Chiesi Limited and Health Innovation Oxford & Thames Valley

Executive Summary – Respiratory Transformation Partnership (RTP) Phase 1

Chiesi and Health Innovation Oxford & Thames Valley (HIOTV) have entered into a Collaborative Working Agreement as part of the national RTP. Phase 1 focuses on co-creation and discovery with the ultimate aim of producing a plan for delivery in Phase 2. This is the second and replacement Executive Summary for Phase 1 of the RTP between Chiesi and HIOTV as the phase has been extended to 30th September 2026.

Project Rationale

Respiratory disease, including asthma and chronic obstructive pulmonary disease (COPD), remains a significant contributor to morbidity, mortality, and health service utilisation within the NHS. Variation in diagnosis, access to care, and outcomes highlights the need for system-wide improvement.

The RTP is a national initiative designed to accelerate whole-pathway transformation, reduce premature mortality, respiratory-related hospital admissions and bed days through large-scale system and pathway transformation. Shifting care towards more proactive, data-enabled and efficient models that support earlier diagnosis, personalised management and timely treatment for patients. Ultimately supporting earlier identification, optimised management, and equitable access to care.

Aim

Chiesi will collaborate with HIOTV to support the development of the RTP through a series of structured co-creation workshops in Asthma Neighbourhood and COPD Neighbourhood.

These workshops will identify and prioritise projects that will contribute to a broader national transformation programme aimed at improving care for people living with asthma and COPD.

Objectives

- To bring together NHS, clinical, and system stakeholders through co-creation workshops.
- To identify priority areas for pathway improvement across asthma and COPD care.
- To define potential projects aligned to RTP workstreams and system priorities.
- To ensure future projects are informed by clinical insight, patient need, and operational realities.
- To develop a robust plan outlining future delivery plans for Phase 2.

Scope and Approach

Phase 1 of this collaboration started on 17 March 2026 and will run to 30th September 2026 and will focus on co-design and planning activities.

This phase will not involve direct patient-facing interventions but will establish the foundations for future implementation phases through structured engagement and collaborative design.

Expected Outputs

- A jointly developed plan outlining agreed projects and delivery plans for Phase 2.
- Identification of priority workstreams and potential implementation sites.
- Agreement of future collaborative working arrangements to support delivery.

Anticipated Benefits

For Patients

- Foundations for improved pathways enabling earlier identification and diagnosis of patients with COPD and asthma.
- Potential for more equitable, timely, and personalised care for those with COPD and asthma.

For the NHS

- Access to additional insights and expertise.
- Development of scalable, system-aligned improvement initiatives.

For Chiesi (Industry Partner)

- Improved understanding of NHS priorities, operational challenges, and patient needs.
- Opportunity to support NHS system transformation through collaborative working.

Resource Contributions (Phase 1)

The collaboration during Phase 1 will be delivered through in-kind resource commitments from all participating organisations. No financial payments or transfers of funds will occur between the collaborating parties during this phase. The values shown below represent the estimated value of staff time, professional expertise, programme leadership, and participation in project activities over the duration of Phase 1.

The total estimated value of these ongoing non-financial, in-kind resource commitments is £27,540, comprising:

Chiesi Ltd – £12,960 (47%)

This represents the estimated value of ongoing staff time and expertise provided by Chiesi, to co-create project initiation documents and join workshops related to RTP programme.

Health Innovation Oxford & Thames Valley and NHS Partners – £14,580 (53%)

This represents the estimated value of ongoing staff time and expertise provided by Health Innovation Oxford & Thames Valley and participating NHS partners, including clinical and system leadership, pathway expertise, participation in co-creation activities, and input into the development, review and prioritisation of pathway improvement opportunities.

All resource commitments are provided in-kind through personnel time, expertise and active participation in project activities. No direct financial funding is being provided by either party as part of Phase 1.

Collaborative Approach and Governance

This collaboration involves a balanced contribution from both parties, with the pooling of skills, experience, and resources to ensure outputs are co-created, system-relevant, and aligned to NHS priorities.

All activities are conducted in line with the ABPI Code of Practice.