

Collaborative Working Project Executive Summary

Project title	Humber and North Yorkshire Neighbourhood COPD Risk Stratification
Partner organisation/s	NHS Humber Health Partnership - Hull University Teaching Hospitals NHS Trust, Trust Headquarters, Hull Royal Infirmary, Alderson House, Anlaby Road, Hull, HU3 2JZ Sanofi - 410 Thames Valley Park Drive, Reading, Berkshire, RG6 1PT
Project rationale	Purpose: Develop and implement a proactive, risk-based model of specialist-led, integrated, neighbourhood care for people living with COPD in the Humber region and improving access to preventative, specialist care and treatment. Background: Gaps in Care Delivery and Patient Outcomes The reactive nature of current COPD management creates compounding gaps in care: • Patients who exacerbate between annual reviews are typically treated with short courses of oral corticosteroids and/or antibiotics, often without review of their maintenance therapy • This contributes to delays in appropriate escalation of treatment and increases the risk of further exacerbations • A lack of knowledge and skills relating to advanced COPD treatments — including biologics — leads to delays and inequities in access to therapies that could significantly improve outcomes • Approximately 1 in 4 'high/rising risk' COPD patients identified in a pilot initiative in the Humber region during winter 2025–2026 potentially met criteria for advanced therapy initiation based on NICE criteria — yet many of these patients were not being identified or referred through existing pathways. Advances in our understanding of COPD and its endotypes, and development of new therapeutics, mean that there are now a range of effective solutions to reduce risk among COPD patients. However, if we are to improve outcomes for people living with COPD, it is essential that we adopt a more proactive, risk-based model of care. To achieve this, it will be necessary to monitor risk among the COPD patient population and act promptly when modifiable risk is identified. This provides an opportunity to utilise digital technology to identify risk, and initiate proactive, preventative care that can be delivered in community/neighbourhood settings.
Project period	Q3 2026 to Q4 2027
Project objectives	Project aim: The project aims to operationalise and evidence a specialist-led, integrated, risk-based neighbourhood care model incorporating digitally enabled risk stratification and integrated treatment optimisation to ensure proactive identification of people that would

	benefit from advanced COPD therapies and subsequent timely treatment initiation. This will be achieved through the following objectives, mapped to project domains: 1. Service Model & Partnership Framework - Establish and operationalise a specialist-led, integrated, risk-based neighbourhood care model, structured around integrated COPD MDT reviews - Partner with 3 Primary Care Networks (PCNs) in the Humber region to implement the COPD neighbourhood model 2. Patient Identification & Risk Stratification Preliminary modelling using patient and population data including demographics will characterise high-risk COPD patients and the frequency of modifiable factors contributing to COPD exacerbation, to support: - The development and implementation of COPD pathways within secondary care by which secondary care digital system searches will be implemented to identify individuals admitted to hospital within the last 12 months due to a COPD exacerbation, facilitating review. Review of identified patients and treatment optimisation will be undertaken within existing service capacity. - Utilisation of the Analyse RX tool is expected to generate a list of approximately 300 patients for specialist COPD service-supported reviews across the three targeted PCN areas. Patients will receive an optimisation review, which may require escalation to more advanced treatment, including Biologics within NICE guidelines. 3. Clinical Intervention & Care Delivery - Proactively undertake respiratory specialist nurse clinic reviews for identified high-risk COPD patients considered to have modifiable risk - Optimisation reviews will aim to ensure that patients are consistently receiving high-quality, guideline informed COPD treatment in order to reduce the risk of further exacerbations and prevent hospital admissions - Facilitate timely treatment escalation/optimisation, including reducing the time from patient identification to MDT discussion and access to specialist therapies, where appropriate - Time from confirmed eligibility to initiation of advanced therapies including inhaled triple therapy, biologics, lung volume reduction, and domiciliary NIV. 4. Workforce Development & Capability Building - Increase knowledge and skills among primary care teams in identifying and modifying risk in COPD through identifying, optimising and referring COPD patients who may be eligible for specialist MDT review and advance therapies. 5. Clinical Outcomes & Impact Measurement
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- Reduction in COPD exacerbation frequency and hospital admissions among treatment-optimised patients
- Feedback will be gathered throughout the project to support iterative development of the population health management tools and service model

6. Evaluation & Scale-Up

- Develop an evaluation report that demonstrates clinical benefits for patients, PCNs and secondary care pathways creating evidence to support scaled deployment across the UK

A methodologically robust evaluation will be undertaken to evaluate the clinical impact of adopting a proactive, risk-based model of specialist-led, integrated care.

The project has the potential to deliver the following benefits for Patients, the NHS and Sanofi:

Expected Benefits for Patients

- Earlier identification of high-risk individuals with modifiable disease features
- Timely access to optimised treatment, including advanced therapies and biologics where appropriate
- Reduced frequency of exacerbations and associated morbidity
- Improved equity of access to specialist care, particularly for those in deprived communities

Expected Benefits for the NHS

- Reduced unscheduled healthcare utilisation driven by COPD exacerbations
- Strengthened primary care capability through training, mentorship and workforce development
- Development of integrated, community-based care pathways that reduce reliance on secondary care
- Generation of a robust evidence base to support scaled deployment across the UK

Expected Benefits for Sanofi

- Demonstration of strategic partnership value with NHS system partners
- Data generation supporting the appropriate use of advanced COPD therapies
- Positioning as a proactive partner in NHS transformation, aligned with the 10-Year Plan
- A scalable, replicable model that could support market access and patient identification objectives across the UK
- As Sanofi produce therapies for COPD there may an increased use in line with local and national NICE guidance

	<u>Total combined Direct & Indirect Cost = £ 208,242</u> This multi-stakeholder mode will pool resources together, with a total project investment of £208,242 (50.1% NHS / 49.9%% Sanofi). This reflects a genuine collaborative working arrangement with shared accountability for outcomes
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