

BREATHE Collaborative Working – Final Project Report

This report summarises the BREATHE (the Best Respiratory Evaluations And Treatments in Healthcare Efficiency) collaborative working project between Chiesi Ltd and Fuller and Forbes Healthcare Group. National Services for Health Improvement (NSHI) provided clinical services. The collaboration included 17 Practices across England. This summary has been written by Chiesi Ltd with consultation and approval from the Collaborative Working Project Team, established with full representation of partners.

The collaboration set out to demonstrate the ability to undertake spirometry in primary care for Chronic Obstructive Pulmonary Disease (COPD) and to show how respiratory care can, overall, be improved for asthma and COPD patients through the provision of therapy review services.

Background

There are many barriers and pressures to diagnosis and ongoing care for those patients with a respiratory condition in the UK^{1,2}.

Respiratory diseases affect approximately 1 in 5 people in the UK, representing the third leading cause of death nationally. The most prevalent conditions are asthma (affecting about 7.2 million people) and COPD (affecting 1.4 million)³.

People with symptoms of chronic lung conditions can get stuck in a loop of repeated visits to their primary care provider or might first present in accident and emergency (A&E). They often wait years for a diagnosis, navigating a complex pathway that is hindered by long waiting times and inconclusive tests with poor accessibility. The lack of good definitive diagnostic tests means definitive data on diagnostic delays is lacking¹.

Project description

BREATHE was a collaborative working project dedicated to strengthening COPD diagnostic infrastructure in primary care and improving asthma and COPD disease management. This initiative aimed to enhance diagnostic capabilities for people who were awaiting a COPD diagnosis. The project further aimed to improve health outcomes in patients by providing high-quality asthma and COPD reviews in line with national and regional guidelines.

Project objectives

The intended objectives of this collaborative project were to:

Part A: COPD Diagnosis

- Identify patients who were awaiting spirometry for suspected COPD diagnosis.
- Invite patients to attend a diagnostic clinic comprising of a clinical assessment and objective measurement of airflow limitation.
- Initiate evidence-based pharmacological and non-pharmacological interventions for newly diagnosed COPD patients.

Part B: High-quality asthma & COPD reviews in primary care

- Provision of high-quality asthma and COPD reviews in line with national and regional guidelines, with the goal of improved short, medium, and long-term health.

Working together on this project and focusing on the goals set out made a real difference for both patients and the NHS.

Project Outcomes

Part A: COPD Diagnosis

The first phase of the BREATHE project aimed to implement a diagnostic clinical pathway, in general practice, for patients on a list awaiting COPD diagnostic testing.

A total of 103 patients were seen between 2nd and 19th December 2024. The mean age of patients was 60 years, and 41% were male.

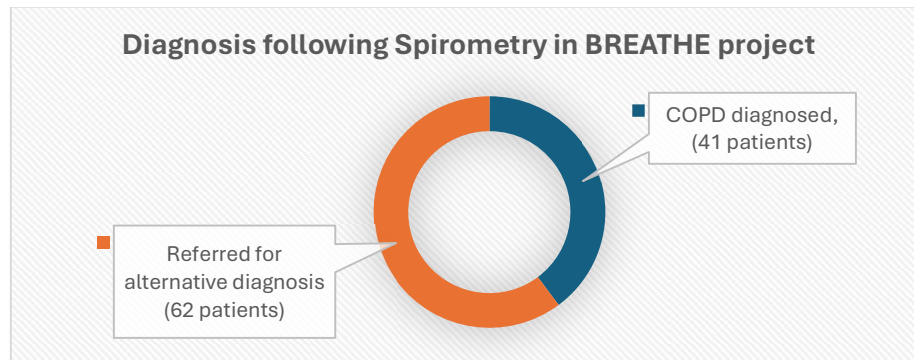


Figure 1

After completing this pathway 39.8% (41/103) were diagnosed with COPD. Everyone who was newly diagnosed was offered recommended inhaled treatment to help manage their condition.

Patients who were diagnosed with COPD tended to be older, with an average age of 68 compared to 55 in those without COPD. They were also more likely to be male (54% vs 30%) and more likely to experience more severe breathlessness (27% vs 10%). These differences were unlikely to be due to chance.

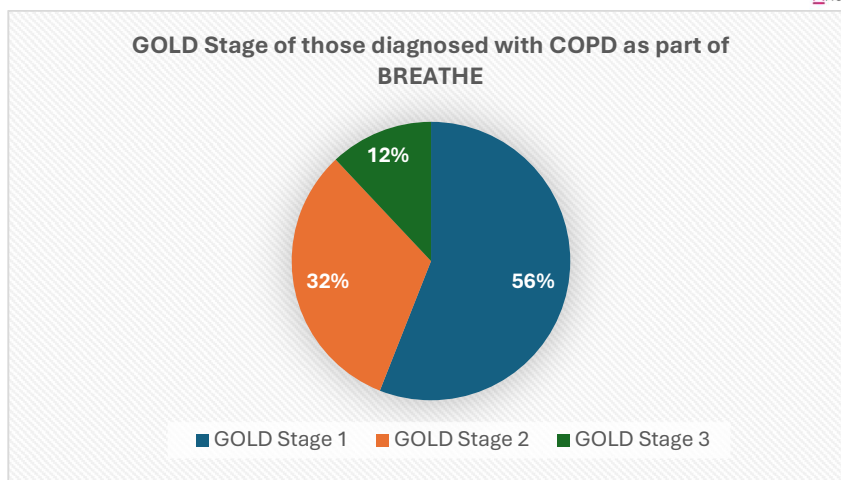


Figure 2

Of patients diagnosed with COPD, 56% were categorised as GOLD Stage 1 (mild), 32% GOLD Stage 2 (moderate) and 12% GOLD Stage 3 (severe).

Part B: High-quality asthma & COPD reviews in primary care

In total, 219 COPD clinics and 144 asthma clinics were delivered, with 1,565 COPD patients and 1,165 asthma patients attending from Jan 2025 to Dec 2025. In total, 2,730 reviews were completed across asthma and COPD.

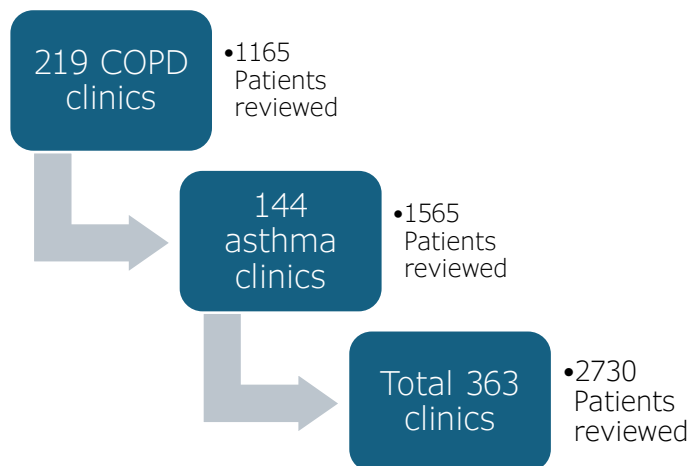


Figure 3

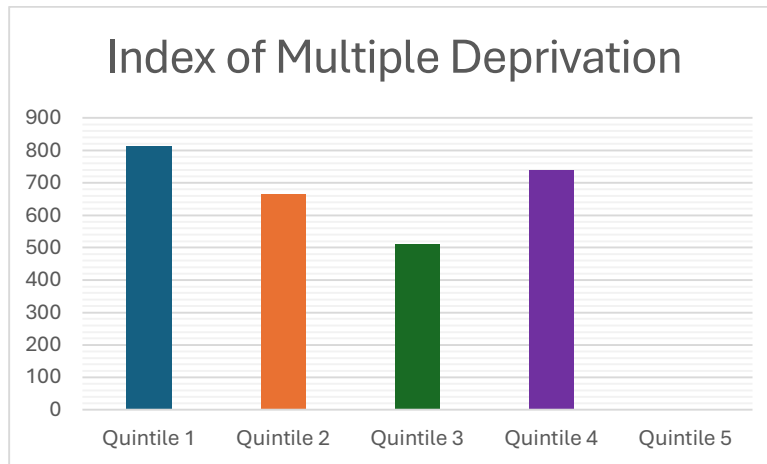


Figure 4

This project also looked at the impact of levels of deprivation on asthma and COPD review rates. The “Index of Multiple Deprivation (IMD) quintiles” categorise areas based on relative deprivation, with quintile 1 representing the most deprived, and quintile 5 the least deprived. As shown in Figure 4, in this project reviews were equally distributed in quintiles 1 through 4 of deprivation (no patients in quintile 5).

Additionally, the project found that GP practices reported both asthma and COPD services as beneficial to patients and beneficial to the practice, showing that patient and staff satisfaction was high for both services.

Lessons learned

Part A: COPD Diagnosis

Taking a more targeted approach to diagnosing COPD helps ensure the right patients are identified more accurately and efficiently. This not only improves how many patients come forward for assessment but also leads to better overall health outcomes.

It also makes better use of staff time and improves patient satisfaction, as care is more tailored, timely, and relevant to individual needs.

Part B: High-quality asthma & COPD reviews in primary care

National guidelines recommend that people with asthma or COPD should have a review at least once a year to check that their condition is being properly managed. However, in reality, only around one-third of people with asthma and fewer than one in ten people with COPD in the UK currently receive this basic level of care².

At the same time, respiratory services are under growing pressure, with increasing numbers of people living with these conditions. When asthma and COPD are not well managed, it can lead to worsening health and additional strain on NHS services.

This project has shown that providing extra support and resources can help reduce the backlog of overdue reviews, ease pressure on healthcare professionals, and enable patients to be seen more quickly. In turn, this supports earlier diagnosis, better

ongoing management of the condition, improved patient outcomes, and a more sustainable approach to delivering respiratory care.

References

- 1) **LifeArc**. Transforming respiratory diagnostics: the urgent need in primary care. London: LifeArc; 2025. Available from: <https://www.lifearc.org/publication/transforming-respiratory-diagnostics/>
- 2) **Asthma + Lung UK**. Life with a lung condition 2025: basic care briefing. London: Asthma + Lung UK; Dec 2025. Available from: <https://www.asthmaandlung.org.uk/life-lung-condition-2025-basic-care-briefing-december-2025>
- 3) **NHS England - Respiratory disease** - <https://www.england.nhs.uk/ourwork/clinical-policy/respiratory-disease/>
- 4) **National Institute for Health and Care Excellence (NICE), British Thoracic Society (BTS), Scottish Intercollegiate Guidelines Network (SIGN)**. Asthma: diagnosis, monitoring and chronic asthma management (NG245). London: NICE; 2024. Available from: <https://www.nice.org.uk/guidance/ng245>
- 5) **National Institute for Health and Care Excellence (NICE)**. Chronic obstructive pulmonary disease in over 16s: diagnosis and management (NG115). London: NICE; 2019 (updated). Available from: <https://www.nice.org.uk/guidance/ng115>