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Rapid Uptake Product programme 2021/22

Asthma Biologics & FeNO

NHS England and NHS Improvement



Dear Colleagues,

Welcome to our second update as we move into month 3 of our Rapid Uptake Products programme. If this is a new area to you, you can find out more here <https://www.england.nhs.uk/aac/what-we-do/what-innovations-do-we-support/rapid-uptake-products/> .

May was a significant month for the programme as the window for Pathway Transformation Fund applications closed. We were thrilled with the levels of interest with over 170 applications received with a value of over £13m. All applications have been reviewed and scored and results are being shared. Office for Life Sciences, the AAC and the AHSN Network will be releasing a joint announcement with further detail imminently.

As ever we are keen to gather as much feedback, insight and create opportunities for you to help us shape our thinking and drive uptake of our products so please do reach out to the relevant contacts given at the back of this pack if you would like to discuss anything further.

Jenny Turton

**Deputy Director of Innovation, Research and Life Sciences &
Accelerated Access Collaborative**

Asthma Biologics Introduction

Asthma Biologics are an innovative group of medicines used by specialists to treat people with severe asthma. They provide a treatment option for people with severe asthma who continue to experience asthma attacks despite taking usual treatments (such inhaled steroids). Currently there are four NICE approved biologics for severe asthma (Omalizumab, Mepolizumab, Reslizumab and Benralizumab). The asthma biologics work in a targeted way by disrupting pathways that lead to lung inflammation to reduce asthma attacks, improve symptoms and reduce reliance on oral steroids.

Programme priorities

1. Understanding the current context:
 - Development of an adoption scoping report to investigate barriers in prescribing biologics
 - Modelling on variation in prescribing and referral practices across Trusts and regions as a tool to engage and discuss changes in practice
 - Perform an audit of wait times for initiating biologics
2. Early Identification, training healthcare professionals and enhanced roles (GPs, Nurses and Pharmacists)
3. Reducing variation and improving pathways
 - Development of an AAC algorithm / pathway
 - Grow home/self-administration
 - Grow home monitoring
4. Partner with specialist centres, acute Trusts and Primary Care (via AHSN) and gather best practice and utilise case studies
5. Reimbursement and coding mechanisms
 - Development of a code for severe asthma

Pathway Transformation Fund (PTF) Update

- In total there were 20 applications received for Asthma Biologics related projects spread across the country.
- The applications received were of a very high standard and as such short-listing and selection of the final applications was challenging.
- Out of these 20, 8 applications were successful in securing the funding (totalling a value of £969,000).
- Of the applications chosen, there is a mixture of projects that are geographically spread – some large scale (working as an Integrated Care System (ICS) with integrated professional roles) and some funding smaller growing services.
- To give some examples of projects, one directly aims to tackle local health inequalities and produce tools to support much wider utilisation/adoption, one has a focus on addressing adherence earlier on in the patient pathway (and will publish results and share more widely) and one is focused on redesigning the service which includes early identification in primary care and increasing home administration.

Asthma Biologics

Key progress to date

- Initial evidence suggests it can take a number of years to initiate someone onto a biologic. To create more robust evidence, a data collection exercise of capturing biologic waiting times has been outlined by Asthma UK and agreed with working group. The collection of data has now been launched to Severe Asthma Centres (End of April 21) and collection is taking place over the following 12 weeks.
- To support home monitoring for those self-administering biologics at home, the working group members are currently exploring developing a digital platform for patients and clinicians to use. The specification is currently being developed with input from one of our patient representatives and quotes are being sought from different providers.
- The AHSN network are close to completing an important milestone in the programme, through its national benchmarking activity. The 15 AHSNs, whilst building relationships with stakeholders involved in Severe Asthma care, have gathered important data on variation across pathways in primary, secondary and tertiary care. These data will be used to tailor local and regional improvement plans in the next phase of work to address identified areas of need. This will also support identifying areas of best practice in each site and enable the production of case studies and sharing good practice.
- Through the collaboration, a set of primary care risk stratification tools for potential severe asthma patient is in development, which will be made available to the primary care workforce alongside training. These tools will allow those leading on asthma care to identify and prioritise uncontrolled and potential severe asthma and take appropriate action to optimise medication, review adherence and where appropriate refer onwards. These tools are expected to be available by Q2 21/22.

Key challenges and issues

- Developing a Code for Severe Asthma – challenges around developing a code (there is one identified for inpatients in secondary care however the data does not flow (ICD10) and most activity occurs as an outpatient). There are currently no outpatient codes and the work involved to get these set-up and flowing centrally would be quite substantial.

Further Information

Asthma Biologics

The relevant NICE guidance can be found here:

[Benralizumab](#), [Mepolizumab](#), [Omalizumab](#) and [Reslizumab](#)

If you would like to discuss further with us then please reach out to the key AAC and AHSN Contacts shown below

Sarah Ramjeet (AAC) Relationship Manager - sarah.ramjeet@nhs.net

Tracey Marriott (AHSN) Product Owner - tracey.marriott@oxfordahsn.org

James Rose (AHSN) Project Lead - james.rose@oxfordahsn.org

FeNO

The relevant NICE guidance can be found here:

- Measuring fractional exhaled nitric oxide concentration in asthma: NIOX MINO, NIOX VERO and NObreath. Diagnostics guidance [[DGI2](#)]
- Asthma: diagnosis, monitoring and chronic asthma management. NICE guideline [[NG80](#)]

If you would like to discuss further with us then please reach out to the key AAC and AHSN Contacts shown below:

- Therese Dodoo (AAC) Relationship Manager – therese.dodoo@nhs.net
- Nicola Bent (AHSN) Product Owner – nicola.bent@wessexahsn.net
- Joe Sladen (AHSN) Project Manager – joe.sladen@wessexahsn.net

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FeNO Introduction

Over 5.4 million people in the UK suffer from asthma with the NHS spending £1.1 billion on asthma annually. Medication is 90% of this cost, including the excessive prescription of steroid inhalers. However, 30% of patients are suspected to be misdiagnosed. FeNO (fractional exhaled nitric oxide) measurements are included in NICE clinical guidance for asthma diagnosis, and are recommended to support asthma management in people who are symptomatic despite using inhaled corticosteroids. FeNO's Rapid Uptake Products include Nobreath and Niox Vera

Programme priorities

1. Develop an educational training package for FeNO. Consider delivery through existing education providers. Pursue endorsement from NICE and PCRS
2. Collect real world experience with exemplar sites on cost and operational benefits realised and patient outcomes and document the model and approach
3. Identify potential funding models and incentives to support uptake (prescribing savings achieved at GP level will be realised at system level) working with e.g. commissioners, STPs and ICSS
4. Develop a rollout toolkit to support organisations to implement including;
 - Dissemination of emerging hub model from national respiratory programme GIRFT
 - Advice on how to implement FeNO
 - Business case and financial modelling support
 - Training package and deployment
 - Dissemination of exemplar pathway and clinical decision-making tools
 - Pathway Transformation Funding support
 - Summary of best practice case studies from exemplar sites.

Pathway Transformation Fund Update

- There were 128 applications for FeNO support (57 non-bundle applications and 71 Bundle applications)
- Around £759,000 of the funding will be supporting 8 exciting and innovative non-bundle projects. A range of different transformative approaches will be undertaken, from the formation of diagnostic hublets to mobile hubs being used to ensure that deprived regions have access to FeNO testing
- Around £205,000 of the funding has been awarded to 26 FeNO bundle applications. Successful applicants will receive either 1 or 2 FeNO machines, plus 1-year supply of mouthpieces. They will have access to AHSN delivery and implementation support, as well as resources/ implementation toolkit developed by the AAC FeNO RUP programme
- In total, 34 projects across 13 AHSN regions will be receiving just under £964,000 of funding between them

What Happens Next

- Over the next few weeks, successful sites will be signing their contracts. Unsuccessful sites can request feedback from their local AHSN project lead.
- A key priority for the programme is offering local implementation advice and support to unsuccessful sites as well as capitalising on the large interest the RUP has received by ensuring that work continues to sustainably reduced the barriers that affect widespread FeNO use

Key progress to date

- The programme is working in partnership with communications and engagement specialist support to design and create a FeNO patient leaflet. The leaflet has been developed in collaboration with key stakeholders such as our patient representatives, clinicians and third sector organisations. The leaflet will support patient education on FeNO testing, its uses and how it can benefit patient care. It will be made available via AHSNs to local organisations in digital format to access and print whenever needed.
- Funding for the educational training package has been approved. A team of key stakeholders will be involved in a scoping meeting to finalise details on what will be included in the package that will be used to support the understanding respiratory healthcare teams have about FeNO testing and how to use it. The meeting will also include the Technology and Enhanced Learning (TEL) team who will create the modules that will sit on Health Education England's (HEE) 'e-learning for health' platform. Currently, it is expected that the training package will be completed by end of August, and will be promoted through HEE's networks as well as by the AAC to ensure that healthcare teams know where and how to access the modules.
- The project is also working collaboratively with Asthma UK and British Lung Foundation Partnership to produce an informative patient video that will detail useful information that patients need to know about FeNO testing in an interactive style. This will accompany the patient leaflet and may be used as an alternative source of information for patients with low literacy skillsets and may be at a higher risk of health inequalities. Key stakeholders such as patient representatives, industry partners and clinicians have been involved in the development of this short patient video.

Key challenges and issues

- Our key challenge continues to centre around sustainable funding for FeNO testing. Currently there is no sustainable approach to long term FeNO funding. There is a risk that unless this can be overcome, funding will remain a key barrier to uptake and adoption. Business case detailing cost and patient benefits is currently being produced to highlight the benefits of FeNO to Integrated Care Systems (ICS) as a possible method of encouraging system-wide adoption. We would love to hear from you if you are part of a health care system that has already widely adopted FeNO to hear about your experiences and approaches to funding the initiative.



Distribution list



This pack has been shared with the groups / bodies shown below. Please feel free to share throughout your networks or advise us of additional groups you think should be included in this regular circulation

- Association of Respiratory Nurse Specialists (ARNS)
- Primary Care Respiratory Society (PCRS)
- Asthma UK and British Lung Foundation
- The National Institute for Health and Care Excellence (NICE)
- British Thoracic Society (BST)
- Royal College of GP's (RCGP)
- Health Education England (HEE)
- Get It Right First Time (GIRFT)
- Association of Respiratory Technology (ARTP)
- NHS England and Improvement – Respiratory Clinical Policy Unit
- Regional Medicines Optimisation Committee (RMOC)
- Beneficial Change Network
- British Medical Association (BMA)
- National Association of Primary Care (NAPC)
- Royal Pharmaceutical Society (RPS)