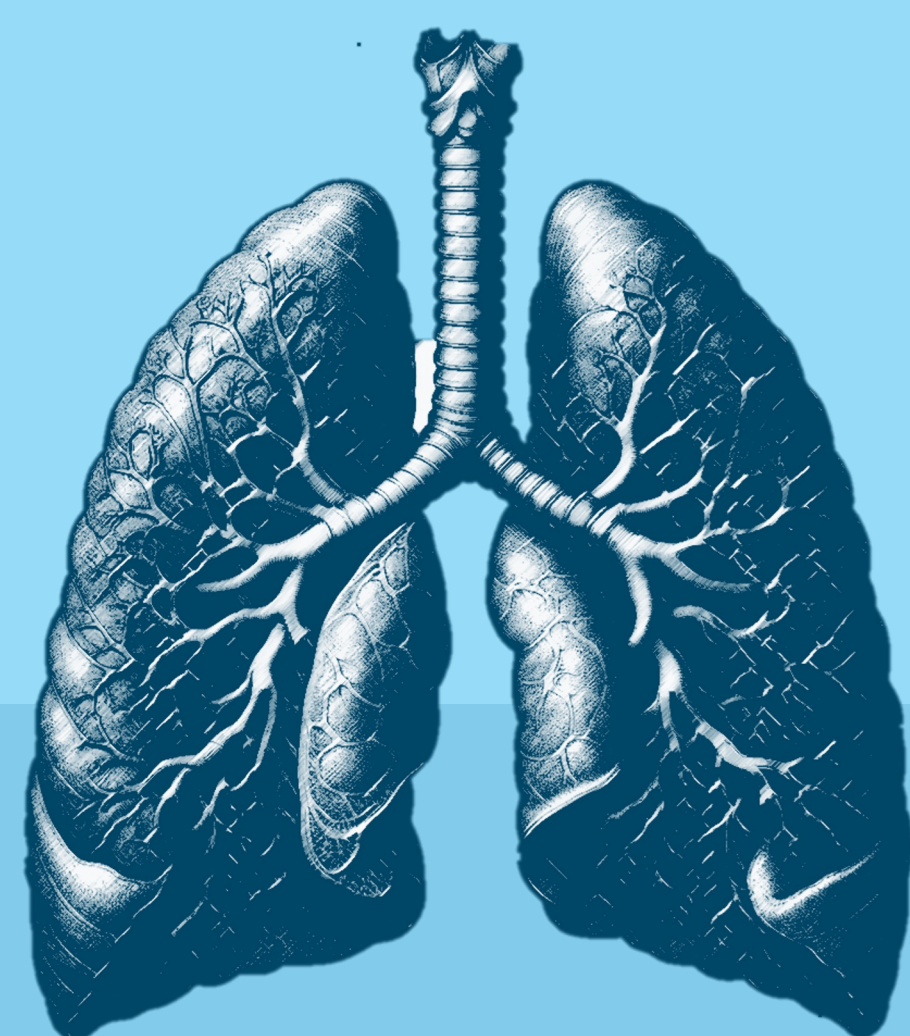
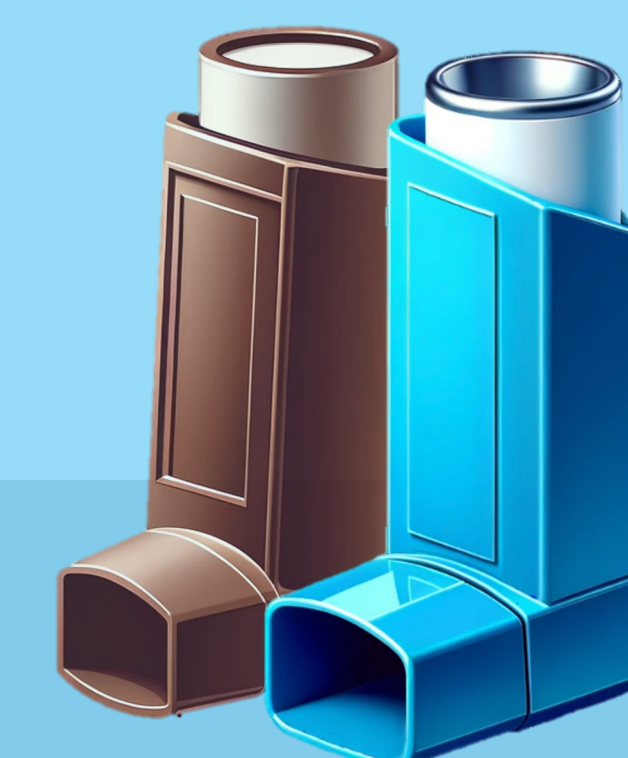


SUSPECTED ASTHMA – Do They Deserve Better Treatment?

Quality Improvement Project to Enhance the Safety for Patients with Suspected Asthma

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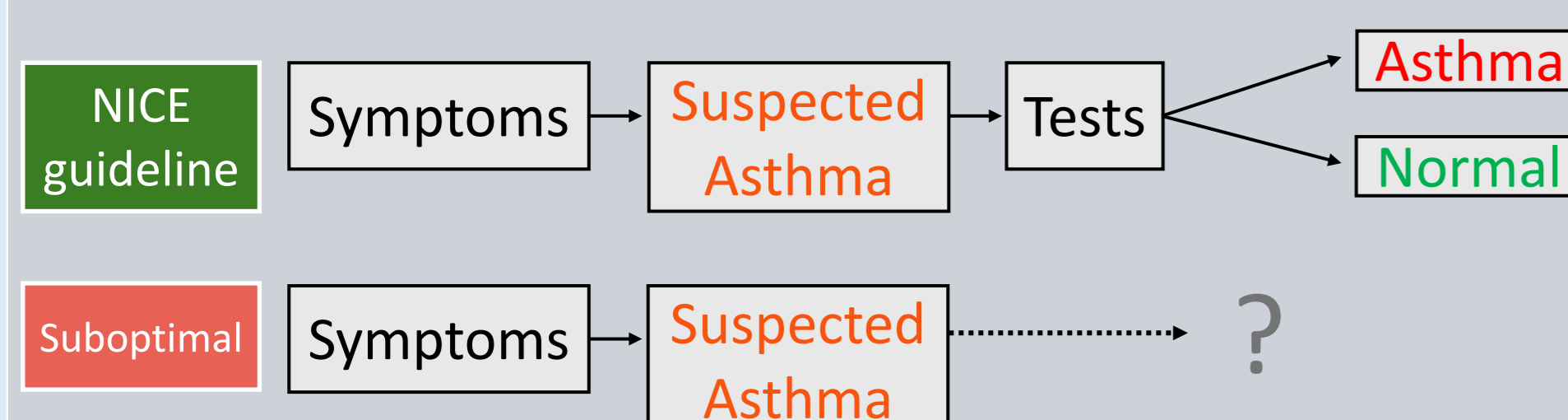
Introduction

This was a quality-improvement project (QIP) conducted across 4 GP surgery sites of Fenland Group Practice – Manea, Rainbow, Doddington and Wimblington surgeries.

The aim was to deliver comprehensive reviews to patients who had a recorded diagnosis of ‘suspected asthma’ but had not undergone an asthma review in the past 12 months.

Why Does This Matter?

Suspected asthma should generally be a **provisional diagnosis** made while patients wait for diagnostic testing.¹



QOF When a patient is diagnosed with asthma, this is coded and included in electronic register as part of Quality Outcomes Framework (QOF).

The electronic register is used to invite patients for annual asthma reviews.



Annual asthma reviews save lives.² Important decisions such as switching to different inhalers are made. Inhaler techniques are checked.



Patients with asthma automatically receive invitations for flu vaccination



‘Suspected asthma’ is NOT included in this register, so if they have asthma, they are at risk.



Methods

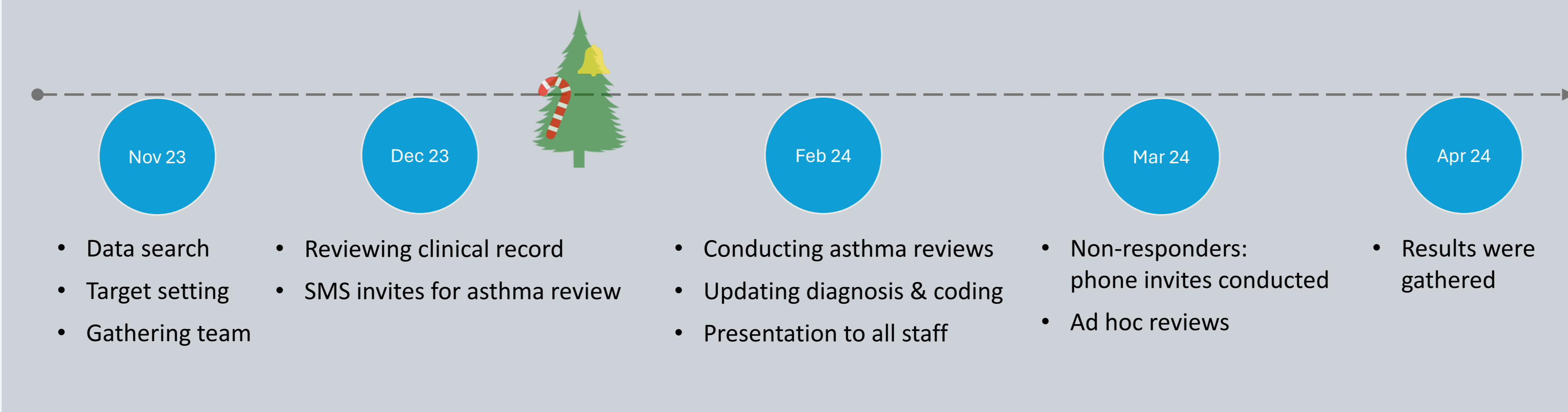
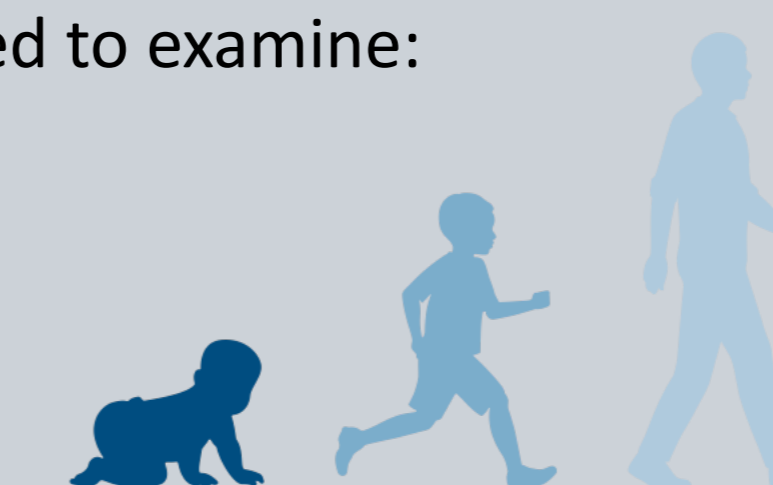
38% of 68 patients with ‘suspected asthma’ had annual asthma reviews in the past 12 months.

Meanwhile, **80.6%** for those in the **asthma register** had the review at Fenland Group Practice in 2023-2024.



SystemOne (GP electronic health care record system) individual patient records were reviewed to examine:

1. How did they initially present? – clinical probability based on the notes
2. When was the last time they were prescribed an inhaler?
3. Is the suspected asthma diagnosis likely to be historic? – i.e. ‘have they grown out of it?’
4. Have they had any diagnostic tests to confirm or refute the asthma diagnosis?



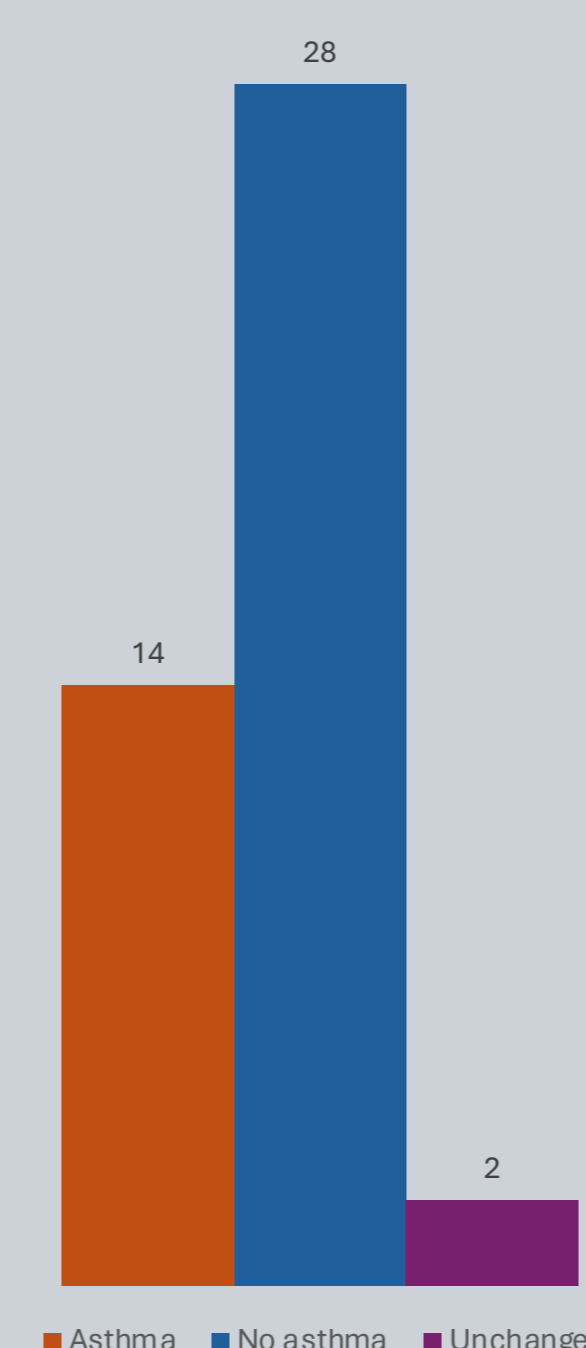
Results

All 44 patients without asthma review in the past 12 months had clinical record reviewed.

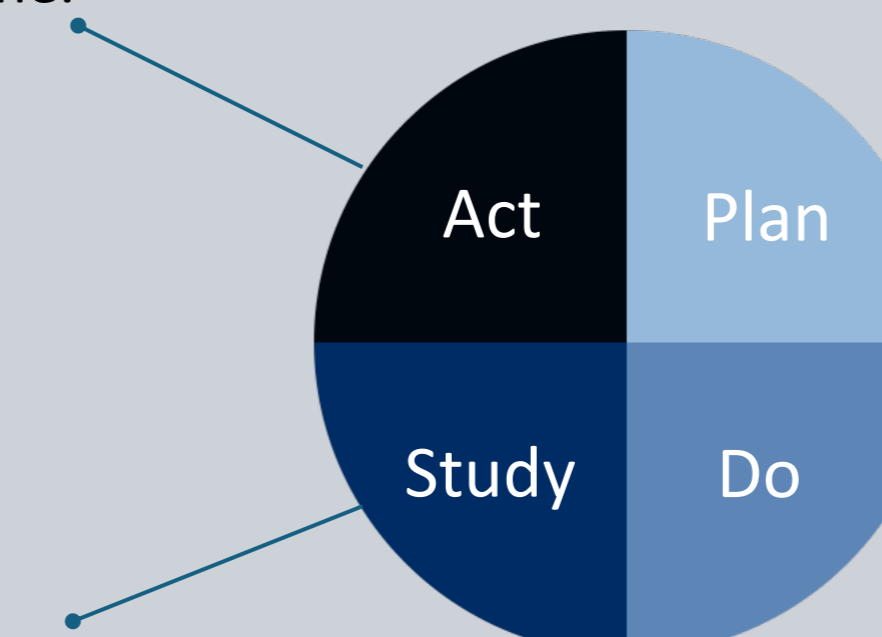
Out of 44:
14 were formally diagnosed with asthma and added to asthma register.

28 were found NOT to have asthma – coding was either historic or inaccurate, or they had tests to rule out asthma.

2 had their status unchanged as they declined further input at this point.



- 1st PDSA cycle is complete.
- 2nd cycle is expected to be with less patients as we perform better with coding process and compliance with the NICE guideline.



- Suspected asthma is a working diagnosis
- Use diagnostic tests to confirm asthma
- Adjust coding after investigations

Discussions & Conclusion

1. This QIP is considered a **proactive approach** to asthma care as it involved:
 - offering reviews before patients asked for our input.
 - the aim to reduce any potential future harm.
2. Suspected asthma is often a **historic coding**.
 - Old coding that does not apply to patients’ current circumstance can mislead clinicians.
 - Clinical interpretation may not be straightforward.
 - Patients may think they have grown out of asthma.
3. However, it is **important to review** patients with suspected asthma as some of them do have asthma and can slip through the net.
4. Review process highlighted a few issues:
 - Importance of **clear clinical reasoning**
 - It was felt very important clinicians state how they reached the working diagnosis ‘suspected asthma’.
 - **Inadequate adherence** to NICE guideline
 - Diagnostic tests were often not performed.
 - In-house spirometry often had inadequate data.
5. Good access to **local diagnostic services** hugely improved the diagnostic timeline of asthma in Fenland Group Practice.
6. Additional asthma-related issues were identified during the project that are beyond its scope:
 - Dispensing Salbutamol required GP authorisation – This proved to be a potential safety concern, and a new system has been implemented to ensure that the issuing of inhalers occurs first, pending clinical review.
 - Lack of local referral pathway for diagnostic testing for under 18s – revealed a priority clinical area that needs tackling.

References

1. NICE Clinical Knowledge Summary. Available from: <https://cks.nice.org.uk/topics/asthma/diagnosis>.
2. Royal College of Physicians. Why Asthma Still Kills: the National Review of Asthma Deaths (NRAD) Confidential Enquiry Report, 2014.