



Collaborative Working Project executive summary

Project title	A Collaborative Working Agreement between Sanofi and NHS
Project title	Humber Health Partnership to review and improve the
	identification and management of patients with COPD across
	Humber and North Yorkshire.
Partner organisation/s	NHS Humber Health Partnership, Hull University Teaching Hospitals NHS Trust, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ
	Sanofi, 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT
	NHS Humber Health Partnership is the lead NHS organisation for this collaborative working project which also involves Humber and North Yorkshire Integrated Care Board and Humber and North Yorkshire Health Innovation Network.
Project rationale	Chronic Obstructive Pulmonary Disease (COPD) represents a significant health challenge within the Humber and North Yorkshire Integrated Care Board (ICB) region, with prevalence rates notably exceeding national averages. In the financial year 2023/24, the Yorkshire and Humber region recorded a COPD prevalence of 2.3%, considerably higher than England's average of 1.86%. This disparity is particularly pronounced in Hull, where the prevalence reaches 3.1%.
	The burden of COPD in the region is reflected in heightened healthcare utilization patterns. Hull, for instance, experienced an emergency hospital admission rate of 318 per 100,000 population in 2022/23, approximately 1.7 times higher than the national average of 191 per 100,000. This elevated burden correlates strongly with the region's high smoking rates, a primary risk factor for COPD development.
	In response to these challenges, the Humber and North Yorkshire ICB has implemented comprehensive strategic initiatives. These include an Integrated Health and Care Strategy focusing on respiratory conditions, development of standardized clinical guidelines, and innovative partnerships with organizations like Lenus Health to implement Al-driven COPD care solutions. The ICB is also actively addressing workforce challenges through strategic initiatives, including dedicated training programs and a comprehensive Lung Health strategy.
	H&NY ICB demonstrates a strong commitment to adopting NICE technology appraisals, particularly in digital health solutions for COPD self-management. A notable example is their collaboration with Lenus Health for Al-driven remote monitoring, especially crucial during winter months when COPD exacerbations typically increase. The Health Innovation Yorkshire & Humber has been



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	instrumental in evaluating these technologies at Hull University Teaching Hospitals Trust. The region faces stark inequalities in respiratory health, with COPD disproportionately affecting deprived communities where risk factors such as smoking and environmental pollution are more prevalent. To address these disparities, a partnership has been formed between Hull University Teaching Hospitals, the ICB, Humber and North Yorkshire Health Innovation Network, and Sanofi. This collaboration aims to tackle COPD health inequality challenges and ensure equitable access to optimal care. The project aligns closely with national priorities, including Professor Lord Darzi's Independent Investigation recommendations and the strategic priorities outlined by Health Secretary Wes Streeting. It focuses on improving patient access to healthcare, early disease detection, and shifting emphasis from sickness to prevention. These initiatives position the region well for future healthcare developments, particularly considering the NHS 10-Year Plan for 2025.
Project period	Q3 2025 – Q1 2026
Project objectives	The aim of the collaborative working project is to review the COPD pathway and services across H&NY by undertaking a quality improvement and population health management approach to improve the identification and management of patients with COPD. The objectives of the project are to: • Undertake a review and deep dive of the COPD population needs and service/pathway across H&NY to: • Assess how the COPD service and pathway meets the standards of the NICE guidelines, 5 core standards of care and national best practice and national priorities through: • Benchmark against comparative national and local data (e.g., NRAP, GIRFT Review, Model Health System) • Undertake interviews with key stakeholders to obtain their views on the current pathway/service to identify gaps and issues and make recommendations on pathway changes to address them.



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- Undertake a population health management approach to review the population with COPD and their access to treatment and outcomes and identify variation in care and develop proposals to address this variation:
 - Analyse data on A&E attendances, hospital admissions and subsequent follow-up to assess the level of specialist follow-up for patients with COPD. Based on findings of the data analysis to identify any changes to the pathway that are required to optimise treatment A&E attendance or hospital admission.
 - Review uptake of preventative interventions within the population with COPD including flu and pneumonia immunisation, pulmonary rehabilitation, smoking cessation, virtual ward, case management and oxygen treatment.
 - Identify health inequalities within the current pathway/services for people with COPD and review what services are currently doing to tackle health inequalities and particularly to meet the Core20Plus5 respiratory targets.
- Review of the effectiveness and efficiency of existing COPD services and identify opportunities to design and improve the allocative efficiency in the use of existing respiratory resources.
- Review existing arrangements for the identification of and risk stratification of people with COPD who are at highest risk of admission or readmission to hospital. Explore and consider the requirements to improve the identification of patients with COPD who are at high risk of hospital admission and readmission.
- Review and identify the service delivery requirements to deliver appropriate advanced therapies for people with COPD.
- Develop a report on the outcomes of the review with recommendations to improve the pathway and service for patients with COPD, implement interventions at a population health level, improve efficiency of existing services and reduce health inequalities for people with COPD.
- Develop an outline Action Plan to implement agreed pathway, service changes and Evaluation Framework to support the evaluation of agreed changes that can be replicated at scale.





	This project will be supported by pooling of resources approximately £12,900 (Sanofi 46%, NHS 54%)
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