JOINT WORKING EXECUTIVE SUMMARY

Published on www.astrazeneca.co.uk
Joint Working between AstraZeneca UK Ltd and Hertfordshire Community NHS Trust
Document Number: JW-466-1-ESI

Project title	HALO – Home-based Assessment for Lung health and Observation
Aims and Objectives	Medicines optimisation: Ensure all patients receive medicines optimisation in line with local COPD guidelines. Proactive monitoring: Proactively monitor high-risk COPD patients to improve understanding of their condition, establish baseline health status, and optimise management. Early intervention: Identify deterioration earlier and enable timely intervention to reduce avoidable exacerbations and unplanned care. Reduce system utilisation: Reduce GP attendances, A&E attendances, and hospital admissions. Support self-management: Improve patient confidence and capability through self-management education and clear escalation plans.
Anticipated benefits	**Patient Benefits:** Improved patient understanding and self-management: Patients will have a better understanding of their condition and be better supported to self-manage effectively. Care aligned to guidance: Care will be delivered in line with local COPD guidelines, supporting a consistent and evidence-based approach to management. Holistic care planning: Patients will benefit from more comprehensive and personalised care planning, including clear self-management and escalation plans. Medication optimisation: Regular medication reviews will support optimisation of treatment, including reduction of anticholinergic burden (ACB) where appropriate. Preventative care: The programme will support improved uptake of recommended vaccinations and other preventative interventions. Reduced unplanned care use: Better disease management is expected to reduce GP attendances, A&E attendances, and hospital admissions. Earlier identification of deterioration: Proactive monitoring will enable earlier recognition of worsening symptoms and more timely intervention. **NHS Benefits** Earlier implementation of guideline-directed care: Embedding guideline-directed care earlier in the pathway will support more timely intervention and more consistent management of COPD.

	Reduced pressure on urgent and unplanned care services: Improved disease management and earlier intervention are expected to reduce GP attendances, A&E attendances, and hospital admissions. Earlier detection of deterioration: Proactive monitoring will enable earlier identification of clinical deterioration, allowing timely escalation and reducing the risk of avoidable exacerbations. Support for sustainability objectives: Optimising COPD prescribing will help reduce the carbon footprint associated with inhaler use, in line with Green Plan objectives to lower emissions generated by inhalers. **AstraZeneca Benefits** Aligned to Medical Missions: Supports delivery of priorities aligned with Medical Missions. Partner of choice: Strengthens AstraZeneca's position as a trusted and valued partner within the local health system. AstraZeneca manufactures medicines for COPD, and prescribing of these may increase in appropriate patients as a result of medicines optimisation. However, this joint working project is in no way dependent on the prescribing of AstraZeneca medicines. Prescribing decisions rest solely with the clinician, in line with local protocols and guidelines.
Timeline	The project will commence on the 16 November 2026 and will continue for a duration of 18 months.
References	
Contributions	The project will include the pooling of skills, experience and resources from both parties. AstraZeneca will provide funding for Clinical Capacity and AZ employee time for Pathway & Project Management & Evaluation at a total cost of £166,556.96 Hertfordshire Community NHS Trust is contributing Clinical Capacity, Education & Project Support at a total cost of £476,742.00 . Hertfordshire Community NHS Trust 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 NHS