ACCELERATED ACCESS COLLABORATIVE

Wessex Academic Health Science Network

Oxford Academic Health Science Network

Accelerated Access Collaborative – Rapid Uptake Product Series

Accelerating patient access to diagnostic and treatment innovations for severe and uncontrolled asthma

Oct 2021

The AHSN Network

NHS PrescQIPP

Welcome

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Reminder of the Rapid Uptake Programme

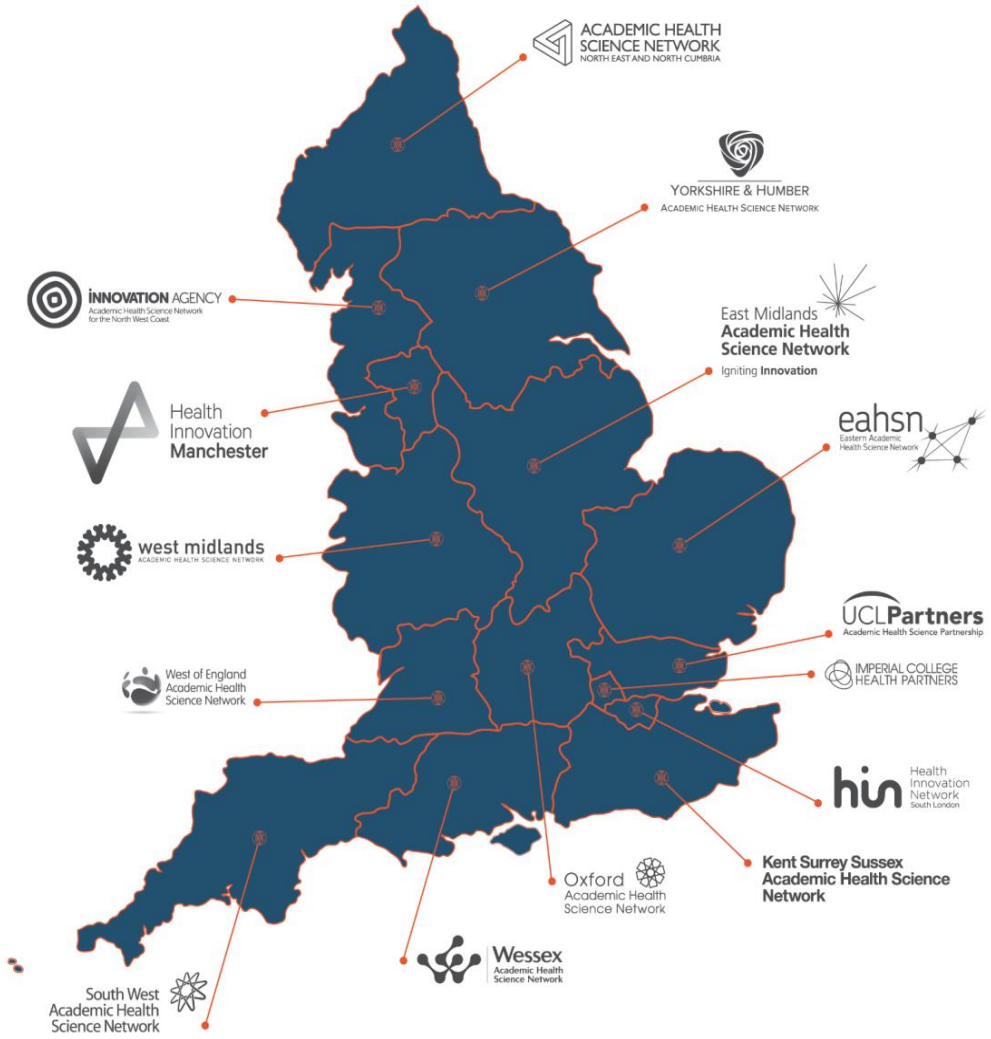
- The AAC supports the NHS to more quickly adopt clinically and cost-effective innovations, to ensure patients get access to the best new treatments and technologies

- As part of the AAC's work to support stronger adoption and spread of proven innovations, the AAC has selected a range of late-stage innovations (post-NICE appraisal) to accelerate uptake in the NHS - 'Rapid Uptake Products' (RUPs)

- This programme has been designed to identify and support products with NICE approval that support the NHS Long Term Plan's key clinical priorities, but have lower than expected uptake to date

- Seven products were supported under this programme in wave 1 during '19/20. The products currently supported by the AAC until March '22 in wave 2 of the programme are: :
  - Lipid management for secondary prevention of CVD (HIST, ezetimibe and PCSK9i)
  - **FeNO testing to aid diagnosis of asthma**
  - **Biologics for treatment of severe asthma**

Role of the AHSN Network



- We are **catalysts** for innovation
- We **connect** partners across sectors
- We **create** the right conditions for change
- We encourage **spread and adoption** of innovation

Asthma in the UK

- Over **5.4 million people** in the UK suffer from asthma with the NHS spending **£1.1 billion** on asthma annually
- Only **half of asthma patients** adhere to medications, increasing morbidity and treatment costs
- **90%** of £1.1bn goes directly on asthma medication inc. excessive prescription of some asthma medications
- Despite advances in therapy there has been a **33% increase in asthma mortality over the last 10 years** in England and Wales
- **Currently less than 20% of severe asthma patients are able to access asthma biology therapies**
- **30% of patients currently diagnosed** with asthma are **suspected to have been misdiagnosed**

2. Asthma UK. Slipping through the net. 2018. Available at: https://www.asthma.org.uk/globalassets/get-involved/external-affairs-campaigns/publications/severe-asthma-report/auk-severe-asthma-gh-final.pdf

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FeNO Testing

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NHS PrescQIPP

Fractional exhaled Nitric Oxide (FeNO)

National (Wessex National Lead AHSN)

- **Aims**:
- 1) Improve patient care and outcomes through more effective diagnosis of patients with suspected asthma
    - 2) Improve patient care through better understanding of an individual patient's condition in relation to their fractional exhaled nitric oxide (FeNO) score

Priority areas

	Priorities/Areas of focus for delivery over the next 12 months
1)	Develop an educational training package for FeNO. Consider delivery through existing education providers. Pursue endorsement from NICE and PCRS
2)	Collect real world evidence with exemplar sites on cost and operational benefits realised and patient outcomes and document the model and approach
3)	Identify potential funding models and incentives to support uptake (prescribing savings achieved at GP level will be realised at system level) working with e.g. commissioners, STPs and ICSs
4)	Develop a rollout toolkit to support organisations to implement including: • Dissemination of emerging hub model from national respiratory programme GIRFT • Advice on how to implement FeNO • Business case and financial modelling support • Training package and deployment • Dissemination of exemplar pathway and clinical decision-making tools • Pathway Transformation Funding support • Summary of best practice case studies from exemplar sites

- WAHSN responsible for delivery of #4 but contributing to shape of national programme
- Current/future focus - local delivery and wrap around activity to strengthen success

STATS (16 July to 13 Sept)

WEB

- 2,242 views
- 1, 468 unique views
- Ave. time on page: 1m13s
- Most popular page: Resources at a glance (566)

Twitter

- Likes 75
- Retweets 52

LinkedIn

- Views 1,055
- Impressions 247

Fractional exhaled Nitric Oxide (FeNO)

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CIRCASSIA

NIOXVERO®

bedfont® est. 1976

NObreath®

Aids in the diagnosis & management of asthma, one breath at a time.

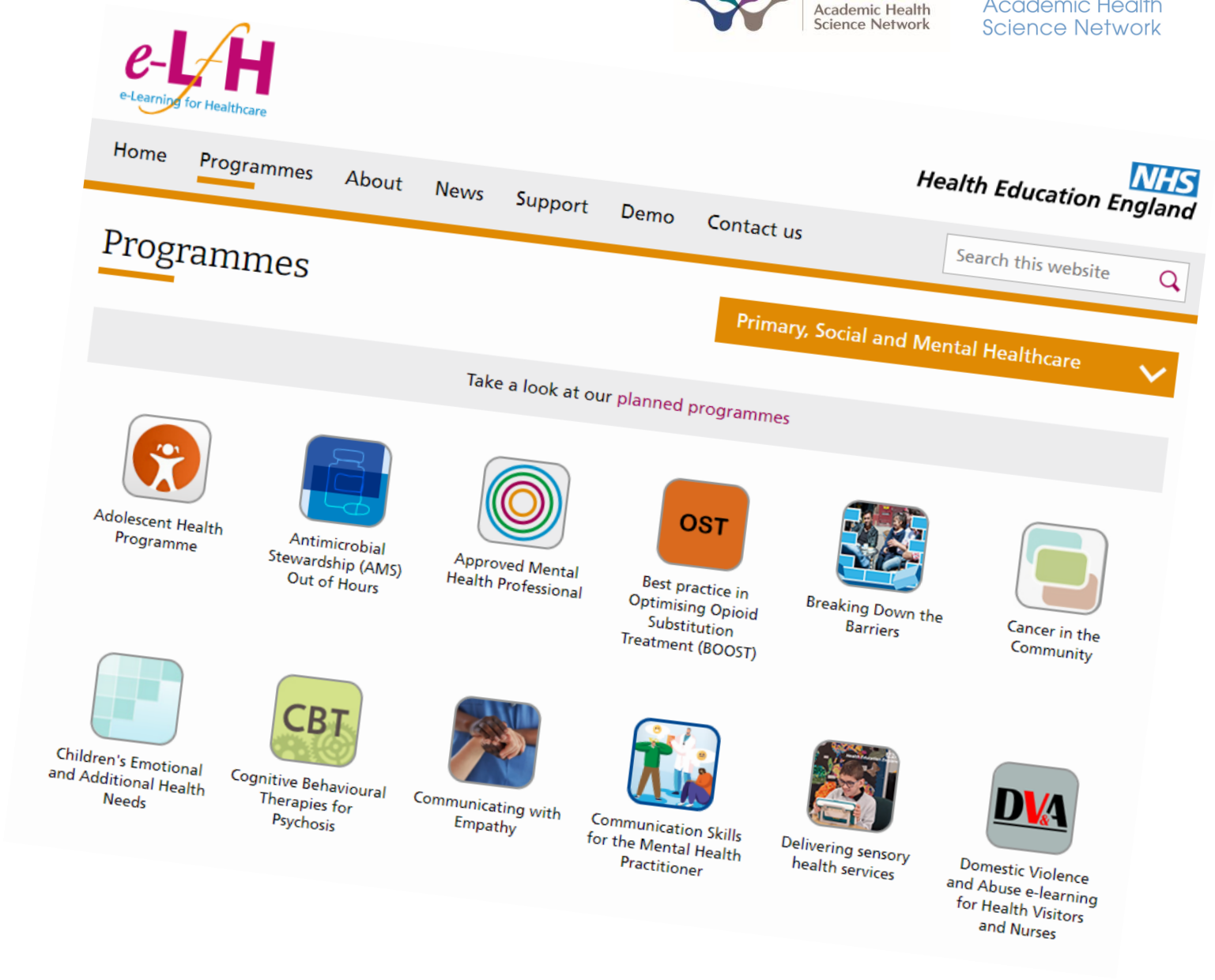
Measures NO in the exhaled breath, providing an indication of eosinophilic inflammation

Alongside a detailed clinical history and other tests, used to support the diagnosis (and management) of asthma

But FeNO isn't new - why now?

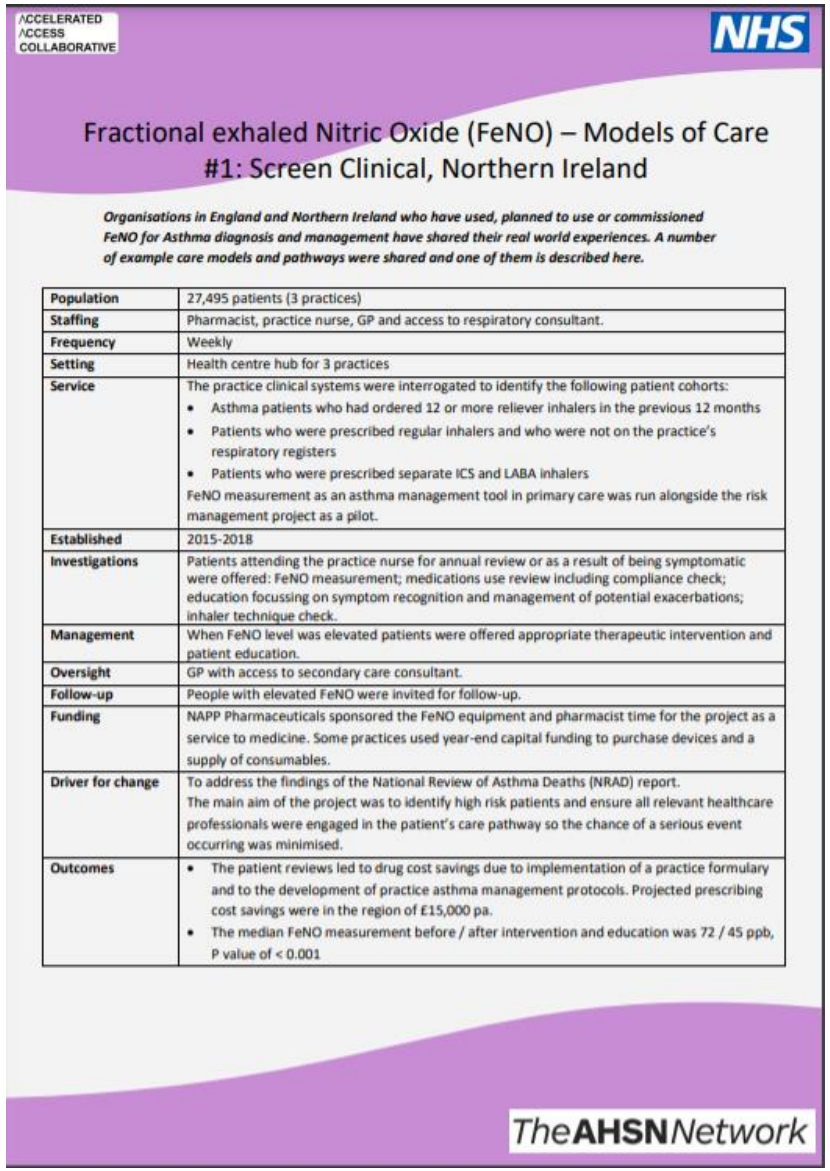
Work stream 1 – FeNO training package

- Two educational modules
- Primarily targeted at a primary care
- Developed by HEE Technology Enhanced Learning (TEL) team
- Module 1 - introduce FeNO
- Module 2 - focuses on the interpretation of FeNO with by worked case examples
- Supports AHSN national workforce agenda
- Module 1 released in coming weeks...



Work stream 2 – real world use

- Product of numerous NICE led interviews - case studies
- Describing existing use of FeNO across the country
- 6 on the toolkit website
- Purpose – to give guidance to possible FeNO use for those seeking inspiration



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Fractional exhaled Nitric Oxide (FeNO) – Models of Care #1: Screen Clinical, Northern Ireland

Organisations in England and Northern Ireland who have used, planned to use or commissioned FeNO for Asthma diagnosis and management have shared their real world experiences. A number of example care models and pathways were shared and one of them is described here.

Population	27,495 patients (3 practices)
Staffing	Pharmacist, practice nurse, GP and access to respiratory consultant.
Frequency	Weekly
Setting	Health centre hub for 3 practices
Service	The practice clinical systems were interrogated to identify the following patient cohorts: • Asthma patients who had ordered 12 or more reliever inhalers in the previous 12 months • Patients who were prescribed regular inhalers and who were not on the practice's respiratory registers • Patients who were prescribed separate ICS and LABA inhalers FeNO measurement as an asthma management tool in primary care was run alongside the risk management project as a pilot.
Established	2015-2018
Investigations	Patients attending the practice nurse for annual review or as a result of being symptomatic were offered: FeNO measurement; medications use review including compliance check; education focussing on symptom recognition and management of potential exacerbations; inhaler technique check.
Management	When FeNO level was elevated patients were offered appropriate therapeutic intervention and patient education.
Oversight	GP with access to secondary care consultant.
Follow-up	People with elevated FeNO were invited for follow-up.
Funding	NAPP Pharmaceuticals sponsored the FeNO equipment and pharmacist time for the project as a service to medicine. Some practices used year-end capital funding to purchase devices and a supply of consumables.
Driver for change	To address the findings of the National Review of Asthma Deaths (NRAD) report. The main aim of the project was to identify high risk patients and ensure all relevant healthcare professionals were engaged in the patient's care pathway so the chance of a serious event occurring was minimised.
Outcomes	• The patient reviews led to drug cost savings due to implementation of a practice formulary and to the development of practice asthma management protocols. Projected prescribing cost savings were in the region of £15,000 pa. • The median FeNO measurement before / after intervention and education was 72 / 45 ppb, P value of < 0.001

TheAHSNNetwork

Work stream 4 – FeNO deployment toolkit

Extensive online deployment toolkit created

Purpose: One stop shop to enable and support implementation

Numerous resources – from 3 perspectives;

- FeNO product specific
- Care pathway transformation
- Wider change management

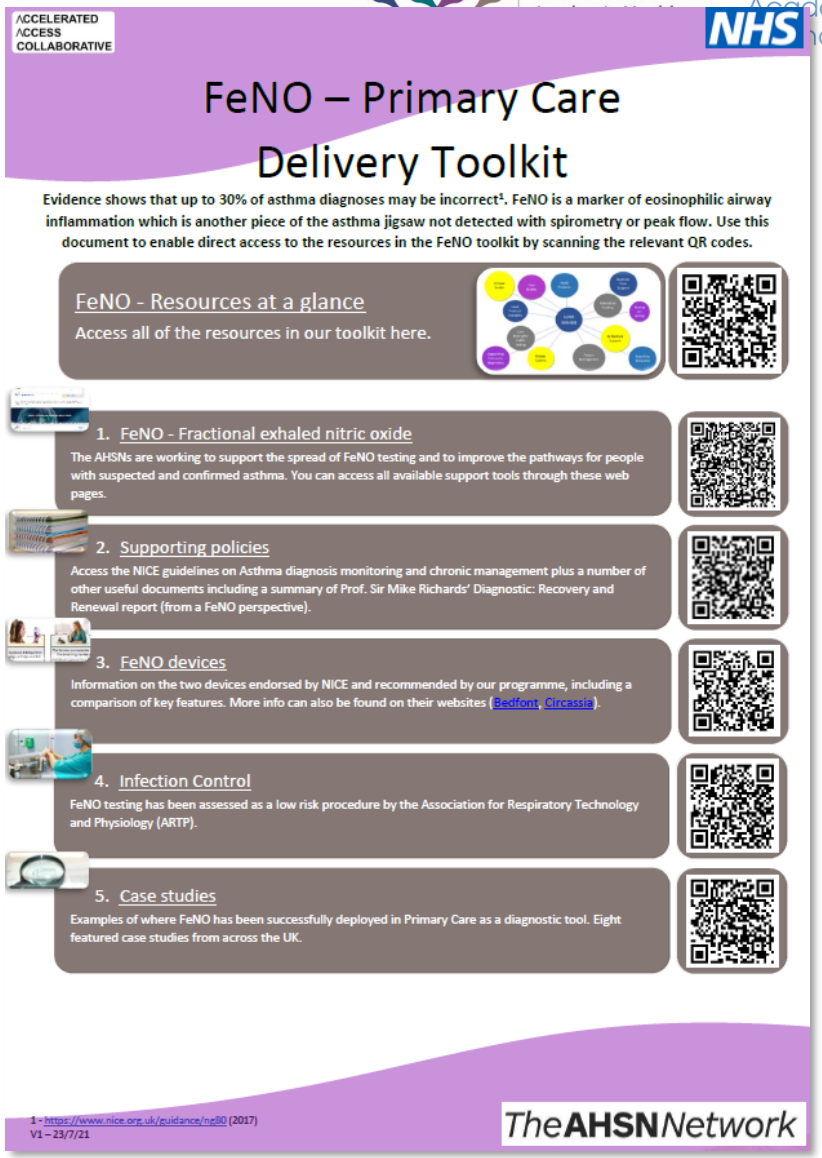
Available to all hosted on Wessex AHSN website

Highlighting specific content

Quick access document

Enabling fast access to all resources

QR codes



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FeNO – Primary Care Delivery Toolkit

Evidence shows that up to 30% of asthma diagnoses may be incorrect[1]. FeNO is a marker of eosinophilic airway inflammation which is another piece of the asthma jigsaw not detected with spirometry or peak flow. Use this document to enable direct access to the resources in the FeNO toolkit by scanning the relevant QR codes.

FeNO - Resources at a glance

Access all of the resources in our toolkit here.

1. **FeNO - Fractional exhaled nitric oxide**

The AHSNs are working to support the spread of FeNO testing and to improve the pathways for people with suspected and confirmed asthma. You can access all available support tools through these web pages.

2. **Supporting policies**

Access the NICE guidelines on Asthma diagnosis monitoring and chronic management plus a number of other useful documents including a summary of Prof. Sir Mike Richards' Diagnostic: Recovery and Renewal report (from a FeNO perspective).

3. **FeNO devices**

Information on the two devices endorsed by NICE and recommended by our programme, including a comparison of key features. More info can also be found on their websites (Bedfont, Circassia).

4. **Infection Control**

FeNO testing has been assessed as a low risk procedure by the Association for Respiratory Technology and Physiology (ARTP).

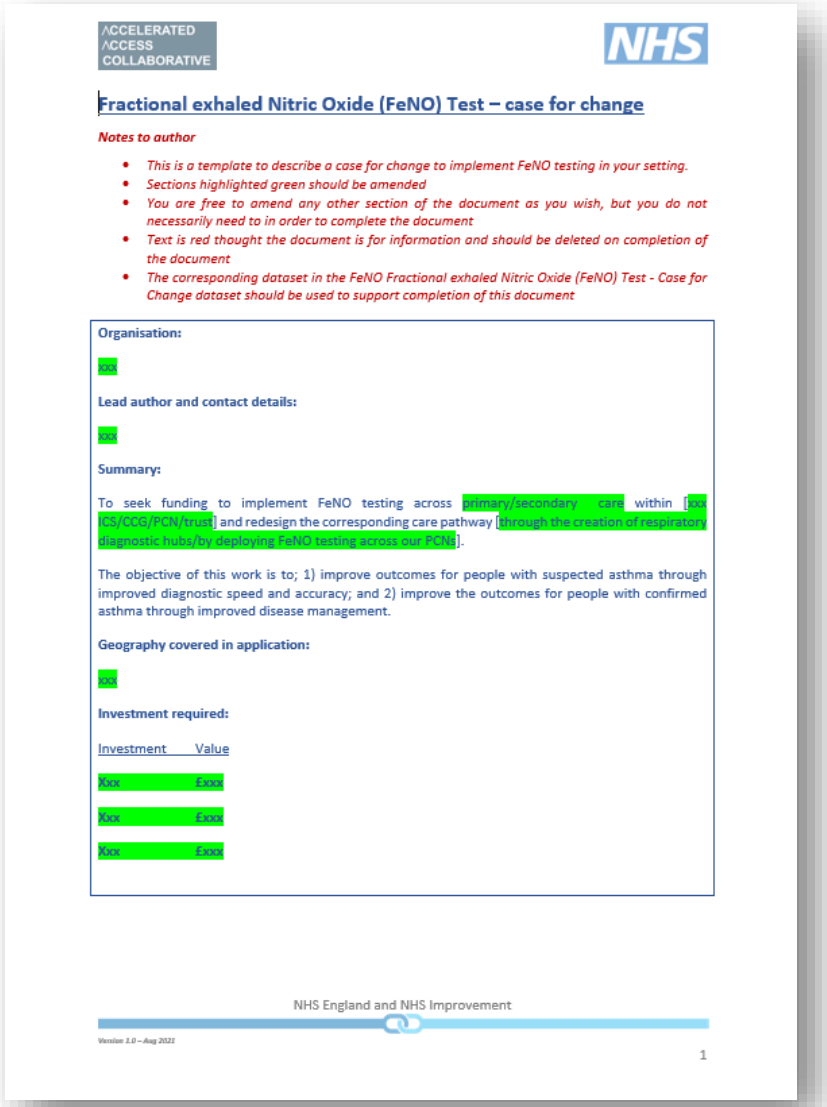
5. **Case studies**

Examples of where FeNO has been successfully deployed in Primary Care as a diagnostic tool. Eight featured case studies from across the UK.

1 - https://www.nice.org.uk/guidance/ng80 (2017)
V1 – 23/7/21

TheAHSNNetwork

Highlighting specific content



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Fractional exhaled Nitric Oxide (FeNO) Test – case for change

Notes to author

- *This is a template to describe a case for change to implement FeNO testing in your setting.*
- *Sections highlighted green should be amended*
- *You are free to amend any other section of the document as you wish, but you do not necessarily need to in order to complete the document*
- *Text is red thought the document is for information and should be deleted on completion of the document*
- *The corresponding dataset in the FeNO Fractional exhaled Nitric Oxide (FeNO) Test - Case for Change dataset should be used to support completion of this document*

Organisation:

xxx

Lead author and contact details:

xxx

Summary:

To seek funding to implement FeNO testing across primary/secondary care within [xxx ICS/CCG/PCN/trust] and redesign the corresponding care pathway [through the creation of respiratory diagnostic hubs/by deploying FeNO testing across our PCNs].

The objective of this work is to; 1) improve outcomes for people with suspected asthma through improved diagnostic speed and accuracy; and 2) improve the outcomes for people with confirmed asthma through improved disease management.

Geography covered in application:

xxx

Investment required:

Investment	Value
Xxx	£xxx
Xxx	£xxx
Xxx	£xxx

NHS England and NHS Improvement

Version 1.0 – Aug 2021

1

Case for change

Describing a case for change (why, how, costs, benefits)

Overcoming funding barrier

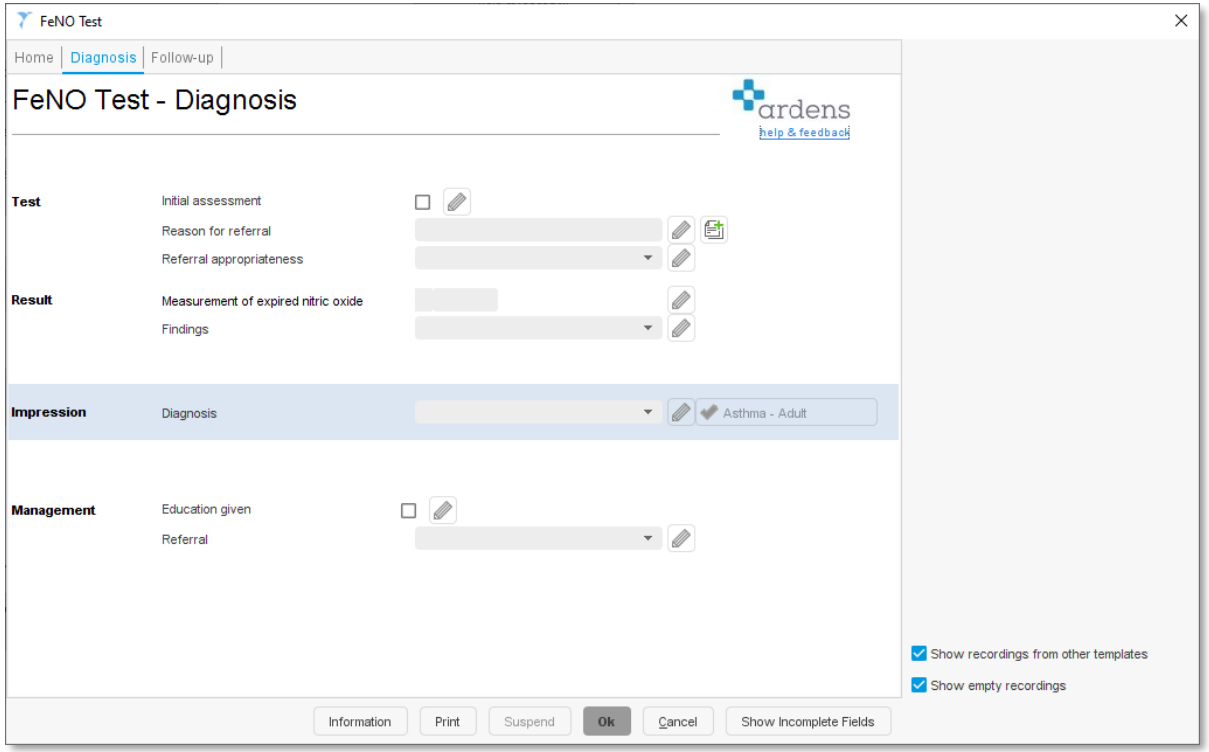
Highlighting specific content

Ardens data reporting template

At final design stage

Will be available to all TPP and EMIS users (not just existing Ardens users)

Will enable consistent data to be collated



Highlighting specific content

Capacity Modelling	Done ☑
- If no additional funding, where will funding come from? - You may need to consider and complete a business case to justify spend	
PROCUREMENT - Once funding secured choose provider - Ensure procurement process meets NHS Guidelines - Secure product supply	
DEMAND AND CAPACITY MODELLING - Calculate potential demand and capacity model using available data. This can be achieved using case finding tools, or existing system searches to find your target patient group	
Plan – Staffing	**Done ☑**
STAFFING - Agree staffing model to deliver the service - Ensure required skills and competencies have been defined - Secure sufficient staffing capacity in line with predicted activity (demand and capacity model) - If staff numbers are insufficient, consider alternative workforce arrangements; recruitment, secondment, alternate but appropriate clinical support e.g. pharmacists	

Project delivery documents

Project plan, driver diagram, PDSA, ALS template, deployment checklist etc.)

Enabling implementation and sustainable adoption

Highlighting specific content

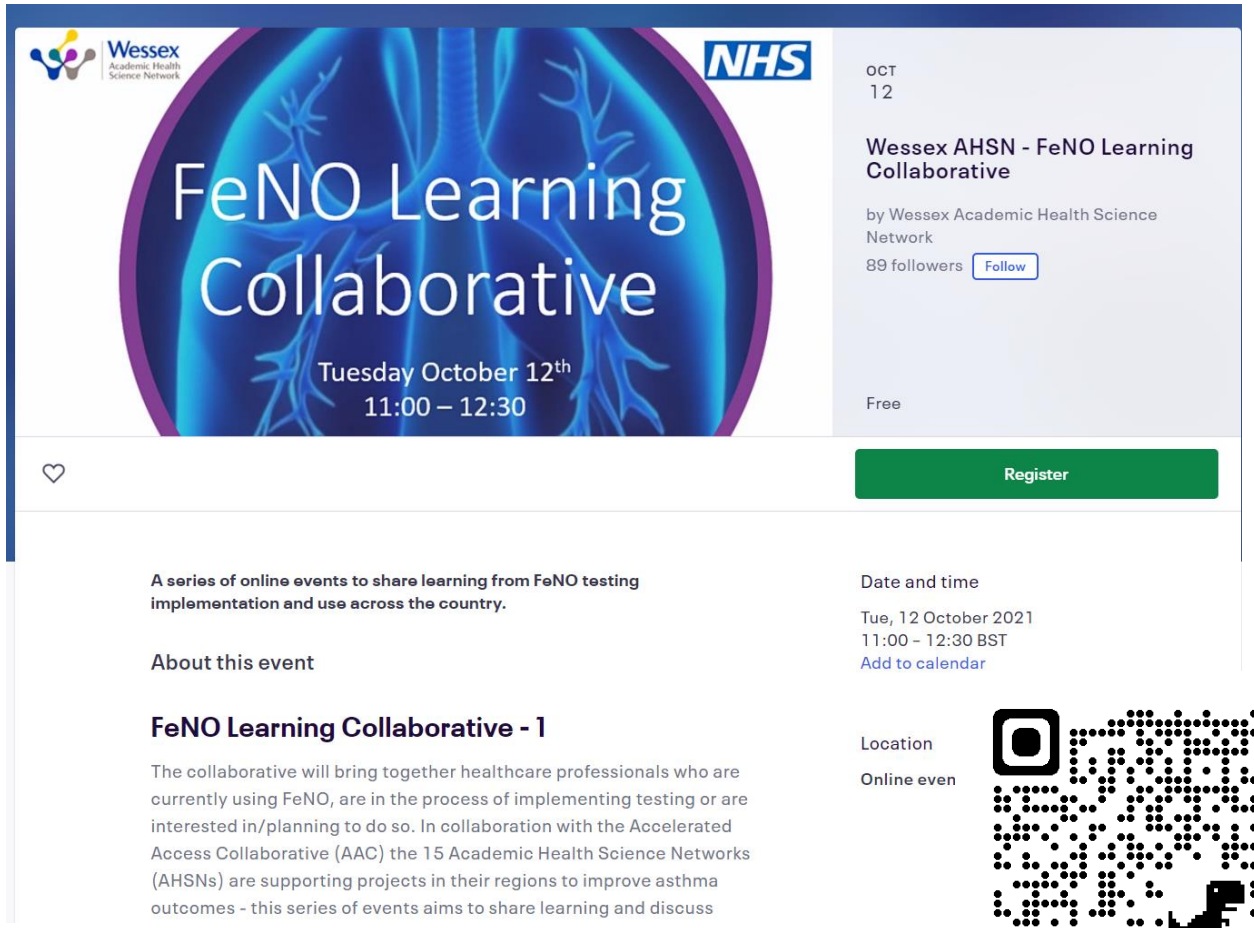
Networks – essential to implementation science and successful adoption

Series of events share learning, connect people, and amplify success

12th Oct – first **FeNO Learning Collaborative**

Bringing together people who;

- Already use
- Are planning to use
- Considering use



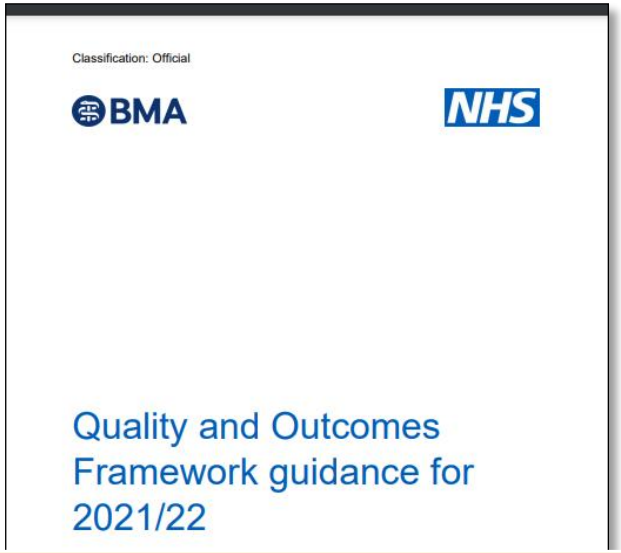
QoF

QOF 2021/22 will be based on the indicator set already agreed for 2020/21

FeNO contributes to QOF points...

QOF has increased from 567 to 635 points in 2021/22

1 point = £201.16



AST006. The percentage of patients with a diagnosis of asthma on or after 1 April 2021 with either: 1. a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before or 6 months after diagnosis; or 2. If newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after 1 April 2021 but no record of objective tests being performed at the date of registration, with a record of spirometry and one other objective test (FeNO or reversibility or variability) recorded within 6 months of registration	**15 points**

3 examples…

Hampshire

Supporting a GP federation to bid to Pharma to develop a “breathless diagnostic service”

Yorks and Humber

Mobile respiratory testing – possible mobile vehicle

West London

8 respiratory diagnostic “Hublets”

Pathway Transformation Funding

Two types of award – " "**open**" and "**bundle**" awards

Total award – c.£915k

33 awards – 8 open (purple), 25 bundles (Green)

All with the purpose of supporting pathway transformation

AHSNs heavily involved with deployment and support

BUT – AHSNs also working with local projects too…

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Asthma Biologics

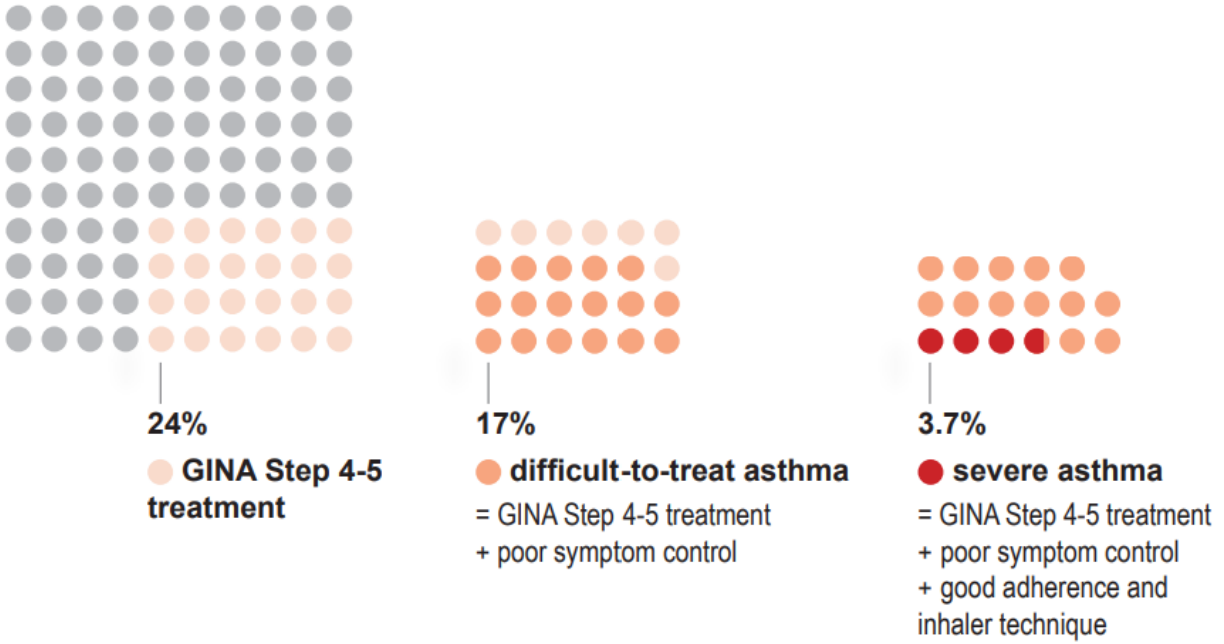
The AHSN Network

NHS PrescQIPP

What is Severe Asthma?

- Type of asthma that does not respond to regular asthma treatment (inhaled steroids and long-term bronchodilators)
- Distinct from 'difficult asthma' – can result of poor adherence, other comorbidities and/or an incorrect diagnosis
- Different sub-types of severe asthma
- Estimated ~200,000 people in the UK have severe asthma

Proportion of patients with difficult to treat and severe asthma[1]



1. Hekking et al, The prevalence of severe refractory asthma J Allergy Clin Immunol; **2015** 135 89,902

The Burden of Severe Asthma

Severe asthma patients have poorer outcomes[1,2]

Uncontrolled **severe asthma** patients:

8x risk of death

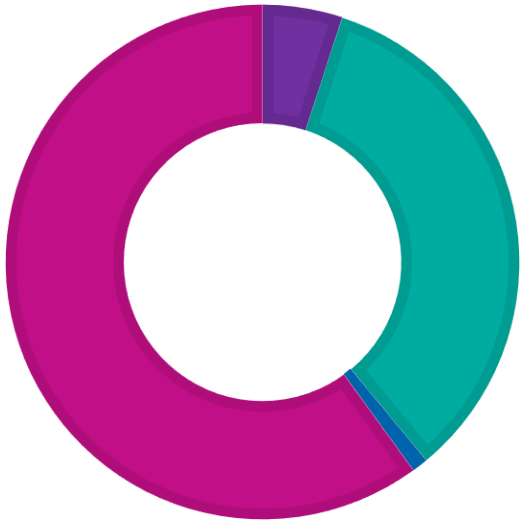
10x risk of hospital stays

Effect on patients

- Can't undertake daily activities[3]
- Anxiety, depression and anger[3]
- Time off work/study[3]
- Exacerbations[4]

Severe asthma accounts for majority of asthma costs[6,7]

Share of total direct cost of asthma for different levels of severity



Effect on cost

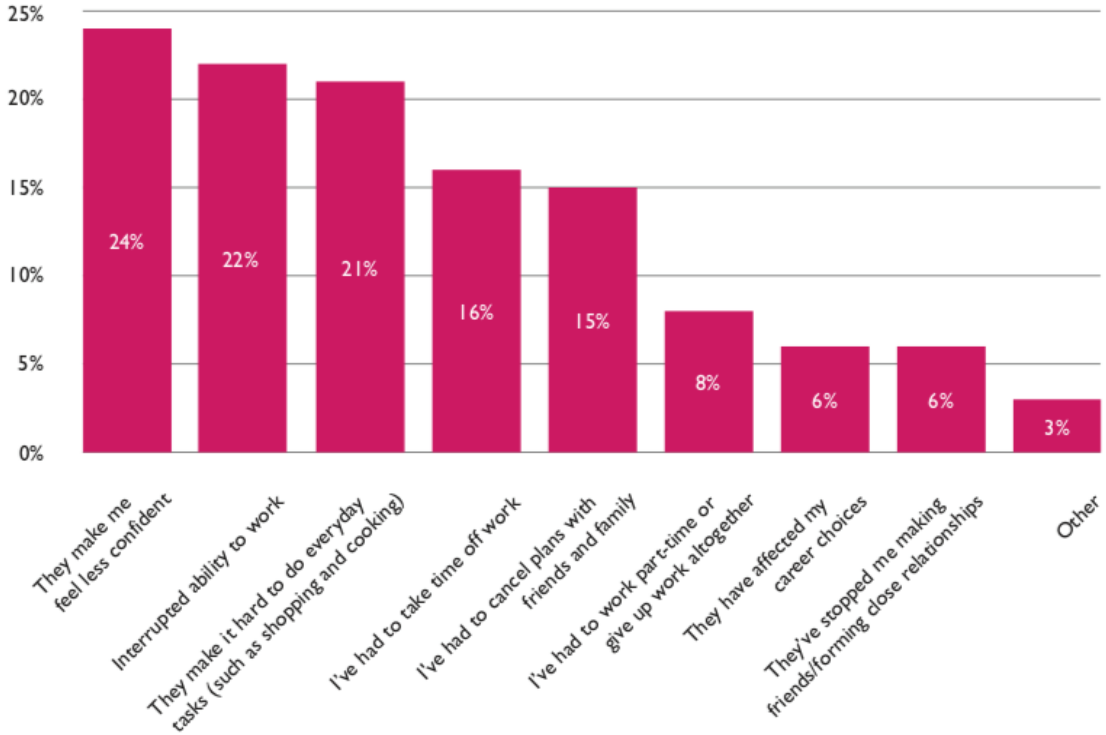
50X more cost

Cost of treating severe uncontrolled asthma compared to mild controlled asthma[5]

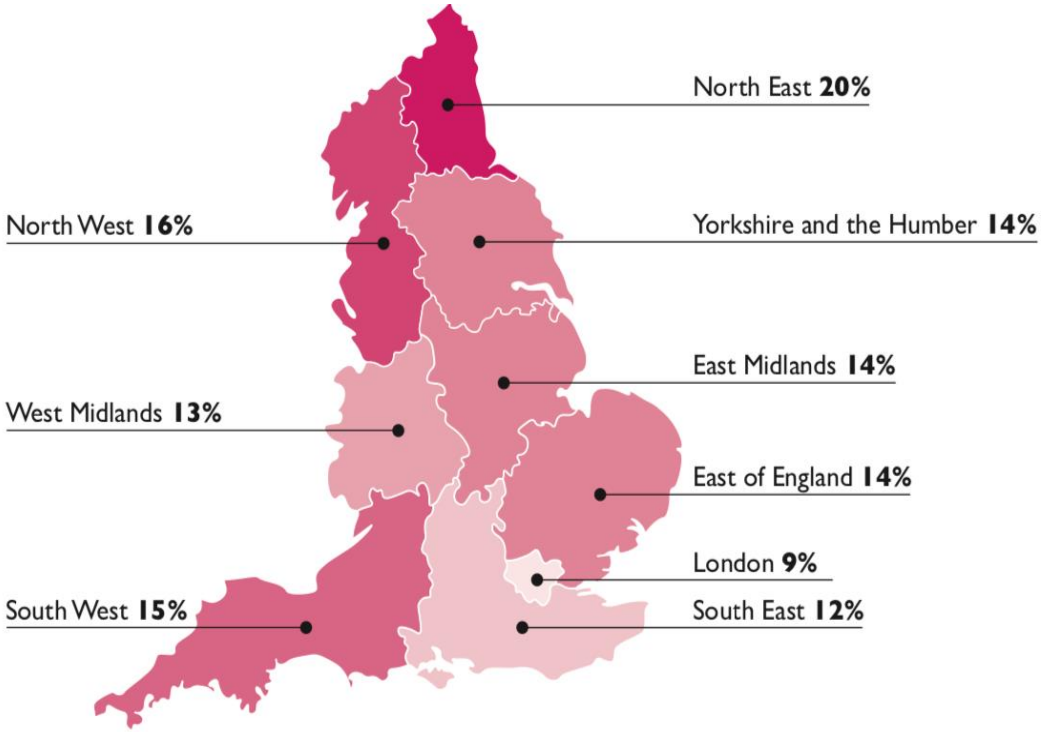
1. Price D et al. NPJ Prim Care Respir Med 2014; 12; 24: 14009., 2. Fernandes AG et al, J Bras Pneumol. 2014; 40(4): 364-372, 3. http://www.asthma.org.uk/News/asthma-experts-form-new-partnership-to-halve-european-asthma-deaths [Accessed September 2020] 3. Boston Scientific. Uncovering Asthma. 2015. 4. Foster JM et al. Eur Respir J 2017; 50: 1700765 5. NHS England. Service specifications: Specialist respiratory services (adult) – severe asthma. 2017. Available at: https://www.england.nhs.uk/publication/specialised-respiratory-services-adult-severe-asthma/ 6. Sadatsafavi M et al. Can Respir J 2010; 17: 74-80. 7. Sullivan SD, Rasouliyan L, Russo PA, et al. Extent, patterns, and burden of uncontrolled disease in severe or difficult-to-treat asthma. Allergy 2007;62:126–33

The Burden of Severe Asthma

Most common impacts of OCS side effects on people with asthma[1]



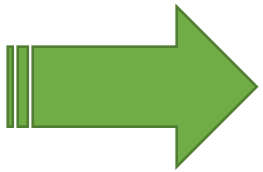
Percentage of asthma patients prescribed ≥2 courses of OCS[2]



1. Asthma UK, Do no harm- safter and better treatment option for people with asthma 2020; 2. Asthma UK analysis of respiratory outcomes (https://www.respiratoryoutcomes.co.uk/) dashboard

Overview of Biologics for Severe Asthma

Biologic Therapy	Indication	Admin Route
Omalizumab	Severe allergic asthma	Sub-cutaneous
Mepolizumab	Severe eosinophilic asthma	Sub-cutaneous
Reslizumab	Severe eosinophilic asthma	IV
Benralizumab	Severe eosinophilic asthma	Sub-cutaneous



Clinical and Patient Benefits

- Improve asthma control
- Improve lung function
- Improve quality of life
- Reduce reliance on OCS
- Reduce exacerbations

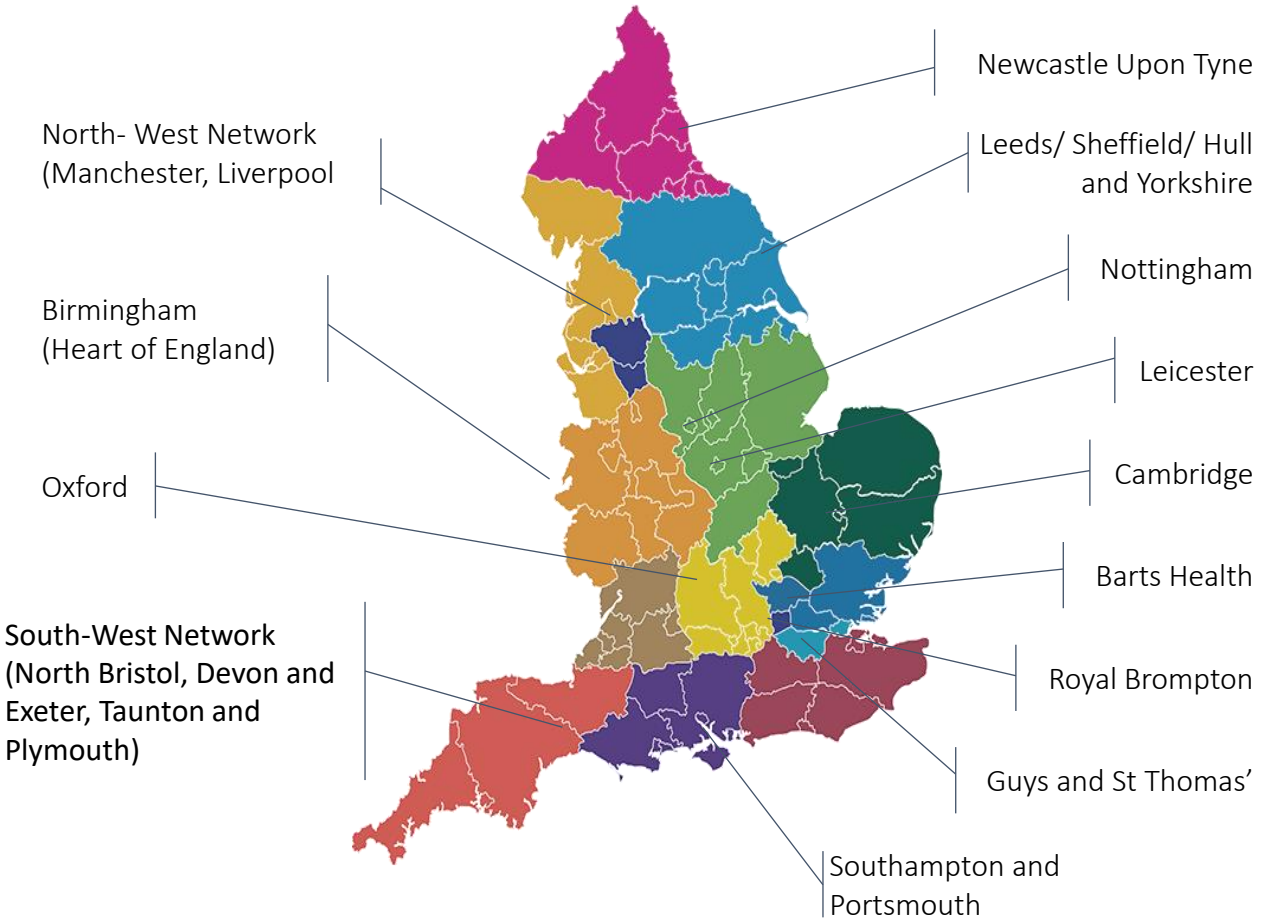
NB: Dupilumab for Severe eosinophilic asthma currently undergoing NICE TA process

Edris, A., De Feyter, S., Maes, T. *et al.* Monoclonal antibodies in type 2 asthma: a systematic review and network meta-analysis. *Respir Res* **20,** 179 (2019). https://doi.org/10.1186/s12931-019-1138-3

Accessing Severe Asthma Care in England

- Severe Asthma Care currently delivered through 13 Severe Asthma Centres (SAC) centres across the country
- Currently huge variation in practice and pathways[1]
- Patients living closer to SAC or a secondary care spoke site are likely to receive better care[1,2]
- Significant health inequalities problem to address
- **Estimated that over 60k severe asthma patients in the UK would benefit from asthma biologics, currently only 10k able to access[2]**

Overview of Severe Asthma Centres (SACs) in England



1. AAC Asthma Biologics Benchmarking Report 2021; 2. NHSE BlueTeq data 2021

AAC Asthma Biologics Programme

Oxford Academic Health Science Network

Aim: To improve severe asthma care and access to biologic therapies in England

Developing a model consensus pathway for Severe Asthma

Establishing dashboards for measures of improvement

Creating clinical decision and support tools

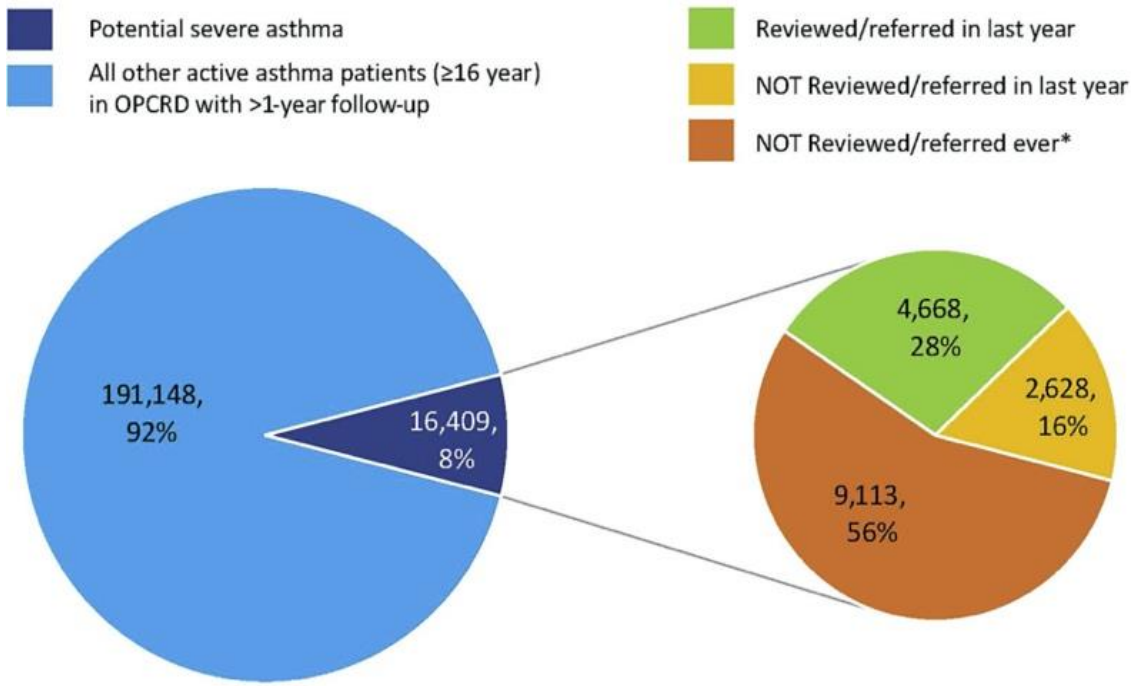
Focussing in education and upskilling the clinical workforce

Early Identification

- Most patients with asthma are diagnosed and managed in primary care.

- Appropriate and timely review of patients with potential severe asthma in specialist care improves outcomes by
  - facilitating accurate diagnosis
  - Identifying and controlling comorbidities,
  - optimising adherence and
  - offering access to biologics

A recent review of primary care databases (OPCRD) showed: about 8% of Asthma patients in primary care have potentially severe asthma; of these less than 30% were referred to or known to secondary care



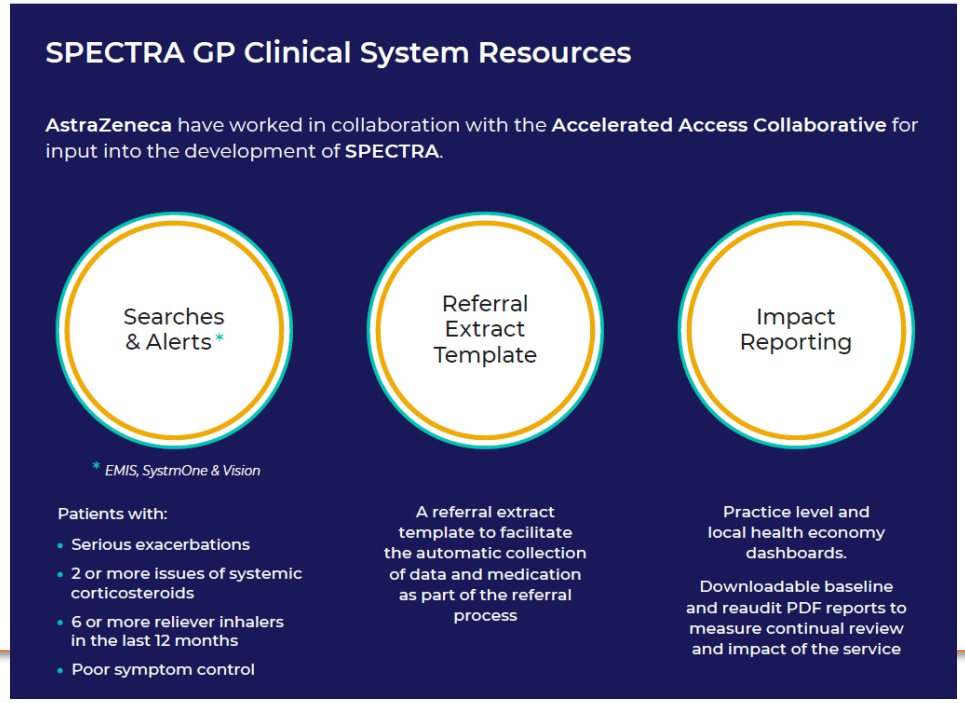
Proportion of patients with active asthma (age 16 years) managed in UK primary care with potential severe disease and their referral status.
*During the OPCRD look-back period (mean, 19.2 years; 95% CI, 19.1-19.3).[1]

1 Ryan et al, J ALLERGY CLIN IMMUNOL PRACT 2021

Early Identification Tools and Resources

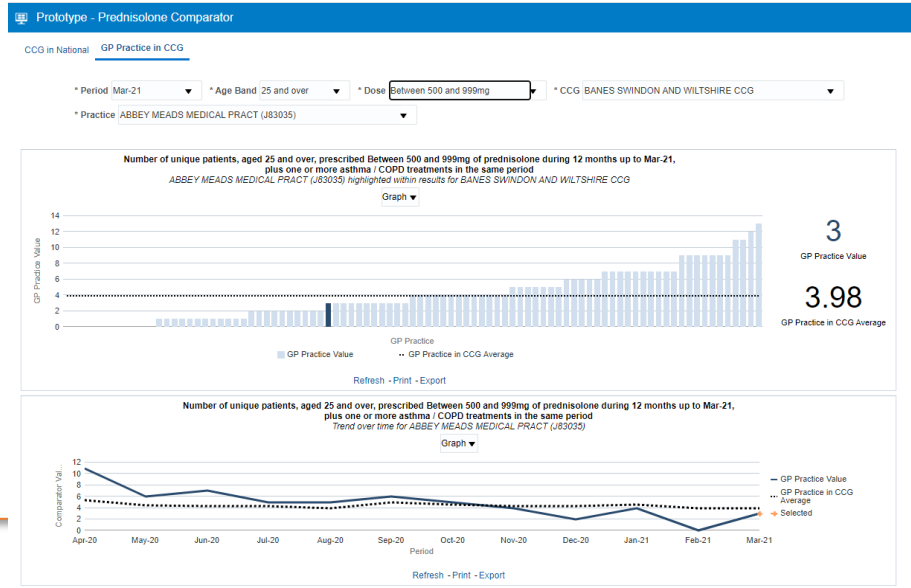
SPECTRA Clinical Audit Tool

- Search criteria aligned with future SA pathway
- Includes clinical system alerts and referral templates
- Collaborative working with AAC, AZ and Oberoi
- Available for any site, PCN or CCG to download and use - https://suspected-severe-asthma.co.uk/



NHSBSA Respiratory Dashboard – OCS searches

- National prescribing database
- Setup in part to assess impact of programme on OCS use in primary care
- Can also be used at practice level to highlight patients in at risk groups
  - 1g, 2g and 3g Prednisolone + an inhaler in last 12 months
- Free to use for NHS organisations through ePACT2



Investment and Impact Fund (IIF)

- Jan 21, NHSE/I and BMA deferred the introduction of new PCN service requirements and IIF incentives until Oct 21
- IIF indicators for 21/22 and 22/23 now published
- Overall, the scheme will be worth £150m in 2021/22 and £225m in 2022/23 for PCNs
- In next 18 months, 5 areas of focus:
  - Improving prevention and tackling health inequalities in the delivery of primary care
  - Supporting better patient outcomes in the community through proactive primary care
  - Supporting improved patient access to primary care services
  - **Delivering better outcomes for patients on medication**
  - **Helping create a more sustainable NHS**

Respiratory indicators

Delivering better outcomes for patients on medication (commence Apr 22)

Aim: by 24/25, 90% of patients on the asthma register will be regularly prescribed an ICS, while only 10% will be prescribed 6 or more SABA inhalers per year.

- **RESP-01:** % of patients who were regularly prescribed* an ICS over the previous 12 months

  ** 22/23: 3 or more ICS prescriptions; 23/24 onwards: 5 or more*

- **RESP-02:** % of patients who received 6 or more SABA inhaler prescriptions over the previous 12 months

Helping create a more sustainable NHS (commence Oct 21)

Aim: by 23/24 only 25% of non-salbutamol inhalers prescribed will be MDIs and to reduce the mean propellant (F-gas) carbon intensity of salbutamol inhalers prescribed to 11.1kg

- **ES-01:** MDI prescriptions as a % of all non-salbutamol inhaler prescriptions issued on or after 1 October
- **ES-02:** Mean carbon emissions per salbutamol inhaler prescribed on or after 1 October (kg CO2e)

https://www.england.nhs.uk/publication/primary-care-networks-plans-for-2021-22-and-2022-23/

Enhanced Role for Pharmacy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Pharmacy Role in Supporting Medicines Optimisation in Respiratory Medicine

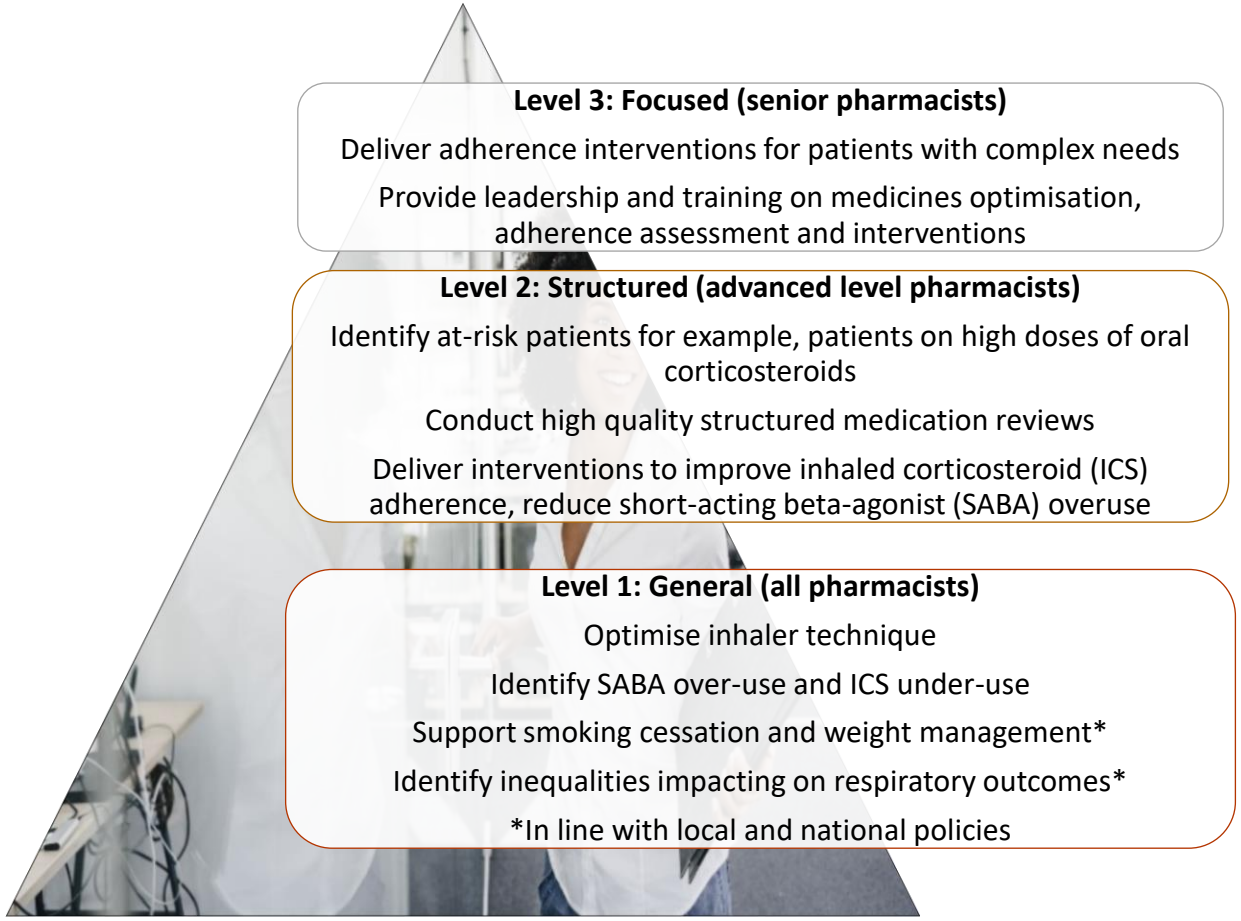
June 2021

1

- October 2020: pharmacy survey on current and potential role
- March 2021: Pharmacy Clinical Sub-group established
- June 2021: paper presented to the national Product Working Group
- The overall aim agreed upon by the Pharmacy Clinical Subgroup was:

'To foster an integrated role for the pharmacist where they lead on medicines optimisation and adherence support for people with asthma.'

Integrated Care Model



- Inhaled corticosteroids are the cornerstone of asthma treatment, yet adherence rates vary widely from 30% and 70%[1]
- Pharmacists are well placed, across all sectors, to detect non-adherence and to deliver interventions to improve medicines use

1. The Prevalence of Nonadherence in Difficult Asthma. Gamble J, Stevenson M, McClean E, and Heaney LG Am J Respir Crit Care Med 2009 Vol 180. pp 817–822.

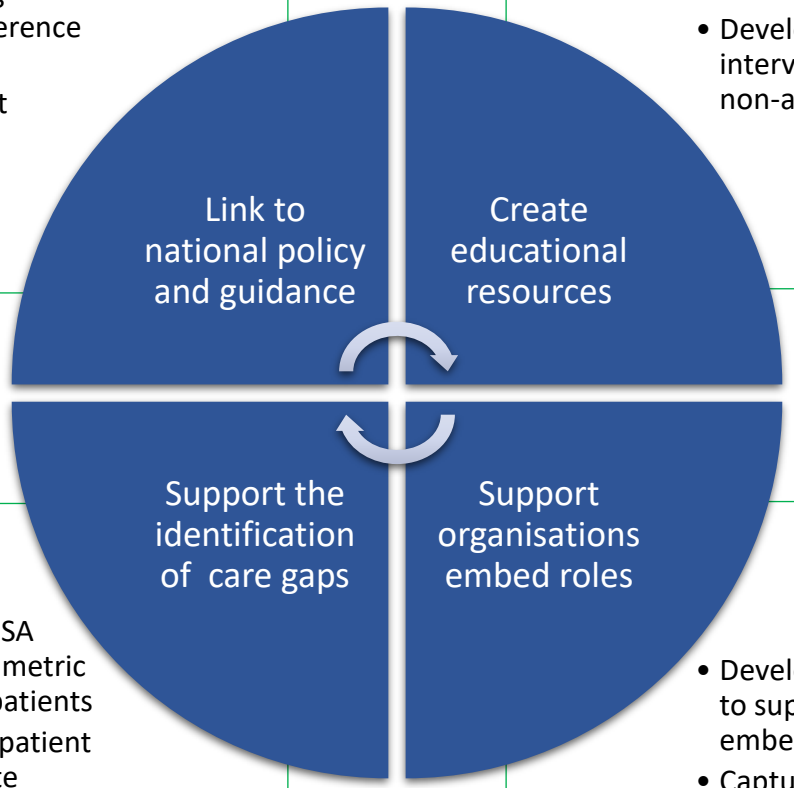
Pharmacists as Asthma Adherence Leads

National team have carried out a benchmarking exercise and subgroup developing a SOP

- Develop a national standard operating procedure for adherence assessment
- Benchmark current pharmacy activity

- Develop a module on adherence assessment
- Develop a module on the interventions to improve non-adherence

Working with Cogora.



Working with NHS BSA

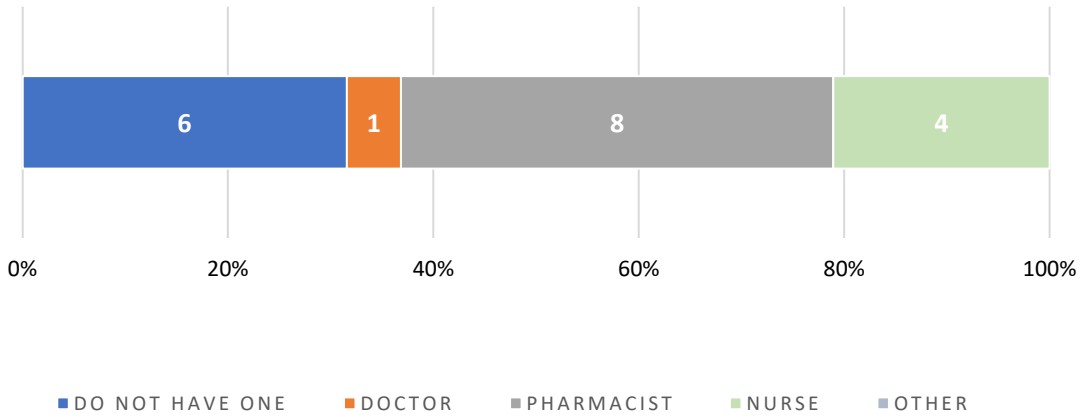
- Support use NHS BSA oral corticosteroid metric to identify at-risk patients
- Improve access to patient records to complete adherence assessments

- Develop a resource pack to support organisations embed roles
- Capture and share case studies

Subgroup developing respiratory structured medication review template and resource pack

Not all SACs have a designated adherence lead

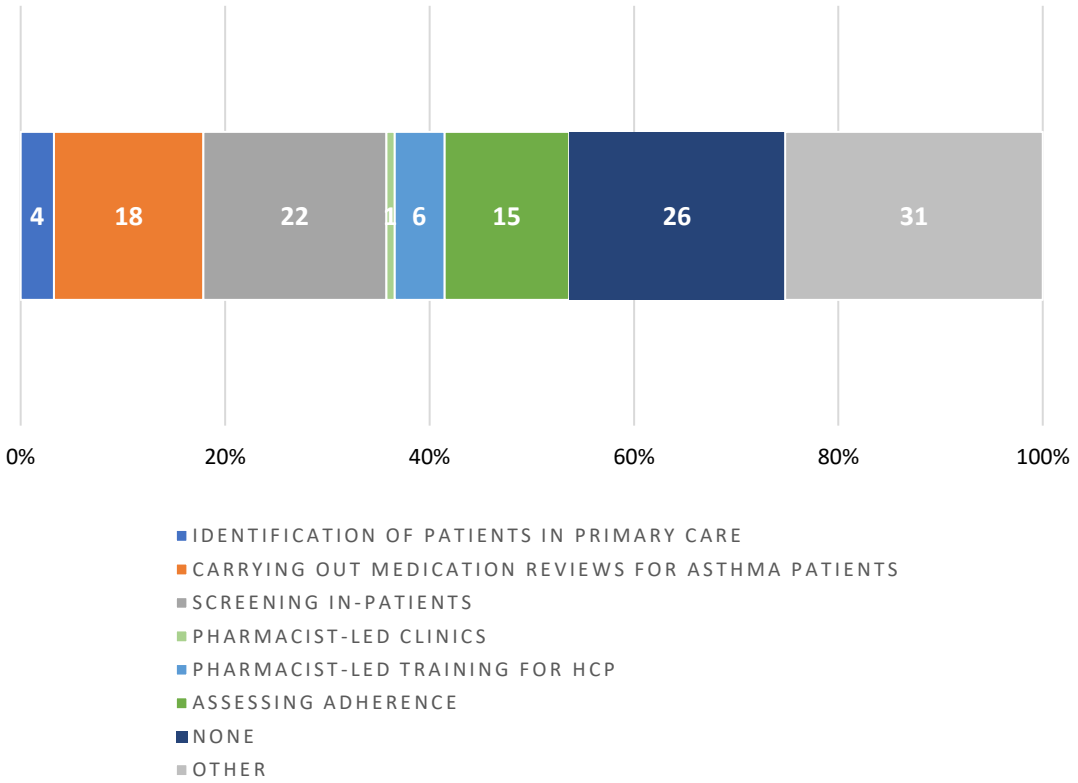
Designated adherence lead (n=19)



- It is recommended that every SAC should have a designated adherence lead
- Adherence checks are a requirement for any patient being considered for Asthma Biologics
- The majority of SACs had Pharmacists as the adherence leads
- Respondents from 6 SACs shared that there was no designated adherence lead.
- **It may be advisable to assess for some sites whether capacity and throughput may be improved through designation of a formal adherence lead**

The role of secondary care pharmacists in the asthma pathways varies significantly

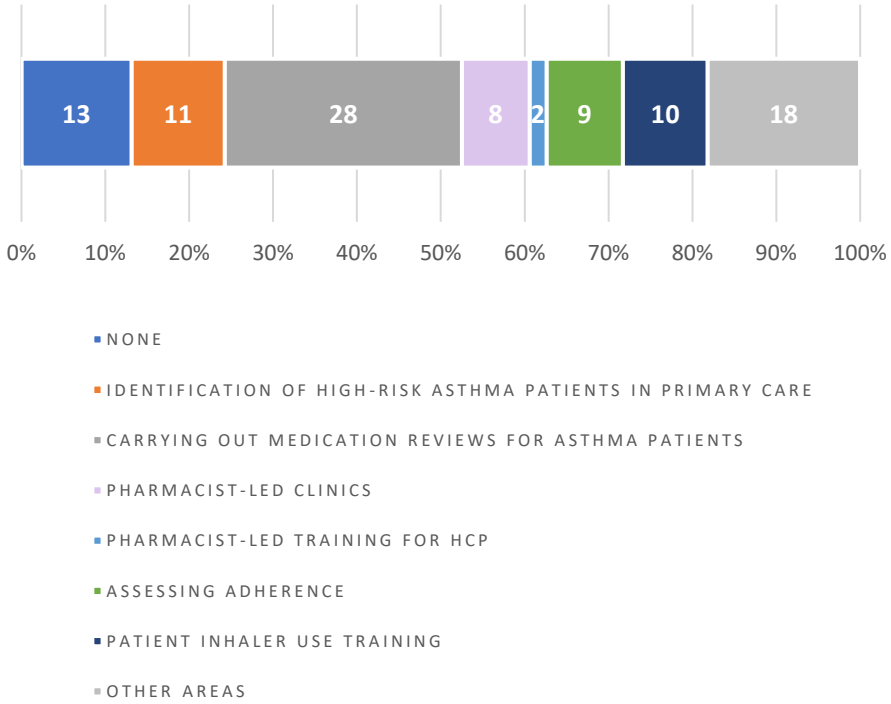
Asthma pathway and Pharmacist involvement (n=70)



- 26 respondents shared that pharmacists are not involved in asthma pathways
- Areas of the pathway that pharmacists were involved in included, screening in patients (22), carrying out medication reviews (18) and assessing adherence (15)
- "Other" (31) areas included:
  - Homecare prescribing and administration
  - Support to provide biologics in the community
  - Staff and patient education
  - Reviewing and influencing formulary decisions and policy
- **Expanding the role of the pharmacist is a key part of the AAC programme. In areas where the role of the pharmacist is not well defined, it would be useful to consider supporting the role out of resources.**

Medication reviews were the most common area that primary care Pharmacists were involved in

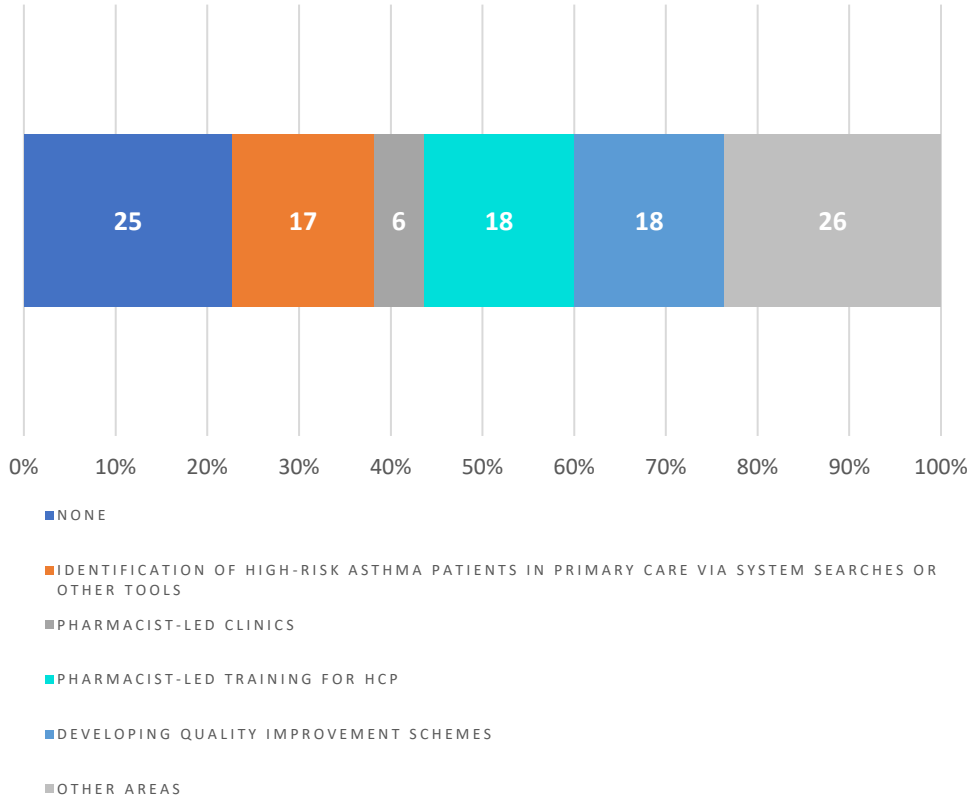
Asthma pathway and GP practice/ PCN Pharmacist involvement (n=57)



- 13 respondents stated that pharmacists were not involved in the pathway
- PCN pharmacists were mostly involved in conducting medication reviews for asthma patients. Other common areas included patient identification, adherence assessment and inhaler training
- 18 respondents reported opportunities for additional roles which included:
  - Asthma diagnostics
  - Advice for stepping up and down treatment
  - Identifying patients on steroids and issuing steroid cards
- **Whilst pharmacist resource, skill and knowledge will undoubtedly vary across primary care their involvement can offer huge benefits to services and patients and should where possible be explored**

Over 20% of CCG respondents reported that CCG pharmacists did not play a role in local asthma pathways

Asthma pathway and CCG pharmacist involvement (n=61)



- Just over 20% shared that their CCG pharmacists did not currently have any involvements in asthma pathways
- The most common areas supported by CCG pharmacists included quality improvement activity, delivering HCP training and involvement in proactive identification
- 26 respondents stated “Other” which included:
  - Respiratory guidance development
  - Supporting nurse-led spirometry
  - Building relationships with local pharmacists
  - Advising primary care on optimisation of inhalers
  - Support in managing and diagnosing of asthmatics
  - Supporting carbon reduction strategies for asthma inhalers

Educational Package

Cogora

Learning modules: 2

1. Identifying and managing uncontrolled asthma
- Early identification of uncontrolled asthma
- What do we mean by uncontrolled asthma
- What can be done for patients before referral
- Introduction into treatment escalation, inhaler technique and common comorbidities

2. Management of non-adherence
- Measuring adherence
- Evidence-based frameworks
- Personalising interventions and improving medication adherence

Live webinars: 3

- Uncontrolled asthma
- Identification and managing barriers to asthma medication adherence
- Masterclass

Podcasts: 2

- Real world practice: practical tips for treating and understanding uncontrolled asthma
- The HASTE tool

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Wessex Academic Health Science Network

Oxford Academic Health Science Network

Summary

The AHSN Network

NHS PrescQIPP

Summary

- Two significant pieces of innovation and improvement work ongoing in Asthma
- Programmes are developing a diverse suite of tools and resources
- These may support you and your systems local objectives
- For more information
  - Visit the Wessex and Oxford AHSN websites
    - **FeNO -** https://wessexahsn.org.uk/programmes/56/feno-fractional-exhaled-nitric-oxide-for-the-diagnosis-and-management-of-asthma
    - **Asthma Biologics -** https://www.oxfordahsn.org/our-work/adopting-innovation/national-programmes/asthma-biologics/
  - Reach out to you local AHSN leads – contacts on next slides

AHSN Leads

AHSN	Asthma Biologics Name	Asthma Biologics Email	FeNO Name	FeNO Email
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Question & Answer Session

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