

Summary of The UNITE Service:

A severe asthma patient identification, review, and referral Joint Working project between St. Bartholomew's Hospital & Royal Free London NHS Foundation Trust 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 North-East London and North Central London Integrated Care System (ICS) had a remote search run on their system to identify patients with uncontrolled asthma.
- The initial remote search identified patients with asthma who were receiving ICS/LABA combination therapy and who had been prescribed 4 or more courses of prednisolone in the past 12 months or maintenance prednisolone for 6 months or more. Subject to achieving project outcomes and GSK contribution, patients who had received 3+ OCS courses were sequentially reviewed, with those having had 2+ OCS courses then reviewed subject to further capacity.
- The patients identified from the search were invited for up to 2 virtual reviews by a Respiratory Nurse Advisor. (Responsible Nurse Advisors had diploma level or above Respiratory training).
- The Respiratory Nurse Advisor virtually reviewed these patients using a detailed Clinical Assessment sheet and referral criteria.
- Patients whose asthma remained uncontrolled after these virtual reviews were referred into the severe asthma virtual multidisciplinary meeting between St Bartholomew's Hospital and Royal Free Hospital.
- Patients whose asthma remained controlled after these virtual reviews remained under the care of their GP practice.
- The project ran from September 2022 until September 2024. Virtual primary care reviews were completed by February 2024 and tertiary care reviews still continue for patients actively monitored after improvement made through the Severe Asthma clinic.

The UNITE Service - Project Objectives:

To improve patient care through the identification and review of patients with uncontrolled asthma within primary care by facilitating their referral to severe asthma services and thereby improving access to biologic treatments for appropriate patients with confirmed severe asthma.

The UNITE Service – Project Results:

Outcome measure	Result
Number of participating localities	2 localities: North-East & North Central London ICS.
Numbers of participating practices from each locality	33 practices took part in the service
Practice participation vs total of practices engaged	Service operated at 33% capacity.
Total patient volume (Combined list sizes of 33 active practices)	343,372
Total volume of asthma patients (From the 33 active practices)	15,774 4.59% of total practice population in active practices

Total no. of asthma patients meeting the agreed audit criteria following case note review	458 <i>2.90% of total asthma population in active practices</i> <i>0.13% of total practice population in active practices</i>
Total no. of patients receiving 1 or 2 Respiratory Nurse Advisor reviews	Total no. of reviews: 390 <ul style="list-style-type: none"> • <i>Total no. of patients receiving 1 review: 275 (71% of those invited attended review 1, 390 patients invited).</i> • <i>Total no. of patients receiving 2 reviews: 115 (152 patients invited to review 2).</i>
No. of reviews with an updated written asthma management plan (PAAP)	330 reviews completed with a new or updated written PAAP (390 reviews in total) <ul style="list-style-type: none"> • <i>147 reviews had a new PAAP (38%)</i> • <i>183 reviews had their PAAP updated (47%)</i>
Percentage completion of PAAP for all patients reviewed	85%
No. of patients requiring a change of their treatment following nurse review	<ul style="list-style-type: none"> • <i>Device change at equivalent medication strength: 15 patient reviews (4%)</i> • <i>Device change with dose change and/or medication addition: 43 patient reviews (12%)</i> • <i>Dose change and/or medication addition: 66 patient reviews (18%)</i> • <i>Maintained with education: 174 patient reviews (47%)</i> • <i>Maintained with observation only: 11 patient reviews (3%)</i> • <i>Maintained with inhaler technique: 17 patient reviews (5%)</i> • <i>Maintained under secondary care: 42 patient reviews (11%)</i>
No. of patients referred to the severe asthma multidisciplinary meeting between St Bartholomew's Hospital and Royal Free Hospital	28 (10% patients reviewed referred). <i>(275 patients in total took part in the service)</i>
No. of patients requiring other intervention	<ul style="list-style-type: none"> • <i>Referrals to spirometry: 42 (37%)</i> • <i>Referrals to smoking cessation: 4 (4%)</i> • <i>Referrals to weight management: 4 (4%)</i> • <i>Referrals to ENT: 2 (2%)</i> • <i>Referrals to Gastro/Hepatology: 1 (1%)</i> • <i>Other specialist referral: 59 (52%)</i> <p><i>113 referrals from a total of 390 reviews - Patients may have had more than one referral</i></p>
No. of patients attending the Severe Asthma Clinic after referral	<ul style="list-style-type: none"> • <i>28 patients identified from UNITE reviews for referral</i> • <i>28 referrals received by Severe Asthma teams</i> • <i>24 offered a Severe Asthma clinic review</i> • <i>4 offered a general asthma clinic review</i> • <i>4 repeated DNAs (discharged without review)</i>
Percentage of appropriate referrals versus protocol	96% (27/28) appropriate
Number of patients initiated onto an asthma biologic after being referred to the Severe Asthma Clinics	<ul style="list-style-type: none"> • <i>9 patients receiving active monitoring (after improvement) through the Severe Asthma clinic</i> • <i>To date no patients have been initiated on biologic therapy following identification through the UNITE scheme</i>
Number of patients requiring other intervention after being referred to the Severe Asthma Clinics	<ul style="list-style-type: none"> • <i>Not provided</i>
Patient experience questionnaire score	4.79/5.00 (95.7%) (n=20)
GP Practice experience questionnaire score	1.77/2.00 (88.3%) (n=11)

The UNITE Service - Lessons learned

- NHS Internal governance process is time and resource consuming when setting up Joint Working projects with variation from area to area.
- 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.
- 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.
- Patients can continue to improve after review by the UNITE primary care nurse team both prior to SAC referral and between SAC referral and SAC clinic assessment
- Changes made to the nurse assessment during the project helped identify need for therapist support e.g. laryngeal dysfunction.
- Only 60% of patients invited for review in primary care attended. This, and the low rate of biologic initiation in the patients reviewed, may suggest that many patients with difficult asthma are 'hard to reach'.