

Collaborative Working Project executive summary

<p align="center">Project title</p>	<p align="center">Health Innovation Network Respiratory Transformation Partnership (RTP)</p>
<p align="center">Partner organisation/s</p>	<p align="center">Health Innovation Oxford and Thames Valley Sanofi UK</p>
<p align="center">Project rationale</p>	<p>Respiratory disease is the third leading cause of death in the UK, and a significant contributor to unplanned hospital admissions, particularly during winter. There is an opportunity to improve outcomes by accelerating whole pathway transformation for asthma and chronic obstructive pulmonary disease (COPD) through development of the RTP. Aligning with the vision for collaboration set out in the government’s 10 Year Plan for Health, the RTP would bring 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.</p> <p>The vision for the RTP is to reduce premature mortality, respiratory-related hospital admissions, and bed days through large-scale system and pathway transformation. This means shifting from reactive, crisis-driven care toward more proactive, data-enabled, and efficient models that support earlier diagnosis, personalised management, and timely treatment.</p> <p>The RTP has four workstreams:</p> <ol style="list-style-type: none"> 1. Asthma Neighbourhood Development 2. Asthma Biologics Access 3. COPD Neighbourhood Development 4. COPD Biologics Readiness <p>There are also several cross-cutting themes, which are central to all workstreams:</p> <ol style="list-style-type: none"> a. Workforce and capability b. Digital innovation and data infrastructure c. Commissioning and equitable access d. Patient resources and self-management <p>The four workstreams are distinct in focus, yet naturally complement and overlap with interdependences with one</p>

	<p>another, each playing an essential role without which the programme could not succeed.</p> <p>Sanofi's role in working in partnership on the RTP will focus on workstreams 3 and 4.</p> <p>Workstream 3</p> <p>Chronic Obstructive Pulmonary Disease (COPD) continues to drive substantial morbidity, mortality and system pressure across England. Significant variation persists in:</p> <ul style="list-style-type: none"> • Diagnostic access and quality • Exacerbation prevention • Workforce capability • Access to pulmonary rehabilitation (PR) and self management support • Use of structured, evidence-based care review processes • MDT functioning and neighbourhood-level models of care • Identification of high-risk populations • Health inequalities in access and outcomes. <p>Neighbourhood-based COPD management has emerged as a high-value opportunity to improve outcomes and reduce avoidable hospital activity. RTP aims to build a nationally coherent but locally adaptable COPD neighbourhood model, based on evidence from:</p> <ul style="list-style-type: none"> • OPTIMISE and other structured review models • PTF COPD transformation sites • Population health management programmes • Local pilot innovations across the country <p>Workstream 3 will support early adopter sites to develop, implement, evaluate and scale neighbourhood models that are preventive, data-driven, multi-professional and community-focused.</p> <p>Workstream 4</p> <p>COPD biologics represent an opportunity to improve outcomes for eligible patients. Systems must rapidly prepare for:</p> <ul style="list-style-type: none"> • Safe initiation • Optimised operational pathways • Service capacity • Upskilled workforce • Robust digital and data infrastructure
--	--

	<ul style="list-style-type: none"> • Equitable access • Minimising geographical variation • Financial readiness <p>Workstream 4 aims to address these issues and support systems to be ready for the introduction of COPD biologics into clinical pathways.</p>
<p>Project period</p>	<p>Q1 2026 – Q3 2028 (NHS timelines)</p>
<p>Project objectives</p>	<p>For Patients</p> <ul style="list-style-type: none"> • Improved accuracy of COPD diagnosis • Improved respiratory services • Improved access to appropriate advanced therapies • • More consistent identification of high-risk COPD patients • Better optimisation of rising/high-risk patients • Reduction in frequency of exacerbations and hospital admissions • Reduced inequalities where targeted interventions are piloted • Improved optimisation prior to biologics • Enhanced equity focus <p>For NHS</p> <ul style="list-style-type: none"> • Improved visibility of COPD risk • Identified diagnostic variation and plans implemented to address this • Workforce uplift in core COPD skills • A scalable neighbourhood model framework for ICS adoption • Evidence to guide commissioning and funding decisions • Clear understanding of biologics demand • Readiness to commission & deliver biologics • Improved MDT capability • Reduction in frequency of exacerbations and hospital admissions <p>For NHSE</p> <ul style="list-style-type: none"> • Early validated COPD neighbourhood model framework • Evidence from 2–3 pilot areas • Implementation guidance to support national roll out • Validated models from 2–3 diverse geographies

	<ul style="list-style-type: none"> • Scalable approach for national biologics readiness roll-out <p>For Sanofi</p> <ul style="list-style-type: none"> • Reputational impact working on a national project to implement new services • Greater clarity on the needs of the NHS in developing COPD services further in the future • As Sanofi produce a medicine in this therapy area appropriate patients may be identified to receive this treatment in line with National and local guidance. <p>The project will be completed by pooling resources of Approximately £3.0m Direct funding (Sanofi 40% : NHS 60%) plus additional indirect funding that will be collated through the project and added to this Executive summary on a regular basis. Funds will be given to sites to deliver the project locally. Those funds and the indirect resources used in those local sites will be declared on this executive summary as they arise.</p>
<p>Project Sites and resources allocated</p>	<p>This will be populated as the detail emerge.</p>
<p>Contact details</p>	<p>Tracey Marriott, Director of Clinical Innovation Adoption and Digital Lead, Health Innovation Oxford and Thames Valley hin-rtp@healthinnovationoxford.org</p> <p>Ahmed Moussa – General Manager Specialty Care and Country Chair – Sanofi UKIE GB-Marketaccess@sanofi.com</p>