

Respiratory Transformation Partnership

Launch

23rd April 2026



Respiratory Transformation Partnership



Welcome and overview

James Rose

Director of Strategic and Industry
Partnerships, Health Innovation
Oxford and Thames Valley

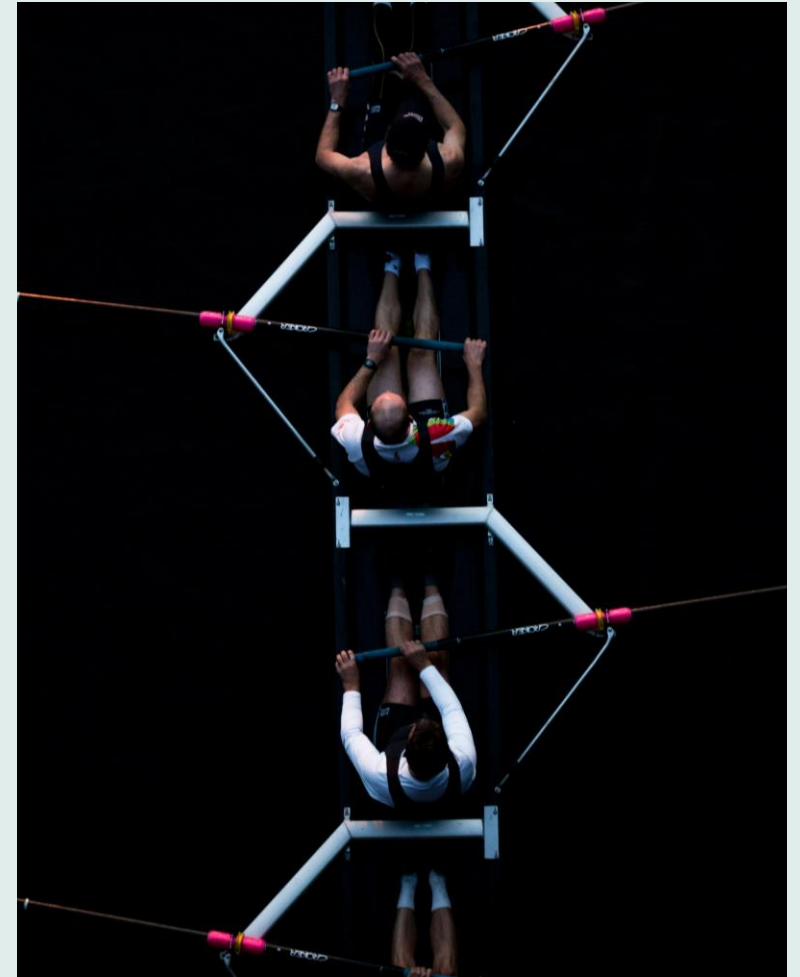


Agenda

Time	Item	Lead
12:00–12:05	Welcome and overview	Dr James Rose. Director of Strategic and Industry Partnerships, Health Innovation Oxford and Thames Valley (HIOTV)
12:05–12:10	Why now for a National Respiratory Partnership	Dr Jonathan Fuld. National Clinical Director, Respiratory Disease, NHS England
12:10-12:15	Collaborating for Change: The Respiratory Transformation Partnership	Tracey Marriott, Director of Clinical Innovation Adoption, HIOTV
Respiratory Transformation in an Evolving Landscape Session		
12:15-12:25	Current Pathway Transformation Fund Delivery Models	Dr Sarah Elkin, RTP Clinical Lead, COPD Neighbourhood
12:25-12:30	Asthma Neighbourhood Development	Prof. Mike Crooks, RTP Clinical Lead Asthma Neighbourhood
12:30-12:35	COPD Neighbourhood Development	Dr Sarah Elkin
12:35-12:40	COPD Biologics Readiness and Specialist Pathways	Prof. James Dodd, RTP Clinical Lead COPD Biologics
12:40-12:45	Asthma Biologics Access and Specialist Pathways	Dr Tom Brown, RTP Clinical Lead Asthma Biologics
Next Steps and Q&A Session		
12:45-12:50	Next Steps: What to Expect	Seema Gadhia, Associate Director Clinical Innovation Adoption, HIOTV
12:50-13:10	Question and Answer Session	Dr James Rose
13:10-13:15	Closing Remarks	Dr Jonathan Fuld

Objectives of Today

- **Build shared understanding** of what the Respiratory Transformation Partnership is — and what it is not
- **Set out the structure and direction** of RTP activity over the coming years
- **Highlight the central role of local systems and clinicians** in shaping and delivering change
- **Create a route for continued engagement** for those who want to be involved going forward



Housekeeping



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To support the smooth running of the webinar, all cameras will remain switched off and microphones muted throughout the session



Please use Q&A function to submit questions during the presentations



We encourage attendees to review existing questions before posting, upvote questions they would also like answered and keep questions concise

Respiratory Transformation Partnership



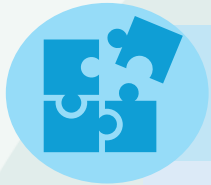
Why now for a national respiratory partnership

Dr Jonathan Fuld

National Clinical Director,
Respiratory Disease, NHS England



Why is partnership working so vital now for respiratory?



Lack of established mechanisms for national collaboration

- Secondment
- Collaborative projects
- Financial or in-kind support



Innovation happening at pace

- Digital/Healthstore
- World leading R+D
- New biologics



A changing Centre

- NHSE/DHSC transformation
- Organisational structural shift



UK PLC

- OLS/Government Structural Partnership
- NHS 10 year plan
- Life Sciences sector Plan

Respiratory Transformation Partnership

Collaborating for change: The Respiratory Transformation Partnership



Tracey Marriott

Director of Clinical Innovation
Adoption, Health Innovation Oxford
and Thames Valley



The Respiratory Transformation Partnership Model and the power of collaboration

The Respiratory Transformation Partnership brings together a unique coalition of NHS, government, industry, academic, patient, and third-sector organisations. From national anchors and industry partners to **ICBs, regional networks, clinicians, and patient representatives**, each plays a defined role in co-developing and delivering sustainable transformation.

Crucially, the RTP provides a single national vehicle through which partners can align and bring forward initiatives under a shared vision. **This approach reduces duplication, enables collaboration, and optimises the chances of delivering sustainable and successful transformation at scale.**

Anchor Partners

Health Innovation Network
Local change, national impact

NHS
England


Office for
Life Sciences

Industry Partners

AstraZeneca 

 **Chiesi**

 **GSK**

sanofi

Delivery Partners



British
Thoracic
Society

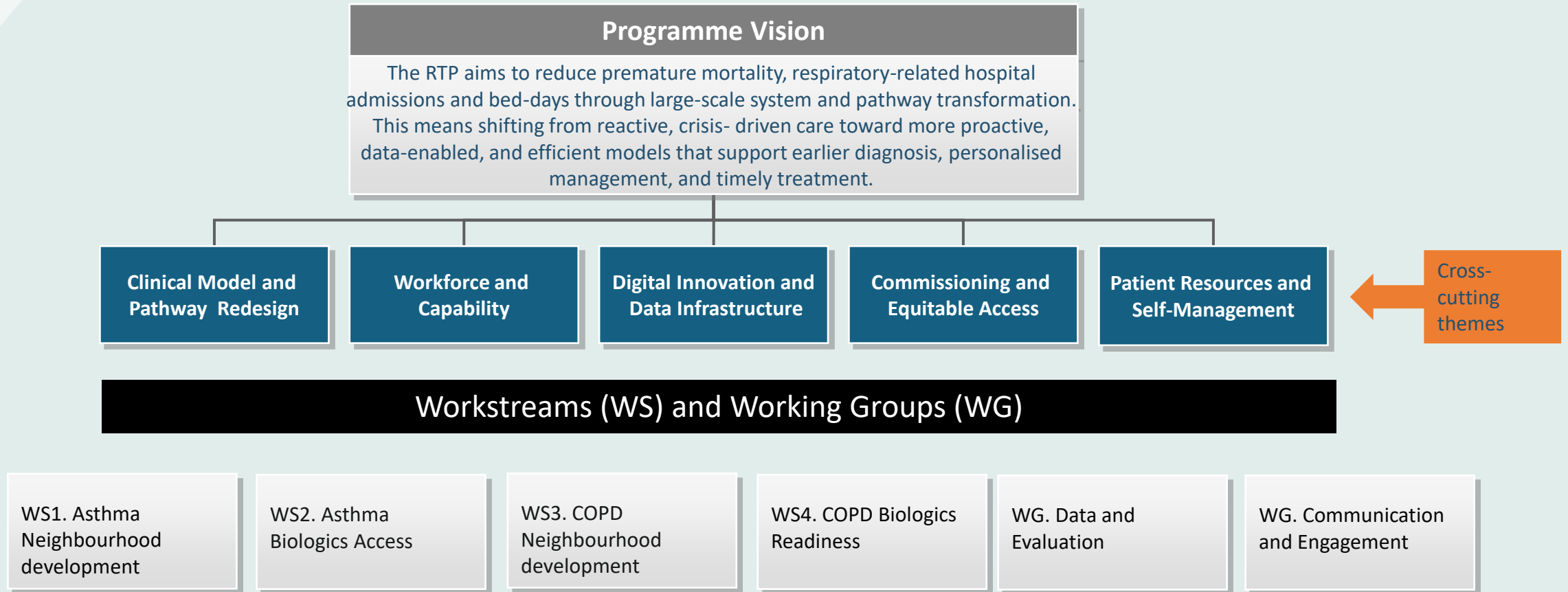


National Respiratory Audit
Programme (NRAP)

NICE

 **ARTP** | Association for
Respiratory Technology
& Physiology

Programme Framework



RTP – Where we start with workstreams 2025 to 2027...

1

Asthma Neighbourhood Development

1. Improve **early identification and diagnosis**, embedding NG244 guidance.
2. Develop and spread **neighbourhood-based models** for proactive, guideline-led asthma management.
3. Build consistent pathways to **reduce variation in care** and outcomes.

2

Asthma Biologics Access

1. Address **wide variation in access** to severe asthma biologics.
2. **Support ICBs with commissioning readiness** and service transformation.
3. Ensure **equitable uptake** across regions, populations, and ethnic groups.

3

COPD Neighbourhood Development

1. Increase quality assured diagnosis of COPD.
2. Support neighbourhood delivery of **earlier, proactive management** to prevent avoidable deterioration.
3. **Enhance support** for rising risk (of exacerbation) patients
4. Reduce variation in care and outcomes.

4

COPD Biologics Readiness

1. Prepare NHS systems for **upcoming COPD biologics**.
2. Align workforce education, commissioning, and data infrastructure.
3. Build **scalable pathways** to enable timely, equitable adoption on launch.

Cross Cutting Enablers

- **Clinical Model & Pathway redesign:** testing and scaling innovative transformation models.
- **Workforce & capability:** new roles, training, and clinical champions to support pathway change.
- **Digital Innovation & data Infrastructure:** risk stratification tools, decision support, and remote monitoring; aligned metrics, dashboards, RWE.
- **Commissioning & Equitable access:** supporting commissioning to address barriers that prohibit reaching those with greatest need.
- **Patient resources and self-management:** Facilitating patients and services users with resources that they value.

The Respiratory Transformation Partnership

By March 2028 the RTP will have...

- Contributed to reducing **premature mortality, hospital admissions, and respiratory bed days**
- Supported progress in reducing unwarranted **variation in access** to biologics and guideline-led care
- Built **workforce capability** with new roles, training, and national clinical leadership
- Deployed **digital tools** (risk stratification, dashboards, remote monitoring) at scale
- Created a **blueprint for system-wide innovation** aligned with the 10 Year Health Plan for England

What this will mean in practice...



For Patients

- Fewer exacerbations, reduced steroid reliance, better quality of life
- Faster access to life-changing treatments



For the NHS

- Sustainable respiratory services with reduced winter pressure
- Freed-up capacity and better use of resources



For the UK

- Improved economic participation
- Stronger positioning as a global hub for respiratory innovation and life sciences investment

High level timeline

- RTP Concept developed
- OLS anchor funding secured
- 15 HINs committed to support delivery
- Pathway Transformation Fund (PTF) launched and delivering
- NHSE Exec approval for full partnership
- Clinical Leads appointed
- Industry partners engaged

- RTP Partners engaged
- PTF sites activities mobilised
- Steering Group stood up
- Industry Partners activities agreed
- Formal RTP launch held

- Industry resources mobilised
- National rollout activities: Asthma & COPD neighbourhood; SA service spec; COPD biologics commissioning standards through HINs
- Workforce training, commissioning readiness and digital benefits identified
- Peer-learning networks, shared dashboards driving consistency and impact

Apr – Nov 2025

Sept to Mar 2026 (Mobilisation)

May to Nov 2026

Mar -May 2026

Nov to Mar 2027

- National webinar held
- Co-design' workshops for 4 workstreams completed
- Agree initial activities agreed
- National discovery work initiated: identification of barriers and challenges locally, to provide tailored support

- Programme evaluation & lessons built into NHSE strategy
- Sustained adoption across ICBs with local ownership secured
- Continuous improvement cycle established nationally
- Final national impact report published

Respiratory Transformation Partnership – *The Clinical Leadership*



RTP Chair

Dr Jonathan Fuld –

NHS England National Clinical Director

Dr Jonathan Fuld is National Clinical Director for Respiratory Disease at NHS England. He is a Consultant in Respiratory Medicine with extensive leadership experience. His focus includes service innovation, workforce development, and quality improvement. He has led multiple national respiratory programmes, including COPD and asthma.

1



Clinical Lead, Asthma Neighbourhood – Prof Mike Crooks

Prof Mike Crooks is a Consultant in Respiratory Medicine in Hull. He specialises in COPD, digital health, and respiratory pathway redesign. Mike has led initiatives to support earlier diagnosis and integrated care. He contributes to research and innovation in respiratory services nationally.

2



Clinical Lead, Asthma Biologics – Dr Tom Brown

Dr Tom Brown is a Respiratory Consultant based in Portsmouth. His interests include asthma, COPD, and acute respiratory care. He has supported service transformation across hospital and community settings. Tom is active in clinical education and workforce development.

3



Clinical Lead, COPD Neighbourhood – Dr Sarah Elkin

Dr Sarah Elkin is a Consultant in Respiratory Medicine in NW London. She specialises in COPD, asthma and implementation of new care models. Sarah has led national transformation programs to improve standards of COPD care. She actively supports quality improvement and workforce development.

4



Clinical Lead, COPD Biologics – Prof James Dodd

Prof James Dodd is a Consultant in Respiratory Medicine in Bristol. His clinical expertise is in complex airways disease including severe Asthma & COPD. He has experience in translational research, digital therapeutics and leading local and regional respiratory service redesign. James contributes to national respiratory networks and clinical improvement projects.

**Health
Innovation
Network**

Local change, national impact


Office for
Life Sciences

NHS

Respiratory Transformation Partnership

**Respiratory transformation
in an evolving landscape
session**



Respiratory
Transformation
Partnership **RTP** 

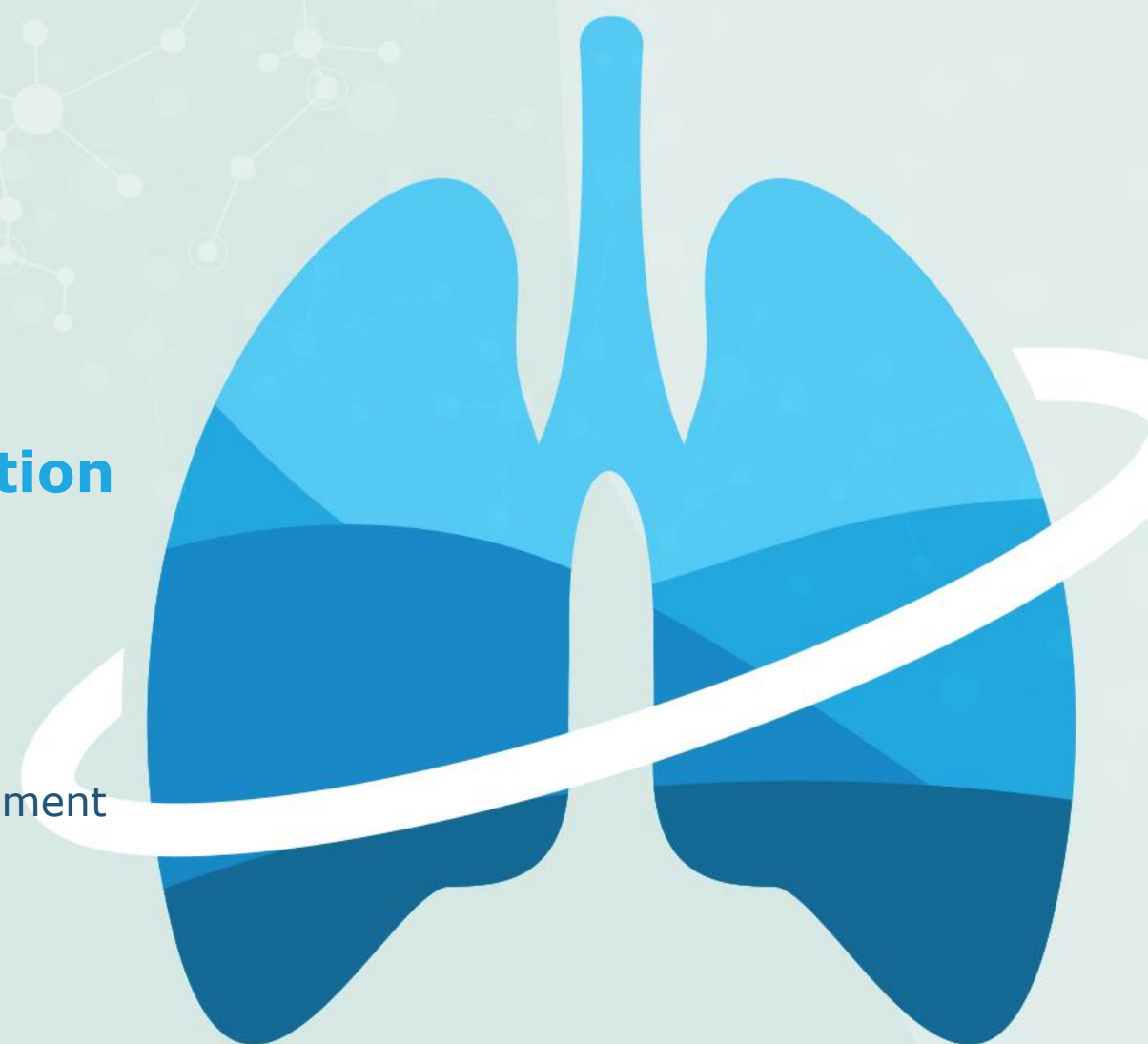
Respiratory Transformation Partnership

**Current pathway transformation
fund delivery models**



Dr Sarah Elkin

Clinical Lead, COPD Neighbourhood Development



PTF Funded Sites

9 consortia across England were funded, with transformation work starting in October 2025

North West

Cheshire and Merseyside ICB
University Hospitals of Liverpool
Group
Clinical lead: Dr Justine Hadcroft



Greater Manchester ICB Manchester
University NHS Foundation Trust
Clinical lead: Dr Thapas Nagarajan



Midlands

Nottingham and Nottinghamshire ICB
Sherwood Forest Hospitals Foundation
Trust
Clinical lead: Dr Daniel Smith



South West

Cornwall and The Isles of Scilly ICB
Clinical lead: Rachel Williams



North East and Yorkshire

West Yorkshire ICB,
Mid Yorkshire Hospital
Clinical lead: Dr Sarah Boot, Dr Anjali Gondker



Humber and North Yorkshire ICB, NHS Humber health
Partnership
Clinical lead: Dr Shoaib Faruqi

London

North West London ICB
Clinical lead: Dr Samantha Kon

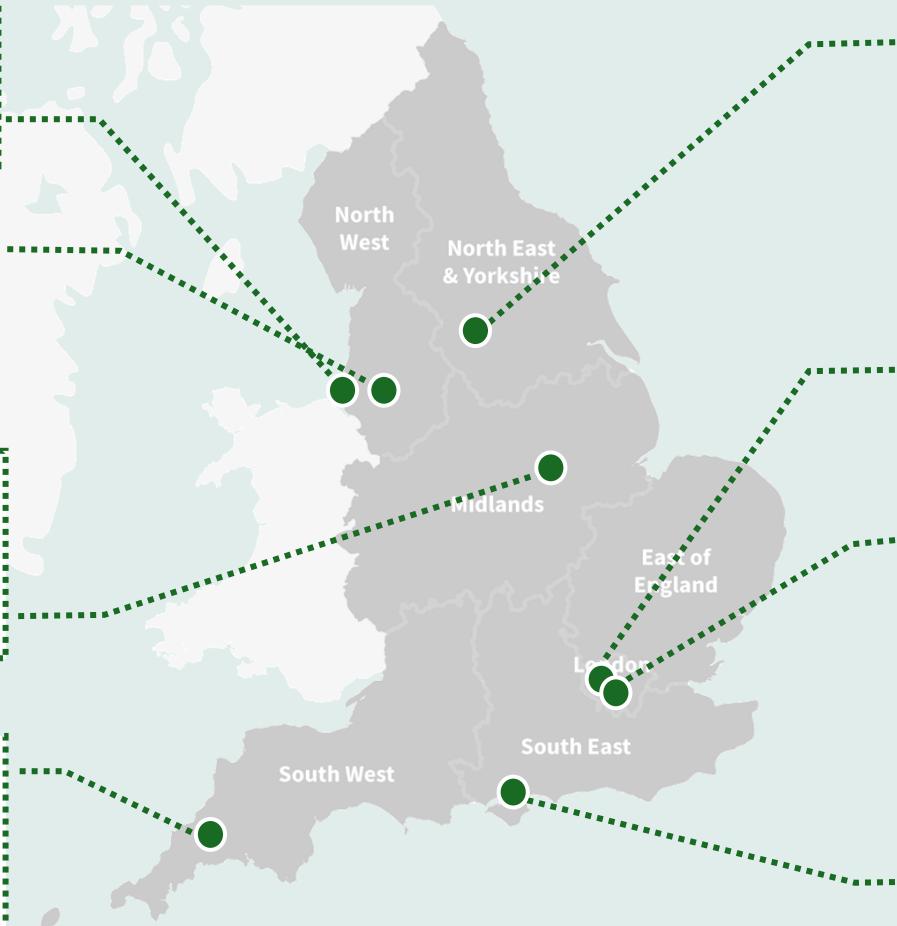


South West London ICB,
Merton health CIC Primary Care
Collaboration
Clinical lead: Dr Adina Tomuta



South East

Hampshire and Isle of Wight ICB,
University Hospital Southampton NHS
Foundation Trust
Clinical lead: Dr Hannah Burke



Pathway Transformation Funding – Priorities

1. Early and accurate diagnosis (asthma & COPD):

Expanding access to quality-assured spirometry and restoring diagnostic pathways

- Systematic case finding using digital tools, population health data, AI searches
- Focus on earlier diagnosis in deprived and underserved communities
- Expanded access to spirometry & FeNO testing in:
 - Primary care
 - Community hubs
 - Outreach clinics/spaces
- Workforce training to build sustainable diagnostic capacity
- Consistent care standards supported by digital self-management tools (myCOPD, myAsthma) from diagnosis or review

2. Risk stratification and optimisation (COPD only):

Proactively identifying and supporting rising-risk COPD patients with integrated, equitable care

- OPTIMISE framework with advanced search tools, standardised approaches of evidenced based care, linking to enhanced support
- Identification of high- and rising-risk COPD patients
- Structured clinical reviews
- Embedding new models: consultant-led diagnostic/complex respiratory MDTs, community of practice, 'Super Saturdays', virtual wards, remote monitoring platforms (Doccla, SCOPES, Patient Knows Best)
- Partnerships with voluntary sector & Local authorities to address wider determinants (housing, fuel poverty, mental health)

Expected impact:

Earlier diagnosis, proactive care, reduced admissions, improved outcomes, with innovative, scalable models for the NHS

Diagnostic Delivery model highlights

Humber

- Case-finding aligned with Lung Cancer Screening.
- **CDC/Neighbourhood:** Deliver Spirometry/FeNO in primary care and neighbourhood teams
- **MyCOPD (and myAsthma) apps from point of diagnosis for education and self-management**

Merton

- Expanding from 1 to 3 respiratory diagnostic hubs
- **Neighbourhood:** **ARTP-accredited staff deliver spirometry/FeNO supported by specialist with a virtual integrated MDT**
- Ardens searches used to case-find undiagnosed COPD/Asthma, direct booking via EMIS

Southampton

- **Targeted outreach to underserved groups through UHS PPIE and community sectors.**
- **CDC/Neighbourhood:** High risk patients complete remote symptom screening before referral to Community Diagnostic Centres (Spirometry, FeNO, bronchodilator testing). Results interpreted by Respiratory nurses / pharmacists.
- Use Oberoi digital toolkit (integrated with EMIS) to identify undiagnosed COPD/asthma patients.
- Patients offered self-management via MyCOPD/MyAthma.

Liverpool

- Targeting patients with dual COPD/asthma coding and diagnostic uncertainty
- **Neighbourhood:** FeNO and Spirometry testing delivered in practices and reviewed by Respiratory Fellow/CRT staff alongside a practice respiratory lead nurse with **"Diagnostic Doubt MDT" launched for complex cases.**

Sherwood Forest

- Identify undiagnosed COPD/Asthma, focusing on underserved areas and high-risk patients.
- **Expanded diagnostic access:** Spirometry and FeNO expanded to deprived PCNs, **virtual Community-based MDTs to ensure accurate diagnosis.**
- Data-driven searches.

North-west London

- Building on 23 existing Respiratory Diagnostic Hubs- **embedding specialists including clinical scientist support and consultant led MDTs** to ensure diagnostic accuracy and improve coding.
- **Neighbourhood:** Introduced Respiratory Champions (10) to support PCNs with case finding.
- Improving -population health dashboard (WSIC) linking COPD Dashboard & Radar.

Cornwall

- **Focus on integrated neighbourhood teams with high deprivation and high ED/minor injury unit attendances during winter.**
- **Neighbourhood:** Local Spirometry and FeNO testing delivered via primary care respiratory champions, supported by VCSE outreach in high deprivation areas.
- Use ED/MIU data and Brave AI searches to identify patients

Mid Yorkshire

- 7 PCNs with 6 diagnostic hubs led by specially trained practice nurses
- **Neighbourhood:** Spirometry aligned to ARTP standards, interpreted by GPs and personalised care plans delivered. **Integrated MDT with specialist GP, consultant and nurse input.**
- Direct booking via SystmOne, validated risk tools and patient self-management support via AsthmaHub and COPDhub digital apps.

Manchester

- **One-stop Clinics:** 3 "one-stop" multidisciplinary community clinics set up in deprived areas – including referrals from Manchester Acute Respiratory Infections Service (MARVIS), A&E, and Hospital at Home **Secondary care specialists support primary care with search tool rollout, training, and coordinated patient pathways .**
- Searches conducted using Ardens template / existing COPD search tool.

Overview of Key Initiatives



MDT working

- One-stop MDT clinics
- 'Super Saturday' clinics with MDT
- Primary care access to specialist led MDT
- MDT before clinic: to review complex patients
- MDT after clinic: to resolve diagnostic uncertainty and plan care pathways



Case-finding and diagnostics

- Case-finding aligned with Lung Cancer Screening programme
- In-practice or in-PCN spirometry and FeNO testing
- Expansion of diagnostic hubs: hubs in areas of greatest deprivation to improve access to underserved populations
- Use of case-finding tools, including AI, to identify high-risk COPD patients



Community engagement and equity

- Targeting deprivation: identification of patients at risk of fuel poverty
- Voluntary sector engagement
- Citizens Advice on Prescription for support with non-medical issues that may affect health and wellbeing
- Outreach to underserved populations



Digital tools and data infrastructure

- Integrated data sharing across primary care practices to enable centralised risk searches and coordination
- Digital platforms for self-management and education: provide support post-optimisation
- Referral to virtual wards for exacerbation management

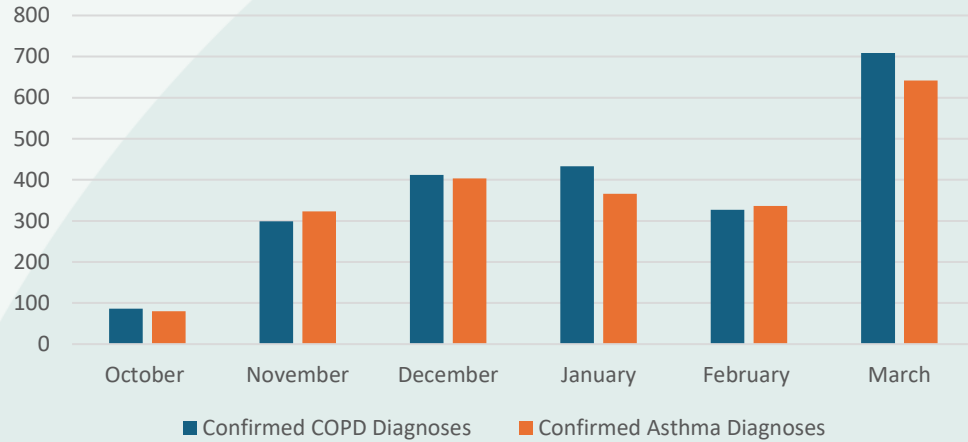


Education and workforce development

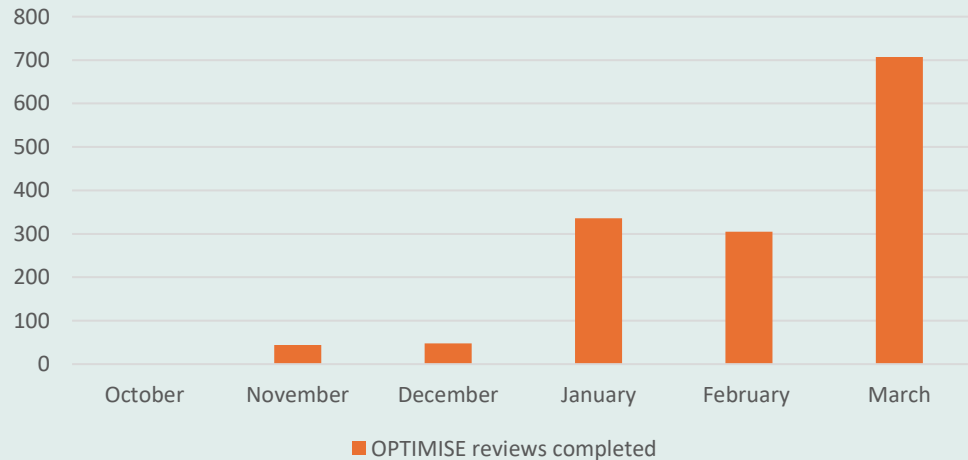
- Upskilling primary care staff: work alongside specialists during optimisation
- Support for respiratory champions
- Workforce planning for spirometry
- Training embedded to support sustainability and QI

Impact to Date

Monthly number of confirmed diagnoses
(October – March)



Number of OPTIMISE reviews completed
(October - March)



- Monthly figures collected on a range of metrics
- To date, total figures* show:
 - 2389 spirometry tests conducted
 - 1747 FeNO tests conducted
 - 2266 confirmed COPD diagnoses
 - 2150 confirmed Asthma diagnoses
 - 5029 patients identified for OPTIMISE review
 - 1440 OPTIMISE reviews completed
- Increase in March diagnoses figures is due to code cleansing work undertaken in one site

*Figures not yet finalised as awaiting diagnostic testing data from one site and awaiting March data from another site

Highlights from Workforce Survey & Lessons Learned / Patient Feedback

Workforce Survey

- 88 responses received
- 9 out of 10 respondents would recommend wider adoption of the OPTIMISE pathways across systems
 - Increased interventions for more patients
 - Time to navigate complex cases
 - Awareness and support from other stakeholders around social determinants of health
- Reported barriers to delivering the work include:
 - Workforce capacity / time required to complete the reviews
 - Patient engagement

“OPTIMISE is looking at best practice and we know it works - it now needs to be made available as standard”

“I feel that this has made a huge impact on our service in identifying new illnesses and supporting patients with existing conditions to manage their symptoms”

Lessons learned include:

- Importance of data and digital support
- Workforce resource / service capacity
- Need for standardised coding
- Patient engagement / communication: tailoring communications to specific patient groups
- Importance of cross system feedback and engagement loops

Patient Survey

- Survey undertaken by sites, and overall results will be available once the final reports have been submitted by each site
- Results available from one site indicated:
 - 69% reported the OPTIMISE review was more useful than their usual primary care review
 - 91% reported they were more confident in managing their condition
 - 94% rated the OPTIMISE review as Good or Very Good

“This was the best review by an NHS practitioner I’ve ever received” (patient)

Community of Practice

- Monthly meetings for peer-to-peer support and shared learning
- Expert-led input on chosen topic
- Up to two site presentations
- ECHO model
- Dedicated, closed Teams channel for sharing information and resources, and asking questions of peers

Feedback collated at each session and has been extremely positive

- Useful insights and shared learning that help staff in their role / delivery of the project
- Engagement with and learning from peers across the country
- Example of practical actions that staff have taken from the session:
 - Staff competency in delivering OPTIMISE is variable – need education and support
 - Linking with cancer screening programs may be beneficial in increasing diagnosis of COPD
 - Importance of spending time with patients on personalised education
 - Rescue packs should not be on automatic repeat prescription
 - Respiratory Virtual wards work best as a hospital at home approach



Case finding and diagnosis of respiratory disease



OPTIMISE review



Support for exacerbation



Virtual wards within the exacerbation pathway



Patient education, support and self-management



Setting up a Respiratory Champion Network



Where MDT working adds value – emerging models

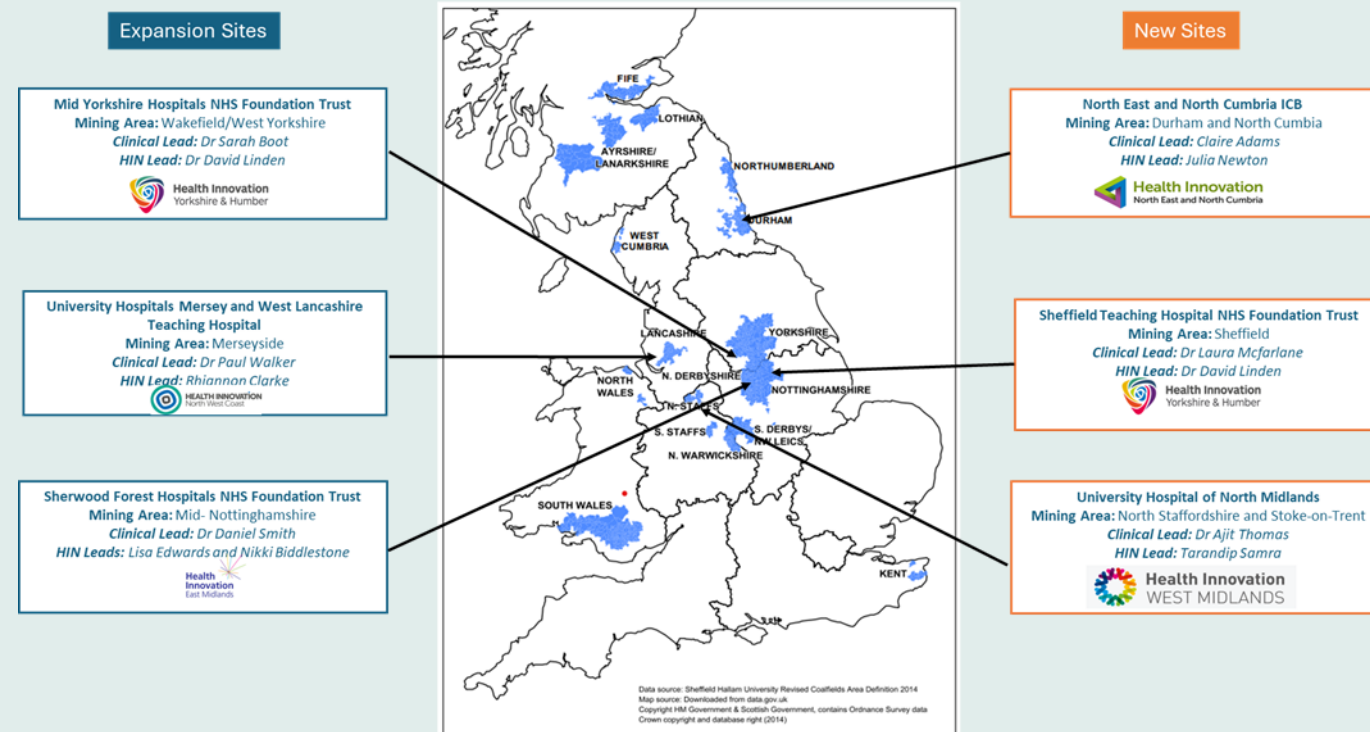


Neighbourhood models

Mining Expansion

- **Mid Yorkshire Hospitals NHS FT:** Expanding OPTIMISE respiratory clinics with targeted outreach via community connectors, plus screening through community events and spirometry clinics.
- **University Hospitals of Mersey and West Lancashire Teaching Hospitals NHS FT:** Delivering a nurse-led community respiratory diagnostic hub for proactive case finding, diagnostics, and holistic care, with community partnerships.
- **Sherwood Forest Hospitals NHS FT:** Providing neighbourhood MDT fast-track reviews for complex patients, with enhanced multi-professional support and a mining community champions model.
- **North East and North Cumbria ICB:** Supporting primary care to deliver OPTIMISE reviews, with engagement through men's clubs, mining charities, and football partnerships.
- **Sheffield Teaching Hospitals NHS FT:** Shifting diagnostics into community and primary care settings, with engagement via football and mining groups.
- **University Hospitals of North Midlands NHS Trust:** Risk-stratifying patients and delivering nurse-led reviews, with engagement through the Coalfields Regeneration Trust.

Map of Mining Communities and Transformation Sites



Respiratory Transformation Partnership

Asthma neighbourhood development



Prof Mike Crooks

Clinical Lead, Asthma Neighbourhood
Development



Workstream 1 – Asthma Neighbourhood Development

Aim:

To implement NICE/BTS/SIGN asthma guidelines (NG245) and develop new models of care at neighbourhood level. Focuses on early identification, diagnosis, and risk stratification of asthma in community settings.

Core principles and approach:



Implementation Framework co-design:

- Framework developed nationally based on evidence-based strategies.
- Deliverable within the neighbourhood context.
- Framework will focus on primary care; community pharmacy and urgent and emergency care



Co - develop components:

- Quality framework implementation support
- HCP training, education, and resource
- Risk-based targeted asthma review resources
- Patient support, education, and resources
- Access to data to empower and provided actionable insights



Clinical model & pathway integration:

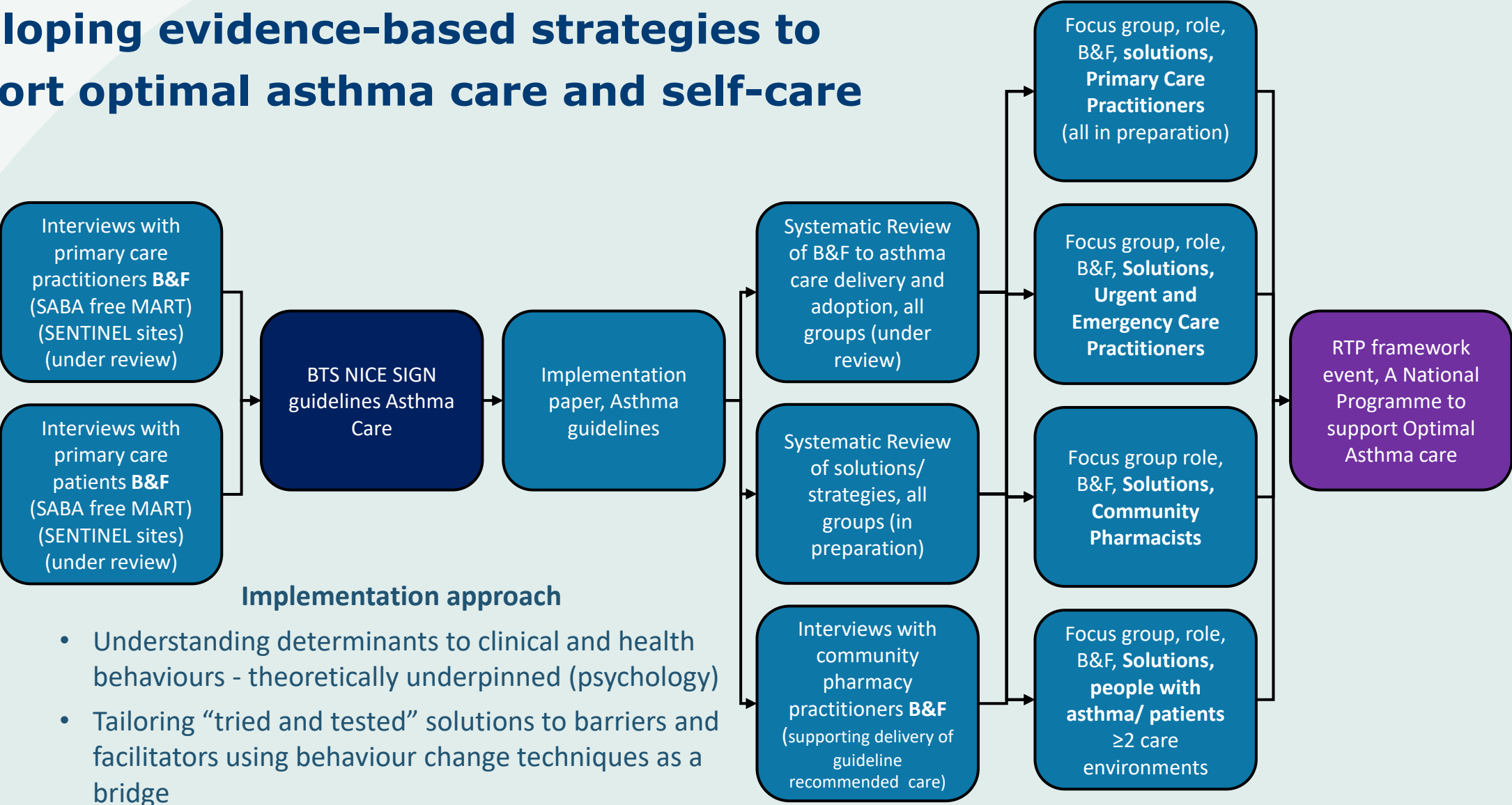
- Supported implementation of high-quality, guideline recommended asthma care across the healthcare system: Primary Care, Community Pharmacies ,Urgent and Emergency Care
- Risk-based Optimisation
- Integrated models to support complex care and biologics



National implementation:

- Support alignment of local guidelines with NG245 at ICB level working with local teams
- Support selected test sites to pilot interventions
- Scope and influence national and regional enablers
- Support wider adoption with local implementation teams

Developing evidence-based strategies to support optimal asthma care and self-care

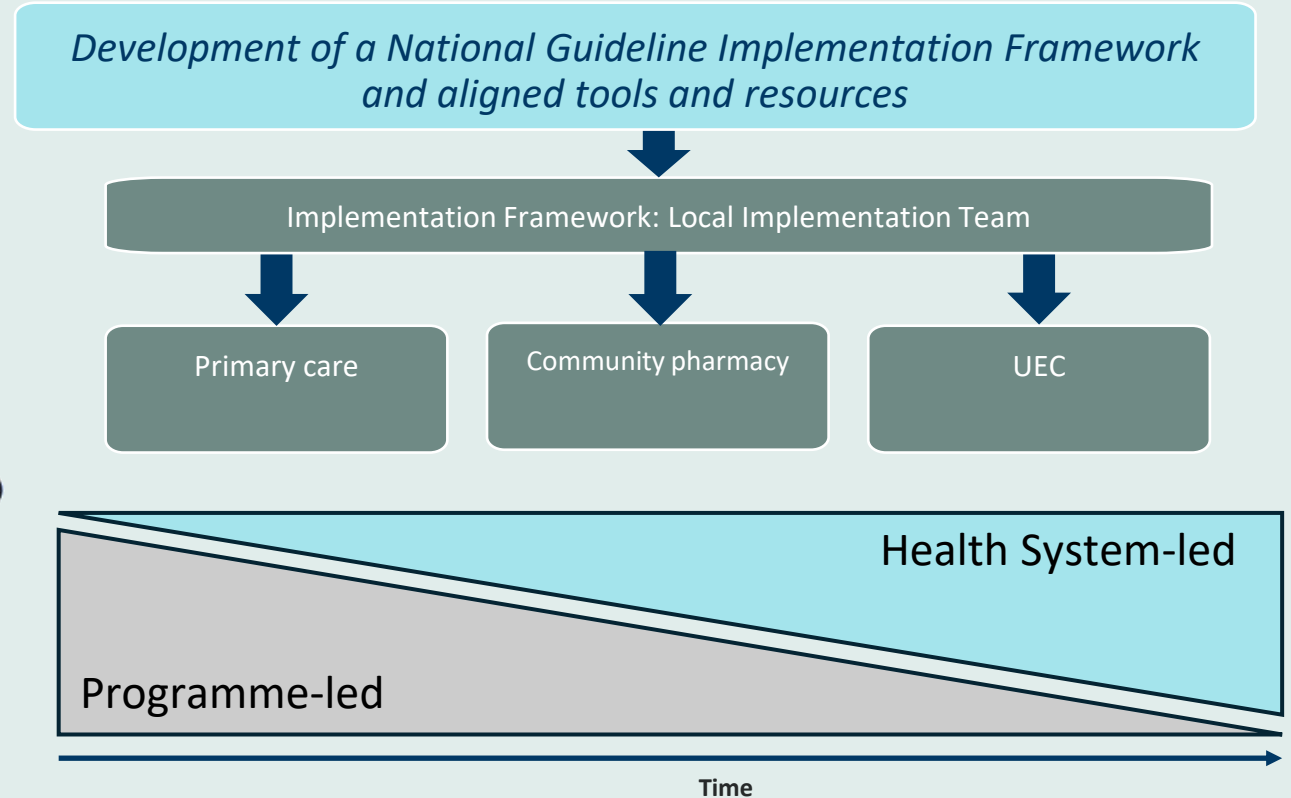
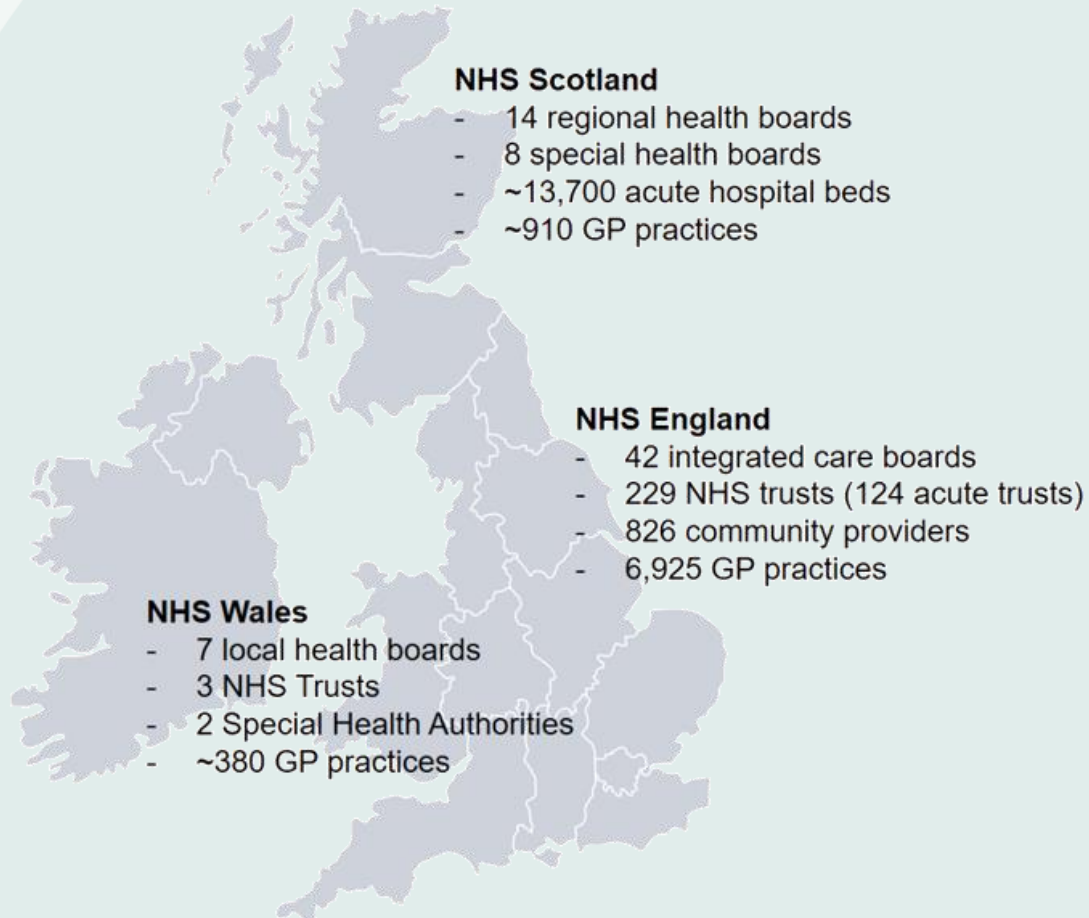


Implementation approach

- Understanding determinants to clinical and health behaviours - theoretically underpinned (psychology)
- Tailoring “tried and tested” solutions to barriers and facilitators using behaviour change techniques as a bridge
- Understanding systems

Achieving Change Through System-wide Partnership

A framework to support high-quality, guideline recommended care across England will be **developed through co-design**: evaluation during wave 1 implementation will inform refinement and a scaled implementation strategy



Respiratory Transformation Partnership

COPD neighbourhood development



Dr Sarah Elkin

Clinical Lead, COPD Neighbourhood Development



Workstream 3 – COPD Neighbourhood Development

Aim:

To strengthen neighbourhood-based COPD models of care by embedding accurate diagnosis, risk stratification, and proactive disease management in the community, reducing avoidable deterioration, admissions, and variation in care

Core principles and approach:



Clinical model & whole pathway redesign:

- prevention
- optimisation
- complex care
- biologics



Population health management:

- proactively identify & prioritise high risk cohorts
- equitable access to diagnostics & treatment
- improve outcomes for underserved communities



Integrated teams / workforce development & training:

- neighbourhood-based models of care, including MDT reviews
- address inequalities
- upskill MDTs / workforce
- accredited training and competency framework



Data driven / value-based:

- use of standardised templates and coding across neighbourhoods
- outcome tracking and consistent evaluation
- support population health management

Respiratory Transformation Partnership

COPD biologics readiness and specialist pathways



Professor James Dodd
Clinical Lead, COPD Biologics



Workstream 4 – COPD Biologics Readiness

Aims:

- To support timely, equitable and value-based access to COPD Biologics
- To support local access to COPD consultant & MDT

Core principles and approach: (complexity & risk, whole pathway, advanced therapies)



Baseline Map

- Current clinical pathways
- Workforce capacity
- Access to respiratory consultant & MDT



Co design optimal pathways

- Referral & Review
- Nationally scalable
- Specialist led care
- Consultant and MDT - clinical workforce models
- Resources / case studies



Population health management

- Proactive case finding
- Prioritise high-risk cohorts
- Underserved/deprived communities



Data driven / value-based

- NRAP data platform
- and MDT-ready templates
- Quality, Assurance & Outcome tracking

Activities in progress

NHS England & BTS

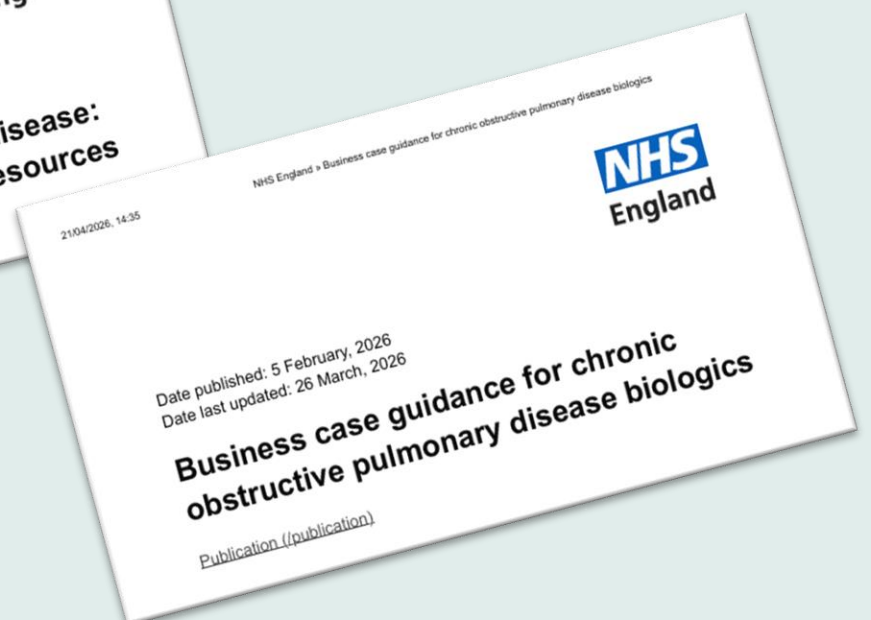
- **COPD commissioning support & Business case** documents (February 2026)
- **BTS Clinical Statement** (in progress)
- **Developing FAQs**, to support regions and systems



British
Thoracic
Society

Question for the group

*What areas / questions should be included in the FAQs?
(write in chat)*



Activities in progress



Royal College
of Physicians

National Respiratory Audit
Programme (NRAP)



NRAP Biologics initiation & monitoring

- **New digital platform** under development
- Extensive stakeholder involvement.
- Clinician led development of **MDT template** to support running and monitoring of requirements for specialist services
- QA mechanism (NICE, BTS statement)
- Linked with FDP – will be able to look at equity of access
- Research
- Timelines - *Interim process* for Trusts to collect data points in advance of platform being available

System Engagement & Prioritisation

- **Assess current pathways & levels of readiness**
 - Regional Survey (RCN, ICB, A + Lung UK)
 - NRAP organisation audit 2026
 - WS4 Engagement webinars
- **Case studies**
 - Understanding successes, challenges & areas requiring support at regional and system level.
- Driving **digital therapeutics biologics pathway**
- Pathway Transformation Funding (**PTF**) opportunities

Respiratory Transformation Partnership

Asthma biologics access and specialist pathways



Dr Tom Brown

Clinical Lead, Asthma Biologics Access

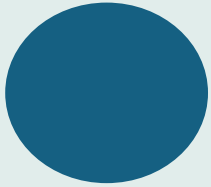


Workstream 2 – Asthma Biologics Access

Aim:

To improve access to biologics for patients with severe asthma in accordance with NICE TAGS (TA565, TA751, TA671, TA984, TA278)

Core principles and approach:



Scope system readiness:

- Understand secondary care site readiness and challenges (within a network model) to initiate/monitor biologics



Co-design and test innovative pathways:

- Design and develop integrated models and virtual MDTs
- Review how pathways can be 'decompressed'



Workforce development:

- Scope any upskilling required
- Develop support programmes e.g. network support and, dedicated education programmes



Sustainable models:

- Develop sustainable homecare models
- Review and implement digital pathway solutions
- Contribute to national enablers

**Health
Innovation
Network**

Local change, national impact


Office for
Life Sciences

NHS

Respiratory Transformation Partnership

**Next steps and
question & answer
session**

Respiratory
Transformation
Partnership **RTP** 



Respiratory Transformation Partnership

Next steps: what to expect

Seema Gadhia

Associate Director Clinical
Innovation Adoption, Health
Innovation Oxford and
Thames Valley



Launched on 17th March 2026, the Respiratory Transformation Partnership is a two-year, nationally led initiative.

Strengthening Collaboration



- Support from all 15 Health Innovation Networks
- Collaboration with NHSE Regional Teams, Respiratory Clinical Networks, Integrated Care Boards, provider collaboratives, professional groups, and voluntary sector organisations
- Engagement with, and support for, local teams to deliver your vision
- Support for NHS sites funded through transformation programmes

Resource to Drive High Quality Care



- RTP has funded 12 'test bed' sites; investment will be extended to more sites
- Funding and resources will be used to support neighbourhood-based pathways, guideline-led practice, equitable access to advanced therapies and innovative models of care

Iterative Learning and Scaling



- Evaluation and lessons learnt built into a continuous improvement cycle
- Peer learning through communities of practice and dedicated webinars
- Scaling of successful models and initiatives
- Sustainable models embedded across systems with local ownership secured



Stay connected

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Respiratory Transformation Partnership

Question and answer session



James Rose

Director of Strategic and Industry
Partnerships, Health Innovation
Oxford and Thames Valley



Question and answer session

- Please use the Q&A function to submit your question.
- We encourage you to review existing questions before posting and upvote any questions you would also like answered.
- Please keep questions concise to help us address as many as possible.
- We will answer as many questions as possible during the session, with any outstanding questions followed up afterwards where appropriate.

Respiratory Transformation Partnership



Closing remarks

Dr Jonathan Fuld

National Clinical Director,
Respiratory Disease, NHS England

