Service Development

Tools to help you stratify people with asthma who should be offered a priority review

Noel Baxter explores how to help stratify people with asthma providing links to XML files you can access and use in your practice

The primary care population with suspected or confirmed asthma is one of the greatest diagnostic and follow up burdens that falls on general practice. In 2015 it was the 4th largest long-term condition register with a prevalence of 6.1% behind Tobacco dependency (15.9%), Hypertension (13.9%) and Obesity (7.5%). http://www.gpcontract.co.uk

Anyone working in general practice will know that it can be difficult to ensure an annual review with all asthma patients. In 2015, 76% of people with asthma (who had also been prescribed inhalers in the previous year) had a review. In order to get through this volume of call and recall, practices will see people face to face, review opportunistically when they attend for other reasons and also use telephone calls for those considered low risk. Though some positive findings about identifying high risk patients were noted in the ARISSA trial[1] we still however lack a standardised and validated risk tool in general practice. So how do we know that our limited resource and effort is being applied to those who need it most?

The National Review into Asthma Deaths 2014 (NRAD) sought to provide health professionals with some key factors that may predict for the worst outcomes.   https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths

Overuse of short acting beta agonists (SABA)

NRAD stated:
All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required.

In theory anyone using more than 6 puffs per week is overusing – that is equal to about 300 puffs per year, which at 200 puffs per device is only two devices per year! So it could be said that 12 devices per year is already 6x over generous.

### Detecting people who overuse SABA

GP software systems and the reliability of electronic prescribing data allows us to easily search for apparent excess use and to proactively warn the professional reviewing a patient currently overusing.

Here we will look at what has been developed both nationally and locally (highlighting EMIS Web tools) to assist general practice and we share some local adaptations that can be further modified with the help of your local IT teams according to local agreements and situation.

The desktop alert

In 2015 Asthma UK in conjunction with EMIS Web released a number of tools to assist general practice to achieve better outcomes for people with asthma. This included a prescribing alert and a personal asthma action plan (PAAP). The prescribing alert is activated by default and readers who use EMIS Web may already have seen this. The PAAP needs to be activated within each practice to use so we would recommend that you work with your local IT people to do this though it is also easy to do by following the EMIS Web help tool.

In the high risk prescribing alert tool they have utilised the 'protocol alert' function to highlight in a pink pop up box when patients are using excess SABA or when using long acting bronchodilators without inhaled steroids.
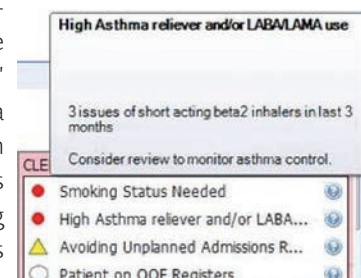
This alert will activate if there are 3 prescriptions for SABA within a 3-month episode. This assumes that only one device is issued per prescription but in some practices SABA issues

are for two devices. This could mean that in those practices that prescribe 2 devices per issue, 24 devices could be issued before the alert is raised. Therefore it is useful to be able to design protocol alerts for your own population and prescribing habits. Also as tighter control of SABA develops it is useful if you can alter the sensitivity of the alert. We know that health professionals in general practice get 'Alert Fatigue' and can then underuse the system so set your range based on what people have agreed locally to do and think is relevant.

Southwark CCG in SE London created a modified SABA alert based on the principles of the AUK/EMIS alert. It differed by being activated if 3 or more issues of SABA occurred in a 6-month period as most local prescribers when asked said they were providing 2 inhalers per prescription for patient convenience. This query has been saved as an XML file and if you are an EMIS Web user you can obtain this file from PCRS-UK by emailing us at info@pcrs-uk.org stating the following in the title of your email:- Request EMIS XML file for modified SABA alert.

The high risk SABA search

As well as checking for excess SABA use when issuing repeat prescriptions and reviewing SABA use at consultations, Southwark CCG practices also agreed to run a search proactively in order to identify these patients with 6 issues of SABA in the last year. This specific search was created as part of the 'Good asthma pyramid' improvement project that was developed by the Lambeth and Southwark Integrated Respiratory team in conjunction with the London Respiratory Network.

Creating the high value asthma review pyramid for your practice or locality using EMIS Web reporting

Our asthma improvement group agreed that the following were the right things to measure to indicate a good asthma review. We reached a consensus based on evidence, cost effectiveness and what best care could look like allowing for current resource pressures. This provides us with an easy to view and comprehend visual a little like the pyramid developed by the London Respiratory Network that represented QALY measured cost effectiveness in COPD.

You can see in column 2 of this page what we consider to be a target pyramid for any organisation or system looking after people with asthma.

Proportion of people with a diagnosis of asthma (using the QOF register)

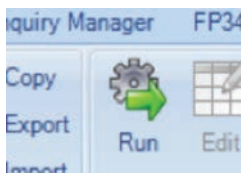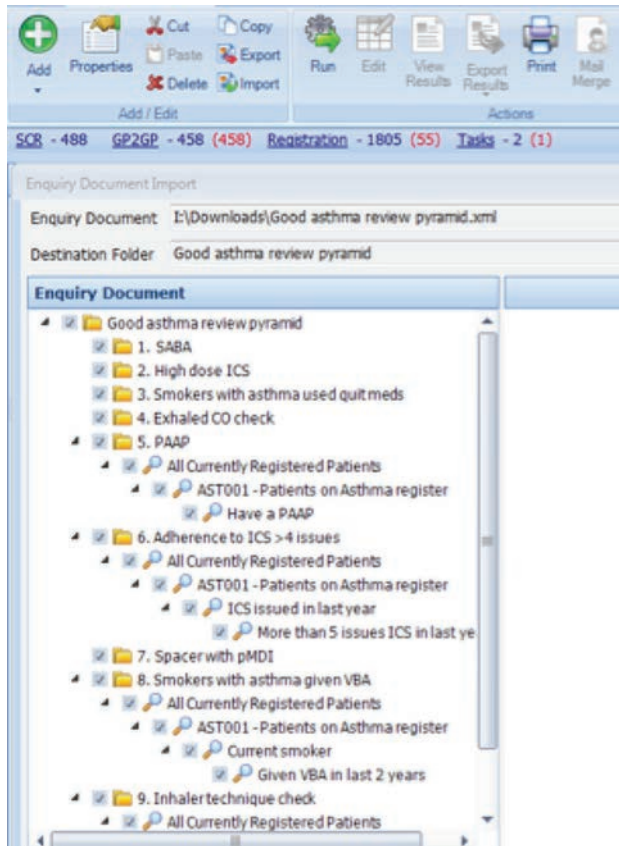| Code	Numbers
SABA	Number who are prescribed >4 SABA inhalers per year
Step 4 ICS	Number who are currently on high-dose ICS (Step 4)
QST	Number who are current smokers and have been prescribed a quit smoking medicine in the last year
CO Check	Number who have had an exhaled carbon monoxide check in the last year
PAAP	Number with at least one PAAP issued (ever)
ICS	Number with more than four issues of inhaled corticosteroids (ICS) in the last year
Spacer	Number who prefer a pMDI and have also been issued a spacer device
VBA	Number who are currently smokers and have been provided with Very Brief Advice (VBA)
Inhaler check	Number who have had an inhaler technique check in the last year

What good asthma care (at population level) might look like

SABA	15%
Step 4 ICS	20%
QST	40%
CO check	50%
PAAP	60%
ICS	70%
Spacer	80%
VBA	90%
Inhaler check	100%
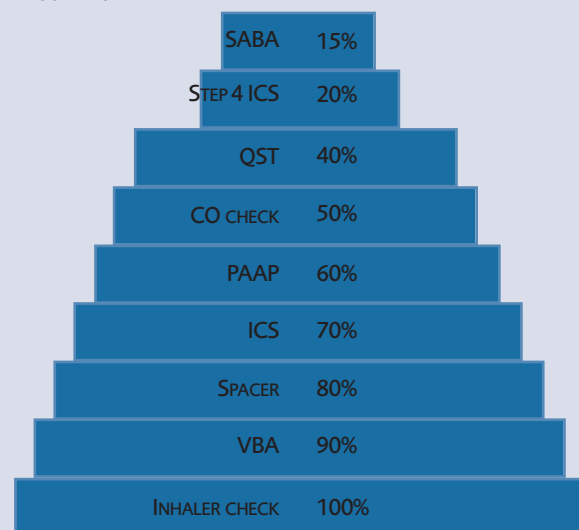
How to create your own good asthma care pyramid. This query has been saved as an XML file and if you are an EMIS Web user you can obtain this file from PCRS-UK by emailing us at info@pcrs-uk.org stating the following in the title of your email:-Request EMIS XML file for Good asthma review.
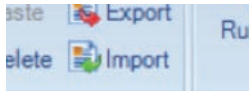
Import the XML file containing your nine criteria folders with pre-set searches

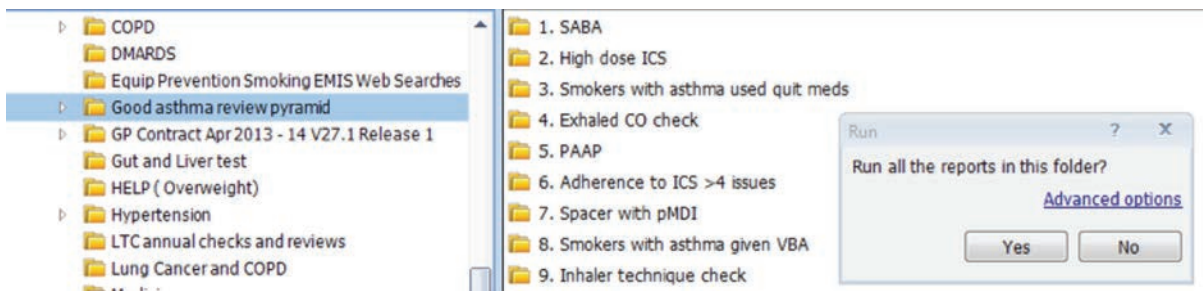Run the searches either one at a time (quicker) or run the whole folder (slower)

Set up to run at a regular frequency so you can see whether there is any change (right click over greyed search and select schedule tab)
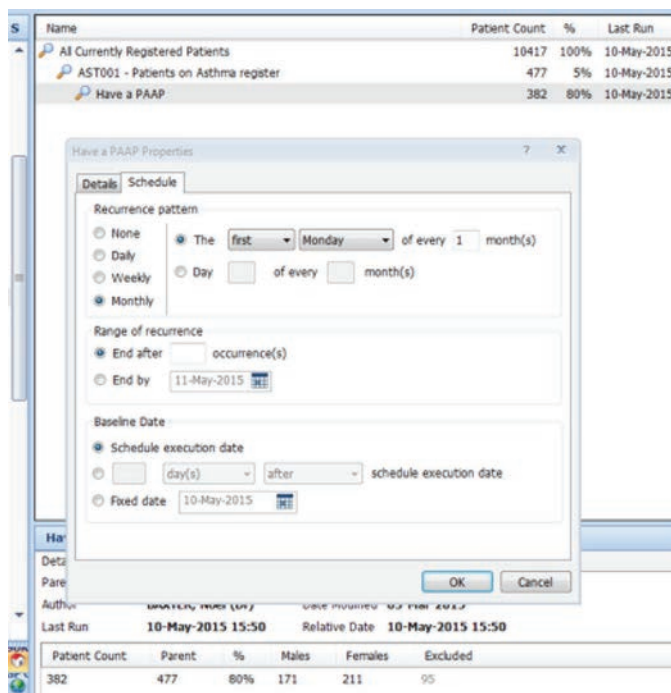
Enter your results into the good asthma review excel template, you can obtain a copy of this file from PCRS-UK by emailing us at info@pcrs-uk.org stating the following in the title of your email:-Request Good asthma review MS Excel template.

Review your good / needs improvement asthma review pyramid

Criteria	Result of search	People with asthma (QOF registered)
SABA	10%	who are prescribed >4 SABA inhalers per year
Step 4 ICS	20%	who are currently on high-dose ICS (Step 4)
QST	40%	who are current smokers and have been prescribed a quit smoking medicine in the last year
CO check	50%	who have had an exhaled carbon monoxide check in the last year
PAAP	60%	with at least one PAAP issued (ever)
ICS	70%	with more than four issues of inhaled cortiosteroids (ICS) in the last year
Spacer	80%	who prefer a pMDI and have also been issued a spacer device
VBA	90%	who are currently smokers and have been provided with Very Brief Advice (VBA)
Inhaler check	100%	who have had an inhaler technique check in the last year

Real Examples – SE London practice – May 2015

SABA	19%
STEP 4 ICS	7%
QST	17%
CO CHECK	80%
PAAP	80%
ICS	72%
SPACER	65%
VBA	93%
INHALER CHECK	26%
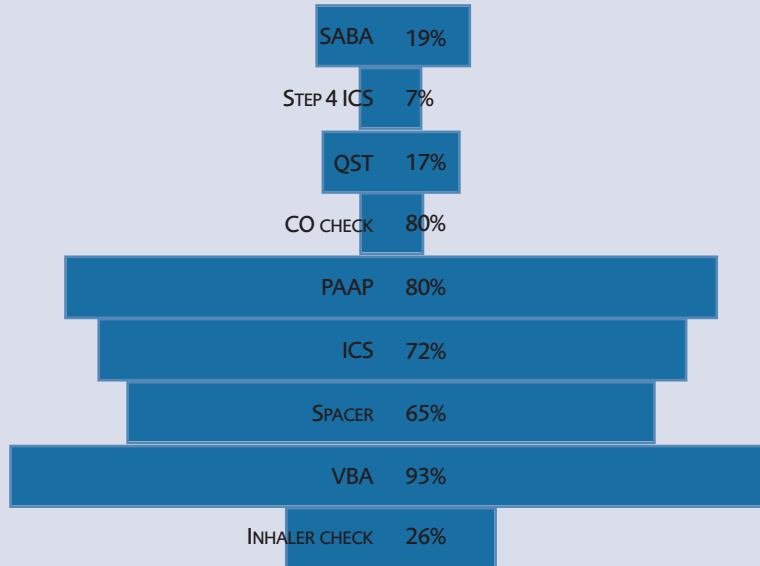
Real Examples – SE London CCG – May 2015

43 Practices
Population: 293,483
Asthma register: 12,677 (4%)

SABA	30%
STEP 4 ICS	10%
QST	8%
CO CHECK	2%
PAAP	69%
ICS	76%
SPACER	47%
VBA	90%
INHALER CHECK	35%