Key Facts at a Glance
Wessex AHSN collaborated with AstraZeneca and Hampshire and Isle of Wight LPC to pilot a community pharmacy-based chronic obstructive pulmonary disease (COPD) screening and support service over 18 months with the aim of identifying undiagnosed COPD patients and improving respiratory care for patients with COPD.

- 27 community pharmacists upskilled to support COPD diagnosis and management
- 223 patients screened in community pharmacies, with 17.4% referred as higher risk and eight diagnosed with COPD
- Smoking cessation advice given in pharmacy encouraged patients to quit smoking
- Patients valued the pharmacy screening as they believed their symptoms did not warrant a GP visit
- AstraZeneca were invited by Wessex AHSN to join the Clinical Cabinet meeting, where the pilot was highlighted as a great example of how joint working can make a difference to patients

The Challenge
In England, an estimated 2 million people have undiagnosed and untreated COPD - a progressive lung disease associated mainly with smoking. Acute exacerbation of COPD is one of the most common reasons for emergency admission to hospital¹ and 10% of COPD emergency admissions are in people whose COPD is undiagnosed.¹

In 2014-15, improving the health of respiratory patients and reducing variation was the number one priority for Wessex AHSN. Further to an introduction by Wessex AHSN to key local NHS stakeholders, all parties were keen to adopt a similar programme locally. This resulted in a collaboration between AstraZeneca, Wessex AHSN, and the Local Pharmaceutical Committee (LPC) to pilot a community pharmacy-based COPD screening and support service over 18 months, to improve respiratory outcomes and, more specifically, to pilot a community pharmacy based COPD screening and support service.

The pilot had two main aims:

- To identify undiagnosed COPD patients in Hampshire by offering targeted screening of “at-risk” populations within a community pharmacy setting by trained staff (Phase 1)
- To improve outcomes for patients with COPD by the structured provision of a comprehensive package of medicines support, including enhanced Medicines Use Reviews (MURs), and New Medicines Service (NMS) at intervention (Phase 2)

The specific objectives were:

- Improvement of early accurate diagnosis of COPD
- Increased effective self-management and patient education
- Reduced inequalities and variation in patient services
- Improvement of patients’ experience of care
- Improvement in patients’ quality of life
- Improved referral routes and access to specialist services
- Improved medicines optimisation/self-care to reduce avoidable admissions

A focused analysis of the project was to be provided to help guide future commissioning decisions.

The Steps Taken
The three parties jointly assessed the project’s feasibility and were responsible for monitoring and evaluating its success and benefit to patients. Funding was provided by AstraZeneca, and the AHSN and LPC provided a project lead to be responsible for governance and service payments, and project support to drive design and implementation. Wessex AHSN and AstraZeneca also provided additional project support, including a nurse mentor.

A total of 29 community pharmacies were enrolled in the pilot and 27 pharmacists received training delivered in five sessions, to which they added individual study. A respiratory nurse mentor also provided ongoing support to 85 pharmacy staff throughout the project.

As part of the pilot, patients aged 35 or over who visited their community pharmacy and who were also smokers and/or users of cough medicines were invited to answer a short survey. If appropriate, they were invited to be screened for COPD by fully trained pharmacy staff using validated tools, including hand-held spirometry.

Those with spirometry readings of FEV₁ (forced expiratory volume in 1 second) less than 8% predicted were referred to their GP. Smokers, whether or not they were referred to their GP or specialist nurse, were offered advice on lifestyle, encouraged to stop smoking and offered the opportunity to be referred to smoking cessation.

Outcomes
COPD case finding by community pharmacies provides health benefits such as early diagnosis and potential reduced healthcare costs. It resulted in 223 patients being screened by 11 pharmacies, with at least 39 being identified as higher risk (17.4% referral rate) and eight being diagnosed with COPD, subsequently receiving in-pharmacy support. Many patients (diagnosed and undiagnosed) reported that it had provided an incentive to stop smoking and to make positive health-related changes for the future.

Patient and pharmacy experience was also evaluated. Thirty patients took part in a short telephone survey and seven pharmacists undertook a semi-structured survey questionnaire. Two thirds of patients described the screening service as ‘excellent’ and one third as ‘good’. Patients appreciated the opportunity to be screened sooner rather than later because they said they did not consider that their symptoms warranted a visit to their GP. Interviews with pharmacies provided valuable insights and learnings to help shape future implementation, particularly regarding more focused pharmacy training (for example, to address patient recruitment barriers), maximising pharmacy engagement and more detailed data collection.

Wessex AHSN also modelled the potential cost savings, using the same theoretical model as Wright et al (2015). If the minimum 17.4% referral rate in this project were to be applied to all community pharmacists in England (n=11,100) then the NHS would save an estimated £74.4m.

Testimony to the success of the programme and the trusted nature of the partnership, AstraZeneca were invited by Wessex AHSN to join the Clinical Cabinet meeting, where the pilot was highlighted as a great example of how joint working can make a difference to patients.