Summary of "Legacy across Black Country" Joint Working Project

GlaxoSmithKline (UK Ltd) and Black Country ICB

January 2023 – November 2023

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

Project Overview:

Black Country ICB and GlaxoSmithKline (UK Ltd) undertook a Joint Working project with the aims of standardising patient care in line with national and local guidelines, reducing 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 register in participating practices.
- Ensuring alignment to national and regional COPD management and prescribing guidelines 'COPD Inhaler Treatment Guidelines'.
- Aligning to national prescribing strategy Investment and Impact Fund 'Help create a more sustainable NHS' enhanced service where clinically appropriate for patients.
- Supporting the NHS with Core20PLUS5 priorities.

The project launched in January 2023 with the project being communicated to all primary care practices across Black Country. The project provided full review in 31 GP practices. The initial ambition was to recruit 50 practices but recruitment was completed early due to revised project timelines.

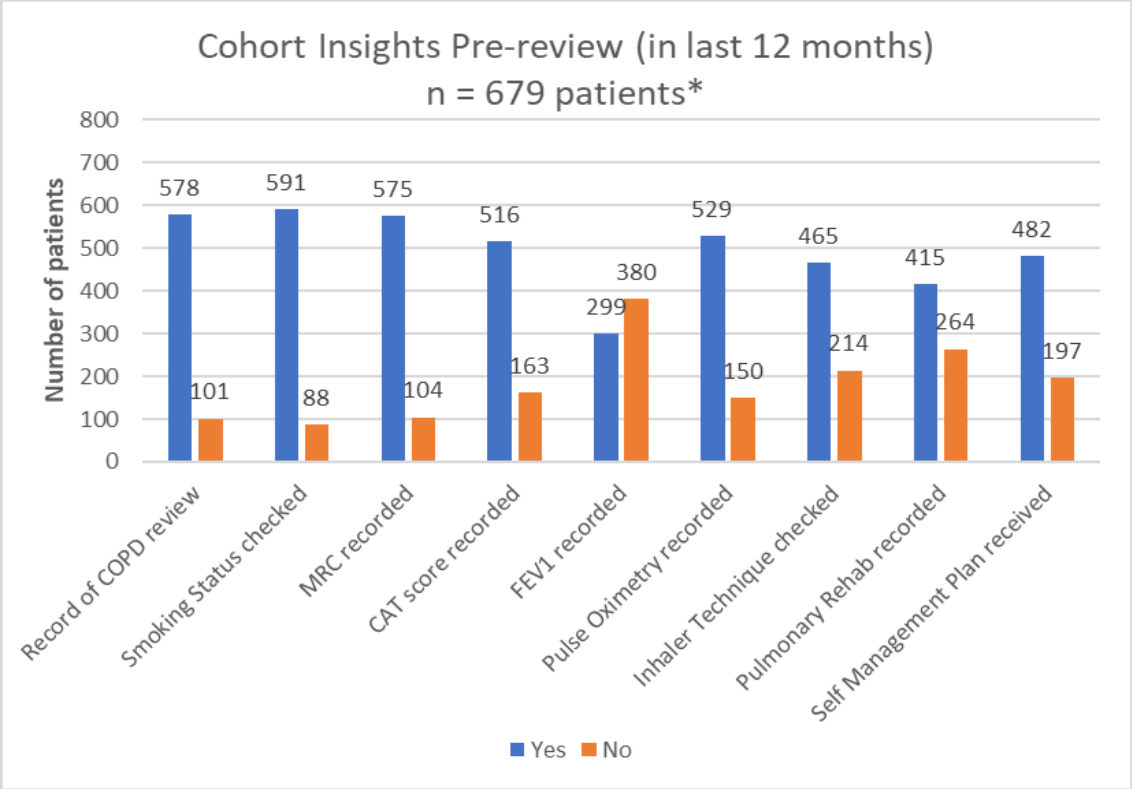
Work carried out in participating practices:

- 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 national and regional guidelines.
- 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:

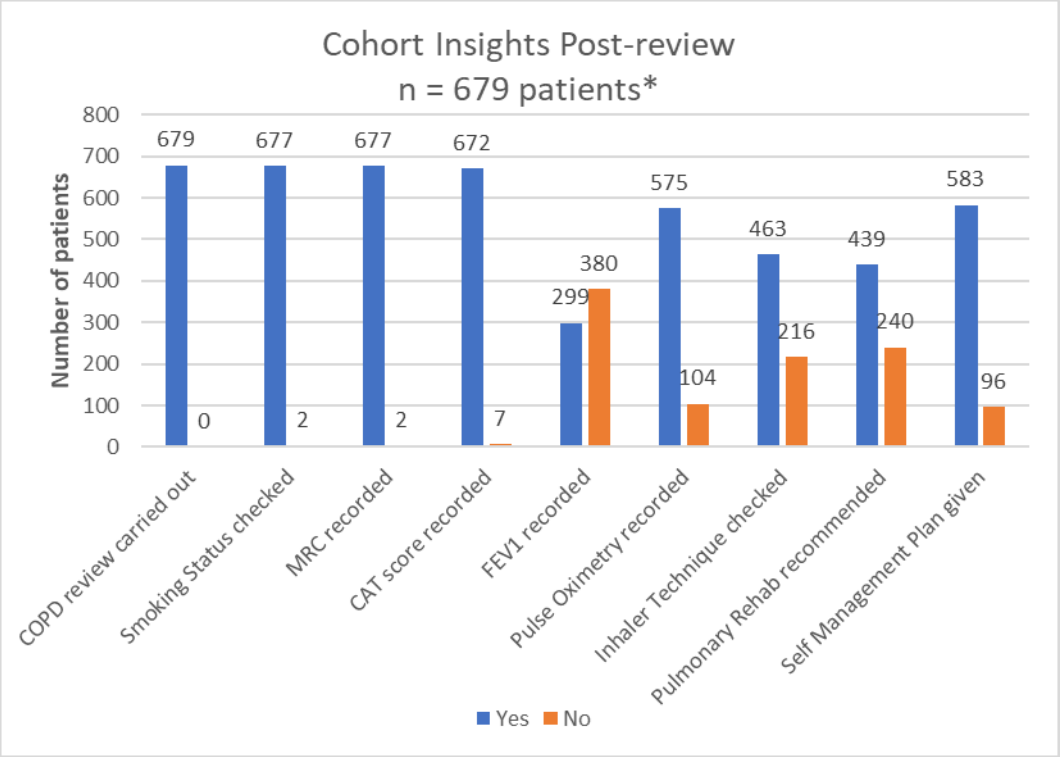
- 679 patients reviewed.
- 48% of reviews were done face to face and 52% were done remotely.
- 101 patients reviewed had not received a review in the previous 12 months.
- 88 had not had their smoking status checked in the previous 12 months.
- 214 had not had inhaler technique checked in the previous 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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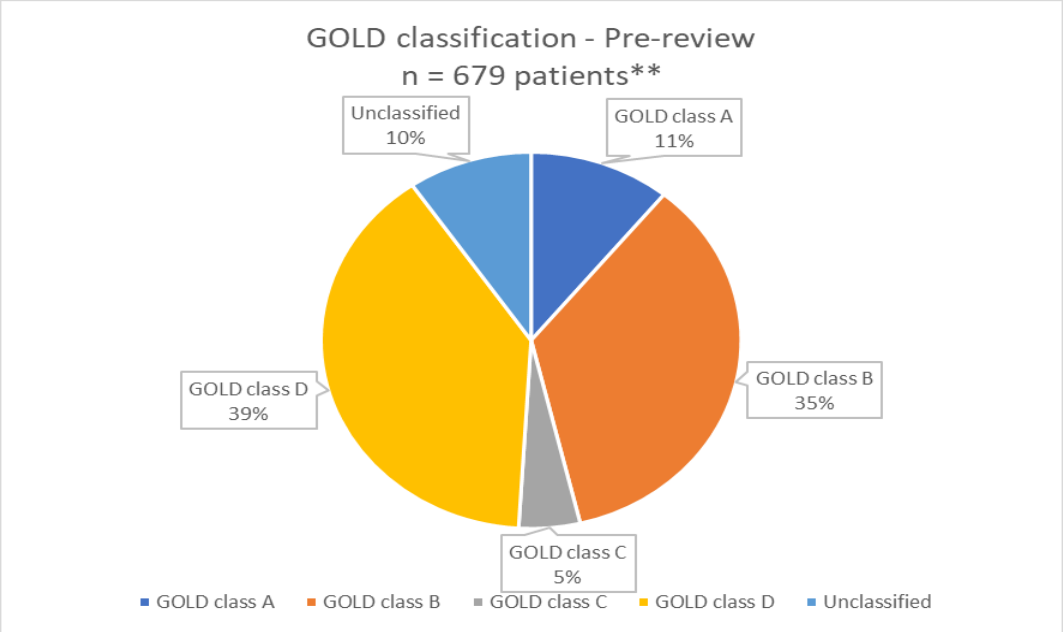
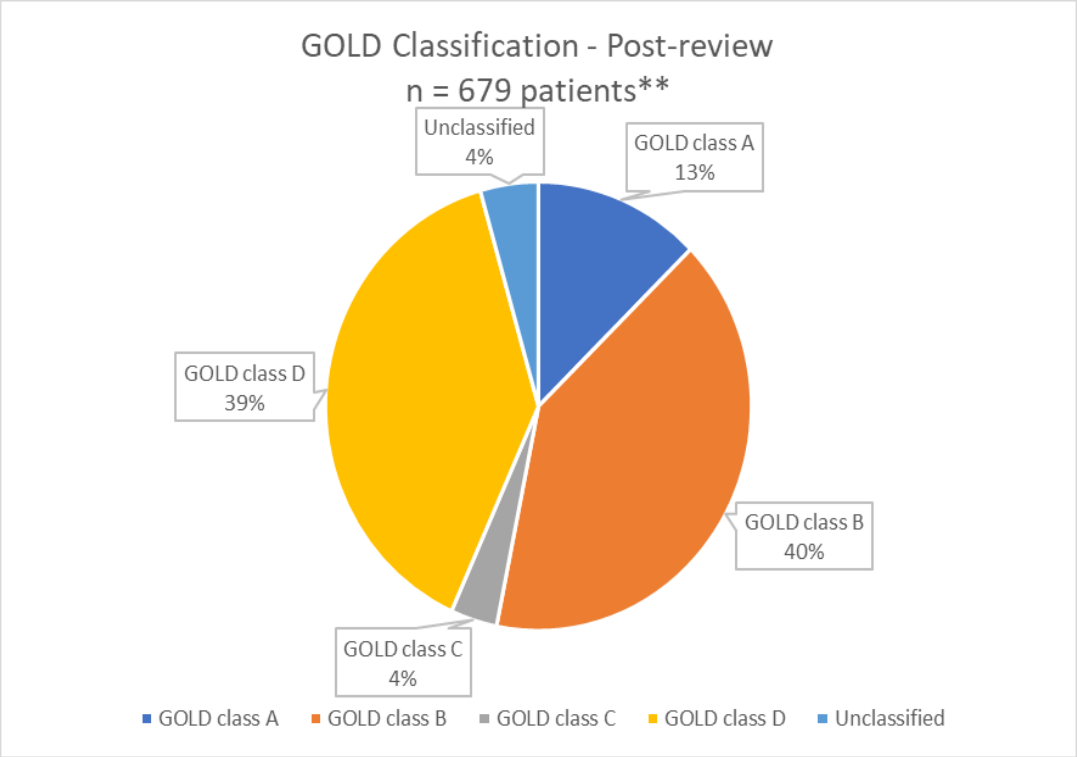


** Patients receiving an initial full COPD review

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



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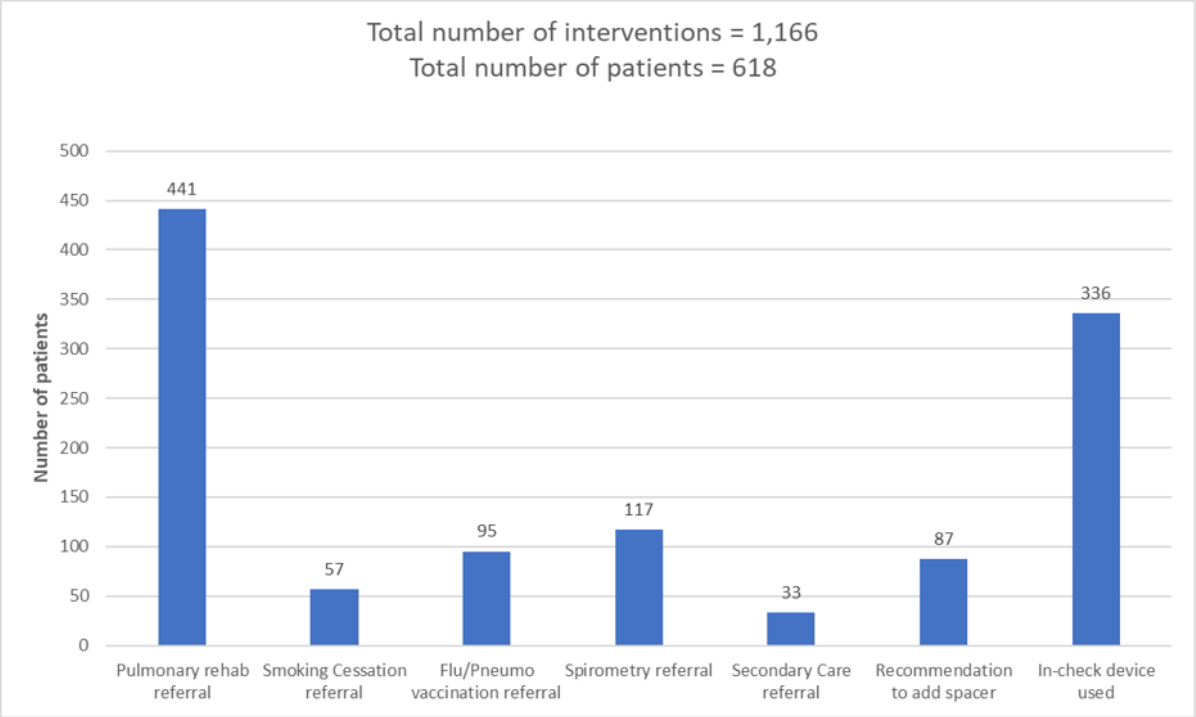
Classification based on last recorded mMRC/CAT – if no recordings in the last 12 month

Pharmacological interventions (some patients were reviewed more than once)

Intervention	Patients	% of patients
Escalation of therapy	127	17.3%
De-escalation of therapy	28	3.8%
Maintained at current level of therapy	580	78.9%

Intervention	Patients	% of patients
Device change only	284	38.6%
Molecule change only	0	0.0%
Device and molecule change	67	9.1%
No device or molecule change	384	52.2%

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



Breakdown of device type and MDI/DPI split (total number) 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	639	494	51	218
LABA only	1	0	0	0
LAMA only	0	0	45	28
LABA + LAMA (multiple)	0	0	0	0
LABA/LAMA (combined)	4	6	80	106
ICS only (Inhaled Corticosteroid-ICS monotherapy, is not licensed in COPD)	11	4	1	0
ICS + LABA (multiple)	0	0	0	0
ICS + LAMA (multiple)	0	0	0	0
ICS/LABA (combined)	71	37	48	39
ICS + LABA + LAMA (multiple)	0	0	0	0
ICS/LABA+LAMA or ICS+LABA/LAMA (multiple)	56	30	142	74
ICS/LABA/LAMA (combined)	207	213	103	197

Lessons learned:

- The project had broad representation from the NHS including roles across the ICB and secondary care, however it would have been advantageous to have more representation from primary care.
- Practice recruitment through ICB communications worked well and the project team believe they would have got closer to the ambition if the recruitment period was longer.
- The project had a positive impact on the sustainability aspect, this was driven in all project communication to practices and was within the clinical protocol addendum- along with the other objectives of the project. For any future work with practices, communication of the ICB goals should be made clear and opportunities to refresh practices on the objectives should be maximised.
- ICB data analysis should be considered during the project scoping phase to ensure that the correct data is being captured from the start as gathering this information retrospectively can be challenging.