Summary of The UNITE Service:

A severe asthma patient identification, review, and referral Joint Working project between Hull University Teaching Hospitals NHS Trust and GlaxoSmithKline UK Ltd (GSK) in Humber Coast and Vale Integrated Care System (ICS).

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

The UNITE Service - Project Overview

- Participating GP practices within the Humber, Coast and Vale ICS had a remote search run on their system to identify patients with uncontrolled asthma.
- The remote search identified patients with asthma who were receiving ICS/LABA combination therapy and who had been prescribed 3 or more courses of prednisolone in the past 12 months or maintenance prednisolone for 6 months or more.
- The patients identified from the search were invited for up to 3 virtual reviews by a Respiratory Nurse Advisor. (Responsible Nurse Advisors had diploma level or above Respiratory training).
- The Respiratory Nurse Advisors virtually reviewed identified patients using a detailed Clinical Assessment sheet and referral criteria which was developed by the Severe Asthma leads at Hull University Teaching Hospital.
- Patients whose asthma still remained uncontrolled after virtual reviews were referred to the Severe Asthma Service at Hull for ongoing management and biologic initiation if appropriate.
- Patients whose asthma remained controlled after these virtual reviews remained under the care of their GP practice.
- The project ran from December 2021 until February 2024. Virtual primary care reviews were completed at the end of May 2023 and tertiary care reviews were completed by February 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	Practice sign-up occurred from 4 former CCG footprints across Humber Coast & Vale ICS: • *North-East Lincolnshire CCG* • *North Lincolnshire CCG* • *Vale of York CCG* • *North Yorkshire CCG*
Numbers of participating practices from each locality	Total no. of practices participating: • North-East Lincolnshire CCG: 14 • North Lincolnshire CCG: 15

	• Vale of York CCG: 9 • North Yorkshire CCG: 1 39 practices had a remote search run but only 35 went onto participating in the UNITE clinics
Practice participation vs total of practices engaged	71% of practices engaged signed up to the service (39 sign ups out of 55 engaged)
Total patient volume (Combined list sizes of 35 active practices)	276,876
Total volume of asthma patients (From the 35 active practices)	17,396 *6.28% of total practice population in active practices*
Total no. of asthma patients meeting the agreed audit criteria following case note review (Invited to clinic)	435 *2.5% of total asthma population in active practices* *0.16% of total practice population in active practices*
Total no. of patients receiving 1, 2 or 3 Respiratory Nurse Advisor reviews	Total no. of reviews: 608 • *Total no. of patients receiving 1 review: 331 (76% of those invited attended review 1, 435 patients invited).* • *Total no. of patients receiving 2 reviews: 203 (229 patients invited to review 2).* • *Total no. of patients receiving 3 reviews: 74 (102 patients invited to review 3).*
No. of reviews with an updated written asthma management plan (PAAP)	464 reviews completed with a new or updated written PAAP (608 reviews in total) • *124 reviews had a new PAAP (20%)* • *340 reviews had their PAAP updated (56%)*
Percentage completion of PAAP for all patients reviewed	76% 464/608 reviewed with a new/updated PAAP
No. of patients requiring a change of their treatment following nurse review	• Escalation of treatment: 188 patient reviews (31%) • Maintained treatment with education: 441 patient reviews (68%) • De-escalation of treatment: 9 patient reviews (1%)
No. of patients referred to the Hull Severe Asthma Clinic	38 (11.5% patients reviewed referred). *(331 patients in total took part in the service)*
No. of patients requiring other intervention	• Referrals to spirometry: 77 (41%) • Referrals to smoking cessation: 38 (20%) • Other specialist referral: 73 (39%) *188 referrals from a total of 608 reviews - Patients may have had more than one referral*
No. of patients attending the Severe Asthma Clinic after referral	• 38 patients identified from UNITE reviews for referral • 31 referrals actioned by GP and received by Hull • 22 referrals seen by Hull tertiary care team • 9 referrals seen by York secondary care team • 28/31 attended a tertiary care review • 3 DNAs
Percentage of appropriate referrals versus protocol	100% appropriate for severe asthma clinic review
Number of patients initiated onto an asthma biologic after being referred to the Hull Severe Asthma Clinic	• 7 patients started on a biologic as of Feb'24 • 3 patients due to be discussed at MDT • Other patients remain under the care of Hull with the possibility of starting a biologic later

Number of patients requiring other intervention after being referred to the Hull Severe Asthma Clinic (n=31)	• Pharmacological intervention: 13 patients
Patient experience questionnaire score	4.85/5.00 (96.9%) (n=89)
GP Practice experience questionnaire score	1.86/2.00 (92.9%) (n=11)

The UNITE Service - Lessons learned.

- All referrals generated from the UNITE service were appropriate although, not all required biologics.
- All patients identified met criteria for a trial of treatment with biological therapies. However, treatment optimisation/advice, which was offered to all patients, led to improved asthma control. This led to a very large proportion of patients being optimised and maintained on treatment in primary care and not being referred to the severe asthma service or being progressed to a biological therapy.
- Thorough primary care nurse specialist reviews (up to 3 x 45 minutes) provided adequate time for patient assessment, review and education. This allowed timely review and potentially saved future NHS healthcare expenditure. This would be from decreased referrals, high quality referrals, no inappropriate referrals and the gains from decrease in exacerbation frequency (benefits to the patient as well as NHS resources).
- Outcomes would suggest the majority of asthma patients can remain controlled in primary care with the correct asthma education and, if enough time is given for a thorough asthma review.
- These types of projects require a multistakeholder approach from an Integrated Care Board (ICB) level to a primary care level 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.
- Poor coding currently exists in Primary Care and therefore remote searches generate 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 reviews can work when given enough time and can reach patients living in remote areas. However, we do recognise that face-to-face reviews may offer benefits as well.
- Extending the period between reviews from 4-8 weeks to 3-6 months could be a more appropriate timeframe to assess patients. The longer period between reviews could give a better indication if asthma control has been achieved.
- Keeping a record of patients which remained controlled in primary care and contacting these patients at 6 or 12 months may offer benefit as it would allow to understand if good asthma control is maintained.
- Continuous risk stratification should be embedded for ongoing legacy along with severe asthma education in primary care so work like this can continue and referral pathways are maintained.
- It was observed patient assessment differed depending on geography and the severe asthma centre patients were referred to. Some patients were initiated onto a biologic once seen by the severe asthma centre whereas patients which were referred to other NHS hospital sites had assessment work repeated. This prolonged the patient pathway. Looking at patient pathways could be beneficial to make the assessment process as streamlined as possible.