Summary of joint working project outcomes

Project name	Creation of a Nurse-Led Atopic Dermatitis (NuLAD) Service to run within the Queen Elizabeth Hospital (University Hospitals Birmingham NHS Foundation Trust).
Project partners	LEO Pharma UK and University Hospitals Birmingham NHS Foundation Trust.
Duration	Project initiation was October 2023. This 2 year project was extended due to delays in nurse recruitment and completed in March 2026.
Project overview	This joint working project provided an opportunity to improve patient identification and management of moderate-to-severe Atopic Dermatitis (AD) patients requiring biologic/systemic treatment at Queen Elizabeth Hospital (QEH), Birmingham. LEO Pharma UK and University Hospitals Birmingham NHS Foundation Trust pooled skills, experience and resources to establish new pathways and a bespoke nurse-led AD clinic. Both parties shared commitment to the successful delivery of this project in order to benefit patients. The project was managed through the delivery of milestones leading to a business case submitted to UHB Trust to continue funding on completion of the project. The required input and pooling of skills, experience and resources is outlined below: • The Dermatology consultant team at QEH provided clinical support for the new service covering all newly established clinics and oversight of the service redesign. The QEH management team provided oversight on project controls, data management, activity savings calculations and business case development and submission. The management team also provided the necessary administrative support and clinical rooms as required for patient related activity. This contribution was estimated at £130K for the duration of this project. • LEO Pharma UK provided the costs to UHB to appoint a 0.5 WTE (whole time equivalent approximately 2.5 days) band 7 dermatology nurse specialist. LEO Pharma UK also provided UHB with a 0.5 WTE band 7 dermatology nurse specialist through a third party provider agreement. Additionally project management support from a Regional Health Outcomes Manager (RHOM) and National Market Access Manager was provided. This contribution was £147K for the duration of this project.

	The objectives were: • Improve patient identification and management of patients with AD requiring biologic/systemic treatment at QE Hospital, Birmingham in line with local guidelines and NICE approved treatments. • Establish new pathways for AD patients to move from standard systemic treatments to biologic and other novel treatments and improve outcomes for patients. • Increase capacity and number of AD patients seen in the service. • Improve patient satisfaction with overall service and the time each patient spends with a specialist HCP. • Develop a business case to assess if it is beneficial for UHB to continue funding on completion of the joint working project. The project deliverables were: The primary deliverable was to develop a business case to assess if it will be beneficial for UHB to continue funding for a nurse led AD service on completion of the joint working project. This business case was based on demonstrating the following: • Increased number of patients seen within AD service per week. • Increased number of consultations (activity) for patients seen within AD service. • Increased number of patients receiving treatment with biologic or other novel treatments as per clinical guideline. • Improved patient satisfaction. Based on questionnaire designed jointly between LEO and UHB at project commencement. Baseline vs project completion. • Reduced time taken from decision to treat, to patient receiving • treatment. • Reduced time from first referral for new patients to access AD service. • Consultant time released on patient consultations within AD service (measured in hours per week) The expected benefits at the start of this joint working project were: Benefit to patients with AD: • Faster access to biologic and other novel treatments • Timely and seamless continuation of treatment • Increased access to expertise and timely follow up • Increased support • Increased compliance and concordance with the medicines • Improved patient and carer outcomes • Improved access for vulnerable patients Benefit to UHB and the NHS: • Increased capacity and access to service • Decrease in the potential cost of acute care – less flares requiring acute support • Release consultant time therefore increasing staff utilisation • Equity of care by a single point of access reducing variability

	• Improve patient satisfaction within the service Benefit to LEO Pharma: • Improved working relationships and reputation with NHS partners • LEO Pharma demonstrated to be a reliable, solutions-oriented partner supporting the NHS • Better understanding of the challenges faced by the NHS in delivering high-quality patient services and care • Potential increase in prescribing of on formulary biologics indicated for AD, if clinically appropriate for patients, which may include LEO Pharma products • Helps LEO Pharma to live its values of customer focus, integrity, adaptability, innovation, and passion Project Amendment made in October 2025: • Due to delays with nurse recruitment, the end date of this project was extended to end March 2026. • The provision of the nurse provided via a third party ended September 2025. LEO Pharma replaced this role by providing the costs to UHB to appoint a 0.5 WTE band 7 dermatology nurse specialist for the remainder of this project.
Project outcomes	The QEH Dermatology service has redesigned the current AD pathway, developing a nurse-led AD service by working in partnership with LEO Pharma and the primary deliverable of submitting a business case to the Trust has been achieved. The key results from this project include: • From the start of the project and until the end of November 2025, the NuLAD service completed a total of 330 clinics/sessions. • Time from MDT decision to first prescription was reduced from 35 to 19 days. • The establishment of the NuLAD service has resulted in a reduction on the consultants' workload by approximately 6.75 hours per week across 10 consultants. • The NuLAD service has resulted in estimated total cost savings of £82,995 due to activity being completed by band 7 CNSs rather than dermatology consultants. • Patient satisfaction was measured via questionnaires completed with 98% of patients satisfied with the experience of this clinic support.
Conclusions and learnings	In conclusion The QEH AD nurse-led service, developed through this joint working project, has significantly improved efficiency, reduced costs and enhanced the quality of care for AD patients, whilst reducing the burden on consultant time.