National Review of Asthma Deaths

The National Review of Asthma Deaths (NRAD), published in May 2014 reported on data from 195 people thought to have died from asthma over a 12-month period. Of those who died, over two-thirds were found to have had avoidable factors that might have prevented their death and the report suggested that there is an element of complacency in the management of asthma and, by ensuring that there are appropriate systems in place for high quality review and delivering asthma care in line with national guidance by trained professionals could make a significant difference to outcomes for people with asthma.

This improvement worksheet outlines some simple steps you can take to review and improve asthma care in your practice with appropriate resources to support you.

- ✓ High quality review
- ✓ Safe effective prescribing
- ✓ Better more appropriate treatment for people with asthma
- ✓ Management in line with national recommendations

PCRS-UK Resources:

- Diagnosis and Management of Asthma in Primary Care Quick Guide
- Asthma Assessment and Review Protocol
- Asthma review opinion sheet
- Post-acute care bundle for asthma
- High risk asthma opinion sheet
- Telephone consultations for routine asthma review
- Asthma clinic checklist
- Personal asthma action plans opinion sheet
- Skills Document
- GP Appraisal checklist
- Education providers

Other Resources:

- National Review of Asthma Deaths https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths
- Video - National Review of asthma deaths launch https://www.youtube.com/watch?v=ZYxAHM9X0Ys

Reference

1. British Thoracic Society and Scottish Intercollegiate Guideline Network. British Guideline on the management of asthma. October 2014. https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014/

Practice Improvement Worksheets, DRAFT version 01, Date of Expiry December 2015

This series of practice improvement worksheets are intended for members to use within their practice. This is a pilot project, prepared in DRAFT format. Please tell us what you think! We would like feedback on the accuracy, completeness, usefulness and outcomes of the resource. To submit your feedback visit https://www.surveymonkey.com/r/EQUIPPIW

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Unscheduled asthma attendance or admission

Pro-active asthma Review

Structured Review

All patients should be reviewed at least annually and more frequently if symptoms/disease require it. Structured review, in line with national guidelines for asthma management, must include: **review of symptoms and treatment, concordance with treatment, inhaler technique, smoking status, asthma action plans**. See PCRS-UK Asthma Review opinion sheet, asthma assessment and review protocol, and asthma checklist for more information on structured review.

Asthma Action Plans for all

Perform an audit on how many people have been given a personal asthma action plan or had an existing plan reviewed in the past 12 months and the total number of people with a record of having an asthma action plan. Compare this against your records of the total number of patients recorded as having asthma. Prioritise a review of those patients who have not had an action plan provided (particularly those at high risk), starting with those who have never been given an action plan, working towards those whose plan is more than a year old.

At-risk patients

Review non-attenders

Perform virtual reviews of non-attenders, identifying those at risk. Consider innovative methods of review e.g. telephone consultation. Making contact is better than exception reporting non-attenders. People assessed as being poorly controlled can then be given a personal invitation to attend.

Risk stratification including non-adherence and co-morbidity and post acute review – see **HERE**

Create and maintain an "At-Risk" register for patients with severe asthma and/or adverse behavioural or psychosocial features[1] and arrange for these patients to be reviewed regularly.

Develop a system for ensuring emergency care in this patient group (hospital or OOH) is followed up with a structured review (see above) within 72 hours (see post-acute asthma care bundle).

Consider use of tools to highlight and manage at-risk patients including Post-it® flags on notes, emergency care summaries, anticipatory care plans etc.

Audit

Identify high SABA users

Look for those who have requested 12 or more short-acting beta-agonsts (SABA) in the previous year and prioritise these patients for review. Consider ways in which to limit access to SABA until the patient has had an adequate review including working with local pharmacists and removal from repeat prescription systems and ensuring adequate review. Patients should not require more than 2-3 SABA in a year if their asthma is treated appropriately and you should aim for a standard of a maximum of 2 SABA prescriptions per year.

Identify patients on LABA without ICS

Undertake a prescribing audit and search for people with asthma who are taking long-acting beta-agonists (LABA) without inhaled corticosteroids (ICS) and remember that some of these people will have the ICS on the computer but will only be requesting the LABA. Review these patients and change medication to combination therapy (LABA and ICS) where appropriate to do so.

See PCRS-UK booklet on diagnosis and management of asthma in primary care.

Non-attenders

Identify patients who have failed to attend for structured review and follow-up. Consider alternative methods of undertaking asthma review e.g. telephone, video consultations.

Practice Organisation

Appoint a clinical lead for asthma

Agree and appoint a clinical lead for asthma and respiratory disease in the practice ensuring appropriate levels of training and expertise. See PCRS-UK tools for professional development including skills document, appraisal checklist.

Training and qualifications appropriate for role

All staff (clinical and non-clinical) should have appropriate and regular training specific to their role in the management of asthma and updates on national guidance including but not exclusive to: asthma action plans, inhaler technique, smoking cessation, consultation skills, emergency treatment, audit, SpO2, pulse oximetry, drug treatment, other non-drug treatment significant event analysis.