Primary Care Asthma Monitoring/Annual Review for Adults

NHS Calderdale, NHS Greater Huddersfield, NHS North Kirklees and NHS Wakefield CCGs Mid Yorkshire Hospitals Trust, Calderdale and Huddersfield Foundation Trust and Locala CIC

The Sign/BTS Asthma Guidelines 2019 state there is strong evidence that proactive clinical review of people with asthma improves clinical outcomes, with those reviews that include discussion and use of a written self-management plan being of greatest benefit.

Proactive reviews are associated with reduced exacerbation, as opposed to unstructured or opportunistic review. Outcomes are similar whether reviews are conducted by a Practice Nurse or GP with the best outcomes achieved with those clinicians with appropriate asthma competencies demonstrated by completing a minimum of an Asthma or Respiratory Diploma with ongoing CPD.
Identification of patients at high risk is recommended. Telephone review has been shown to be a suitable option for those patients who fail to attend for routine reviews.
Use of a comprehensive template will support a structured and proactive review and the local asthma template can be found.

Named healthcare professionals with appropriate qualifications
Ongoing training and educational support

Routine Management of Asthma

Primary care asthma review

Aim: To identify if asthma is CONTROLLED or UNCONTROLLED and take action.

- Offer at least annual review to all those on the asthma register
- Time taken: approximately 20 -30 minutes
- Conducted by healthcare professional with appropriate education

Prioritise those at greatest risk of attack:

- Identification via computer searches and reviews of medical records
- Placement on an 'At risk' register for asthma
- Systems devised to 'flag up' risk and prioritise attendance

Prioritisation of care

- Proactive recruitment to attend for asthma assessment
- Telephoning resistant 'DNA' (Did Not Attend) patients to assess control and encourage attendance
- Review by suitably qualified health care professional for all pts within 2 working days of acute treatment, including discharge from the Emergency Department
- Priority/same-day appointments for those with deteriorating symptoms who are 'at risk' (Table 1)
- Consider telephone assessments using appropriate templates
- Liaison with community pharmacists, schools, school nurses & community colleagues e.g. community nurses
- Include assessment of current level of anxiety and depression using GAD2 and PHQ2: 'yes' to any question - patient will require follow up with an appropriate member of the Practice team for further assessment. Also ask 'Have you experienced a full blown panic attack within the last 2 weeks?' if the answer is 'yes' give IAPT leaflet and update GP

Clinical audit & evaluation

Table 1 SIGN Definition of 'at risk' factors	Identifying those at greatest risk - computer searches	
•Previous near-fatal asthma •Previous admission for asthma in the past year (including Emergency Department) •Requiring three or more classes of medication •Heavy use of short acting B2 agonist •'Brittle asthma'	•Previous near-fatal asthma •Hospital attendance with asthma attack in past 2 months (including Emergency Department attendances) •Presentation with asthma attack in primary care in past 2 months •Two or more courses of oral steroids and/or antibiotics in past 12 months	Medication safety concerns: •β2 agonist (>12 relievers in12 months) •Less than 12 ICS in 12 months •LABA without ICS •DNA asthma clinic or excepted from QOF •Repeated days off school or work with asthma •'Brittle asthma'

Key Elements of an Asthma Review

History

- Number of asthma exacerbations in past 12 months, including last oral steroid use, Emergency Department or out of hours attendance. If there are frequent attendances, assess for panic attacks as an indicator for further mental health assessment
- Emergency asthma admission, assess for impact of panic attacks or anxiety
- Work days lost since last seen in clinic - is there any suggestion of occupational asthma?
- Triggers - consideration of existing or new exposure to triggers e.g. occupational factors, new pets or animal contact, DIY, dusty environment
- Flu vaccination recorded in last 12 months, if appropriate
- Smoking status recorded: stop smoking advice given and referral to stop smoking service if appropriate.

Assessment of Control

Royal College of Physicians 3 Questions is the minimum QOF requirement:

- 'Yes' to 2 or 3 questions indicates poor control
- 'Yes' to 1 question indicates that more detailed questioning is needed to assess level of asthma control (using another validated questionnaire) https://dspace.stir.ac.uk/bitstream/1893/10271/1/PinnockEtal_PCRJ_2012.pdf

Asthma Control Test

The asthma control test is an excellent tool for use with adult patients and is the locally recommended assessment tool. It is included in the local template and can also be found at http://www.asthmacontroltest.com (a score of below 20 may be a sign that asthma symptoms are not under control and indicate that further intervention may be required).

Physical Assessment/Examination

- Height, weight, body mass index (BMI)
- Spirometry record at each review - record FEV1 and FVC as % predicted and FEV1/FVC ratio
- If spirometry not available or patient refuses record peak expiratory flow (PEF) where possible using patients own peak flow meter. Record actual PEF, predicted PEFR, best PEF (as value and % predicted)

Mental Health and Wellbeing

- Include an assessment of anxiety and depression using GAD-2 and PHQ2 as screening questionnaires
- 'Yes' to any of the 4 questions must prompt referral to the GP for further assessment and consideration of referral to IAPT/psychology services
- Ask 'Have you experienced a full blown panic attack within the last 2 weeks?' If the answer is 'yes' - give IAPT leaflet and update GP

Medication review

- Discuss and record current medication
- Assess adherence and understanding:
  - Check issue history
  - Assess management against local guidance
- Assess inhaler technique at every review:
  - Is device appropriate?
  - Is there a need for spacer or spacer replacement (how long in use)?
  - Can number of devices be minimised (use of same type of device)?
- Step up/down treatment as needed in response to assessment:
  - If control is achieved and maintained, after 12 weeks inhaled corticosteroid therapy (ICS) should be reduced (dose decreased by 25-50%) to the lowest step that maintains control
- Drug side-effects (current) and potential risks (e.g. steroid-induced osteoporosis)
- Issue steroid safety cards for patients on high doses of ICS (≥1000 micrograms beclometasone dipropionate (BDP) equivalent per day): patients should be made aware of the risks and given an ICS

safety warning card. For further information and equivalent steroid potencies see pharmacological management
- When changing or starting medication, consider referral to community pharmacist for further support through the New Medicine Service (NMS)
- Assess and record use of over the counter/herbal medications

Asthma care plan

- Assess patient's understanding of how to recognise worsening asthma
- Assess and address patients' need for education (symptoms and *PEF) and what action to take
- Issue peak flow meter*as part of self-management plan
- Assess understanding of action to take in an emergency
- Consider rescue medication: prednisolone plain 5mg tablets – 40mg a day for a minimum of 5 days. Patients should be advised to contact a named healthcare professional on commencing rescue medication and arrange to be reviewed within 2 days
- Written asthma action/control plan given or updated
- Consider referral to Expert Patients Programme
- Consider IAPT/ psychological service referral following evidence based assessment: GAD-2 & PHQ-2
- Agree interval for asthma follow-up

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References

British Thoracic Society/ Sign Guidance:
https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/
NICE Asthma: diagnosis, monitoring and chronic asthma management
https://www.nice.org.uk/guidance/ng80

Additional information on use of inhalers:

https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers
Video link:
https://www.swyapc.org/inhaler-videos/