A Primary Care Network (PCN) Pilot to Implement Optimisation Reviews Following Moderate or Severe COPD Exacerbations

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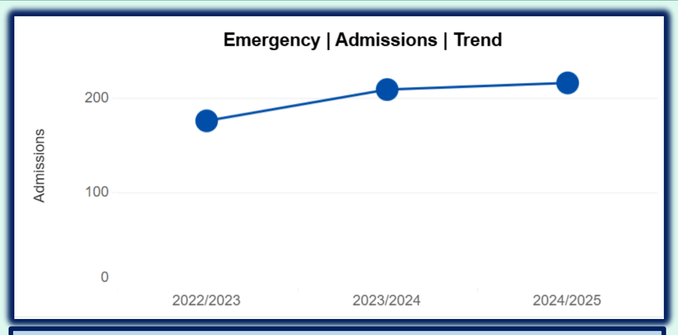
Background:
- COPD is a leading cause of hospitalisations in Hampshire & Isle of Wight (HIOW) ICS[1]
- 950+ COPD patients registered at Living Well Partnership PCN.
- COPD exacerbations linked to lung decline, cardiovascular risk and lower quality of life[2] [3]

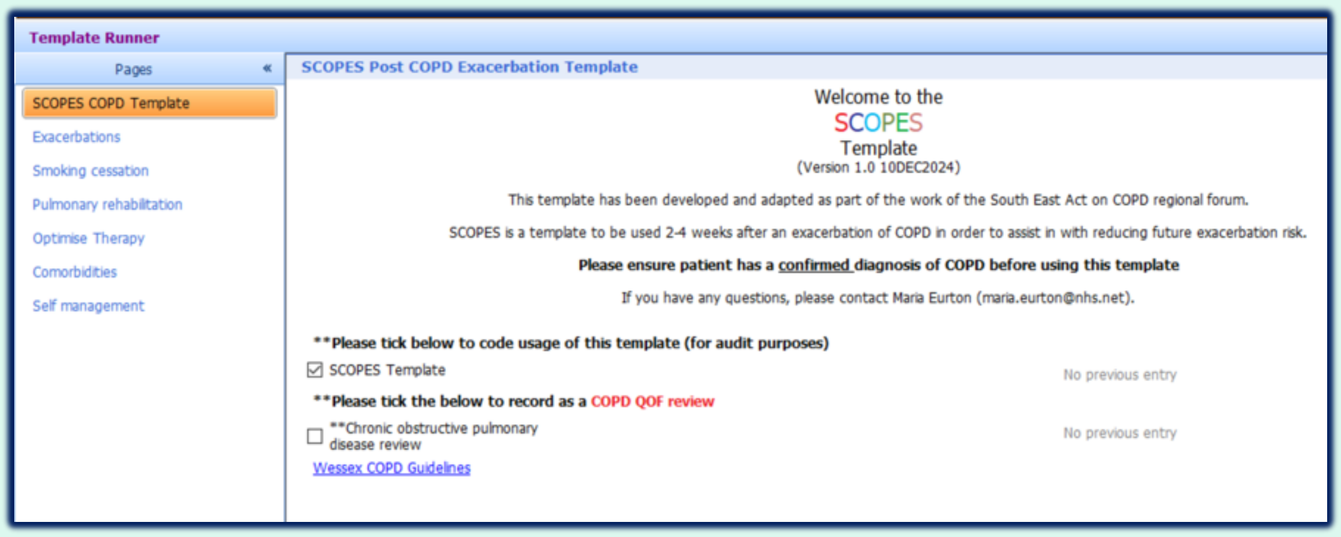


HIOW ICS COPD Emergency Admission Trends[1]

Aim:
- Implement structured, standardised post-exacerbation reviews for patients who had a moderate or severe exacerbation of COPD using the SCOPES template on EMIS Web (GP Clinical System).

SCOPES domains:
1. **S**moking cessation
2. **C**o-morbidity review
3. **O**ptimise therapy
4. **P**ulmonary rehab referral
5. **E**xacerbation history
6. **S**elf-management support

Note: The order of tabs was changed after feedback received to ensure QOF Requirements were prioritised (content remained consistent in pilot).



SCOPES template downloads for EMIS + SystmOne (via NHS Futures)

Method:
- Pilot of SCOPES launched across 5 PCN pilot sites in HIOW, Frimley, and Kent & Medway ICS – including Living Well Partnership.
- Time Period: 1 Sep 2024 – 31 Jan 2025
- Patients: Moderate exacerbation treated with a course of oral antibiotics and/or oral corticosteroids, or Severe exacerbation causing hospitalisation
- Referred opportunistically by PCN staff (including general practice nurses, advanced nurse practitioners, GPs and pharmacists).
- Reviews: Booked either a telephone or face-to-face review 2–4 weeks post-exacerbation in a 20 minute appointment slot.
- Carried out by respiratory nurses (with an accredited COPD qualification at Level 6 or 7).

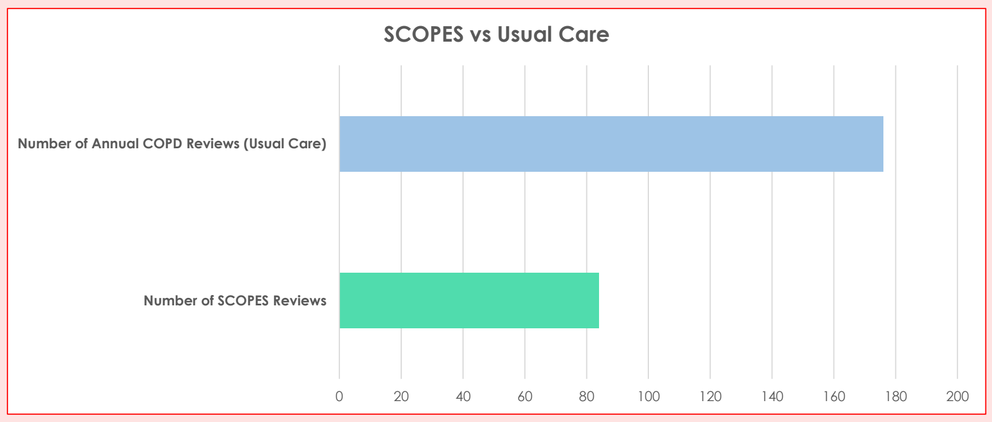
Results:
- Total COPD Exacerbations (prescribed antibiotics and/or oral prednisolone) recorded in Pilot time frame 1 Sep 2024 – 31 Jan 2025: 204
- Number of SCOPES Reviews: 82 (40.2% of patients who had a COPD Exacerbation)
- Number of Annual COPD Reviews (defined as "usual care"): 176

Intervention	Usual Care (Annual Review) (N=176)	SCOPES (N=82)	% Difference (SCOPES vs Usual Care)
Smoking cessation referral	26 (14.8%)	15 (18.3%)	**+3.5% more**
Pulmonary rehab referral	26 (14.8%)	23 (28.0%)	**+13.2% more**
Change in medication/inhalers	7 (4.0%)*	10 (12.2%)	**+8.2% more**
QRISK3 score assessment	8 (4.5%)	53 (64.6%)	**+60.1% more**
Self management plan	45 (25.6%)	74 (90.2%)	**+64.9% more**
Referral to respiratory physician	0 (0%)	18 (22.0%)	**+22.0% more**

**Codes not routinely used in annual review*

NHS HIOW COPD Guidelines

QRISK3-2018 Calculator



Details of interventions:
- *Smoking cessation referral:* Referral to Smokefree Hampshire or Southampton Community Wellbeing team for support.
- *Pulmonary rehab referral:* Referral for Pulmonary Rehabilitation assessment (face to face or virtual classes offered).
- *Change in medication/inhalers:* Treatments optimised following the NHS HIOW COPD guidelines
- *QRISK3 score assessment*: Validated tool used for patients aged 25-84 who do not have a diagnosis of coronary heart disease (including angina or myocardial infarction), or stroke/transient attack, and not prescribed a statin.
- *Self management plan*: Education given on recognising future exacerbations, including a prescription of a rescue pack if appropriate (antibiotics and/or oral corticosteroids).
- *Referral to respiratory physician:* Referral to Secondary care if 2 or more confirmed exacerbations in preceding 12 months, despite optimisation of COPD and co-morbidities; including vaccination adherence, smoking cessation support, pulmonary rehabilitation and triple therapy.

Conclusions:
- SCOPES improved referral rates and optimisation of medication/inhaled therapy (e.g. dual therapy to triple therapy).
- Patients received a review within 4 weeks of having an exacerbation. This timing enhanced the impact of these reviews.
- Patients were significantly more likely to be assessed for their cardiovascular disease risk (using QRISK3 score) and given a personalised self management plan.
- 40.2% of patients who had a COPD exacerbation were reviewed in the pilot.
- Therefore, risk stratification tools need to be used alongside post exacerbation reviews to capture the missing "at risk" patients who may need optimising and/or earlier referral to a Respiratory physician.
- There is a need to improve case-finding (e.g. risk tools)
- Embedding SCOPES could reduce future exacerbations.

Takeaway: Structured post exacerbation reviews can improve COPD care and outcomes in primary care

[1]Taskforce for Lung Health (2025) *Hospital admissions trends*. Available at: https://www.taskforceforlunghealth.org.uk/data-dashboards/trend/ (Accessed: 25 August 2025).
[2]Guo, J et al (2020) 'Moderate and severe exacerbations have a significant impact on health-related quality of life, utility, and lung function in patients with chronic obstructive pulmonary disease: A meta-analysis', *International Journal of Surgery*, 78, pp. 28–35.
[3]Pirera, E et al (2025) 'Risk trajectory of cardiovascular events after an exacerbation of chronic obstructive pulmonary disease: A systematic review and meta-analysis', *European Journal of Internal Medicine*, May, 135, pp. 74–82.

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