Chiesi (UK Limited) and Hull University Teaching Hospitals NHS Trust
Executive Summary

This summary has been written by Chiesi Limited with consultation and approval from the Collaborative Working Project Team, established with full representation from Chiesi Limited and Hull University Teaching Hospitals NHS Trust.

FRONTIER 2

Finding the hidden millions: **r**estoration of early C**O**PD diag**n**osis for Lung Health Check participants **t**o opt**i**mise tr**e**atment and imp**r**ove outcomes.

Aim: To enable early Chronic Obstructive Pulmonary Disease (COPD) diagnosis and timely initiation of evidence-based pharmacological and non-pharmacological interventions to improve outcomes for participants of the Hull Lung Cancer screening programme and explore advantages of one-stop diagnostic clinics compared with standard of care for patients at high risk of COPD.

The intended objectives of this collaborative project are to:

- Identify high risk patient populations in Hull, for example, Lung Cancer Screening Programme at risk of having COPD based on symptoms, and/or imaging findings.
- To invite patient populations at high risk of having COPD to attend a one-stop diagnostic clinic embedded within community diagnostic centre pathways. To have symptom assessment and objective measurement of airflow limitation.
- Initiate evidence-based pharmacological and non-pharmacological interventions for newly diagnosed COPD patients with the goal of improving short, medium- and long-term health outcomes.
- To understand patient experience of the clinic with an aim to incorporate patient voice into future models/pathways.
- Enhance Budget Impact Model which was an output from FRONTIER.

Intended Benefits

For Patients:

- Earlier diagnosis of a previously undiagnosed respiratory disease, leading to appropriate and timely support with life-style modification (e.g., smoking cessation) to promote lung health.
- Earlier initiation of evidence-based COPD treatments has potential to reduce symptom burden, improve health related quality of life, preserve/improve physical activity, and prevent COPD exacerbations.
- Early education and support for patients.

NHS:

- Early identification of patients with COPD that otherwise may not have presented to a healthcare resource until reaching an advanced stage when negative disease behaviours established.
- Identification and diagnosis of COPD in a CDC, rather than in an acute care setting at the time of exacerbation.
- Earlier initiation of evidence-based interventions with potential to improve short, medium, and long-term health outcomes.
- Improved understanding of the clinical characteristics of COPD patients diagnosed through Lung Cancer Screening Programme with potential to inform future COPD screening initiatives and early COPD treatment protocol.

For Chiesi Limited:

- Growth of patient population eligible for COPD treatment.
- Increase in the appropriate use of medicines aligned to local or national guidance.
- Better understanding of the challenges faced by the NHS in delivering high-quality patient care.
- Reputational gain associated with supporting improvements in NHS services and care.

This involves a balance of contributions from both parties with the pooling of skills, experience, and resources. The project will last 13 months and will commence December 2025.