Executive summary of outputs: Central Halifax Improving COPD Outcomes (CHICO).
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Project title	Central Halifax Improving COPD Outcomes (CHICO) (JWA 175).
Duration	The joint working agreement commenced in November 2024 and completed December 2025, plus an additional three months for final report.
Project partners	Central Halifax Primary Care Network and AstraZeneca UK Limited (AZ).
Contributions	AstraZeneca will provide funding for HCP training and clinical time, and AZ employee time for project management, education and project evaluation, at total cost of £29,040. The NHS is contributing clinical time, education provision and project analysis, at a total cost of £19,000. The NHS contribution does not include transfer of monies; it is based on cost of resource allocation. Full details of contributions are included in the Joint Working agreement.
What was the issue to be addressed?	Central Halifax Primary Care Network (PCN) sits within West Yorkshire Integrated Care Board who highlighted respiratory disease was a priority. COPD prevalence was 2.09% vs England 1.85%. Mortality rates were higher than England average 40.35 vs national 34.79 per 100,000 patients. Central Halifax PCN COPD admission rates 111.94 vs 98.50 per 100,000 patients (ranked 420/1267 PCNs). The primary objective of this project was to optimise the management of 441 COPD patients who were identified as high cardiopulmonary risk across three GP practices in Central Halifax PCN.
What were the results?	The output from this project was 443 patients from three GP practices were reviewed by a specialist clinical pharmacist. 124 (28%) received a pharmacological intervention. Non-pharmacological results included 203% increase in COPD care plans (117 baseline vs 355 post intervention).

	Data from patients who returned The Modified Medical Research Council (mMRC) Dyspnoea Scale questionnaires shows that mMRC score had reduced form an average of 2.84 to 2.71 per patient. 85% of patients reported an improvement or no change in mMRC score. 73 patients were offered pulmonary rehabilitation. Data observations post project intervention within these three respective GP practices have reported COPD exacerbations have dropped from 71 in 2024 to 51 in 2025. A 2% decrease in overall oral steroid prescribing (1296 prescriptions in 2024 vs 1269 in 2025) has also been reported across these practices. The legacy impact of this project was that the PCN had established a team of clinical pharmacists who were confident and experienced in delivering COPD reviews. This team continued to deliver reviews to support practices in QOF, under confirmed and secured NHS PCN funding.