



Neighbourhood Respiratory Model: Improving Access and Proactive Care

Case studies

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Overview

Organisation: Dudley Group NHS Foundation Trust Placed Based Division

Organisation type: NHS Trust / Primary Care Network Collaboration

Dudley in the Black Country has some of the highest respiratory-related hospital admissions and mortality rates in the UK. Before the project, care was reactive, fragmented, and often delayed. Patients faced long waits for asthma and COPD diagnostic tests and specialist appointments, resulting in misdiagnoses, poorer outcomes, and increased reliance on urgent and emergency care. A proactive, integrated approach was needed to meet local population needs and to develop new ways of working with system-wide experts to streamline respiratory care pathways and implement NICE guidance into routine practice.

The project aimed to:

- reduce variation in care
- prioritise prevention
- move care closer to home
- improve patient safety
- enhance health equity
- deliver proactive, patient-centred, holistic care.

Success would be demonstrated through improvement in early and accurate diagnosis, identifying misdiagnosis, reducing hospital appointments, empowering patients to better self-manage exacerbations, reduced use of urgent and emergency care, enhanced patient experience, and establishing a replicable delivery model.

Implementation

Over a 24-month period, we established a pharmacist-led one-stop respiratory clinic across Dudley primary care networks, initially piloting practices with the worst respiratory outcomes. The model was led by a single specialist respiratory pharmacist supported by a satellite multidisciplinary team (MDT) with the Difficult Asthma Centre to identify patients with severe asthma eligible for asthma biologics.

Key actions included:

- Targeted case-finding using prescribing data and risk stratification to identify undiagnosed or misdiagnosed patients.
- Comprehensive diagnostic assessments, including quality-assured spirometry and FeNO testing.
- Holistic review and management of high-risk groups including patients with learning disabilities, mental health issues, substance use, or care home residency.
- Optimisation of inhaler technique and medication regimens, discontinuation of inappropriate treatments, and proactive management of comorbidities.
- Integration with local secondary care services for rapid access to advanced therapies.
- Engagement with patients and carers to co-design the service and improve communication.
- Continuous evaluation using patient-reported outcomes, service activity data, and qualitative feedback.

NICE guidance underpinned all interventions, informing diagnosis, treatment optimisation, and self-management support strategies. Cross-sector collaboration and iterative feedback loops addressed implementation challenges, including referral criteria refinement and workflow adjustments. Funding was provided by the trust, using existing practice infrastructure and targeting groups that use healthcare the most to ensure impact and sustainability.

Outcomes and learning

Outcomes

- **Access and diagnosis:** 225 patients diagnosed with asthma and 63 with COPD within weeks of referral, many receiving same-day diagnosis and treatment. Referral-to-treatment times fell from 24 to 52 weeks to under 6 weeks.
- **Accuracy and safety:** 17 suspected cases of asthma/COPD were ruled out, preventing unnecessary medication. Misdiagnoses were corrected in 6% of patients (n=32), and inappropriate or harmful medicines discontinued (including beta-blockers, high-dose inhaled steroids, oral steroids, and NSAIDs).
- **Inhaler technique:** 69% of patients had inhaler technique errors identified and corrected.
- **SABA reduction:** All patients using 12 or more SABA inhalers annually improved symptom control and reduced usage after the intervention.
- **Avoided secondary care referrals:** 90% of patients referred for difficult-to-treat symptoms were effectively managed in primary care, reducing wait times from up to 52 weeks to under 4 weeks.
- **Comorbidity management:** 25% of patients received new or optimised treatment for coexisting conditions such as gastro-oesophageal reflux disease (GORD), sinonasal disease or cardiovascular risk factors.
- **Advanced therapies:** 39 patients referred to the Difficult Asthma Centre for further input; 3 started biologic therapy via a fast-track MDT pathway, cutting wait times from over 52 weeks to under 12.
- **Population health impact:** Although these can't be directly attributed to this project, COPD admissions in Dudley have stabilised despite national increases, moving Dudley from the highest to fourth highest admission rate in England. Asthma admissions are now the lowest in the integrated care board. SABA and prednisolone prescribing rates have been dropping and are now the lowest across the system.
- **Empowerment:** Patient confidence in managing exacerbations increased from 66% to

99%. All patients received personalised self-management plans.

- **Feedback:** 100% of patients rated consultations as "Excellent" or "Very good". All participating GP practices rated the service as "Excellent".

Learning

- Specialists working alongside GPs and other clinicians can create a neighbourhood care model that can be scaled, reducing the burden on general practice.
- Early, proactive specialist management shifts care from sickness to prevention while improving waiting times, patient experience, and outcomes.
- Access to diagnostic tests within neighbourhood clinics ensures timely diagnosis and treatment, and helps identify missed or misdiagnoses.
- Proactive patient outreach and education can reduce healthcare inequalities and empower patients to self-manage their conditions.
- A 'one-stop' clinic model delivers high levels of patient satisfaction and positive experiences.
- Improved quality of referrals to secondary care can be achieved through specialist advice and guidance within GP practices, using clear referral guidelines.
- Cross-boundary collaboration, such as joint-satellite MDTs, optimises resources and accelerates patient access to treatments like biologics.
- Early feedback highlighted the need for clearer referral criteria and better patient communication, leading to a new information leaflet and updated processes.
- Sustainability and wider adoption require investment in training non-specialist clinicians, supported by an implementation toolkit that ensures fidelity while allowing local adaptation.
- Following discussion with the local public health department, opportunities exist to enable direct referrals from clinics to housing agencies and school nurses, supporting early intervention, while community-based campaigns raise awareness of respiratory health.

Supporting information

See the [NHS Confederation's webinar on exploring the role of pharmacist leadership in health inequality improvements](#).

Quotes

"We want to sincerely thank you for the incredible care you gave our daughter. For years, she was frequently hospitalised with "virus-induced asthma," but no one properly investigated her condition. Over the last 12 months she was hospitalised twice and missed many days of school due to her symptoms. By chance, my sister mentioned her situation during her appointment with you, and you kindly agreed to see our daughter the same day. Within an hour, you identified severe airway inflammation with diagnostic tests and promptly prescribed her a preventer inhaler.

Since starting treatment, her life has changed completely – no more panic, chest pain, or sleepless nights. She can now enjoy school and childhood again, thanks to you.

Your expertise, kindness, and prompt action made all the difference. We are truly grateful."

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