

Joint Working EXECUTIVE SUMMARY

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Joint Working between AstraZeneca UK Ltd and Surrey Heartlands ICB

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Project title	Surrey Heartlands One Asthma
Aims and Objectives	Aim This project aims to enhance asthma care by identifying and optimising care for uncontrolled asthma patients aged 18 and over. The project will embed Surrey Heartlands ICB asthma guidelines to improve asthma management across the entire asthma spectrum. Patients will range from milder asthma being treated with Short acting beta 2 agonists (SABA) monotherapy alone, to patients with more severe asthma treated with regular long term oral steroids and high dose Inhaled corticosteroids (ICS) who may benefit from timely referral to severe asthma services. The secondary aim is to improve long term sustainability of improvements in asthma care by implementing streamlined referral pathways and developing a business case to ensure long term quality improvement is embedded. The project will do this by:- 1. Educating and empowering ICB Surrey Heartlands primary care workforce to provide optimal care for patients living with asthma. All participating practices will receive education from the AZ sponsored respiratory nurse including the opportunity for mentorship by observing their clinics. The Sentinel Plus website will be available for HCP education in Surrey Heartlands ICB. 2. Identify, review and optimise care of uncontrolled asthma patients. The aim is to identify 2000 uncontrolled patients for review. 3. Triage and refer suspected severe asthma patients to specialist severe asthma centres, it is estimated that reviewing 2000 patients will identify 74 patients for referral to severe asthma centres.
Summary of Contributions, roles and responsibilities	The project will use the pooling of skills, experience and resources from both parties: AstraZeneca will fund patient reviews and HCP education via a nurse service, hire of a FENO machine (Direct costs), and AZ employee time (Indirect cost) for project management and project publication contributing a total cost of £81,224.20. The NHS will contribute a total cost of £82,314.21 for project delivery, including HCP time, patient identification, ICB project management time and publication write up.

	The NHS contribution to the project does not include any transfer of monies, it is based on the approximate costs of resource allocation.
Anticipated benefits	Patient benefits: Timely Interventions: Patients will be identified as having uncontrolled asthma and requiring medicines optimisation to improve their control and enhancing their overall care experience. Optimised Treatment: Patients will be reviewed and their treatment optimised by HCPs in accordance with both local and national guidelines. Fewer Hospital Visits: Early interventions will likely lead to a reduction in non-elective admissions and readmissions, easing the burden on patients. Improved Care Quality: Patients may experience significant improvements in the quality of care they receive, potentially helping to improve their quality of life relating to their asthma control. Enhanced Professional Support: Improved knowledge and understanding of the referral pathways and MDT by HCPs, aiding timely interventions helping avoid unscheduled visits to a GP practice or hospital. NHS benefits: Increased Competency Delivery of an accompanying educational programme to help improve HCP knowledge and capabilities in regard to asthma care. Increased Capacity Additional capacity to support proactive patient reviews, alleviating pressure from the system. Environmental Benefits Improvements in environmental burden due to the reduction in carbon emissions from pmdi SABA therapy. Improved asthma pathways Adoption of specialist nurse led reviews, streamlining MDT referral process as a new pathway. Reduced Unplanned Admissions Reduction in unscheduled hospital admissions due to severe exacerbations by optimising inhaled therapies and appropriate patients receiving specialist care by severe asthma services. Long term legacy A sustainable impact on the improved capability of HCPs to manage asthma on project completion to ensure ongoing optimised care for patients. AZ benefits: Optimised Medicine Use AstraZeneca manufactures medicines for the treatment of asthma across the spectrum, from mild to moderate to severe. A consequence of medicine optimisation may see the prescribing of these medicines The project is not reliant upon prescribing AstraZeneca medicines, and the decision to prescribe will remain with the clinician in line with local protocols and guidelines. Share Best Practice: A successful project with demonstrable outcomes will allow AstraZeneca to share best practices across the UK healthcare system. Enhanced Reputation: The project is anticipated to improve AstraZeneca's corporate reputation and trust amongst the NHS and patients.
Timeline	The project will commence on the March 2026 and will continue for a duration of 12 months.
References	[References] 1. Asthma and Lung UK. Asthma facts and statistics. What is asthma? Asthma + Lung UK (Last Accessed July 2025)

	2. International Respiratory Coalition, Asthma, Available at: https://international-respiratory-coalition.org/diseases/asthma/ (Last Accessed July 2025) 3. Alwafi, H. et al. BMC Pulm Med 23, 49 (2023) 4. Global Initiative for Asthma. Pocket Report 2023. Pocket Guide for Asthma Management and Prevention - Global Initiative for Asthma - GINA (Accessed July 2025) 5. AstraZeneca UK Ltd. Data on File. ID. REF-144204. March 2022 6. Bloom, CI et al. Adv Ther. 2020; 37 (10): 4190-4208 7. NICE inhaler patient decision aid (Accessed July 2025) Asthma inhalers and the environment: BTS, NICE and SIGN patient decision aid 8. GINA 2024 strategy report (Accessed July 2025) GINA 2024 Strategy Report 9. Dharmage SC, Perret JL, Custovic A. Epidemiology of Asthma in Children and Adults. Front Pediatr 2019; 7: 246. 10. Asthma and Lung UK, Severe asthma statistics (Accessed July 2025) What is severe asthma? Asthma + Lung UK 11. Jackson DJ, et al. Thorax. 2021;76:220–27. 12. Kerkhof M, et al. Thorax. 2018;73:116–24. 13. Sullivan PW, et al. J Allergy Clin Immunol. 2018;141:110–16. 14. Nunes C, et al. Asthma Res Pract. 2017;3:1.
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