NP-GB-ASU-BRFS-250002 March 2025

#### **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.

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# <u>The UNITE Service – Project Results:</u>

Number of participating localities  Numbers of participating practices from each locality  Practice participation volume (Combined list sizes of 30 active practices)  Total patient volume (Combined list sizes of 30 active practices)  Total volume of patients with asthma bareeting the agreed audit critleria following case note review  Total no. of patients with asthma patients following case note review  Total no. of pratients receiving 1, 2 or 3 Respiratory Nurse Advisor reviews  No. of reviews with an updated written asthma management plan (PAAP)  Percentage completion of PAAP or all patients requiring a change of their treatment following nurse review  No. of patients requiring a change of their treatment following nurse review  No. of patients requiring a change of their treatment following nurse review  No. of patients requiring a change of their treatment following nurse review  No. of patients requiring a change of their treatment following nurse review  No. of patients requiring other intervention  No. of patients requiring other intervention  No. of patients requiring other intervention  No. of patients attending the Severe Asthma Clinic after referral  Percentage of appropriate referrals versus protocol  No. of patients attending the Severe Asthma Clinic after referral  Percentage of appropriate referrals versus protocol  Number of patients intents do not be service and patients invited on to a patient serview of a patient in the severe Asthma clinic after referral  Percentage of appropriate referrals versus protocol  Number of patients intents do not be patients on a biologic during the project.	Outcome measure	Result
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<ul> <li>an asthma biologic after being referred to the Severe Asthma</li> <li>Other patients remaining under the care of tertiary care teams with a high possibility of starting a biologic later</li> </ul>	=	
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Number of patients requiring other intervention after being referred to the Severe Asthma Clinics	15 patients accessed other interventions after being referred to the Severe Asthma clinic.
Patient experience questionnaire	4.85/5.00 (97.1%) (n=35)
score	
GP Practice experience	1.82/2.00 (91.1%) (n=4)
questionnaire score	

### 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.