

PRESS RELEASE

FRONTIER Hull data reveals 50% diagnosis rate in COPD case-finding programme, and demonstrates targeted diagnostics could save the NHS an estimated £33 million over 10 years^{1,2*}

- Data presented at this year's European Respiratory Society (ERS) Congress demonstrated that just under 50% of people assessed through the FRONTIER Hull Programme were diagnosed with chronic obstructive pulmonary disease (COPD) following a previous assessment via the NHS Lung Cancer Screening Programme (formerly known as Targeted Lung Health Checks).¹
- With up to two million people in the UK estimated to be living with undiagnosed COPD,³ the programme provides a dedicated pathway for earlier diagnosis and care.¹
- FRONTIER Hull is a collaborative working project between Chiesi UK and Ireland and Hull University Teaching Hospitals NHS Trust (now part of NHS Humber Health Partnership).
- Early health economic modelling from the project estimates that integrating targeted COPD case finding into NHS Lung Cancer Screening could save the NHS around £33 million over 10 years.^{1,2*}

Manchester, UK - 30 September - New data presented by Chiesi UK and Ireland at the ERS International Congress 2025, show that 46.8% (n=383) of people assessed through the FRONTIER Hull clinic were diagnosed with COPD having previously attended the NHS Lung Cancer Screening Programme.¹ Over 25% (n=98) had a reported chest infection in the year preceding clinic attendance.¹ The mean COPD assessment test (CAT) score was 15.5.¹ The NHS Lung Cancer Screening Programme has delivered more than 1.2 million lung health checks, leading to over 7,000 lung cancer diagnoses and more than 100,000 incidental findings of emphysema (indicative of COPD).⁴ However, consistent pathways for diagnosing patients with suspected COPD following NHS Lung Cancer Screening are not yet established.³

The FRONTIER Hull programme was established to close this gap, offering a one-stop diagnostic clinic – including symptom assessment and lung function testing – to support earlier diagnosis and treatment.¹ By identifying COPD sooner, patients can better manage their condition, reducing the risk of severe exacerbations leading to worsening lung function and costly hospital admissions.⁵

Early economic modelling from the project also demonstrates that earlier diagnosis associated with the introduction of a COPD pathway following NHS cancer screen could save the NHS an estimated £33 million over a ten-year period. This estimation is based on 42 Integrated Care Systems (number in existence at the time of calculation) inviting 1,000 high-risk patients for testing annually.^{2*}

"As a chronic and progressive lung disease, COPD can have a dramatic impact on the lives of people living with it," said **Professor Michael Crooks, Consultant in Respiratory**

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Medicine at NHS Humber Health Partnership and Professor of Respiratory Medicine, Hull York Medical School, University of Hull. *"People with COPD are prone to episodes of symptom worsening, called exacerbations, which can lead to irreversible loss of lung function and contribute to increased risk of future exacerbations and death. In those being diagnosed with COPD through the FRONTIER programme, 1 in 4 have been treated for chest infections during the year before, indicating exacerbations of their undiagnosed COPD. This emphasises the value of making an early diagnosis, so that people living with undiagnosed COPD can access treatments to improve their symptoms and reduce their risk of exacerbations, which we know are serious events with long-term consequences."*

COPD affects approximately three million people in the UK, costing the NHS around £1.9 billion every year.^{6,7} It is the second most common cause of emergency hospital admissions in England, with an average stay of seven days across Europe.^{6,8} Currently, many people are only diagnosed once symptoms become severe – often during acute admission in emergency care settings – by which point the disease is progressed and more difficult and expensive to manage.⁸

Kayleigh Brindle and Karen Watkins, Respiratory Nurse Specialists at NHS Humber Health Partnership said: *"The FRONTIER Hull Programme has provided our community with unique access to a nurse-led one-stop diagnostic clinic, enabling specialist respiratory reviews and previously hard-to-reach testing. Its proactive, targeted approach has supported earlier COPD diagnosis locally and aligns with the NHS 10-Year Health Plan, prioritising prevention over treatment to improve long-term outcomes for our patients."*

The FRONTIER Hull programme aims to understand the true picture of the diagnostic gap and share learnings with the government and the NHS about long term, nationwide approaches that could improve diagnosis, manage the disease more effectively and reduce the burden on patients and the NHS.

Shish Patel, Senior Director, Medical Affairs, Chiesi UK and Ireland said: *"Despite the scale and severity of the disease, COPD can often be over-looked, meaning opportunities for early diagnosis are frequently missed. COPD not only places a significant burden on our communities and healthcare system but also disproportionately affects those living in deprived areas. People living in the poorest communities are five times more likely to die from the disease than those in the most affluent areas. By identifying high-risk individuals sooner, we can not only improve quality of life but also reduce health inequalities and deliver meaningful cost savings for the NHS."*

For more information about the FRONTIER Hull programme, please visit:
<https://www.chiesi.uk.com/collaboration/our-projects/frontier-hull>

*Disclaimer – Based on early health economic models associated with FRONTIER Hull, screening 1,000 patients per year locally, over 10 years, results in a cost saving of approximately £795,781. Scaling this across 42 ICSs (the number in existence at the time of calculation) would result in a total cost saving of £33,422,802.

About Chiesi Group

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Chiesi is a research-oriented international biopharmaceutical group that develops and markets innovative therapeutic solutions in respiratory health, rare diseases, and specialty care. The company's mission is to improve people's quality of life and act responsibly towards both the community and the environment.

By changing its legal status to a Benefit Corporation in Italy, the US, and France, Chiesi's commitment to create shared value for society as a whole is legally binding and central to company-wide decision-making. As a certified B Corp since 2019, we're part of a global community of businesses that meet high standards of social and environmental impact. The company aims to reach Net-Zero greenhouse gases (GHG) emissions by 2035.

With over 85 years of experience, Chiesi is headquartered in Parma (Italy), with 31 affiliates worldwide, and counts more than 7,000 employees. The Group's research and development centre in Parma works alongside 6 other important R&D hubs in France, the US, Canada, China, the UK, and Sweden.

For further information please visit www.chiesi.uk.com.

About NHS Humber Health Partnership

Our Group is one of the largest in the NHS, with a budget of over £1.6 billion employing more than 19,000 staff.

Made up of two Trusts - Hull University Teaching Hospitals NHS Trust (HUTH) and Northern Lincolnshire and Goole NHS Foundation Trust (NLG) - we're committed to delivering world-class services for the 1.65 million people we serve.

Our five main hospital sites are Castle Hill Hospital, Diana, Princess of Wales Hospital, Goole and District Hospital, Hull Royal Infirmary, and Scunthorpe General Hospital. We deliver a wide range of community services across North and North East Lincolnshire, including district nursing, physiotherapy, occupational therapy, psychology, podiatry and specialist dental services.

We see well over a million patients every year with just under 300,000 attendances at our emergency departments, more than 300,000 hospital admissions and more than a million outpatient appointments. We deliver around 8,200 babies each year and our community services provide vital healthcare to patients in their own homes.

As Teaching Hospitals working with the Hull York Medical School, we are a UK leader in research and innovation.

We've also been recognised for our work in supporting veterans, newly qualified nurses and our international recruitment programme.

About FRONTIER

FRONTIER Hull is a collaborative working project by Chiesi UK & Ireland and Hull University Teaching Hospitals NHS Trust. It aims to enable early COPD diagnosis and timely initiation of evidence-based pharmacological and nonpharmacological

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interventions to improve outcomes for patients. As part of the project, participants of the NHS Lung Cancer Screening Programme (formerly known as Targeted Lung Health Checks) who are identified as having a high risk of COPD based on symptoms, and/or imaging findings, are being invited to attend a one-stop diagnostic clinic comprising symptom assessment and objective measurement of airflow limitation. FRONTIER commenced in September 2023 and is due to run until September 2025.

About NHS Lung Cancer Screening

Since the launch of the NHS Lung Cancer Screening Programme, and up to April 2025, NHS England reports that 1,268,938 lung health checks have been completed, leading to 7,462 diagnoses of lung cancer and 100,845 incidental findings of emphysema.⁴ This highlights the significant scale of incidental findings and the need to establish a pathway to support those impacted and ensure they have access to care quickly.

Media contacts

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References

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² Chiesi UK and Ireland. Data on File.

³ Asthma and Lung UK. COPD in the UK: Delayed diagnosis and unequal care. Available at: <https://www.asthmaandlung.org.uk/sites/default/files/2023-03/delayed-diagnosis-unequal-care-executive-summary.pdf> [Last accessed: September 2025].

⁴ UK Parliament. Question for Department of Health and Social Care – Lung Cancer: Screening. Available at: <https://questions-statements.parliament.uk/written-questions/detail/2025-07-14/67321> [Last accessed September 2025].

⁵ Larsson K, Janson C, Ställberg B, Lisspers K, Olsson P, Kostikas K, Gruenberger JB, Gutzwiller FS, Uhde M, Jorgensen L, Johansson G. Impact of COPD diagnosis timing on clinical and economic outcomes: the ARCTIC observational cohort study. *Int J Chron Obstruct Pulmon Dis*. 2019;14:995-1008 <https://doi.org/10.2147/COPD.S195382>.

⁶ NICE. Chronic obstructive pulmonary disease: How common is it?. Available at: <https://cks.nice.org.uk/topics/chronic-obstructive-pulmonary-disease/background-information/prevalence-incidence/>. [Last accessed September 2025].

⁷ NHS England. Respiratory high impact interventions: Available at: <https://www.england.nhs.uk/ourwork/prevention/secondary-prevention/respiratory-high-impact-interventions/#:~:text=The%20annual%20economic%20burden%20of,the%20UK%20%C2%A311billion%20annually>. [Last accessed September 2025].

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