JOINT WORKING EXECUTIVE SUMMARY

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Joint Working between AstraZeneca UK Ltd and Department of Health, Northern Ireland, ("DOH") acting through its Strategic Planning and Performance Group ("SPPG")

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Project title	RESPOND: Risk stratification, Early diagnosis, Spirometry & FeNO testing, Pathway redesign, Optimisation clinics, Neighbourhood integration, Data, digital & dashboards.
Aims and Objectives	Aim To improve outcomes for patients with asthma and COPD across the Southern Trust area by increasing early identification, improving access to timely assessment and diagnosis, supporting optimisation of care in line with guideline-directed management, and reducing unwarranted variation in respiratory care. The programme will support delivery of neighbourhood-based care, improve patient experience, enhance system efficiency and generate learning to inform future service development across Northern Ireland. Objectives Objective 1. Improve identification of patients with undiagnosed or high-risk asthma and COPD Increase identification of previously undiagnosed asthma and COPD patients and high-risk respiratory patients across participating GP Federations during the project period, enabling eligible patients to receive timely review and intervention. Measured by: • Number of undiagnosed asthma/COPD patients identified. • Number of high-risk asthma/COPD patients identified through population health approaches and risk stratification. • Number of patients prioritised for review following identification. Objective 2. Improve access to timely respiratory assessment and diagnosis Increase the number of patients receiving appropriate respiratory assessment and diagnostic investigation while reducing delays across the pathway from referral to diagnosis and treatment. Measured by: • Number of referrals to respiratory hubs. • Number of spirometry and FeNO assessments conducted. • Number of new asthma diagnoses. • Number of new COPD diagnoses. • Time from referral to diagnosis and treatment. Objective 3. Improve optimisation of asthma and COPD management Increase the proportion of reviewed patients receiving management and treatment optimisation in line with agreed local pathways and relevant national guidance. Measured by: • Number of patient reviews conducted. • Uptake of guideline-directed management. • Number of patients initiated on appropriate optimisation interventions. • Number of patients having inhaler technique assessed. • Number of patients reviewed using agreed respiratory review templates. • Percentage of identified high-risk patients who receive a completed respiratory review and documented optimisation plan. Objective 4. Reduce unwarranted variation in respiratory care delivery Improve consistency of respiratory pathway delivery across participating practices and GP Federations and reduce variation in access to assessment, review and optimisation services. Measured by: • Referrals per practice. • Variation in review activity between practices. • Variation in uptake of guideline-directed management. • Adoption of agreed pathway standards.

	Objective 5. Improve patient outcomes and experience Improve disease control and patient experience for people living with asthma and COPD throughout the project period. Measured by: • Reduction in unplanned respiratory attendances. • Reduction in high SABA use. • Staff experience feedback. • Patient experience feedback. • Utilisation of educational and self-management resources. Objective 6. Reduce avoidable demand on secondary care services Support the delivery of care closer to home and reduce avoidable utilisation of secondary care services for patients with asthma and COPD. Measured by: • Reduction in respiratory outpatient referrals. • Reduction in waiting list pressures. • Reduction in respiratory admissions. • Reduction in length of stay. • Healthcare utilisation and cost savings. Objective 7. Generate evidence to support sustainability and scale-up Generate robust clinical, operational and economic evidence to evaluate RESPOND and inform future commissioning and service redesign decisions. Measured by: • Completion of interim and final project evaluations. • Completion of the highlight report and executive summary of outputs. • Agreed recommendations for sustainability. • Evidence available to inform wider adoption across Northern Ireland.
Anticipated benefits	**Patient Benefits:** • Earlier identification of patients with undiagnosed or high-risk asthma and COPD, enabling timely review and intervention. • Improved access to respiratory assessment, diagnostics and review services closer to home. • Improved pathway timeliness, including reduced time from referral to diagnosis and treatment. • Increased access to care delivered in line with agreed local pathways and relevant national guidance, including guideline-directed management where clinically appropriate. • Improved disease control through earlier diagnosis, treatment optimisation, smoking cessation support, inhaler technique review and personalised care planning. • Reduced risk of exacerbations, unplanned attendances and hospital admissions. • Improved patient experience through a more coordinated and streamlined respiratory pathway. **DOH Benefits** • Increased identification of patients with undiagnosed or poorly controlled respiratory disease. • Improved population health management through proactive identification and prioritisation of high-risk patient cohorts. • Increased delivery of respiratory care within primary and community settings, supporting the Neighbourhood Model of Care and Shift Left agenda. • Reduced unwarranted variation in respiratory care delivery across participating practices and GP Federations. • Improved pathway efficiency and patient flow through adoption of a standardised respiratory pathway. • Reduced avoidable outpatient activity, emergency department attendances and respiratory admissions. • Improved workforce capability and confidence in delivering evidence-based respiratory care. • Generation of operational, clinical and economic evidence to inform future commissioning and service redesign decisions. **AstraZeneca Benefits**

	• Opportunity to support a patient-centred respiratory transformation programme through a collaborative working partnership. • Improved understanding of respiratory disease burden, unmet need and pathway variation within routine clinical practice. • Insight into implementation of guideline-directed management and respiratory pathway redesign. • Opportunity to contribute scientific expertise, education and implementation support within a non-promotional collaborative working framework. • Generation of learning and real-world evidence to support future service improvement initiatives. • Participation in a scalable and evaluable model which, subject to successful outcomes, may inform future respiratory service transformation activity.
Timeline	The project will commence on the 7 October 2026 and will continue for a duration of 17 months.
References	https://www.health-ni.gov.uk/publications/health-and-social-care-reset-plan https://public.tableau.com/app/profile/asthmaandlunguk/viz/Respiratoryindexvisualisations/Respiratoryindex https://www.abpi.org.uk/publications/accelerating-transformation-how-to-develop-effective-nhs-industry-partnerships/
Contributions	The project will include the pooling of skills, experience and resources from both parties. AstraZeneca will provide funding for Funding to support project delivery, including project management, service implementation support, pathway redesign activities, data and digital development, evaluation and reporting of agreed project outcomes. and AZ employee time for Project management, programme coordination, governance support, stakeholder engagement, Steering Group administration, progress reporting, and facilitation of project delivery activities. at a total cost of £540,120.00 Department of Health, Northern Ireland, (“DOH”) acting through its Strategic Planning and Performance Group (“SPPG”) is contributing Clinical leadership, operational management, access to healthcare professionals and patient populations, implementation of agreed pathways, delivery of project milestones, participation in governance meetings, data collection, and evaluation of outcomes. at a total cost of £596,816.55 . Department of Health, Northern Ireland, (“DOH”) acting through its Strategic Planning and Performance Group (“SPPG”) contribution does not include transfer of monies; it is based on cost of resource allocation. Full details of contributions are included in the agreed Joint working agreement with the DOH