![PCRS-UK EQUIP logo]

Equipping you to improve respiratory care

Prevalence, early and accurate diagnosis

✓ Increase your prevalence recording of asthma and COPD

✓ Earlier, accurate diagnosis and treatment

It is important to ensure that you can identify all people at high risk of asthma or COPD because undiagnosed patients are at highest risk of exacerbation, hospitalisation and death. We know that it can be difficult to differentiate between asthma, COPD and other common causes of breathlessness. This diagnostic uncertainty can lead to both an incorrect diagnosis and inappropriate treatment that unnecessarily increases the risk of harm to patients and costs to the local health economy. This module will provide you with some simple tools and resources to help you proactively identify your undiagnosed population and ensure their diagnosis is accurate.

How well are you doing now?

Have a look at your COPD and asthma registers and compare your prevalence with what is predicted. You can find predicted prevalence figures for your area and practices on either the APHO or QOF database. Your CCG or health board may have already done this work for you.

Identifying risk of disease and case finding

Searches of your practice registers using PCRS-UK practice improvement worksheets can help you identify high-risk groups. Other groups you should also consider for COPD include people on your severe mental illness register who tend to have very high smoking rates and a low prevalence of COPD diagnosis, as well as patients on the CHD register, as both conditions have some shared risk factors. You can also use validated COPD case finding questionnaires and/or micro-spirometry. PCRS-UK opinion sheets provide more information on these approaches (*Click HERE*).

For undiagnosed asthma, consider searching for patients over 5 years old who have had a prescription for a steroid preparation for the treatment of eczema and/or rhinitis in the preceding year and who have had an unscheduled visit to the practice with a respiratory condition requiring inhaler or nebuliser treatment. You might also look more widely for those who have been prescribed an inhaler in the last 12 months in whom no diagnosis has been recorded.

Compare your prevalence
APHO database – *Click HERE*
QOF database – *Click HERE*
Ratio of COPD vs predicted – *Click HERE*
COPD prevalence – *Click HERE*
Asthma prevalence – *Click HERE*

Suggested search criteria
Smokers with severe mental illness
Smokers on CHD register

Asthma diagnosis in children
Practice improvement worksheet – *Click HERE*
Quick guide to the diagnosis and management of asthma – *Click HERE*

COPD diagnosis
Practice improvement worksheet – *Click HERE*
Quick guide to diagnosis and management of COPD – *Click HERE*

![PCRS Primary Care Respiratory Society UK logo]

PRIMARY CARE RESPIRATORY SOCIETY UK
PCRS

Suggested search criteria
Patients on both the asthma and COPD register
New diagnoses of asthma and/or COPD

Spirometry opinion sheet – *Click **HERE***
Spirometry protocol – *Click **HERE***
Spirometry guidance – *Click **HERE***
Quick guide to diagnosis and management of COPD – *Click **HERE***

Evidence-based guidance:
Guide to quality assured diagnostic spirometry – *Click **HERE***

Additional evidence-based guidance:
IMPRESS breathlessness algorithm – *Click **HERE***

Training organisations providing accredited spirometry training:
- Education for Health – *Click **HERE***
- Respiratory Education UK – *Click **HERE***
- Association for Respiratory Technology and Physiology – *Click **HERE***

Accuracy of diagnosis
Whilst it is important to increase prevalence, it is also vital to ensure that the diagnosis is accurate. Consider the proportion of patients who are on both the asthma and COPD register and review a sample to check how the diagnosis was confirmed. Run a monthly or quarterly search for all new diagnoses and check they have been made in line with national guidance.

Spirometry
Consider looking at a sample of spirometry results: is the test performed to a uniform high standard and is the result compatible with the recorded diagnosis?

Are there any people on the COPD register with normal spirometry where the diagnosis needs to be reviewed? A common error in interpretation is to look only at the FEV1; it is a reduced FEV1/FVC ratio that confirms the presence of airflow obstruction. Consider ensuring that FEV1, FVC and the FEV/FVC ratio are always recorded in the computer record so that you can monitor this over time.

Training
Have you considered updating the practice clinical team on asthma and COPD guidelines and diagnosis? PCRS-UK quick guides summarise the key diagnostic criteria. Anyone performing spirometry should be competent to perform an accurate and safe test, and those who interpret the results also need competency assessments. PCRS-UK resources such as asthma and COPD quick reference guides, spirometry opinion sheets and practice protocols are available. Where undifferentiated breathlessness is the presenting symptom, consider referring to the IMPRESS breathlessness algorithm.

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This series of modules are prepared in DRAFT format, for commissioning groups and members to use as part of a PILOT test.

Feedback is sought from users of these modules based on effectiveness, accuracy, completeness, usefulness and outcomes.

Please submit your feedback direct to tricia@ pcrs-uk.org or submit online HERE

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