

Enhancing early diagnosis and management of COPD in deprived communities across Wakefield, UK.

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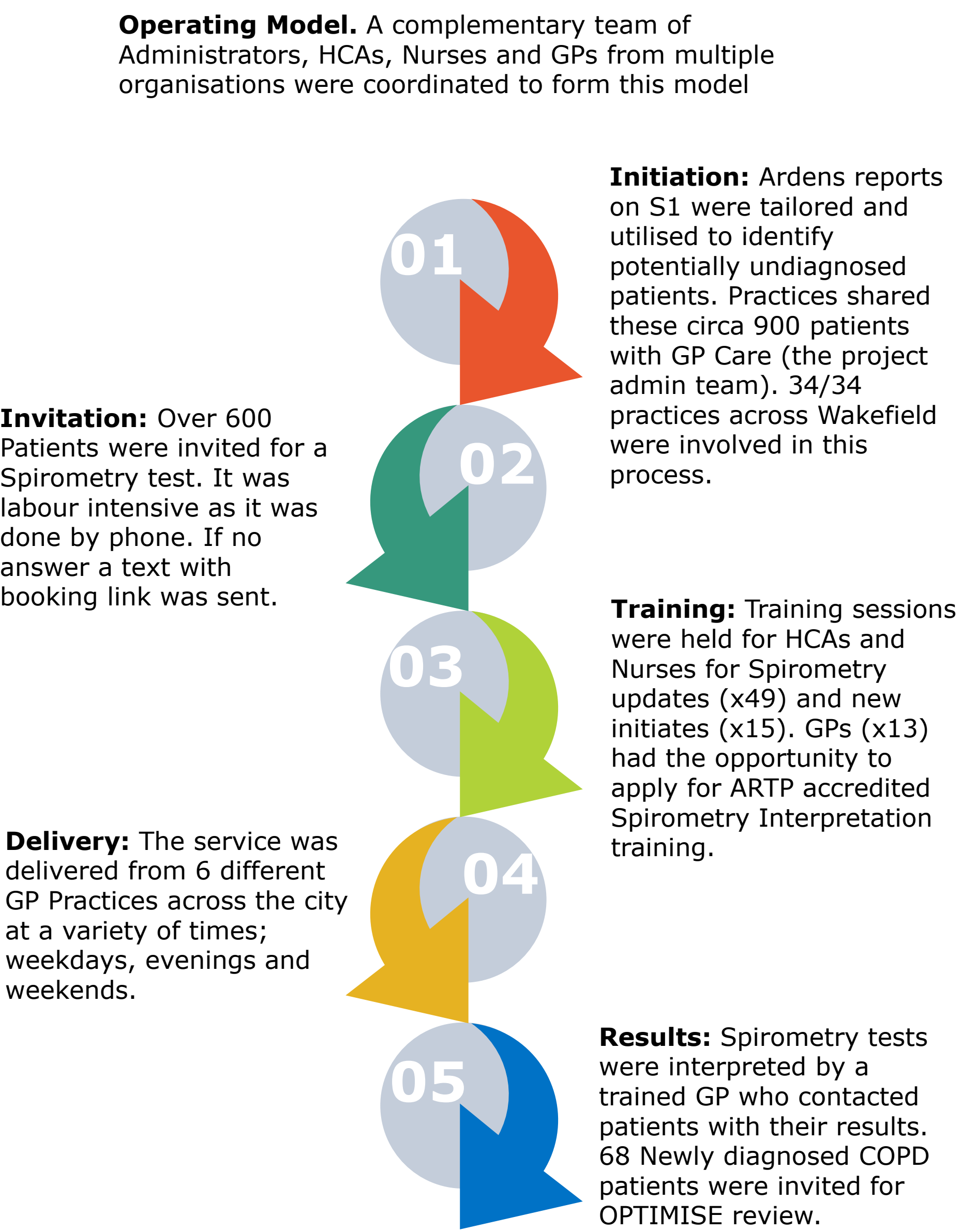
1 BACKGROUND

Delayed diagnosis of Chronic obstructive pulmonary disease (COPD) is associated with shorter time-to-first exacerbation, and higher rates of exacerbations and hospitalisations compared with early diagnosis¹. Disease burden is associated with smoking prevalence², which is in turn disproportionately concentrated in deprived communities³. Wakefield experiences a particularly high burden, exceeding the national average for both COPD prevalence (2.7% vs 1.9%)⁴ and emergency admission rates (295.2 vs 208.5/100,000 population)⁵.

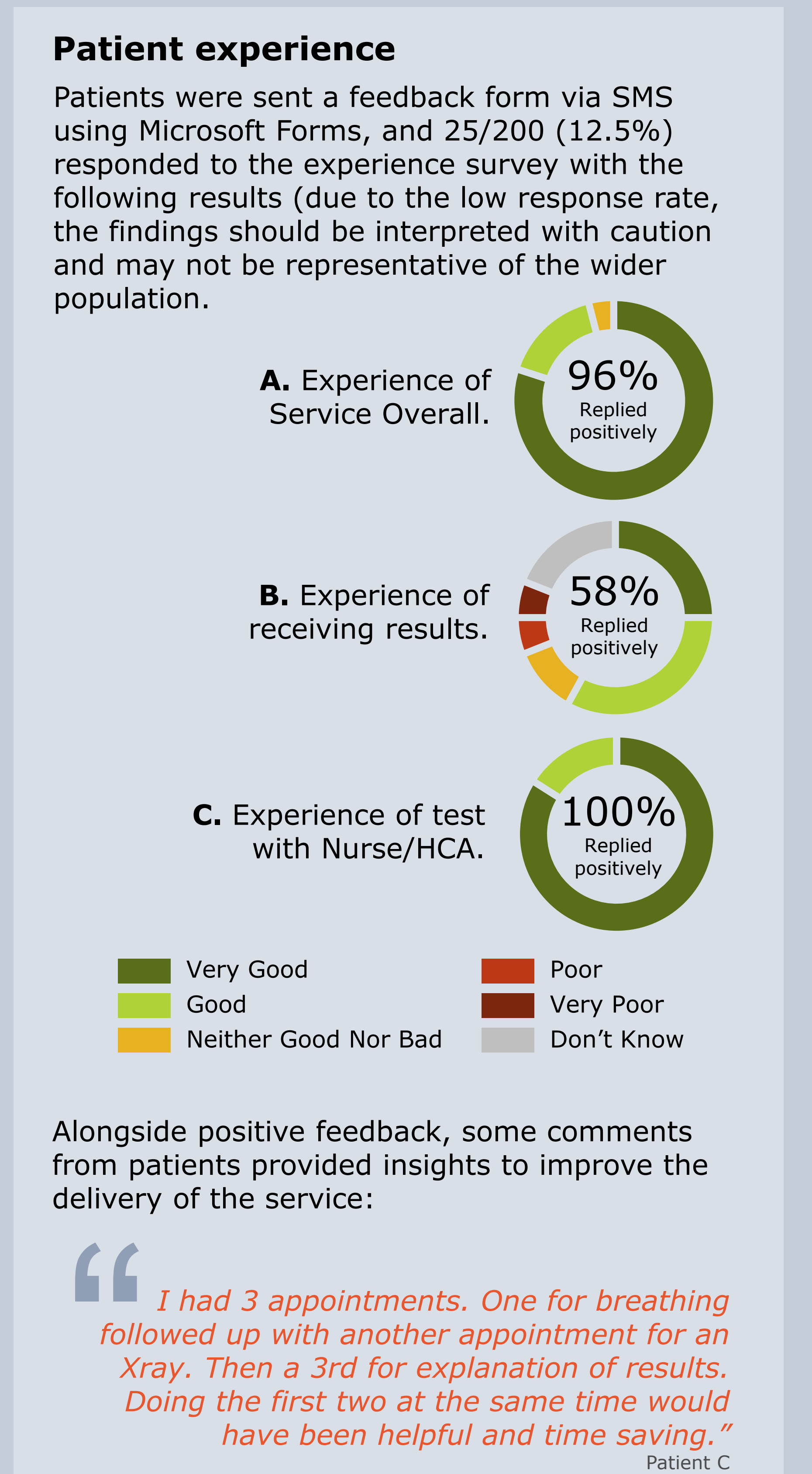
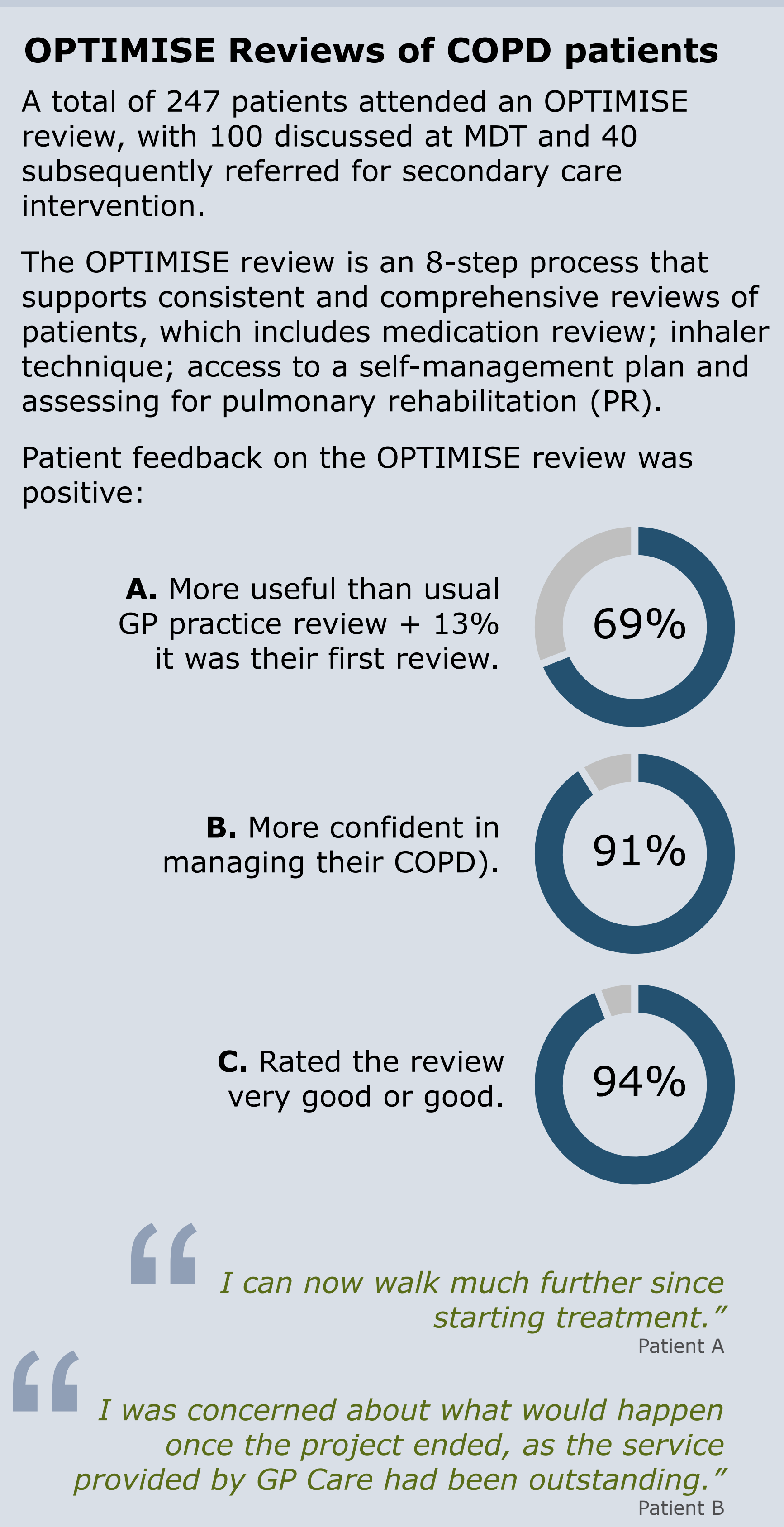
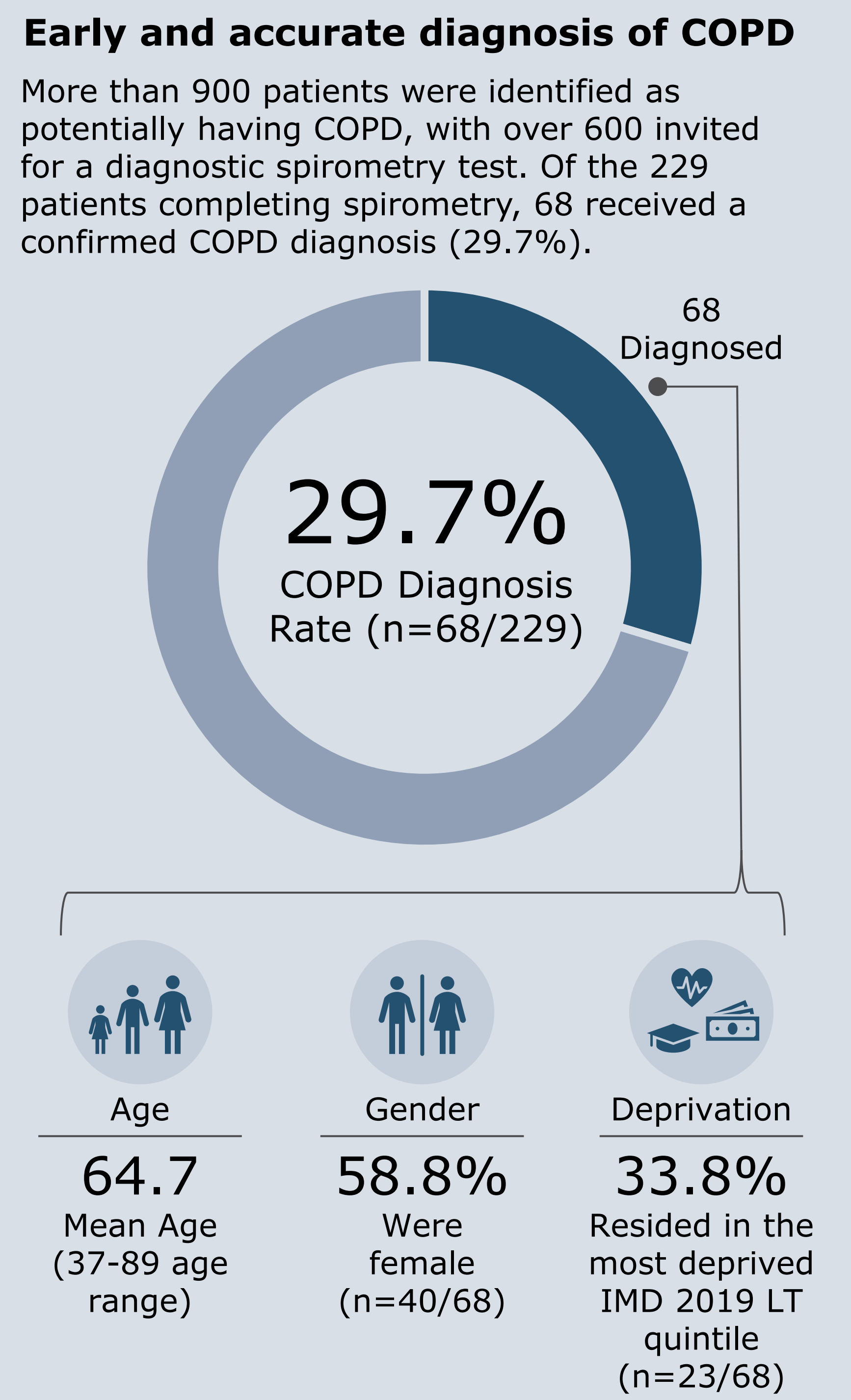
To address these challenges, Wakefield participated in the Pathway Transformation Fund (PTF), part of the Respiratory Transformation Partnership (RTP). This unique national initiative is funded by NHS England and developed by the Health Innovation Network, with an aim to improve early diagnosis, risk stratification, and optimisation of COPD care.

2 METHODS

Between October 2025 and March 2026, Conexus GP Confederation and Mid Yorkshire Hospitals NHS Trust delivered a collaborative COPD transformation programme across primary and secondary care. Patients suspected of COPD were proactively identified from primary care records and invited to spirometry diagnostic clinics delivered during daytime, evenings, and weekends for improved accessibility. Existing and newly diagnosed COPD patients were also offered an OPTIMISE review, designed to identify rising exacerbation risk and tackled through personalised care planning and multidisciplinary team (MDT) review led by a secondary care respiratory consultant.



3 RESULTS



REFERENCES

- Kostikas, K., Price, D., Gutzwiller, F. S., Jones, B., Loeferth, E., Clemens, A., ... Cao, H. (2020). Clinical Impact and Healthcare Resource Utilization Associated with Early versus Late COPD Diagnosis in Patients from UK CPRD Database. *International Journal of Chronic Obstructive Pulmonary Disease*, 15, 1729–1738.
- Global Initiative for Chronic Obstructive Lung Disease. *Global strategy for the diagnosis, management, and prevention of Chronic Obstructive Pulmonary Disease*; 2023.
- Office for National Statistics. *Deprivation and the impact on smoking prevalence, England and Wales: 2017 to 2021*.
- NHS England Digital. *Quality and Outcomes Framework 2024–25, Prevalence, achievement and personalised care adjustments, Sub Integrated Care Board Location (Sub ICB Loc) level*.
- Department of Health and Social Care. *Emergency hospital admissions for COPD, all ages 2023/24. Directly standardised rate - per 100,000. ICB Sub-Locations*.

4 CONCLUSION

Embedding spirometry and multidisciplinary COPD optimisation enabled earlier identification and evidence-based management of COPD in a high-need population. The model improved access to diagnosis and enhanced patient self-management confidence. This integrated approach aligns with the NHS 10-Year Health Plan and offers a scalable framework for wider adoption.