

Summary of The UNITE Service:

A severe asthma patient identification, review, and referral Joint Working project between Hampshire and Isle of Wight Integrated Care System (ICS) 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 Hampshire and Isle of Wight 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 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 either the Portsmouth Severe Asthma Service or the University Hospital Southampton.
- Patients whose asthma remained controlled after these virtual reviews remained under the care of their GP practice.
- The project ran from October 2022 until December 2024. Virtual primary care reviews were completed by March 2024 and tertiary care reviews were completed by December 2024.

The UNITE Service - Project Objectives:

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

The UNITE Service – Project Results:

Outcome measure	Result
Participating localities	The practices that signed up were part of Hampshire and Isle of Wight ICS.
Numbers of participating practices from each locality	28 practices across the ICS took part in the service
Practice participation vs total of practices engaged	Service operated at 95% capacity.
Total patient volume (Combined list sizes of 28 active practices)	601,810
Total volume of asthma patients (From the 28 active practices)	37,222 6.19% of total practice population in active practices

Total no. of asthma patients meeting the agreed audit criteria following case note review	968 <i>2.60% of total asthma population in active practices</i> <i>0.16% 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: 794 <ul style="list-style-type: none"> • <i>Total no. of patients receiving 1 review: 510 (53% of those invited attended review 1, 968 patients invited).</i> • <i>Total no. of patients receiving 2 reviews: 219 (276 patients invited to review 2).</i> • <i>Total no. of patients receiving 3 reviews: 65 (87 patients invited to review 3).</i>
No. of reviews with an updated written asthma management plan. Personalised Action Asthma Plan (PAAP)	581 reviews completed with a new or updated written Personalised Action Asthma Plan (PAAP) (794 reviews in total) <ul style="list-style-type: none"> • <i>168 reviews had a new PAAP (21%)</i> • <i>413 reviews had their PAAP updated (52%)</i>
Percentage completion of PAAP for all patients reviewed	73%
No. of patients requiring a change of their treatment following nurse review	<ul style="list-style-type: none"> • Escalation of treatment: 243 patient reviews (31%) • Maintained treatment with education: 538 patient reviews (68%) • De-escalation of treatment: 13 patient reviews (1%)
No. of patients referred to the Portsmouth Severe Asthma Service or the University Hospital Southampton	51 (10% patients reviewed referred). <i>(510 patients in total took part in the service)</i>
No. of patients requiring other intervention	<i>180 referrals from a total of 794 reviews - Patients may have had more than one referral</i> <ul style="list-style-type: none"> • Referrals to spirometry: 68 (38%) • Referrals to smoking cessation: 22 (12%) • Other specialist referral: 90 (50%)
No. of patients attending the Severe Asthma Clinic after referral	<ul style="list-style-type: none"> • 51 patients identified from UNITE reviews for referral into a Severe Asthma Clinic • 42 out of 51 patients attended the Severe Asthma clinic after referral. • Other patients DNA Severe Asthma clinic visits after repeated attempts.
Percentage of appropriate referrals versus protocol	<ul style="list-style-type: none"> • 98% 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"> • 9 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"> • 42 patients accessed other interventions after being referred to the Severe Asthma clinic.
Patient experience questionnaire score	4.85/5.00 (96.9%) (n=77)
GP Practice experience questionnaire score	1.65/2.00 (82.7%) (n=7)

Feedback & 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.
- 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.
- Only 52% of patients invited to a UNITE clinic ended up attending one despite multiple phone calls and text message reminders. Consideration needs to be made on how best to engage the patients to motivate them to attend.
- Patients referred through the service and started on biologics have had the usual excellent response to them.
- Difficult asthma patients not requiring biologics have also benefited from the service e.g. some patients have responded (exacerbations and symptoms) to inhaler changes (performed prior to review or at review in asthma service), or to multidisciplinary team.
- Good identification of difficult asthma patients, and higher proportion of patients requiring biologics/severe asthma than our standard referrals.
- The service has not overwhelmed the tertiary centres, and whilst it's difficult to know, may have identified patients who would otherwise have slipped through the gaps.