

# PCRS patient reference group: What constitutes a good asthma review?



**Corinne Beirne**, Advanced Nurse Practitioner and **Amanda Roberts**, from PCRS's patient reference group, discuss what constitutes a good asthma review from a patient's perspective.

## Corinne

*Amanda, what would make a good asthma review to you as someone with asthma?*



## Amanda

*Well, I think it goes without saying that any PCRS member would do a brilliant job and wouldn't it be wonderful **if you could say only PCRS members, or those with an official qualification in asthma care, could do asthma reviews.** However, it's not going to happen, is it?*

*Asthma reviews often seem to be done by a general nurse who doesn't appear to be very much in the know, and who seems to have lucked out that day and got the asthma referrals/reviews. Sometimes they can also be done as a survey; however, this is only useful if the healthcare professionals actually respond to the comments made by the patient. **Asthma reviews need to be done by an expert who understands and specialises in asthma** and who knows the latest research, guidance and information.*

*There also seems to be an assumption that asthma reviews make little difference and are more about keeping tabs on the patient and ticking boxes. If at one appointment, for example, repeat prescriptions have been reviewed, this counts as someone being seen. Someone else will then pick it up and review something else at the next appointment, not really involving the patient or asking them anything about their asthma or how controlled they think it is.*

*From a patient's point of view, it would be nice if it was **the whole thing in one go.** So you get there, you know they have boxes to tick, but they make a point of checking everything including:*

- *your **inhaler technique every time.** We all know that this can drift off in a year;*
- *assessing your asthma control; and*
- *your **medications,** including changes in medications, if medications are controlling my symptoms and repeat prescriptions. This should cover if **something better has come out that might be more appropriate.***

*Patients should also be involved in the conversation – they are the experts!*

*This would make sure that the **boxes are ticked, ensuring their funding,** but that they and the patient are **confident that they've been seen and managed optimally.***

**Corinne**

*So, it's interesting that you think PCRS members, or those with a qualification in asthma care, should be taking your asthma review. Why do you think they would do a better job?*

**Amanda**

*Because I don't think I've ever met anybody from PCRS who isn't completely switched on and completely knowledgeable about all respiratory problems. Asthma is very common, and most people are going to know about it but not necessarily have the expertise needed to treat it properly. Being a PCRS member or having an asthma care qualification is, for me, a badge of quality. Either way, as a **patient you know they are qualified to treat you**. Because if it is not stipulated who should and shouldn't be doing reviews, then the patient assumes that it's not done by anyone who is very knowledgeable, and the GP also thinks it can be done by anybody. No one then has any faith in them.*

**Corinne**

*Yes, it's interesting. There are guidelines, aren't there, about who should be running asthma reviews, but perhaps there need to be clearer guidelines for GPs as employers?*

*OK. So, I think we've heard some key points on what a bad review is and this includes:*

- *when you're not particularly involved in it; and*
- *people aren't listening or asking the right questions about your asthma control or helping you to manage it better.*

*What therefore would constitute a good review? What would you like to see in a review? What would be positive?*

**Amanda**

*If there was an **obvious reason for me to have that review** and if I came out of that review feeling **better informed, more certain that I'm on the right path and knowing where I'm going**.*

*Also, that I'm seen as a person and treated individually.*

**Corinne**

*So, to come out of an asthma review with **some more education, with a plan of where you're at, reassurance either everything is all right or a plan to adjust things if necessary**. Hopefully that plan is written down as well because that's your personal asthma action plan.*

**Amanda**

*Yes. Yes. Yes. Yes.*

*And, also, I suppose a good one would **help me to know what I'm doing right**. If there is something that can be better, that together we can sort this – **not putting the blame on me**.*

*We're going to make it **Better Together**.*

**Corinne**

*Yes. That's really important.*

*OK, so when would be the best time to have an asthma review?*

**Amanda**

*Now, if you'd asked my younger self I would have said only when I'm poorly because I don't want to take time off work and you are more likely to think 'I'm on top of it'.*

*But as I've got older I've come to realise that things can come back on you and, last July, the doctor said to me: "Your lungs shouldn't be like that, and we should refer you to a specialist". I'm seeing a specialist and have been told me that I have coarse lungs.*

*I suppose I don't think it's a matter of when the patient thinks they need a review because you'll never catch anything in a timely fashion that way. **It has to be "This is your regular review but, if things are already changing for you, you must come in early" or "If you've already seen somebody and everything is ok, we'll see you again in a year".***

**Corinne**

*So an open-door policy, particularly if things are changing, but if you've already been seen, then the review should have been done then rather than having to come back to tick those boxes a second time?*

**Amanda**

*Yes.*

**Corinne**

*OK. What else? Is there anything else we ought to think about?*

**Amanda**

*Asthma reviews must be meaningful and be something that's personal to us (the patient).*

**Corinne**

*OK, so **timely, personal, effective and useful.***

*From my point of view, the most important thing to remember is that you (the patient) have to live with asthma. I see you for 15–20 minutes once a year and my job is to **empower you to be able to look after yourself as best as you possibly can, to know what deterioration looks like for you and when to ask for help.** I also need to ensure that you **can access appropriate care at the right time if things aren't good.***

**Amanda**

*Yes, and preferably something that **keeps me as active as I can be** (I love walking) and **keeps me out of hospital.** Other people will have different goals.*

**Amanda**

*Can you tell me what's the difference between a medication review and an asthma review? Should there be any difference?*

## Corinne

*Well, a medication review will look at the whole list of medications. If you're doing a proper medication review you should look at the purpose of each medication, ensure that the patient knows what it's for and how to use it properly or what time to take it. Those sorts of things ensure you know it's doing what it's supposed to do – that your asthma is well controlled, for example.*

*These will also check for any side effects. It's actually a useful job to be done by a pharmacist because they will look at any interactions potentially between any drugs and also look at your kidney function, for example, to make sure that you can support the medications.*

*But I suppose it's a time limited thing again, isn't it? In an ideal world these two reviews would be done at the same time, you'd have time to explore all this and make sure that everything is as it ought to be. But if you've got 20 minutes and you've got somebody with a list of 10 medications, then there is only so much you can do, which is why the specialist asthma reviews are often on top.*

*However, as we previously said, the specialist reviews are only useful if you've got somebody who knows what they're talking about. Somebody should be sitting in front of you who is educated, who knows about asthma, who can explain asthma to you, who understands what asthma symptoms are, what asthma triggers are, check your inhaler technique and who can make suggestions for change based on an excellent inhaler/treatment knowledge. You should also give people options and then make changes based on their preference. All that should be done within your 15–20 minutes asthma review and they should go out clutching their asthma action plan!*

## Amanda

*And, I suppose, if you are simply being treated by your doctor for asthma and have no other long-term conditions – I know that there are plenty of people who will have lots of long-term conditions – but if you're simply being treated for asthma, maybe the medication and asthma review can be the same thing.*

## Corinne

*Yes, ideally they should be one and the same thing – absolutely.*

## Summary: A good asthma review from a patient perspective

Timely, Personal, Effective, Useful

WHO	WHAT	WHEN	WHY
<ul style="list-style-type: none"> <li>PCRS member</li> <li>Healthcare professional with an official asthma care qualification</li> </ul>	<ul style="list-style-type: none"> <li>Everything all in one go (not separate things at separate appointments)</li> <li>Inhaler technique</li> <li>Asthma control/adherence</li> <li>Triggers</li> <li>What bad looks like to them and when to ask for help</li> <li>Medication review</li> <li>Personalised Asthma Action Plan (PAAP)</li> </ul>	<ul style="list-style-type: none"> <li>At least annually (if things are ok)</li> <li>Open door policy for when they are not ok or they are changing</li> <li>If they come in for their asthma - do it all then!</li> </ul>	<ul style="list-style-type: none"> <li>To ensure the patient feels involved and listened to</li> <li>To reassure them that everything is ok or to work together if things are not</li> <li>Give them agency over their condition by giving them all information and guidance possible</li> <li>Ensure they have an up-to-date PAAP and a clear plan for going forward</li> </ul>

### PCRS resources available to support asthma reviews:

- Fit to Care – <https://www.pcrs-uk.org/resource/current/fit-care>
- Building Blocks of a good asthma review – <https://www.pcrs-uk.org/resource/current/building-blocks-good-asthma-review>
- Podcast: A good asthma review – <https://www.pcrs-uk.org/resource/current/podcast-good-asthma-review>