

Asthma : Short- acting bronchodilator Review

Introduction

In primary care, people with asthma should be reviewed regularly by a nurse, pharmacist or doctor with appropriate training in asthma and have a written personal asthma action plan. Within primary care, structured reviews may be delivered as appointments in routine surgeries, or within a dedicated asthma clinic. Every NHS hospital and general practice **should have a designated, named clinical lead for asthma services**, responsible for formal training in the management of acute asthma.

It is good practice to audit the percentage of patients with asthma reviewed annually and is part of QOF. This review will be focusing on particular groups such as those overusing short acting bronchodilators, patients on higher dose therapies, patients with low preventer use or using unopposed LABAs, those with asthma attacks or from groups with more complex needs.

Good asthma control is associated with little or no need for short-acting β_2 agonist. Anyone prescribed more than one short-acting bronchodilator inhaler device a month should be identified and have their asthma assessed urgently and measures taken to improve asthma control if this is poor.

Inhaled corticosteroids should be considered in adults and children aged over 5 with any of the following asthma-related features:

- asthma attack in the last two years
- using inhaled β_2 agonists three times a week or more
- symptomatic (three times a week or more)
- waking one night a week.

Taken from BTS/SIGN guidelines on Management of Asthma, Revised October 2016

The NRAD report highlighted that there is an increased risk of death within one month of discharge from hospital following an acute attack and that follow up in primary care is therefore essential.

Community pharmacists will be referring asthma patients dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6 month period to an appropriate health care professional in general practice for an asthma review as part of the Community Pharmacy Quality payments scheme. These patients should have their asthma assessed urgently and measures taken to improve asthma control if this is poor.

Aim

To ensure patients:

- Are followed up following an acute attack. (If a patient has had treatment through A & E or through out of hours services their own GP practice should be informed within 24hrs and these patients followed up)
- Are followed in an appropriate timeframe e g within two working days of treatment.
- Are not overusing their salbutamol inhaler which could suggest poor asthma control.
- Are not over ordering and stock piling their salbutamol.
- Are not underusing their preventer inhaler
- Are being reviewed if they are at increased risk of poorly controlled asthma or having anaphylactic reaction

Method

- Review protocol and authorisation form (*appendix 1*) and complete if data collection to be carried out.
- Computer search carried out to identify asthma patients who have been issued eight or more salbutamol inhalers in the past 12 months.
- Data collection form (*appendix 2*) completed using patients computerised records.
- Patients called in for a review should be provided with an Asthma Action Plan. *Appendix 3*
- Data to be reviewed by nominated member(s) of staff to ensure that patients are reviewed where appropriate and their records are updated accordingly.
- Review report form (*appendix 7*) completed and submitted.

Appendix 1

Authorisation Form

Audit Name **Asthma Salbutamol/Terbutaline Review 2017/18**

Practice name..... Date.....

I have read and understood the protocol, criteria and standards and agree to my practice participating in this audit.

Signed.....Print.....
GP prescribing lead/ Senior partner

Signed.....Print.....
Prescribing Team representative

Appendix 3

Asthma Action Plan



03 My asthma plan
child.pdf



04
adult-asthma-action-
plan.pdf

Asthma Attack Risk Checker (Adults and children >12 years)

<https://www.asthma.org.uk/advice/manage-your-asthma/risk>

National Review of Asthma Deaths:

<https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

<https://www.evidence.nhs.uk/formulary/bnf/current/3-respiratory-system/34-antihistamines-hyposensitisation-and-allergic-emergencies/343-allergic-emergencies/anaphylaxis>

<https://www.anaphylaxis.org.uk/knowledgebase/asthma/>

The following letters (*Appendices 4: First invite letter; 5: Second invite letter and 6: Third invite letter*) are for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn't split across two pages, or that an instruction to continue on to a second page is added.

Appendix 4 First Invite letter

Insert practice header, print to practice headed paper or type out the address below



Kernow

Clinical Commissioning Group

[Practice name]

[Address]

[Tel]

[Email]

[Date]

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname],

Re: Review of your asthma treatment

We are currently reviewing the medication we use to treat asthma and have found that:

[delete or adjust the list below as appropriate]

- You have been using a high dose inhaled corticosteroid preventer inhaler for over 3 months and we would like to attempt to reduce your dose.
- Your use of reliever (blue) inhalers is high and we would like to discuss your asthma management with you.
- You have not been prescribed drugs known as an inhaled corticosteroid for your asthma.
- Your asthma has not been reviewed recently.

We would like to invite you to come into the practice for an asthma review to discuss your treatment and how you manage your asthma.

National recommendations advise us to review asthma patients regularly to check such things as how well the asthma is controlled, inhaler technique, how often inhalers are used, any side effects experienced and whether treatment can be stepped up or down.

We would like you to assess your asthma control using the following link;

<https://www.asthma.org.uk/advice/manage-your-asthma/risk/>

Asthma hospitalises someone every 7 minutes. Don't let it be you.

If your asthma is affecting your daily life, waking you up or making you use your blue reliever inhaler more than three times a week, see your GP or asthma nurse urgently.

Please book an appointment to see the asthma nurse at your earliest convenience.

Nurse contact details	Add contact details
-----------------------	---------------------

Yours sincerely

Dr [Name] and partners

Appendix 5 Second Invite letter

Insert practice header, print to practice headed paper or type out the address below

[Practice name]
[Address]
[Tel]
[Email]
[Date]

[Title/Initial/Surname]
[Patient Address Block]
Dear [Title] [Surname],

Re: Review of your asthma treatment – Second Invite

We are currently reviewing the medication we use to treat asthma and have found that:

[delete or adjust the list below as appropriate]

- You have been using a high dose inhaled corticosteroid preventer inhaler for over 3 months and we would like to attempt to reduce your dose.
- Your use of reliever (blue) inhalers is high and we would like to discuss your asthma management with you.
- You have not been prescribed drugs known as an inhaled corticosteroid for your asthma.
- Your asthma has not been reviewed recently.

We would like to invite you to come into the practice for an asthma review to discuss your treatment and how you manage your asthma.

National recommendations advise us to **review asthma patients regularly** to check such things as how well the asthma is controlled, **inhaler technique**, how often inhalers are used, any side effects experienced and whether treatment can be stepped up or down.

We would like you to assess your asthma control using the following link;

<https://www.asthma.org.uk/advice/manage-your-asthma/risk/>

If your asthma is affecting your daily life, waking you up or making you use your blue reliever inhaler more than three times a week, see your GP or asthma nurse urgently.

Asthma hospitalises someone every 7 minutes. Don't let it be you.

Please book an appointment to see the asthma nurse **as soon as possible.**

Nurse contact details	Add contact details
-----------------------	---------------------

Yours sincerely

Dr [Name] and partners

Appendix 6 Third Invite letter

Insert practice header, print to practice headed paper or type out the address below

[Practice name]
[Address]
[Tel]
[Email]
[Date]

[Title/Initial/Surname]

[Patient Address Block]

Dear [Title] [Surname],

Re: Review of your asthma treatment –Third Invite

We are currently reviewing the medication we use to treat asthma and have found that:

[delete or adjust the list below as appropriate]

- You have been using a high dose inhaled corticosteroid preventer inhaler for over 3 months and we would like to attempt to reduce your dose.
- Your use of reliever (blue) inhalers is high and we would like to discuss your asthma management with you.
- You have not been prescribed drugs known as an inhaled corticosteroid for your asthma.
- Your asthma has not been reviewed recently.

We would like to invite you to come into the practice for an asthma **review to discuss your treatment and how you manage your asthma.**

National recommendations advise us to **review asthma patients regularly** to check such things as **how well the asthma is controlled, inhaler technique, how often inhalers are used**, any side effects experienced and whether treatment can be stepped up or down.

We would like you to assess your asthma control using the following link;

<https://www.asthma.org.uk/advice/manage-your-asthma/risk/>

Asthma hospitalizes someone every 7 minutes. Don't let it be you.

If your asthma is affecting your daily life, waking you up or making you use your blue reliever inhaler more than three times a week, see your GP or asthma nurse urgently.

Take action now to cut your risk of ending up in hospital with a potentially life-threatening asthma attack.

Book an urgent appointment with your GP or asthma nurse to review your asthma medicines, check your inhaler technique and get a written asthma action plan.

Please book an urgent appointment to see the asthma nurse **as soon as possible.**

Nurse contact details	Add contact details
-----------------------	---------------------



Kernow

Clinical Commissioning Group

Yours sincerely

Dr [Name] and partners

Appendix 7: Evaluation

Audit Conducted on:					
Audit Conducted by:					
What were the findings of the audit?					
No. of pts identified from search	Number of patients reviewed in clinic following data collection	Number of patients with medication adjustment following review			
Percentage					
What necessary actions were identified?					
What was the result of these actions?					
How will you follow up this work?					
Re-Audit date:					
Practice		GP:		Date:	