UCLPartners Proactive Care Framework:

COPD Management

Version 2.2

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The Challenge of Long-Term Condition Management in Primary Care

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Historical challenge in long term condition care:

- Late diagnosis, suboptimal treatment, unwarranted variation
- Lack of self-management support
- Holistic care not always provided

Real world primary care:

- Complexity, multimorbidity and time pressures
- Soaring demand and shifting priorities
- Winter pressures

Pandemic impact:

- Disruption of routine care in long term conditions
- Risk of poorer outcomes for patients and health inequalities
- An increase in health care demand

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UCLPartners Proactive Care Frameworks Address Core Challenges in Primary Care

Aim
Help people with long term conditions to stay well longer

Objectives
1. Mobilise data - Identify patients whose care needs optimising and prioritise those at highest risk
2. Harness wider workforce - standardise delivery of holistic proactive care by wider primary care team
3. Support GPs to safely manage workflow, improve care and outcomes by releasing capacity

Framework components
- ✓ Risk stratification & prioritisation tools
- ✓ Locally adaptable resources to support real world management
- ✓ Systematic use of wider primary care team (eg ARRS* roles) to deliver structured support for education, self-management and behaviour change

Framework Development
- Led by primary care clinicians
- Based on NICE guidelines and clinical consensus
- Patient and public support

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*Additional Roles Reimbursement Scheme

UCLPartners Proactive Care Frameworks
(designed for local adaptation)

Principles:
- Virtual where appropriate
- Wider primary care workforce
- Step change in self-management
- Digital technologies

Stratify (clinical, ethnicity, social factors)

Low priority
Medium priority
High priority

1. **Begin with highest priority**
2. **Use wider workforce to share delivery of care**
3. **Innovation to support remote care and self-care**

High priority – early review

Prescribing clinician

Medium priority – phased review

Prescribing clinician

Low priority – holistic proactive care
E.g ARRS* roles/
other appropriately trained roles

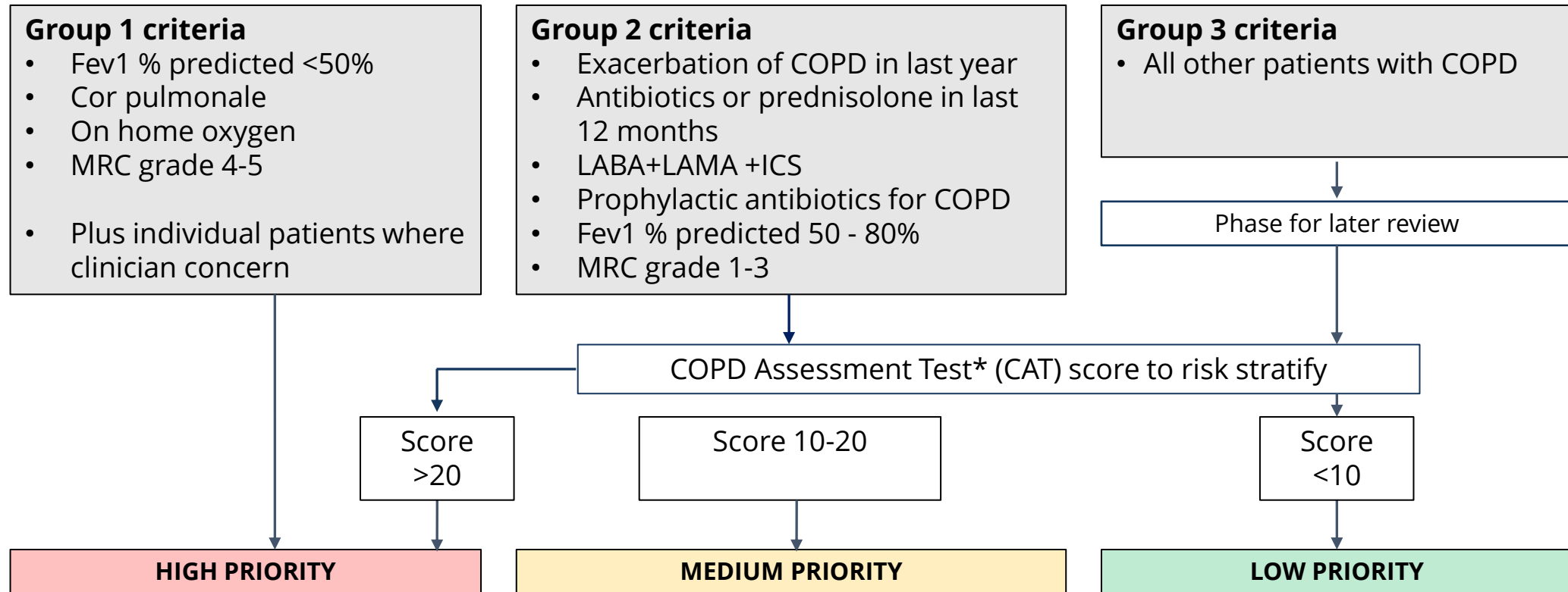**ARRS* roles / other appropriately trained roles**
Structured support for education, self management and lifestyle change.

Arrange bloods, collate data to inform risk assessment.

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*Additional Roles Reimbursement Scheme

Long Term Condition Pathway: COPD

1 Identify & **2** Stratify

Search tool identifies patients with COPD. These patients are stratified into 3 groups depending on clinical characteristics, and then further stratified into high, medium and low priority using the COPD Assessment Test score.

Group 1 criteria
- Fev1 % predicted <50%
- Cor pulmonale
- On home oxygen
- MRC grade 4-5

- Plus individual patients where clinician concern

Group 2 criteria
- Exacerbation of COPD in last year
- Antibiotics or prednisolone in last 12 months
- LABA+LAMA +ICS
- Prophylactic antibiotics for COPD
- Fev1 % predicted 50 - 80%
- MRC grade 1-3

Group 3 criteria
- All other patients with COPD

Phase for later review

COPD Assessment Test* (CAT) score to risk stratify

Score >20

Score 10-20

Score <10

HIGH PRIORITY

MEDIUM PRIORITY

LOW PRIORITY

*The COPD Assessment Test (CAT) is a questionnaire for people with COPD. It is designed to measure the impact of COPD on a person's life, and how this changes over time. Available here www.catestonline.org/

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Long Term Condition pathway: COPD

❸ Manage

ARRS* role undertake initial contact for all risk groups to provide smoking cessation advice, inhaler technique, check medication supplies and signpost to resources

High priority	Medium priority	Low priority
GP/ Nurse Specialist/ Specialist Respiratory Pharmacist	Nurse/ Clinical Pharmacist/ Physician Associate	ARRS* roles/ other appropriately trained staff
• Titrate therapy if appropriate • Ensure action plan in place • Check adherence & inhaler technique • Spacer advice • Rescue packs – prescribe if needed • Exacerbation safety netting • Offer Pulmonary Rehab if meets criteria	• Check optimal therapy; titrate if appropriate • Check adherence & inhaler technique • Spacer advice • Exacerbation management advice • Repeat CAT test at 4 weeks and escalate to GP/Nurse if red or amber • Offer Pulmonary Rehab if meets criteria	• Check medication compliance - regular inhaler usage. Signpost to education • Spacer advice • Lifestyle info/ stress management/ exercise • Smoking Cessation advice • Exacerbation management advice • Signpost to British Lung Foundation and other resources • Offer Pulmonary Rehab if meets criteria

Digital Support Tools to support patient self-management

MyCOPD app offering patient information & education, inhaler technique, online pulmonary rehab classes, smoking cessation support, self-management plan.
Overview of COPD – diagnosis, treatment, and managing flare ups: www.blf.org.uk/support-for-you/copd
Step-by-step guidance on physical activity : https://movingmedicine.ac.uk/disease/copd/#start

When prescribing or reviewing inhalers, consider inhalers with least impact on the environment, see here for more information.

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*Additional Roles Reimbursement Scheme

COPD Pathway: Medium and High Risk COPD

The Primary Care Respiratory Society has published a helpful guide to [Clinical Review in COPD.](#)

Four key components:

1. Assessment of severity, risk of exacerbations and impact of the disease
2. Reinforcement of smoking cessation advice
3. Step-up of management in response to increasing need
4. Review of self-management advice

Digital Resources and Support Available
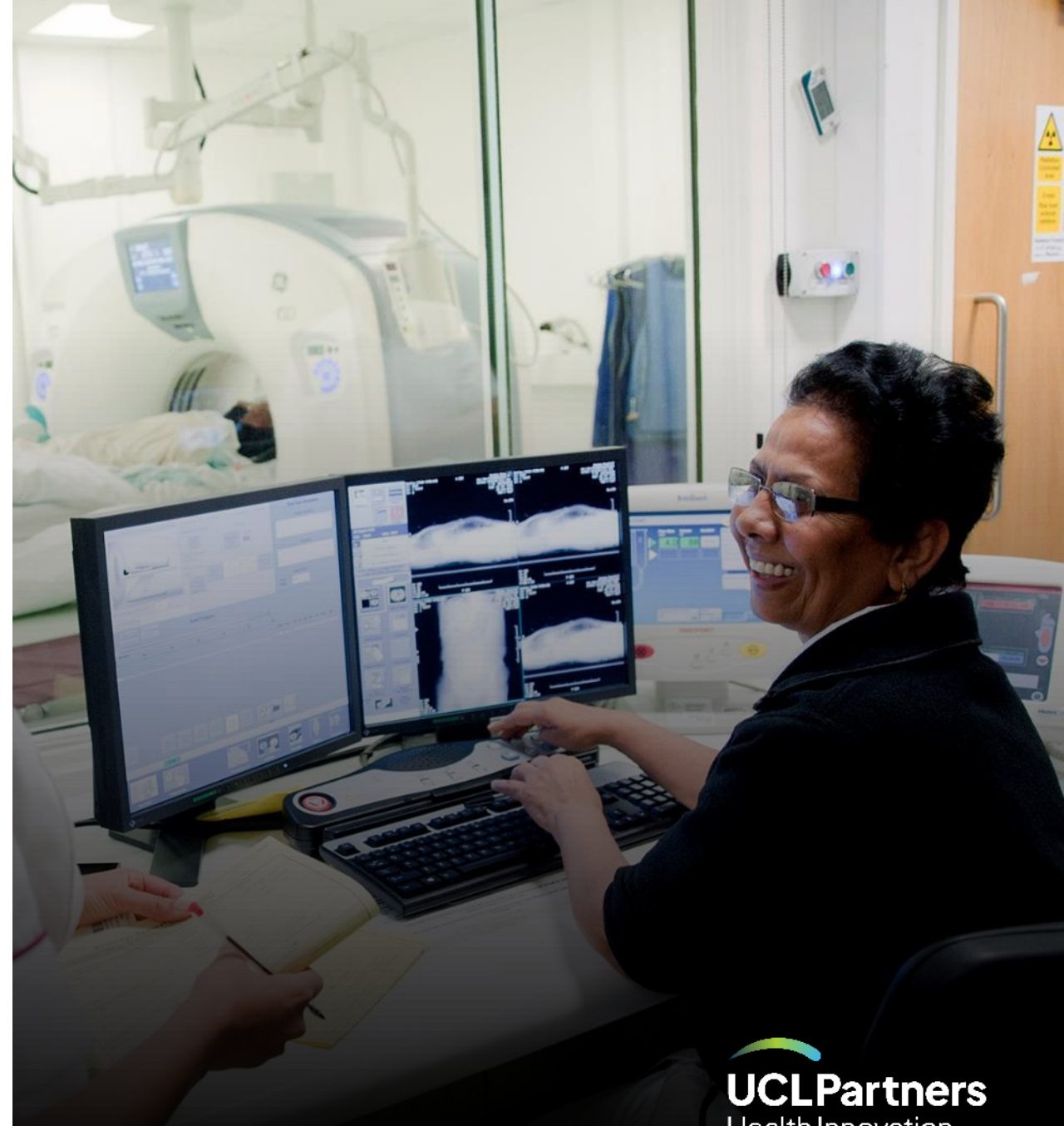
Digital Resources to Support Self-Management: COPD

Understanding COPD
- What is COPD
- How is COPD diagnosed
- Treatments for COPD
- How to manage a flare-up
- Living with COPD

COPD Management
You can take advantage of the myCOPD app if your CCG/region has licenses:

myCOPD is an integrated online education, self-management, symptom reporting and pulmonary rehabilitation (PR) system. It helps patients to manage their condition by providing:
- A self-management plan
- Inhaler diary
- A COPD Assessment Test (CAT)
- Pulmonary rehabilitation programme
- Online education tutorials
- Weather and pollution forecasts
- Symptom reporting

NB: this is a paid for app and access will depend on whether your local CCG/region has purchased licenses.

Inhaler technique
- Videos showing how to get the best out of your inhalers

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Digital Resources to Support Self-Management: COPD

Diet
NHS information on how to eat well

Exercise
- Better Health website – Get active
- Getting active around the home: tips, advice and guidance on how to keep or get active in and around the home from Sport England, access for free.
- Dance to health: Online dance programme especially tailored to people over 55 years old.

Smoking cessation
Support, stop smoking aids, tools and practical tips

Mental Health
Better Health website – Be kind to your mind

Peer support
Communities of people living with COPD

Implementation Support

Proactive Care Frameworks: Implementation & Support Package

Implementation Support is critical to enable sustainable and consistent spread. UCLPartners has developed a support package for the Integrated Care Systems within our geography covering the following components. The resources below can be accessed via the UCLP website: **Proactive care frameworks – UCLPartners**.

UCLPartners is one of 15 **Health Innovation Networks** (HINs) across England and all 15 have a priority around CVD. Please reach out to your local HIN to understand what support they might be able to provide. Please note each varies in its approach and offer.

Search and stratify	**Comprehensive search tools** for EMIS and SystmOne to stratify patients • Pre-recorded webinar as to how to use the searches. • Online FAQs to troubleshoot challenges with delivery of the search tools.
Workforce training and support	**Training tailored to each staff grouping (e.g. some ARRS* roles) and level of experience** • **Delivery:** Scripts provided as well as training on how to use these underpinned with motivational interviewing/ health coaching training to enable adult-to-adult conversations. • **Practical support**: Recommended training e.g. correct inhaler technique; correct BP technique, Very Brief Advice for smoking cessation, physical activity etc. • **Digital implementation** support: how to get patients set up with appropriate digital. • **Education** sessions on conditions. • **Communities of Practice.**
Digital support tools	**Digital resources** to support remote management and self-management in each condition. **Implementation** toolkits available where required, e.g. MyCOPD. Support available from UCLP's commercial and innovation team for implementation.

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Patient and Clinician Feedback

"**First time I have not felt dismissed or judged**" – Patient feedback

"**... the stratification tools are wonderful...super-easy to upload and already in a few days making a difference to patient care and staff resilience in my PCN...**"
Dr Hannah Morgan, Clinical Director Hayling Island & South Emsworth PCN

"**The UCLP Proactive Care Frameworks are a great resource for primary care that can help transform our approach to targeting health inequalities.**"
Dr Bola Owolabi, Director Health Inequalities, NHS England

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Thank you

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Version Tracker

Version	Edition	Changes Made	Date amended	Review due
2	2.0	• Slide templates amended	August 2021	February 2022
2	2.1	• Wording amended to reflect priority groups not risk groups. • Pulmonary rehab added to Long Term Condition pathway • Introduction slides updated • HCA roles amended to ARRS roles • Information added on use of inhalers with least impact on the environment	December 2022	December 2023
2	2.2	• Updated to new UCLP branding	April 2024	January 2025

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