

VALIDATE: Severe Asthma Digital Implementation and Optimisation Across Humber and North Yorkshire

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PEOPLE
PATHWAYS
PROGRESS
HEALTHIER
TOMORROWS

*Breathing
a brighter future*

Background

Severe asthma affects a small proportion of people with asthma but contributes disproportionately to morbidity, mortality and healthcare utilisation. Access to biologic therapies is often delayed and inequitable. In Humber and North Yorkshire, variable referral quality, limited specialist capacity and the absence of a standardised digital pathway contributed to long waits and fragmented multidisciplinary working.

Aim

The VALIDATE joint working project aimed to redesign the regional severe asthma pathway by increasing specialist resource and implementing a digital multidisciplinary referral process. The hypothesis was that this would shorten time to evidence-based treatment, increase biologic use and optimise multidisciplinary team (MDT) pathways.

Methods

- Over 24 months, VALIDATE was implemented at Hull University Teaching Hospitals.
- Recruitment of a Clinical Research Fellow and Respiratory Nurse Specialist.
- Development of a digital referral and MDT platform.
- Guideline aligned education across primary and secondary care.
- Pre and post implementation data collected on clinic activity, biologic approvals, time from referral to MDT and to biologic initiation and optimisation of guideline directed asthma therapy.

Pathway to improvement



Results

Key activity during the joint working period

1,236

additional patient reviews delivered



222

extra clinics

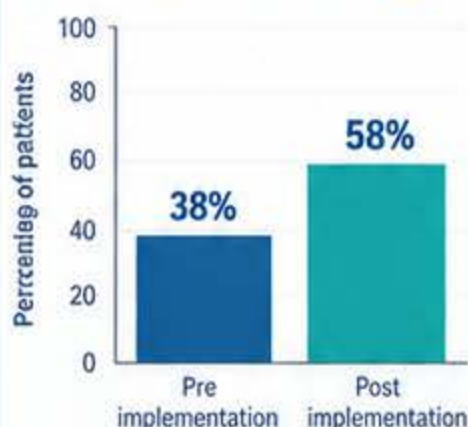


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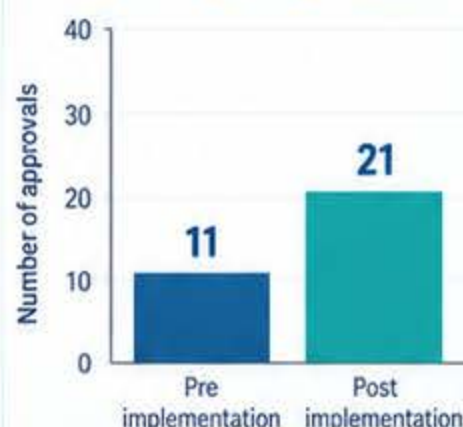
patients discussed at MDT



Patients approved for biologics



Average monthly biologic approvals



Time to biologic initiation (days)



Referral to MDT review
Mean time reduced to around **10 days**



System-wide prescribing
Short-acting beta-agonist prescribing fell by **13%**



Key findings

- Activity increased substantially during the joint working period.
- The proportion approved for biologics rose from 38% to 58%.
- Average monthly approvals increased from 11 to 21.
- Time from referral to biologic initiation fell from 57 to 32 days.
- Improvements were sustained over time.

Conclusion

Increasing specialist capacity and embedding a standardised digital MDT referral platform within a regional severe asthma centre were associated with more than a doubling of biologic approvals, shorter time to MDT review and biologic initiation, and a 13% reduction in short-acting beta-agonist prescribing.

These findings suggest that targeted service redesign can deliver safer and more effective severe asthma care.

Key Clinical Implications



Digital referral pathways can streamline access to specialist severe asthma care.



Targeted workforce expansion can improve throughput and treatment initiation.



Service redesign may improve equity, efficiency and guideline-aligned care.

*Healthier lungs
Stronger lives
Brighter communities*

