

NHS Accelerated Access Collaborative: Implications and opportunities to improve care for patients with severe asthma



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Improving outcomes for patients with respiratory disease is a clinical priority in the NHS Long-Term Plan and a focus of efforts of the NHS Accelerated Access Collaborative (AAC) under their Rapid Uptake Products (RUP) programmes. Two key priorities have been identified as the evaluation of fractionated exhaled nitric oxide (FeNO) in the diagnostic process and monitoring of patients with asthma and the use of biologics for the treatment of patients with severe asthma. Here we describe the role of the AAC and the RUP programme in relation to these priorities and how primary care colleagues can access materials and tools to support them in prioritising these activities into their own daily practice.

Introduction

Asthma is a chronic respiratory condition and around 5.4 million people in the UK are currently receiving treatment to control their symptoms.¹ The severity of asthma symptoms can fluctuate during a patient's lifetime and even over shorter periods. This is sometimes in response to triggers (seasonal, occupational) but may be for no apparent reason. For this reason, asthma is a condition that requires ongoing monitoring and flexible adjustment of treatment to ensure symptoms remain well controlled and the risk of an asthma exacerbation is minimised. Poor control of asthma symptoms is not only debilitating, preventing people from living their daily lives in the way they would wish, but places them at risk of potentially life-threatening exacerbations. In 2017, 1484 people died from an asthma exacerbation in the UK and it's estimated that someone in the UK experiences an exacerbation every 10 seconds.¹ The UK has one of the highest rates of death due to asthma exacerbations in Europe and it is imperative that we ensure that patients with asthma receive the best care and treatment available to them and are monitored regularly so their treatment can

the adjusted to ensure optimal symptom control.

Accelerating access to care for patients with asthma

The NHS Accelerated Access Collaborative (AAC) was formed in response to the Accelerated Access Review published in 2016.² The review was undertaken to identify ways to speed up access to innovative drugs, devices, diagnostics and digital products for the benefit of patients. The aim of the AAC is to bring together patients, clinicians, industry and investors to ensure new treatments and technologies reach patients faster. Much of the work of the AAC focuses on supporting and accelerating research and development of new drugs and technologies in order to make them available to patients as quickly as possible. The Rapid Uptake Products (RUP) programme looks at supporting the uptake of underutilized drugs and technologies that already have NICE approval that support the priorities of the NHS Long-Term Plan. Improving outcomes for patients with respiratory disease is a clinical priority in the NHS Long-Term Plan and so is a priority for the AAC. Specific areas of

current relevance for respiratory care include the evaluation of fractionated exhaled nitric oxide (FeNO) in the diagnostic process and monitoring of patients with asthma and the use of biologics for the treatment of patients with severe asthma.

Fractionated exhaled nitric oxide measurement

FeNO provides an indication of the level of Type 2 (eosinophilic) inflammation in the lungs by measuring the amount of nitric oxide in exhaled breath.³ This test is a useful tool that can provide important information when diagnosing a patient with suspected asthma as well as being considered as part of the annual review all patients with asthma should undergo. The test is perhaps most useful in situations where there is diagnostic uncertainty with elevated nitric oxide (NO) levels supportive of an asthma diagnosis.⁴ FeNO testing may also be useful for monitoring patients with poor symptom control by providing an objective measure of response to steroid therapy, although this is not yet included in clinical practice guidelines.

Integrating FeNO testing in the primary care setting

Encouraging the use of FeNO as part of the diagnostic process for patients with suspected asthma was identified by the AAC as a key target under their RUP programme. The aim is to support early and accurate diagnosis of patients presenting with respiratory symptoms to ensure they receive timely access to the correct treatment to control their symptoms. As the vast majority of patients with asthma are diagnosed in the

primary care setting, the AAC has worked with the Wessex Academic Health Science Network to create a toolkit and a range of supporting resources for NHS organisations (Integrated Care System/Clinical Commissioning Group/Primary Care Network) to enable them to integrate FeNO testing into their service (Figure 1).⁵ They have also funded FeNO projects in primary care across the country to accelerate adoption and availability.

Box 1: How to access the FeNO toolkit and associated resources

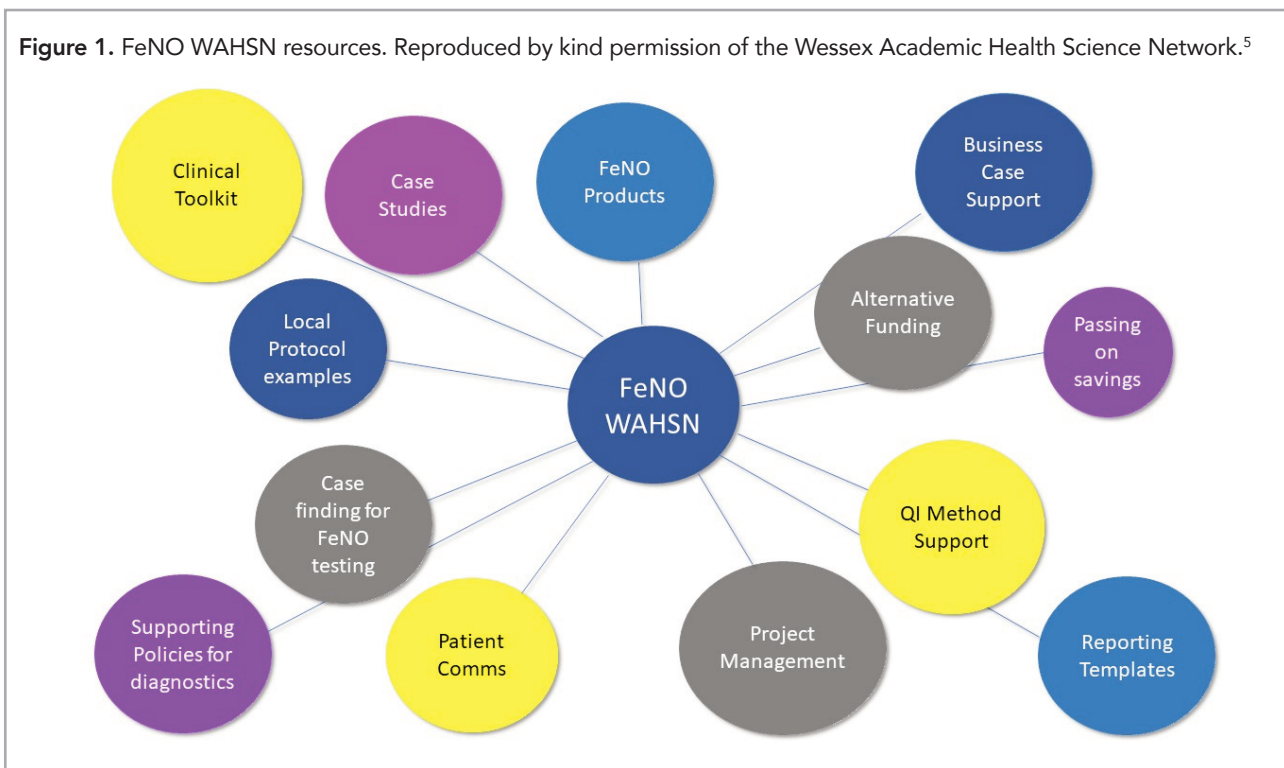
To access the FeNO toolkit and associated resources visit the Wessex AHSN website at <https://wessex-ahsn.org.uk/resources>.

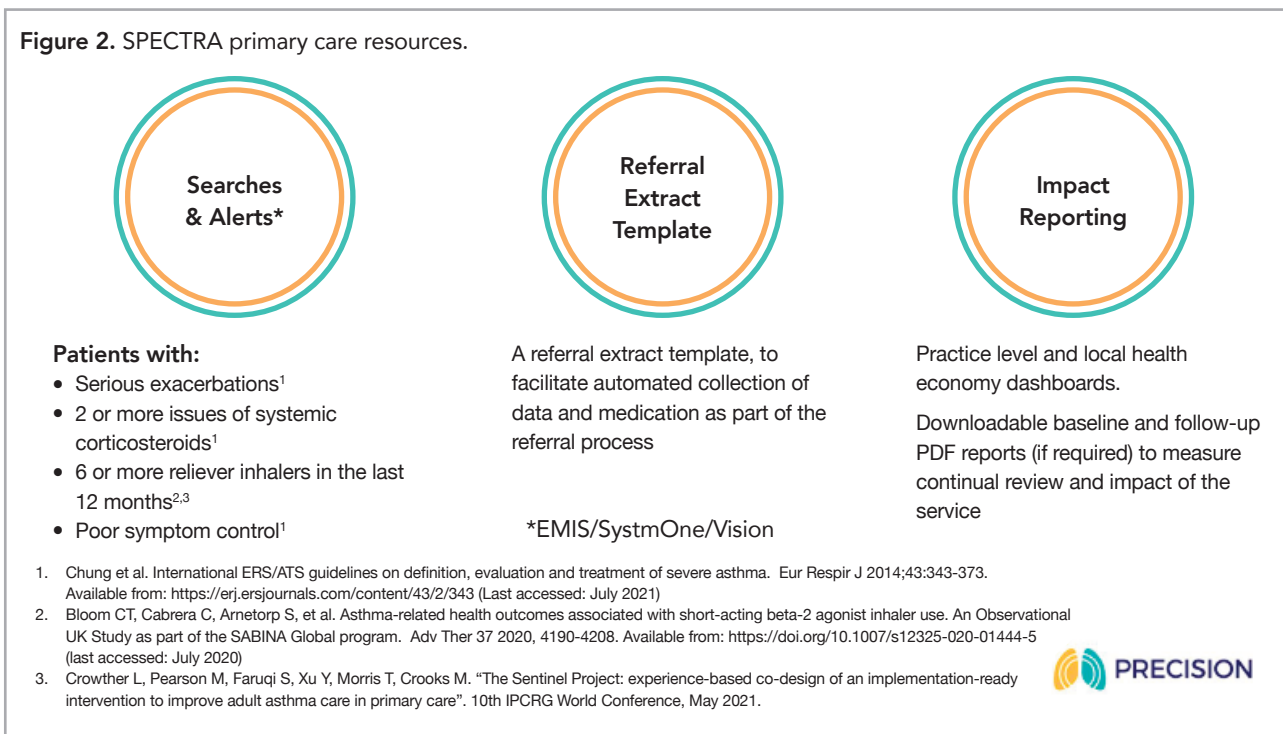
Additional information and support is available:
Telephone: 023 8202 0840

Biologics for severe asthma

The standard approach to controlling the symptoms of asthma consists of daily inhaled corticosteroids (ICS), with short-acting bronchodilators (SABA) for occasional use.^{4,6} For those with persistent symptoms treatments may be added such as long acting bronchodilators, leukotriene receptor antagonists (LTRAs) or theophylline. For a small group of patients, however, the standard approach to treatment is not sufficient to control

Figure 1. FeNO WAHSN resources. Reproduced by kind permission of the Wessex Academic Health Science Network.⁵





their daily symptoms even with good inhaler technique and adherence to prescribed medication regimens. These patients are at the highest risk for severe, life-threatening exacerbations.⁷⁻⁹ These are patients with severe asthma whose disease may be driven by different inflammatory pathways that are not responsive to the standard treatments. These patients require a more comprehensive assessment to consider other complicating factors and potentially a different approach to treatment which may include biologic therapy, bronchial thermoplasty or immunosuppressant therapy.⁴ Access to biologic agents for patients with severe asthma was identified by the AAC as a key target for their RUP programme.

Role of primary care in identifying patients with severe asthma

Biologic agents are prescribed in tertiary and some secondary care settings. However, before this can happen patients with severe asthma must be identified and referred to the appropriate specialist service.⁹ For this reason a key aim of the AAC is to optimise pathways of care to ensure early identification of people with uncontrolled asthma and identification of the subgroup with severe asthma not controlled with optimal standard combinations of medication, and their prompt referral for specialist evaluation. The role of primary care is to identify patients whose asthma is not well controlled and to determine whether this is due to poor adherence, incorrect inhaler technique, exposure to avoidable triggers, smoking or the effects of co-morbid conditions which can be optimised with current

treatments. Once these reasons for poor symptom control have been ruled out those patients with possible severe asthma should then be referred for further evaluation.

In 2021, recommendations were made to improve referral process from primary to specialist care (Jackson *et al* 2021).¹⁰ These include the direct referral of patients with suspected severe asthma to a severe asthma network (or service) by both primary and secondary care teams.

To support and facilitate the timely referral of patients with suspected severe asthma from primary care the AAC has worked with AstraZeneca to create the SPECTRA Primary Care Clinical System resource (Figure 2). The resource facilitates the search of practice databases to identify patients with risk factors that may indicate severe asthma including patients who have had serious asthma exacerbations, two or more prescriptions for systemic corticosteroids in the last 12 months, six or more reliever inhalers in the last 12 months, or who have poor symptom control. The system then generates a report identifying two groups of patients. The first group includes those with asthma already on high strength ICS and with one or more of the four risk factors. The second group includes patients with asthma on any strength ICS and with one or more of the four risk factors. The patients in each group can then be reviewed and symptom control and adherence and other non-pharmacological effects to treatment assessed and addressed (e.g. using the Asthma Control Test [ACT] or assessing inhaler technique). Patients with suspected severe asthma can then be referred to specialist centres and the sys-

tem includes integrated generation of referral documentation as well as guidance on coding and recording those patients diagnosed with severe asthma and prescribed biologics.

Box 2: How to access the SPECTRA Clinical System resources

To access clinical system resources and reporting you can register via the website at www.suspected-severe-asthma.co.uk.

Additional information and support is available:

Telephone: 01332 546 909

Email: support@suspected-severe-asthma.co.uk

Conclusions

Diagnosing and caring for patients with asthma is a significant part of daily primary care practice. The AAC RUP programme has identified two strategies with the potential to improve outcomes for patients with asthma – uptake of FeNO testing as part of the diagnostic process for asthma and access to biologic therapies for patients with severe asthma. To support primary care colleagues, the AAC is working with companies to create tools and resources to enable the implementation of these strategies into routine practice.

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PCRS-UK News Round-Up

PCRS WELCOMES NEW COMMITTEE MEMBERS



Dr Andy Dickens and Dr Maisun Elftise were welcomed as new conference organising committee members. We'd like to thank Nicola Standing-Brown and Claire Ellis who stood down from this committee in 2021. Their contribution to the past few conferences has been invaluable.

Dr Steve Holmes and Andrew Booth have also welcomed to the Primary Care Respiratory Update editorial board.