



GSK and Oxfordshire and Thames Valley Health Improvement Network
Collaborative Working Executive Summary
The Respiratory Transformation Partnership
Workstreams 3 & 4

Health Innovation Oxford and Thames Valley and GSK are undertaking a Collaborative Working project together as part of a national programme entitled the Respiratory Transformation Partnership (RTP).

Respiratory disease is the fourth leading cause of death in England¹, and imposes a significant burden on care structures accounting for ~1.4 million GP consultations each year and is the second leading cause of emergency admissions in the UK.² Through the RTP there is an opportunity to improve patient and NHS outcomes by accelerating whole pathway transformation for asthma and chronic obstructive pulmonary disease (COPD) and enhancing how patient care. Aligning with the vision for collaboration set out in the government's Fit for the Future: 10-Year Health Plan³, the RTP brings together NHS, life sciences bodies, pharmaceutical industry partners, academic institutions, third sector organisations, patients, and the public to improve outcomes for people with asthma and COPD and reduce the burden of respiratory-related hospital admissions.

In order to achieve this the RTP is divided into four workstreams each of which will have their own distinct aims and objectives.

1. Asthma Neighbourhood Development
2. Asthma Biologics Access
3. COPD Neighbourhood Development
4. COPD Biologics Readiness

As part of this national programme GSK is focusing its attention on supporting workstreams 3 and 4.

This Collaborative Working initiative will support the development of Neighbourhood Health Service care models for COPD and system readiness for COPD biologics. By co-developing targeted workstreams, we will deliver initiatives that support systems for COPD biologic readiness, if and when adopted in line with local policy, and strengthen neighbourhood-based care through accurate diagnosis, risk stratification, and proactive disease management embedded in community pathways. Further project details will be published as addendums to the Executive Summary as workstreams move from Phase 1 to Phase 2.

A Summary of Outcomes Report will be published on the GSK website within six months of project completion or the end of GSKs involvement .

Primary project objectives:



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The RTP aims to reduce premature mortality, respiratory-related hospital admissions, and bed days through large-scale system and pathway transformation; shifting the NHS from reactive, crisis-driven care toward more proactive, data-enabled, and efficient models that support earlier diagnosis, personalised management, and timely treatment for patients.

Project Contribution & Responsibilities:

The project will run for 2 years, from the start of April 2026 to the end of March 2028 and will involve a balance of contributions from all parties, with the pooling of skills, experience, and resources in planning and implementing the project.

The NHS England Pathway Transformation Fund (PTF) and Office for Life Sciences (OLS) have committed a combined £4.6m in funding for the RTP across all workstreams. GSK will be one of 4 industry partners collectively matching this funding, committing £1.15m staggered across the two years in ring-fenced funds to be used as part of this project across workstreams 3 and 4. GSK funding will be released only after each project's specifics are agreed and documented in co-created project appendices, against set milestones and objectives.

HIN/HIOTV responsibilities:

- Engagement with GSK to co-create and coordinate projects across the nation, within this workstream, as well as across the overall RTP.
- Identify and engage with suitable NHS trust sites to partner with.
- Governance of main project, as well as projects developed as part of this workstream and the overall RTP.
- Bringing experience and specialists in field to the projects
- Coordinate projects between different companies participating in the RTP and, where appropriate, standardise their approach.

GSK responsibilities:

- Engagement with the HIOTV/local HINs to co-create and deliver projects in line with this workstream.
- Provide funding for the projects, based on the detailed criteria.
- Allocate a GSK project lead to provide Project Management and oversight for projects in line with this workstream.
- Governance of main project, as well as projects developed as part this workstream and the overarching RTP.
- Provision of insights from existing and prior GSK projects and expertise.

Intended benefits:

Patient:

- Support more equitable access to COPD care for patients regardless of geography or patient demographic.
- Timelier referral and review to appropriate treatment options in line with NICE



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- guidance and local pathways.
- Allow for more patient involvement and input to their own care through the use of remote and patient initiated follow ups.
- Bringing care closer to home for many patients, reducing patient travel time and allowing for more care to be delivered within a community setting.

NHS:

- Creation of a standardised model of community care so there is no unwarranted regional variation in quality and standard of care for patients with COPD.
- Improved timeliness of COPD care via enhanced identification, referral and optimisation within neighbourhood teams.
- Allows for more personalised patient care model that is tailored to the specific needs of individual communities.
- Support to enable secondary care sites to work closely with primary care to develop and embed improved clinical pathways for biologic therapies and the necessary follow-up care.
- Potential reductions in COPD related exacerbations, resulting in reduced healthcare utilisation in both primary care and secondary care as well a reduction in associated COPD complications and hospitalisations.
- Implementation of an improved and more efficient pathway for patients with COPD that is in line with NICE guidance.

GSK:

- Demonstration of effective Collaborative Working at scale, contributing to patient-centred pathway improvement.
- Supporting the improvement of the quality of care for patients with COPD.
- Act as a trusted collaborator by co-developing, testing and evaluating reproducible service models with NHS partners.
- Enhancing clinical pathways may lead to faster and more appropriate prescribing decisions in the future; for some patients, this could include treatment with GSK products, where aligned with local formulary and NICE guidance.
- Gain a better understanding of the COPD services within the NHS.
- Support GSK's commitment to being ambitious for patients to get ahead of disease together.

References:



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1. Department of Health and Social Care. Mortality profile — Data | Fingertips [Internet]. London: Department of Health and Social Care; [December 2025]. Available from: [\[Mortality Profile - Data | Fingertips | Department of Health and Social Care\]](#). [cited Mar 2026].
2. Holdoway et al. Managing malnutrition in COPD [Internet]. 2023. mm_copd.pdf. Available from: [\[mm_copd.pdf\]](#). [cited Mar 2026].
3. Department of Health and Social Care. Fit for the future: 10 Year Health Plan for England — executive summary (accessible version) [Internet]. London: GOV.UK; [30 July 2025]. Available from: [\[Fit for the future: 10 Year Health Plan for England - executive summary \(accessible version\) - GOV.UK\]](#). [cited Mar 2026].