

GlaxoSmithKline UK Ltd – COPD Project

A COPD Therapy Review Service by 'Interface Clinical Services Ltd.' (ICS Ltd) pharmacists will support practices in achieving the key long-term goals of COPD management through a proactive clinical record assessment of all patients with a diagnosis of COPD and through the provision of pharmacist-led consultations, a full clinical review for patients with an FEV₁ ≥ 30 falling in defined cohorts.

Patients with a diagnosis of COPD will be stratified to provide a baseline report detailing current COPD management and level of symptoms and exacerbations and current treatment

- Pharmacist-led face-to-face or remote COPD reviews will be provided for patients identified in one of the review cohorts to optimise both non-pharmacological and pharmacological care in line with Hampshire Guideline. The final management decisions are made by patient's own HCP.
- Baseline and post review summary reports detailing key outputs and Quality Improvement markers will be produced to support a sustained improvement in care for COPD patients

COPD Evaluation will enable reporting on practice-level COPD metrics at six months post-COPD therapy review service. This detailed dashboard report allows the healthcare organisation to:

- Baseline the care of patients with COPD with respect to all aspects of their condition and its management (including symptoms, exacerbations, therapy class, holistic care measures)
- Evaluate the impact of work already undertaken
- Build on the work undertaken during the COPD Therapy Review Service
- Sustain improvements in COPD management through completion of an audit (QI) cycle to evaluate change

COPD shadowing supports primary care in understanding and implementing current best practice guidance for the management of COPD through shadowing of clinical pharmacists during clinics.

Patient benefits:

- Full review in line with local guidelines based on current therapy and risk stratification (patients may have not received a review otherwise or will receive quicker than when reviewed in yearly cycle) potentially increasing volume of those receiving a review, potentially leading to better outcomes
- Optimisation of both non-pharmacological & pharmacological management
- Potentially fewer COPD- related interventions, including hospital admissions
- Better informed about COPD management and treatment options
- COPD managed in accordance with current best practice clinical guidance

- Better experience of the healthcare system – access to an Interface Clinical Service Clinical pharmacist and/or upskilled primary care clinician at their own GP practice

Practice Input -

- Admin staff time to arrange clinics with the practice
- Completion of the authorisation form by GP
- Discussion re: baseline data with authorising GP
- Discussion of recommended interventions between ICS Ltd pharmacist and authorisation GP.
- Structured handover of the service to authorising GP.
- Full review of risk stratified patients within following cohorts (If applicable; N.B. these patients are either prescribed out of licence therapy at baseline, or guideline implementation would potentially result in off licence management) – LAMA or LABA or SABD or No Therapy with eosinophil count of 0.2 and exacerbations or eosinophil count greater than or equal to 0.3; ICS alone; ICS+LABA or LAMA (multiple inhalers)
- 6-month remote dial in
- Follow up of patients (where required)

Richard Russell, Consultant Physician and Respiratory Lead NHS England South East and HIOW says:

“ This project is an effective way of re-booting COPD patient reviews. The new HIOW prescribing guidelines emphasises the need to get the right patients on the right combination treatment using the right device and this project helps implement this leading to better outcomes. Finally, the project also looks at the carbon footprint of our treatments and optimises this. The project is a win for our patients, for HCP and for the environment. “