

Summary of “COPD: Risk Stratification and management optimisation in line with national guidelines and local formulary and strategy” Joint Working Project between GlaxoSmithKline (UK Ltd) and Our Health Partnership (OHP)

April 2022 – January 2023

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

Project Overview:

Our Health Partnership (OHP) 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 locality guidelines. During the project we focussed on the following objectives:

1. Prioritising patients with risk factors for review
2. Ensuring alignment to national NICE COPD management and prescribing guidelines
 - a. 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.
 - b. Reinforcing the appropriate use of triple therapy as guided by the NICE guidelines.
 - c. Ensuring patients received appropriate therapy in line with national guidelines.
 - d. Minimising the number of inhalers and the number of different types of inhaler used by each person as far as possible.
 - e. Prescribing in line with local formulary.
3. Aligning to the national prescribing strategy, Investment and Impact Fund ‘Help create a more sustainable NHS’ enhanced service where clinically appropriate for patients.

The project launched in April 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 9 practices that chose to take part, with the original aim of 21 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.
- Support for primary care staff to understand and implement current best practice guidance via shadowing of ICS pharmacist.

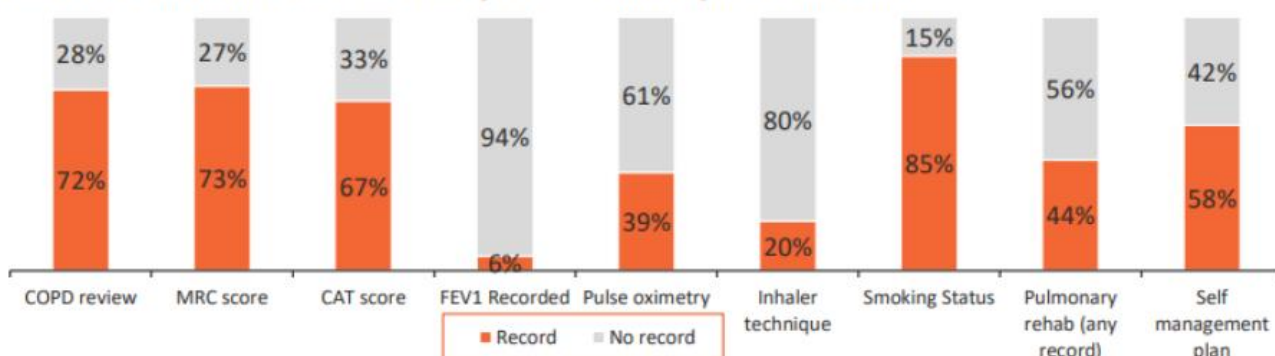
Results:

- 559 patients seen in pharmacist led clinics.
- 28% of patients reviewed in participating practices had not received a COPD review in the previous 12 months.
- 80% of patients reviewed 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.

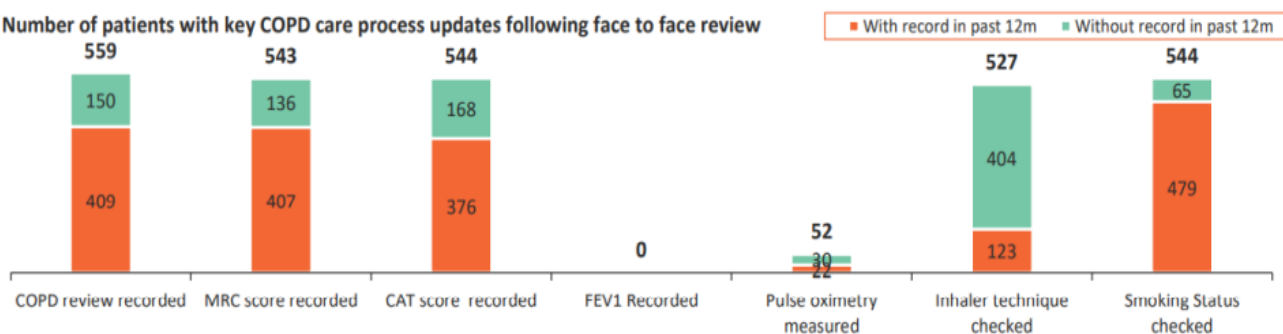
Baseline care process achievement

Practice achievement of COPD care processes in the past 12 months

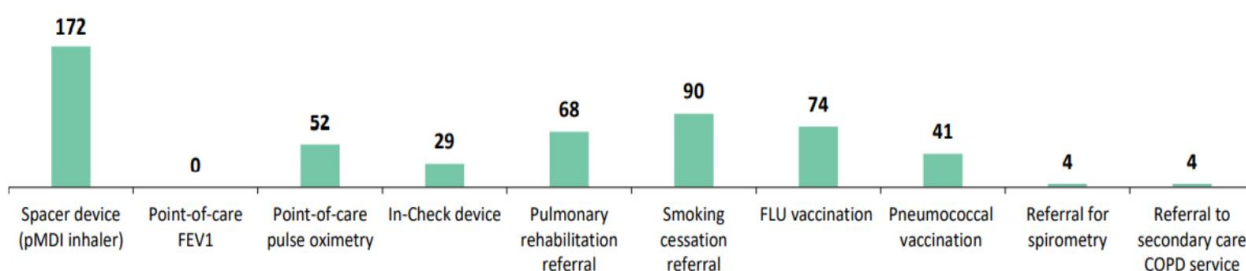


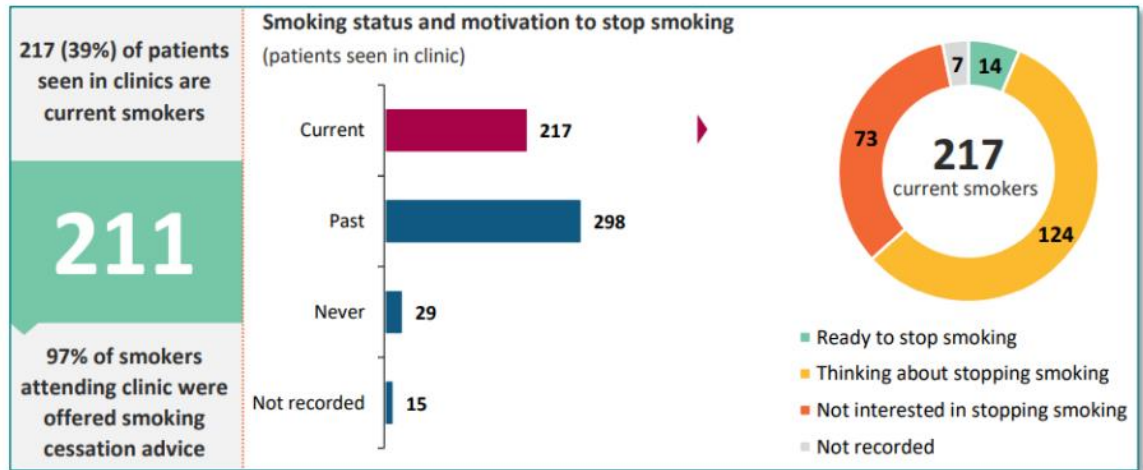
Post Service Care achievement

Number of patients with key COPD care process updates following face to face review



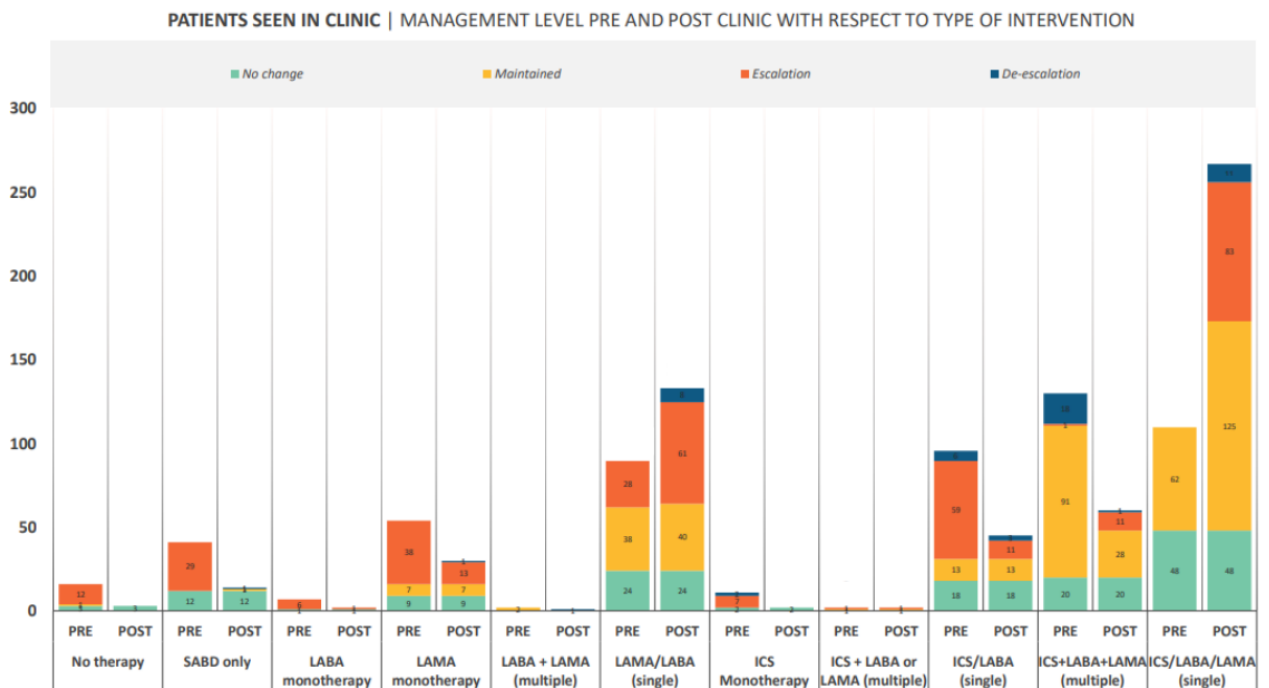
Non-pharmacological interventions

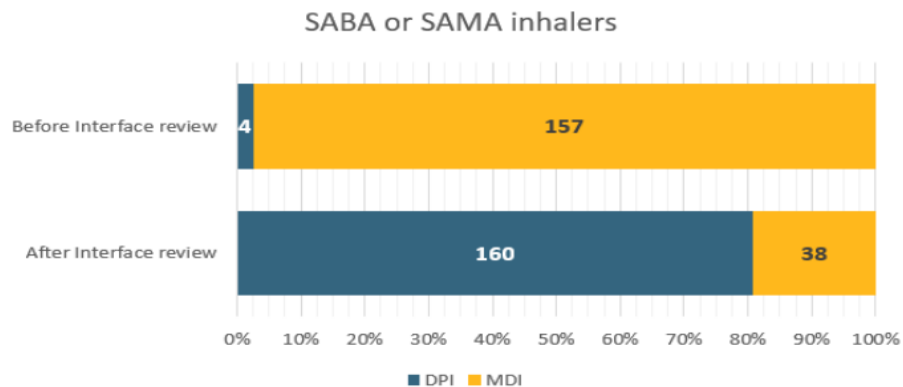
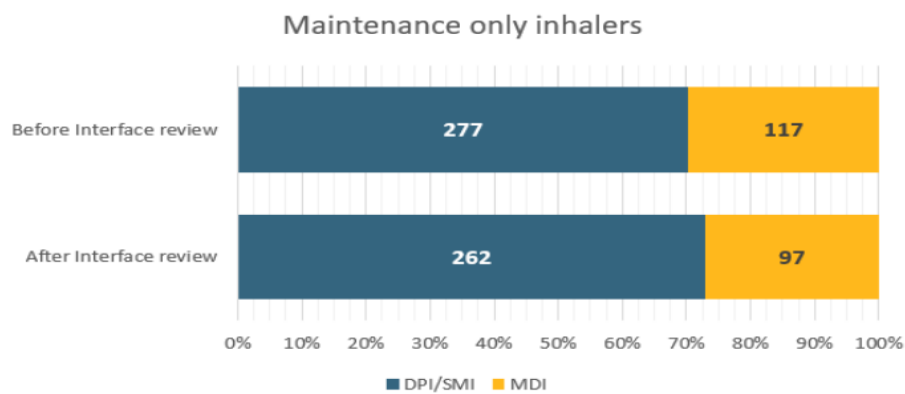
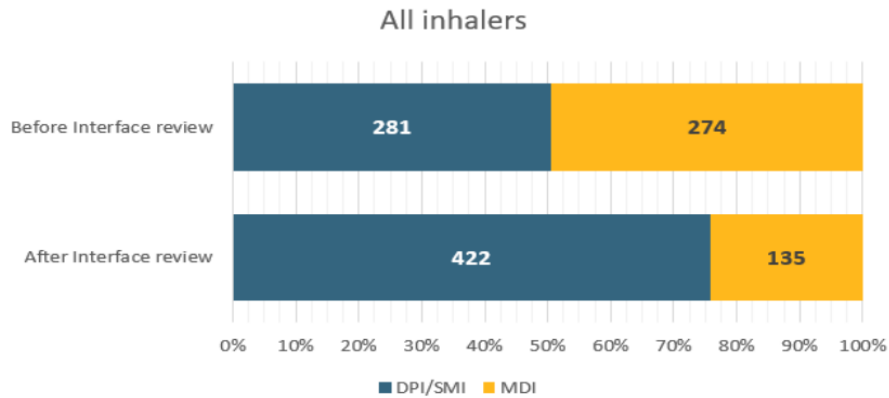




Pharmacological interventions:

- 76% of patients received ≥ 1 pharmacological intervention.
- 32% of patients consulted received an escalation in their management.
- 5% of patients consulted received a de-escalation of their management.
- 63% of patients consulted were maintained at their current level of management, with 61% of these receiving a change of device or molecule.
- 9% reduction in overall number of maintenance inhalers used via rationalisation of regime where clinically appropriate.
- 3% increased adoption of lower global warming potential maintenance inhalers.
- All recommendations aligned to the aims & objectives of the Joint Working project.





Lessons learned:

- The project made successful impact against all objectives.
- Successful implementation was largely due to centralised coordination at OHP through the Consultant Pharmacist and good communication at practice level through a key contact, to ensure all staff involved were clear of the project plan and objectives. In many cases that key contact was the PCN or practice-based pharmacist or respiratory lead.
- This area was already working on the decarbonisation strategy as seen in the pre-clinic achievement being at 70% of maintenance inhalers being lower global warming potential, however, the project increased this to 73% showing practices and patients are willing to continue engaging in a discussion regarding more environmentally friendly prescribing and that continued work on this area is worthwhile.

- The practice uptake in this project wasn't as high as the project team hoped- this could be due to a range of factors, and it would have been beneficial to ask those who declined to gain the insight as to why.
- It may have been useful to set up teams 'drop in calls' for the declining practices to answer any questions they had and to show them the outcomes in participating practices.
- "This project would not have been possible without the support of the sponsor and the engagement and flexibility of the provider, Interface. This kind of collaboration is exactly what the NHS needs and is a great example of how multiple parties can work together to improve patient care"- Consultant Pharmacist.