

APHELION

A Proactive Health-Led Approach for Earlier COPD Diagnosis and Optimised Neighbourhood Care

Chiesi Limited and Health Innovation Oxford and Thames Valley

This executive summary of the APHELION Project within the Respiratory Transformation Partnership has been written by Chiesi Limited with consultation and approval from the Collaborative Working Project Team, established with full representation of partners.

APHELION Programme

The overall ambition of APHELION programme is to implement an approach to targeted case finding which enables diagnosis for population suspected of high risk of having COPD.

Aim: To enable early COPD diagnosis and timely initiation of evidence-based pharmacological and non-pharmacological interventions to improve outcomes for participants “At risk but not diagnosed” with COPD from the Lung Cancer Screening programme or currently waiting to have diagnostic tests undertaken.

This work will take place in up to 4 identified system locations (NHS sites to be confirmed via agreement between partners).

The intended objectives of this collaborative project are to:

- a) Identify high risk patient populations in prioritised areas, from Lung Cancer Screening Programme or within current waiting lists at risk of having COPD based on symptoms/agreed searches and/or imaging findings.
- b) To invite patient populations at high risk of having COPD to attend a one-stop diagnostic clinic embedded within appropriate care pathways. To have symptom assessment and objective measurement of airflow limitation.
- c) In those diagnosed, undertake care planning involving the five fundamentals of care using the OPTIMISE framework as a supportive mechanism and initiate evidence-based pharmacological, and non-pharmacological interventions for newly diagnosed COPD patients with the goal of improving short, medium- and long-term health outcomes.
- d) Patient education about COPD, what it is and how to self-manage should occur at diagnosis.
- e) To potentially explore the delivery and potential advantages of one-stop diagnostic clinics compared with standard of care for patients at high risk of COPD.
- f) To understand patient experience of the clinic with an aim to incorporate patient voice into future models/pathways.
- g) Understand the population who do not attend such a model.
- h) To create an output report which supports a recommendation framework or a business case for scale and spread beyond project timelines.

Delivery of APHELION will take place across 4 sites within the following geographical locations:

- NHS Black Country Integrated Care Board
- NHS Cornwall and Isles of Scilly Integrated Care Board
- NHS Devon Integrated Care Board
- NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Expected benefits to patients, the NHS and Chiesi Limited

For patients:

- Timely diagnosis of a previously undiagnosed respiratory disease, leading to appropriate and timely support with life-style modification (e.g. smoking cessation) to promote lung health.
- Timely initiation of evidence-based COPD treatments has potential to reduce symptom burden, improve health related quality of life, preserve/improve physical activity, and prevent COPD exacerbations.
- Early education and support for patients.

For the NHS:

- Timely identification of patients with COPD that otherwise may not have presented to a healthcare resource until reaching an advanced stage when negative disease behaviours established.
- Identification and diagnosis of COPD within neighbourhood / primary care setting, rather than in an acute care setting at the time of exacerbation.
- Timely initiation of evidence-based interventions with potential to improve short, medium, and long-term health outcomes.
- Improved understanding to inform future COPD targeted case finding initiatives and early COPD treatment protocol.

For Chiesi Limited:

- Growth of patient population eligible for COPD treatment.
- Increase in the appropriate use of medicines aligned to local or national guidance.
- Better understanding of the challenges faced by the NHS in delivering high-quality patient care.
- Reputational gain associated with supporting improvements in NHS services and care.

Resource Contributions

Across the full 12-month APHELION programme, the combined investment is £1.095 million, comprising £655,000 from Chiesi Limited and £440,000 from Health Innovation Oxford & Thames Valley, demonstrating a substantial joint commitment to improving COPD diagnosis, capability development and pathway transformation.

Table 1: Overall APHELION Programme Contribution Breakdown

Contribution Type	Chiesi Limited	HIOTV	Overall Total
Financial Contribution	£575,000	£200,000	£775,000
In-Kind (Time) Contribution	£80,000	£240,000	£320,000
Total Contribution	£655,000	£440,000	£1,095,000
% of Total Programme Contribution	59.8%	40.2%	100%

Start date

The RTP programme will last for 2 years from April 2026. The APHELION programme will support operational projects for 12 months from October 2026.