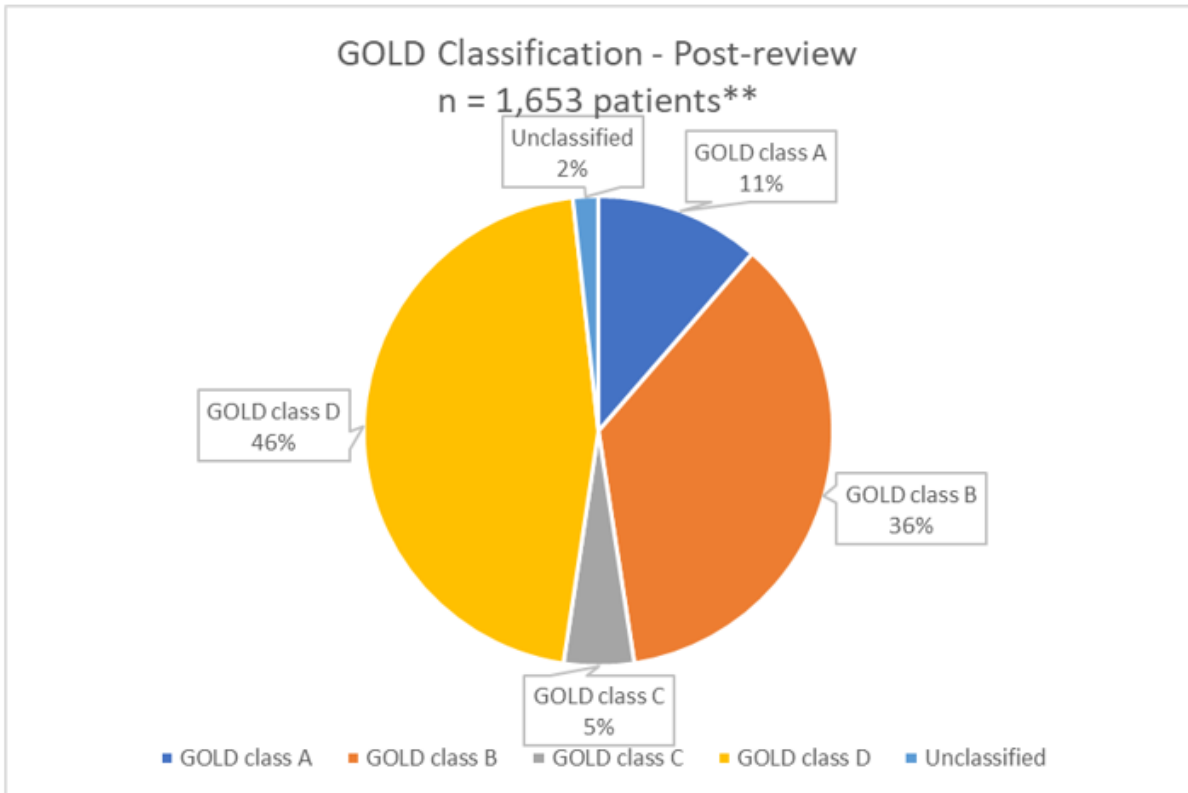
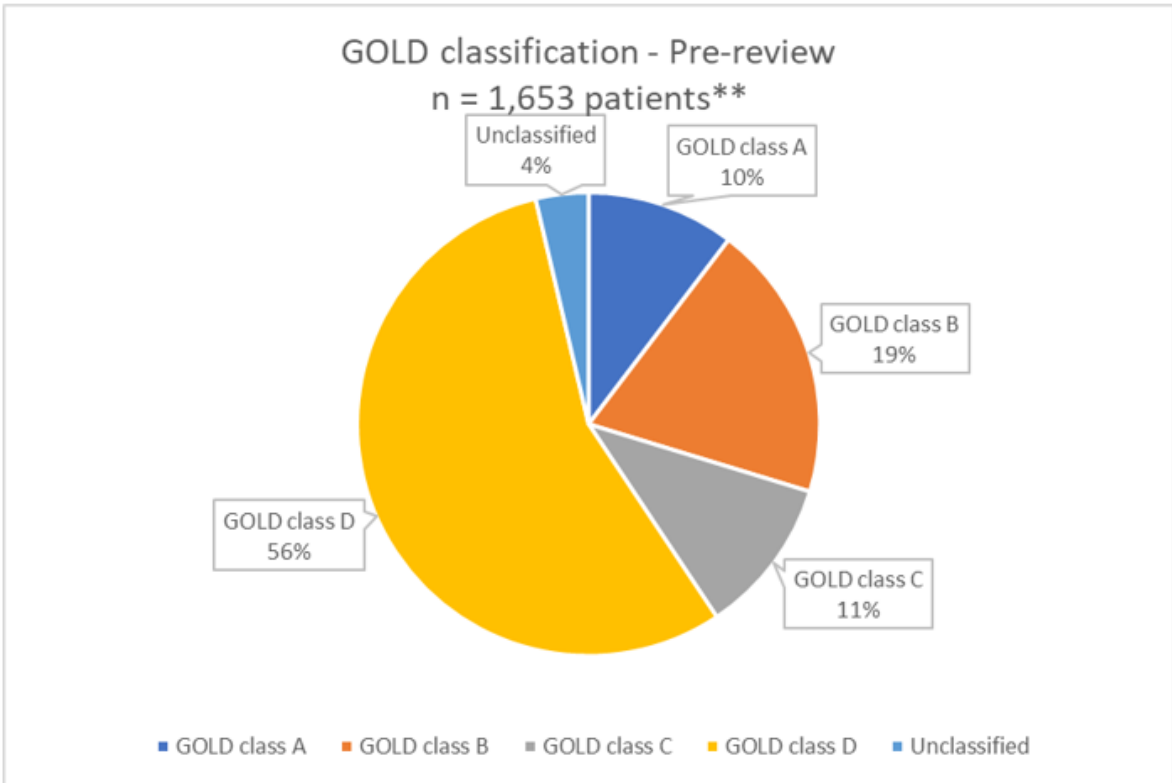
* Patients receiving an initial full COPD review

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



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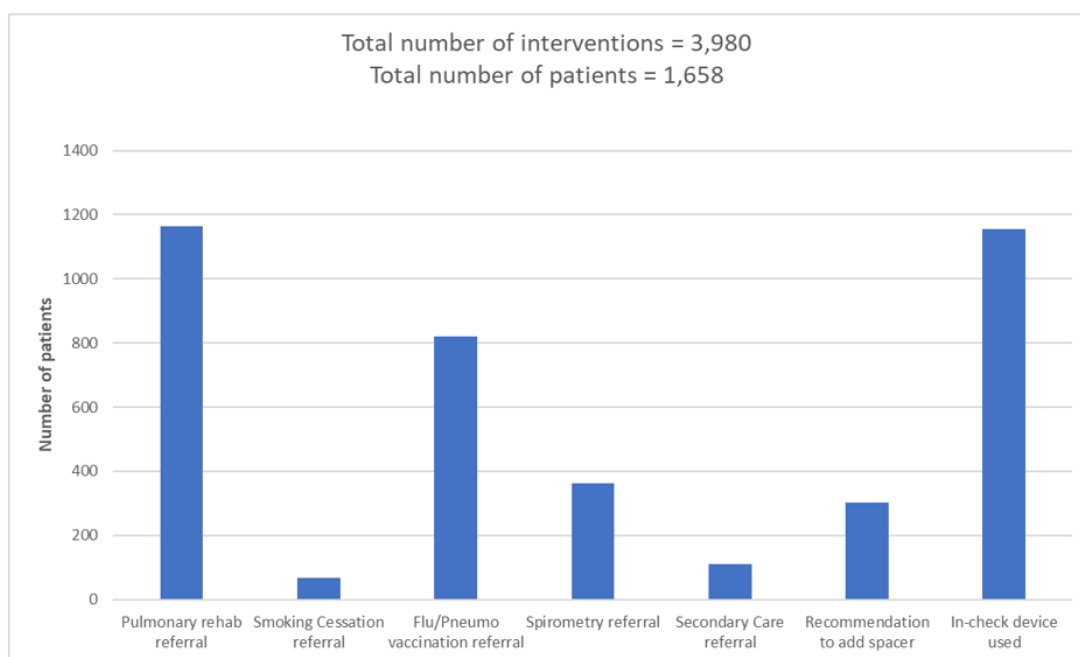
Classification based on last recorded mMRC/CAT – if no recordings in the last 12 month

Pharmacological interventions (patients may have been reviewed more than once)

Intervention	Patients	% of patients
Escalation of therapy	300	15.6%
De-escalation of therapy	25	1.3%
Maintained at current level of therapy	1,603	83.1%

Intervention	Patients	% of patients
Device change only	941	48.8%
Molecule change only	0	0.0%
Device and molecule change	164	8.5%
No device or molecule change	823	42.7%

Non- pharmacological interventions (patients may have more than one)



* Patients may have more than one non-pharmacological 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	1445	730	288	1143
LABA only	5	1	1	2
LAMA only	0	0	131	121
LABA + LAMA (multiple)	0	0	10	2
LABA/LAMA (combined)	7	8	258	280
ICS only (Inhaled Corticosteroid-ICS monotherapy, is not licensed in COPD)	12	4	4	4
ICS + LABA (multiple)	0	0	0	0
ICS + LAMA (multiple)	6	2	10	6
ICS/LABA (combined)	125	63	105	128
ICS + LABA + LAMA (multiple)	0	0	0	0
ICS/LABA+LAMA or ICS+LABA/LAMA (multiple)	122	62	305	219
ICS/LABA/LAMA (combined)	454	352	419	682

Lessons learned:

- The project benefitted from broad representation within Health Innovation Manchester as the project team consisted of project managers, a clinical lead, communications officer and a business intelligence manager- the diversity of roles increased reach with practices and allowed for greater project evaluation.
- Early results could have been more broadly shared to drive practice recruitment.
- Practice recruitment deadlines should be agreed and communicated to practices as this may help to speed up recruitment.
- Communication should include what the requirements for the practice will be as concerns over this can slow recruitment.
- Any in depth data reporting requirements should be assessed and planned before starting the work to enable greater reporting aligned to Core20Plus 5. This could include aspects such as ethnicity which may not be automatically captured.
- There was a great need for spirometry but not necessarily the ability to perform it due to airflow requirements and equipment being uncalibrated for long periods during/post COVID.