The Asthma Annual Review

1. Overview

There are two recent reports, the National Asthma Priorities and the NRAD (National review asthma Deaths) which have highlighted the deficiencies in patients’ asthma care. The Scottish Government are likely to adopt their recommendations as policy.

If all clinicians managed to perform a rigorous Asthma annual review, Lothian could make a significant impact on the quality of asthma care and address the deficiencies and solutions identified by these reports.

The annual review QOF (Asthma criterion 03)

All patients on the QOF register should be offered a review and only exception coded after three refusals. The individual components for a review are not specified in the QOF template. This reduces the potential impact of any review.

- In Lothian only 66% of patients are coded as having a review
- Almost all the practices in Lothian achieve the upper target of 70%
- About 50% of practices do not use any significant exception coding
- We often review the least at risk rather than focusing on difficult to treat asthma
- Often the patients who will benefit least respond most often and visa versa

2. Annual review template on Vision and EMIS (BlueBay software)

(All checks within 15 months)

- Asthma Control Test
- PEFR
- Prescribing / Medication Review
- Inhaler Technique
- Self Management Plan (SMP) / Personalised Asthma Action Plan (PAAP)
- Risk factors / Risk Register
- Check: smoking status

Asthma Control Test (ACT)

The ACT is completed by the patient

- It is validated and gives an accurate picture of asthma control
- It is the single most useful tool to use in the annual review

Peak Expiratory Flow Rate (PEFR)

- The personal best result should be recorded (medical record and SMP)
- Subsequent PEFR checks should be compared to the personal best
Prescribing / Medication check

- Count the number of inhalers prescribed in the last 12 months
- Act on those who have used too many or too few inhalers
- β2 agonist:
  - Any figure above 6 is too many
- ICS: 28 days’ supply:
  - Any figure out with the range 10-15 should prompt a review
- Combined inhalers: 28 days supply.
  - Any figure out with the range 10-15 should prompt a review
- Any course oral steroids in the year should prompt a review

Inhaler Technique

- Emphasise gentle inhalation for MDI and strong inhalation for DPI
- Use aids such as ‘Flo-Tone’ to improve technique or a spacer with a tone attachment
- Use spacer devices to aid drug delivery

Self Management Plans (SMP)

- Self management is a potent tool to help patients achieve good asthma control
- All the important points are summarised in the SMP
- The term, Personalised Asthma Action Plans (PAAP) is used in paediatrics
- The SMP/PAAP must be completed and discussed by the clinician and the patient together
- Every patient on the QOF register should have an SMP

Telephone Reviews - Consider for low risk patients

- The majority of patients are reasonably well controlled and comply with therapy
- Use the ACT questions as the backbone for their assessment.

The ACT can be emailed to patients and returned and scanned into the patient record.
An ‘at risk register’ only involves about 10 patients in the average practice. Patients who are most at risk are most likely to benefit from a review and are most at risk of severe complications including death.

All practices should consider creating an ‘At risk register’

Identifying High Risk Patients

- All patients with 2 or more steroid boosts in 12 months
- All patients with an asthma admission to any hospital
- All patients who have attended at A&E for an acute asthma episode
- All patients who attended OOH for an acute asthma episode
- All patients with a specific allergy and asthma
Review and follow up in the community to make asthma care more meaningful and effective.

**Annual review**
- SMP / PAAP
- Detail Triggers; At Risk
- ACT
- PEFR
- Inhaler technique
- Drug review
- BLUEBAY desktop module

**DNA**
- Review risk indicators
- At risk criteria
- Poor Medication record

**Drug review**
Compliance with Inhaler use in last 12 months
- >6 relievers
- 13 preventers +/- 2
- 13 combined +/- 2

Too many or too few inhalers
Review patient face to face.
SIGN 141 (5 therapy steps)
Steps to better care
LJF

**Follow up appointments for all patients and consider annual review criteria**

**Pharmacy Review**
Alert GP about any patient who has too many or too few inhalers.

**After**
- community initiated steroid boost
- OOH contact
- A&E contact
- Discharge from hospital

**Review in one month**