NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

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Collaborative Working Project executive summary template

Project title	A collaborative working project between Sanofi and Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) to review the COPD pathway and services within the ICB by undertaking a quality improvement and population health management approach to improve the identification and management of patients with COPD.
Partner organisation/s	**NHS Leicester, Leicestershire & Rutland Integrated Care Board**, Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB **Sanofi**, 410 Thames Valley Drive, Reading, Berks, RG6 1PT
Project rationale	There are currently 19,040 people diagnosed with COPD within LLR ICB (March 2024 - QOF data). An additional 926 people were diagnosed with COPD in the year since March 2023 which is an increase of 5.3% (ranking the 31st highest for COPD prevalence out of 42 ICBs). The prevalence of COPD is 1.55% which is below the England average of 1.86%. It is felt that this reflects the under diagnosis of COPD within the ICB. (Reference QOF data 2023-24). In 2023,24, there were 2,925 non-elective admissions to hospital with a primary diagnosis of COPD at a cost of £6,957,604. The COPD admission rate was 140 per 100,000 total population in 2023-24 (ranking the 12th highest COPD admission rate out of 42 ICBs). Within the ICB there are a comprehensive range of respiratory services for COPD in place within hospital (UHL) and community (LPT) Trusts including the Complex COPD clinic, integrated respiratory physicians, Hospital COPD nurse specialists, community respiratory services, and a weekly COPD MDT (between UHL and LPT). This is in addition to routine provision of diagnosis and treatment from primary care. However, there is a potential opportunity to review these pathway and services, in order to explore how the allocative efficiency of the services could be improved within existing resources. LLR has a well-developed integrated care MDT model for renal patients and the ICB are in the process of exploring how this could be extended into respiratory. The ICB considers that the mapping of collective services within the COPD pathway could help to improve current service provision and identify priority areas to focus on to deliver improvements in outcomes. Local work is planned to develop a risk stratification tool to identify patients with COPD at high risk of adverse outcomes (including hospital admission) and significant health needs which consider elements such as modifiable/treatable traits. It is felt that the existing ACG risk stratification tool within the ICBs population health management tool may not be specific enough in identifying the high risk patients within the COPD population where those risks are modifiable by evidence based interventions. The **aim** of the collaborative working project is to review the COPD pathway and services within LLR ICB by undertaking a quality improvement and population health management approach to improve the identification and management of patients with COPD.

Project objectives	The **objectives** of the project are to: 1. Undertake a review and deep dive of COPD services/pathways within LLR to: a. 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. b. Benchmark against comparative national and local data (e.g., NRAP, GIRFT Review, Model Health System) c. 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. 2. 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: a. Analyse data on A&E attendances (data from Aristotle on high intensity users for 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. b. Review uptake of high value interventions within the population with COPD (including flu and pneumonia immunisation, pulmonary rehabilitation, smoking cessation, exacerbation management) and identify needs for advanced therapies (virtual ward utilisation, case management, oxygen treatment, ventilatory support and volume reduction therapies). c. 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. 3. Review of the effectiveness and efficiency of existing COPD services and identify opportunities to improve the allocative efficiency in the use of existing respiratory resources. 4. 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 and identify patients who require on-going access to specialist care. Explore and consider the requirements to improve the identification of patients with COPD who are at high risk of hospital admission and readmission. 5. Review and identify the service delivery requirements to introduce advanced therapies for people with COPD. 6. 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. 7. Develop an outline Action Plan to implement agreed pathway and service changes and Evaluation Framework to support the evaluation of agreed changes.

	The project has the potential to deliver the following benefits for Patients, the NHS and Sanofi: **Patients** • To ensure equity of pathway access, provision, and experience for patients with COPD in LLR ICB. • Quicker and more equitable access to care for patients with COPD. • Better access to treatment options for patients with COPD as well as a clear pathway of care with an improved patient experience. **NHS** • Improved pathway for patients with COPD. • Reduction in unwarranted variations in care for patients with COPD through targeting the programme at areas of high deprivation. • Increase in patients with COPD receiving specialist review in a timely manner through improved identification and referral from primary care and follow-up and treatment optimisation after A&E attendance and hospital admission. • Improving the identification of patients at high risk of hospital admission and readmission. • Implementation of an improved and more efficient pathway for patients with COPD that is in line with NICE guidance and ensuring high value fundamentals of COPD care are consistently provided. • Learning from the implementation of a population health management approach for patients with COPD that can inform the implementation of population health management in other disease areas/population groups • By specifically targeting areas of high deprivation the approach in COPD could potentially be transposed to other disease areas. **Sanofi** • A better understanding of the COPD services within LLR ICB. • Improved corporate reputation with LLR ICB and partner organisations by supporting them to improve the quality of care for patients with COPD. • Understanding of how a population health management approach can be used to improve patient care. • As a result of pathway changes some appropriate patients in the future may be prescribed Sanofi products in line with NICE guidance. This project will be supported by pooling of resources approximately £14,000 (Sanofi 45%, NHS 55%)
Project Period	**Q2 2025 to Quarter 3 2025**
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