

Why I hate asthma reviews



Fran Robinson talks to a patient who has had asthma all her life, feels that annual asthma reviews are a waste of time (except when they are conducted by PCRS members). In this article she explains why ...

I absolutely hate the annual asthma check-up because it feels like a tick-box exercise conducted for the practice's financial benefit rather than to improve the patient's management of their condition.¹

I have had lots of annual asthma check-ups and I've never had one that meant anything to me at all.

I think the idea behind the review is a really good one, but the reality is that it is carried out by a generalist practice nurse who often doesn't seem to know much about asthma and is not empowered to change anything which might help the patient.

It's computer-driven and feels like the Little Britain TV programme ("computer says no"). You sit there, the asthma nurse is behind the computer asking questions but with no apparent interest in the answers. There is no eye contact and it's very impersonal.

I'm convinced that if I gave responses that indicated I was technically dead the nurse would not even notice. The nurse never seems to express an opinion about the information he/she is writing down. All they are doing is filling in the answers to the questions on the form. The appointment always seems to be as short as they can make it and often I'm still trying to ask questions as I'm being ushered out of the door.

Neither side wants to be there and it is a burden for the patient. I run my own business and I have to take time off work to attend the appointment. I have to go, even if I have seen the GP recently and had my medication changed, otherwise I will not be allowed to continue receiving my repeat medication.

I am a relatively well patient and one who is fairly capable of managing my condition but I never have my inhaler technique checked. The

nurse always seems to assume I know what I'm doing. But I would like to know if I could be managing my asthma better than I do. As a patient who is relatively well informed, I would like to have a discussion with the nurse about whether there is any new medication available or anything else on the horizon that might improve my condition.

I wonder, does anyone ever look at what is written in the asthma review? If they don't there is very little point in going through the process. It feels like a wasted opportunity for the patient to engage with the surgery about improving the way their condition is managed.

The way I see it is – the only way to make the review of any value is for there to be some give and take on both sides. The deal should be that the patient gives the practice their information so they can claim their QOF points and then they are given some bonus information in return.

It is a sad reflection that the check-up is done because money is involved. I always feel the review is carried out at the lowest possible standard. I'm not blaming the nurses who do the reviews because they are not empowered; it's the system that is wrong.

I'm sure anyone who is a PCRS member would do an excellent asthma review. So my solution would be that there should be a new rule that anyone who is tasked with conducting an asthma review should be a member of the PCRS. This way they would most likely be up to date and have an interest in asthma and patient-centred care because they would have access to all the fantastic PCRS resources.

The money the practice gets for the review could in turn be used to pay for their healthcare professionals to be members of the PCRS.

The patient's name has been withheld to avoid embarrassing her practice.



**Ren Lawlor, Senior Lecturer,
Advanced Nurse Practitioner,
Department of Adult Nursing and
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Greenwich reflects on this
patient's experiences**

Sadly, this experience is not uncommon.

There is often a lot of anxiety around the development of personalised asthma action plans from both the clinician undertaking them and the person living with their own experience of asthma.

Clinicians can feel as though they don't have the right training around how to develop a plan, but actually the key to success is in the title – the plan must be 'personalised'. Asthma is such a variable and individual condition that the use of generic 'templates' are often unhelpful or appear irrelevant to the patient.

A good asthma review essentially needs to be an interaction between the two parties, a conversation that allows both sides to explore how the condition can be managed successfully.

Commonly, the review and support for patients is left to the practice nurse and, as such, it is imperative that that individual has had some formal training in asthma care. The PCRS 'Fit to Care' document sets out clearly what level of training a clinician should have before undertaking certain tasks, be it reviews, spirometry, medicine management and so on.

Throughout the interactions with the patient they should feel empowered to take ownership of their condition and work in collaboration with healthcare professionals for support and to manage their condition. The management of chronic conditions is not solely in the remit of the nurse tasked with performing annual reviews; it should be a collaborative partnership between the patient and all clinicians and allied healthcare professionals involved in the care of the patient.

The patient mentions not being asked about having the inhaler technique checked. This is something that patients should – through the right environment and collaborative partnership with healthcare professionals – feel they could verbally request during their appointment. For example, *"Would you just mind checking to see if I am doing this right?"* would prompt the clinician who may have unintentionally overlooked this part of the review. Alternatively, the patient should feel able to ask the pharmacist for a demonstration of inhaler use.