

Collaborative Working Project executive summary template

Project title	A COPD Health Inequalities Improvement Programme to address the variation in access, quality of care and health outcomes for people with COPD in Hastings Place.
Partner organisation/s	Alliance for Better Care CIC GP Federation <u>acting on behalf of</u> Sussex Primary Care Provider Collaborative , Horley Health Hub, 120 Victoria Road, Horley, RH6 7BL Sanofi , 410 Thames Valley Drive, Reading, Berkshire, RG6 1PT
Project rationale	Sanofi has entered into a partnership through a Memorandum of Understanding Agreement with NHS Confederation to work together to leverage the experience, expertise and networks of each organisation and alongside other NHS system partners and patient communities for the purposes of addressing health inequalities within COPD. It is planned to work initially with two project sites with Sussex being the first one. The NHS Confederation has developed several support programmes, tools, and case studies to address avoidable and unfair differences in health outcomes. This includes a five-step process and board assurance tool, to help health systems deliver their statutory obligations to reduce health inequalities. The COPD Health Inequalities Improvement Programme aims to address the variation in access, quality of care and health outcomes for patients with COPD in England. It is proposed that efforts and resources are focused on localities of greatest need, either at system, place-based partnership, or neighbourhood. The project intends to collaborate across a number of system partners within an ICS, including where appropriate, service users and the voluntary and community sector, to build insights and co-develop interventions and approaches to close inequity gaps. This could be through building upon an existing work to address health inequalities identified by an ICS/Place-based partnership, or through supporting NHS stakeholders to develop a specific project. In so doing it is expected that evidence will be generated to support scalable implementation across additional NHS bodies, with solutions aligned with Sanofi and the shared objective of both parties. Health inequalities are avoidable and unfair differences in health outcomes. There are known health inequalities in COPD: • COPD is the disease with the greatest area of disparity in access and outcomes. People in the poorest areas are five times more likely to die from COPD and three times more likely to die from asthma than the richest areas. There is a stronger link between respiratory deaths and deprivation than for any other major disease area.¹ • Approximately 1.2 million people diagnosed with COPD as of March 2024, and an estimated 2 million undiagnosed.^{2,3} • People in the most deprived communities are twice as likely to have COPD as those in the least deprived.⁴ • Accounts for around 1.4 million general practitioner consultations per year.³ • Causes on average 30,000 deaths per year.⁵ • Forecast to cost the NHS £2.5bn by 2030.² • Approximately 133,000 non-elective admissions in England in 2023-24, rising from approximately 120,000 in 2022-23.⁶

- Contributed to **£331 million in costs in England** in 2023-24 for non-elective admissions, **rising from £301 million** in 2022-23.⁶

England faces stark inequalities in respiratory health, with COPD having a greater impact on deprived communities. COPD disproportionately affects people in deprived areas, where risk factors such as smoking, air pollution, and poor housing conditions are more prevalent. Many patients across the country face unacceptable barriers in accessing care and support, which directly impacts health outcomes achieved. Many patients in these areas face significant barriers to accessing specialist care services, often needing to travel long distances for treatment.

Within Sussex ICB, there were 35,870 people diagnosed with COPD within Sussex ICB as of March 2024. An additional 1,881 people were diagnosed with COPD in the year since March 2023 which is an increase of 5.5%. The prevalence of COPD is 1.94% which is above the England average of 1.86% and ranking the 31st highest for COPD prevalence out of 42 ICBs). (*Reference QOF data 2023-24*).

Although COPD prevalence in Sussex ICB is above the England average it is considered that there is an under diagnosis of COPD in primary care. Hastings & St Leonards PCN has a COPD prevalence of 3.0% which is significantly higher than the average for Sussex ICB and England. There are 3,038 people with COPD in Hastings as of March 2024. The COPD population in Hastings and St Leonards PCN accounts for 8.5% of the COPD population within the ICB, whilst the total population represents just 5.5% of the ICB total population showing a higher burden of COPD within Hastings & St Leonards PCN.

In 2023,24, there were 3,175 non-elective admissions to hospital with a primary diagnosis of COPD at a cost of £7,644,616. COPD admissions increased by 455 from 2,720 in 2022-23 which is an increase of 17% in comparison to an 11% increase across England. COPD admissions within Hastings and St. Leonards PCN increased from 240 in 2023-24 to 300 in 2023-24 which is an increase of 25%. In 2023-24, the COPD admission rate was 98.7 per 1,000 COPD population, which is higher than the average for Sussex ICB of 88.1 per 1000 COPD population.

The strategy of Sussex ICB 'Improving Lives Together' sets out the ambition across health and care in Sussex over the next five years. This includes the following ambitions:

- We will improve services to **people with long term conditions** to deliver personalised care, tailored to individual needs, strengths and capabilities. We will aim to better understand the interaction of mental and physical health conditions as a factor to improve outcomes. We will proactively identify and/or support and meet the needs of those at risk of or living with long term conditions, e.g. for CVD, stroke, respiratory conditions and diabetes.
- We will have a targeted and focused approach for those with most need and who need additional support. This is being done by prioritising the key **health inequality** related areas such as heart disease, respiratory illness and cancer and utilising approaches such as tobacco control, targeted cancer screening and health checks to target activity and resources where it is needed most based on local evidence.

Within Hastings Place there is:

- Recognition of variation in access and outcomes for patients with COPD

- A desire that all patients receive the same optimal care regardless of their socio-economic status and ethnicity and where they live.

The Sussex Integrated Care System (ICS) covers a large area with considerable contrasts in terms of population characteristics, health outcomes, health service provision, and the wider determinants of health. All these elements inform the strategic approach to the development of health and care services at a Sussex and 'Place' level. Sussex has some of the least and most deprived areas in the country. This is a factor in inequalities and poorer health outcomes. The greatest areas of deprivation are along the coastal strip and south west Crawley. Hastings is the most deprived lower tier local authority in the South East, with 44% of residents living in areas ranked within the most deprived 20% of areas in England. It is important to acknowledge that not everyone who lives in a deprived area is deprived, and not all deprived people live in deprived areas. The differences in life expectancy and healthy life expectancy (the average number of years a person would expect to live in good health) broadly mirror the pattern of deprivation and can be up to 14 years difference from one location to another. In all areas of Sussex healthy life expectancy is well below that of the state retirement age of 67 years.

This project will support the delivery of NHS priorities for 2025-26:

1. Reducing demand by developing neighbourhood health service models
2. Tackling health inequalities
3. Focussing on secondary prevention.

References:

1. 'Saving Breath' Taskforce for Lung Health, September 2023
2. NHS England (2025), Digital service to manage high-risk chronic obstructive pulmonary disease (COPD) patients.
3. NICE (2024), COPD: How common is it?
4. British Lung Foundation (2016) The battle for breath the impact of lung disease in the UK.
5. Asthma and Lung UK (2022). COPD in the UK: Delayed diagnosis and unequal care. Executive summary and recommendations.
6. Sanofi COPD Infographic for England & Data on File

Project period

Quarter 3 2025 to Quarter 1 2026

Project objectives

The collaborative working project will aim to deliver the following benefits for Patients, the NHS, NHS Confederation and Sanofi:

Patients

- To ensure equity of pathway access, provision, and experience for patients with COPD in Hastings Place.
- Quicker and more equitable access to care for patients with COPD.



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- 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 greatest inequality.
- Increase in patients with COPD receiving optimal care across primary, community and secondary care including those 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.
- 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 inequalities the approach in COPD could potentially be transposed to other disease areas.

NHS Confederation:

- To pilot the use of the NHS Confederations tools to address health inequalities within COPD
- To address avoidable and unfair differences in health outcomes and leave a legacy after the programme is completed.
- To support the health system to quantify the impact of the programme through a business case to justify long term sustainability and wider roll-out, providing the metrics selected, are satisfied.

Sanofi:

- A better understanding of the COPD services within Sussex ICB and Hastings Place.
- Improved corporate reputation with Sussex ICB and Hastings Place 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 and local guidance.

This project will be supported by pooling of resources approximately £79,000 (Sanofi 49%, NHS 51%)



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