

Summary of The UNITE Service:

A severe asthma patient identification, review, and referral Joint Working project between Bedfordshire, Luton and Milton Keynes Integrated Care Board (ICB) and GlaxoSmithKline UK Ltd (GSK).

This summary has been written by GSK with consultation and approval from the Joint Working Project Team.

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The UNITE Service - Project Overview

- Participating GP practices within Bedfordshire, Luton and Milton Keynes Integrated Care System (ICS) had a remote search run on their GP clinical system to identify asthma patients with indicators of uncontrolled asthma.
- The remote search identified patients 18 years and over with a coded asthma diagnosis who were receiving ICS/LABA combination therapy and who had been prescribed 3 or more courses of oral corticosteroids (OCS) in the past 12 months or maintenance OCS for 6 months or more.
- The patients identified from the search were invited for up to 3 virtual reviews by a Respiratory Nurse Advisor to optimise asthma treatment and assess response. (Responsible Nurse Advisors had diploma level or above Respiratory training).
- The Respiratory Nurse Advisor virtually reviewed patients utilising video-consultation technology and a detailed Clinical Assessment sheet, practice agreed treatment protocol and local referral criteria, were used to support asthma treatment optimisation and identification of those appropriate for onward referral.
- Patients whose asthma remained uncontrolled after virtual reviews and treatment optimisation were referred into the Severe Asthma Services at either, Cambridge University Hospitals NHS Foundation Trust; John Radcliffe Hospital, Oxford University Hospitals NHS Foundation Trust or the Royal Brompton Hospital, Guy's and St Thomas' NHS Foundation Trust.
- Patients whose asthma remained controlled after a virtual review remained under the care of their GP practice.
- The project ran from October 2022 until end-2024. Virtual primary care reviews were completed by February 2024 and tertiary care reviews were completed by end-2024.

The UNITE Service - Project Objectives:

To improve patient care through the identification and review of patients with uncontrolled asthma within primary care, to facilitate their referral to severe asthma services, to improve access to biologic treatments for appropriate patients with severe asthma.

The UNITE Service – Project Results:

Outcome measure	Result
Number of participating localities	All practices which signed up were part of Bedfordshire, Luton and Milton Keynes ICS.
Numbers of participating practices from each locality	30 practices across the ICS took part in the service
Practice participation vs total of practices engaged	33% of practices engaged signed up to the service Service operated at 95% capacity (30 signs ups out of 92 engaged)
Total patient volume (Combined list sizes of 30 active practices)	425,275
Total volume of patients with asthma (From the 30 active practices)	24,004 <i>5.64% of total practice population in active practices</i>
Total no. of patients with asthma meeting the agreed audit criteria following case note review	488 <i>2.03% of total asthma population in active practices</i> <i>0.11% of total practice population in active practices</i>
Total no. of patients receiving 1, 2 or 3 Respiratory Nurse Advisor reviews	Total no. of reviews: 591 <ul style="list-style-type: none"> <i>Total no. of patients receiving 1 review: 344 (70% of those invited attended review 1, 488 patients invited).</i> <i>Total no. of patients receiving 2 reviews: 179(207 patients invited to review 2).</i> <i>Total no. of patients receiving 3 reviews: 68 (84 patients invited to review 3).</i>
No. of reviews with an updated written asthma management plan (PAAP)	395 reviews completed with a new or updated written PAAP (591 reviews in total) <ul style="list-style-type: none"> <i>114 reviews had a new PAAP (19%)</i> <i>281 reviews had their PAAP updated (48%)</i>
Percentage completion of PAAP for all patients reviewed	67%
No. of patients requiring a change of their treatment following nurse review	<ul style="list-style-type: none"> Escalation of treatment: 181 patient reviews (31%) Maintained treatment with education: 399 patient reviews (68%) De-escalation of treatment: 11 patient reviews (1%)
No. of patients referred to Severe Asthma Clinics at either Addenbrookes, The Brompton or Oxford	31 (9.0% patients reviewed referred). <i>(344 patients in total took part in the service)</i>
No. of patients requiring other intervention	<i>111 referrals from a total of 591 reviews - Patients may have had more than one referral.</i> <ul style="list-style-type: none"> Referrals to spirometry: 41 (37%) Referrals to smoking cessation: 30 (27%) Other specialist referral: 40 (36%)
No. of patients attending the Severe Asthma Clinic after referral	<ul style="list-style-type: none"> 31 patients identified from UNITE reviews for referral 19 out of 31 patients attended the Severe Asthma clinic after referral. 12 other patients DNA or still waiting to be reviewed.
Percentage of appropriate referrals versus protocol	<ul style="list-style-type: none"> 89% appropriate for Severe Asthma clinic review
Number of patients initiated onto an asthma biologic after being referred to the Severe Asthma Clinics	<ul style="list-style-type: none"> 3 patients started on a biologic during the project. Other patients remaining under the care of tertiary care teams with a high possibility of starting a biologic later

Number of patients requiring other intervention after being referred to the Severe Asthma Clinics	<ul style="list-style-type: none"> 15 patients accessed other interventions after being referred to the Severe Asthma clinic.
Patient experience questionnaire score	4.85/5.00 (97.1%) (n=35)
GP Practice experience questionnaire score	1.82/2.00 (91.1%) (n=4)

The UNITE Service - Lessons learned

- These projects require a multistakeholder approach from Integrated Care Board (ICB) level to primary care to make implementation and adoption at primary care level a success.
- When initially engaging primary care about the UNITE services the needs of primary care should be targeted. At the same time primary care should be made aware the service only requires minimal admin support.
- To help address health inequalities practices should be targeted based on their population needs so areas where there is a more significant unmet need benefit most.
- Poor clinical coding for asthma currently exists in Primary Care and therefore the remote searches generated a high number of results. This means significant time and resource is required to select appropriate patients for review.
- Outputs of the service show remote asthma reviews utilising video-consultation technology can be used to optimise treatment and manage people with severe asthma and can reach people living in remote areas or who may struggle to attend an in-practice appointment. Remote review can also allow HCPs to manage a population with high unmet across multiple practices. However, we do recognise that face-to-face reviews may offer benefits as well and will not be appropriate for all patients.
- The project identified that collaboration with secondary care would support the appropriate referrals of patients with Severe Asthma.
- A significant proportion (9%) of asthma patients reviewed as part of the project were identified as meeting the referral criteria for the severe asthma clinic but had not been previously identified by practices as appropriate for referral despite high OCS use. This highlights the need for clear Severe Asthma pathways across the ICS and ensuring that health care professionals within primary care are aware of the pathways and referral criteria.