

Joint working executive summary

<p>Project title</p>	<p>The Newcastle upon Tyne Hospitals NHS Foundation Trust Asthma Service – To Improve the identification & follow up of patients with Asthma who attend or are admitted to hospital outside of the Respiratory Department.</p>
<p>Partner organisation/s</p>	<p>This is a joint working project between: The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) And Sanofi</p>
<p>Project rationale</p>	<p><i>Asthma is one of the most prevalent long-term conditions in the UK, with around 5.4 million people currently receiving treatment. An estimated 1 million people have "difficult" asthma including ~200,000 people with severe asthma. Uncontrolled severe asthma can have a devastating impact on people whose lives are disrupted by regular emergency department visits and hospital admissions. 35% of patients have at least 2 hospital admissions per year (excluding ED visits) with 25% having 3 admissions. Nearly half of the patients had 3/4 visits to ED. This is a huge cost burden to the NHS and is sub-optimal from a patient's perspective. Many patients who attend ED are not actually admitted, they may be put on a nebuliser until the episode settles then discharged, not having been seen by a specialist.</i></p> <p><i>Asthma is one of the most prevalent long-term conditions in the UK, with around 5.4 million people currently receiving treatment. An estimated 1 million people have "difficult" asthma including ~200,000 people with severe asthma. Uncontrolled severe asthma can have a devastating impact on people whose lives are disrupted by regular ED visits and hospital admissions. 35% of patients have at least 2 hospital admissions per year (excluding ED visits) with 25% having 3 admissions. Nearly half of the patients had 3/4 visits to ED. This is a huge cost burden to the NHS and is sub-optimal from a patient's perspective.</i></p> <p><i>As a specialist centre NUTH has a well-developed service which helps ensure appropriate access to</i></p>

	<p><i>high cost technologies (including biological agents, such as monoclonal antibodies and endoscopic interventions such as bronchial thermoplasty). It allows the right patient to receive the right treatment and aims to prevent inappropriate medication, reducing any unnecessary risks to patients and providing cost effective use of resources to the NHS.</i></p> <p><i>Currently asthma patients admitted to the emergency department tend to have their symptoms treated and are then discharged back to primary care. Without specialised respiratory intervention they may be at increased risk of further admissions or disease progression due to treatment not being optimised at the appropriate time.</i></p> <p><i>The current respiratory service does not have the resource or ability to track asthma patients when they are admitted to the hospital trust or seen outside of the respiratory department. These patients need dedicated follow up by a respiratory specialist HCP to assess their current treatments and ensure they are either taking their current treatments correctly or whether they need further intervention.</i></p> <p><i>This follow up would need to be done by Primary Care who often are unable to identify these patients effectively, do not have the necessary capability or capacity for continued care of the more severe asthma population and may delay referral into secondary care asthma services.</i></p> <p><i>The purpose of this project would be to facilitate an improvement in patient care for those patients with asthma who have an exacerbation bad enough to attend ED or be admitted to hospital using a "rapid response specialist nurse". In turn this will identify a sub-set of patients with severe asthma that require systematic assessment and consideration of additional treatment such as biologics.</i></p>
Project period	Q2 2021 until Q2 2022

<p>Project objectives</p>	<p>Benefits to patients: - Patients will have rapid follow up by a respiratory specialist HCP to ensure rapid treatment optimisation post exacerbation/ admission. Patients will receive better care and have a better experience</p> <p>Benefits to NHS: - Patients identified earlier in their disease progression will receive earlier specialist input therefore allowing more accurate diagnosis and optimised treatment. This should reduce the risk of future admissions and escalating costs of inappropriate treatments and their side effects</p> <p>Benefits to Sanofi: - This project will enhance Sanofi's reputation within the respiratory arena. Patients will be identified earlier and treatments optimised in line with national & local guidance. Currently Sanofi have a medicine under review by NICE for the treatment of severe Asthma.</p>
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