Time to take action on asthma

5.4 million people in the UK have asthma

2/3rds of deaths from asthma attacks are preventable

3 people die from asthma every day in the UK

250,000 people have asthma so severe current treatments don’t work

every 10 seconds someone has an asthma attack
Foreword: Poor asthma care costs lives and money

Asthma is the one of the most common long-term conditions in the UK, affecting almost 1.1 million children and 4.3 million adults – that’s 1 in 11 people. Every 10 seconds someone is having a potentially life threatening asthma attack, while more than 70 children are admitted to hospital because of their asthma every day. As a result, asthma has a significant impact on school absences and lost working days across the UK. Every year, asthma costs the NHS more than £1.1 billion in hospital admissions, drugs, and over 3.7 million GP visits.

Yet despite this, in May 2014 the first ever National Review of Asthma Deaths found that two-thirds of asthma deaths could be prevented with better routine care. Shocking patient safety concerns were also identified in the cases of those who died, with prescribing errors found in almost half of all deaths from asthma in primary care. This is simply unacceptable when, every day, three families lose someone to asthma and, every year, asthma kills enough children to fill a classroom.

Asthma attacks can be prevented if we simply get the basics right. As the British Thoracic Society/Scottish Intercollegiate Guidelines Network (BTS/SIGN) British Guideline on the Management of Asthma recommends, this means providing an annual review in primary care, where people with asthma receive a written asthma action plan and have their medication, symptoms and inhaler technique assessed by trained staff. When asthma attacks do occur, risk of further life-threatening attacks can be reduced by effective and timely treatment in hospital and a follow-up appointment at a doctor’s surgery within two working days of discharge.

However, the basics simply aren’t being delivered. Despite a plethora of clinical guidelines, frameworks and standards, over 1,200 people die from asthma every year. More than 80% of people with asthma aren’t receiving the right basic care.

Public money is spent on over 65,000 emergency asthma admissions every year, 75% of which are preventable. On average, each emergency asthma admission costs the health service 23 times the cost of an annual asthma review. Caring for people who experience an asthma attack costs over 3.5 times more than for those whose asthma is well managed.

It is unacceptable that health service money is spent on care which does not fully meet the clinical guideline, but it is unforgivable that the UK has one of the worst asthma mortality rates in Western Europe. Until we implement all of the basic elements of asthma care and improve outcomes, our children are four times more likely to die from asthma than children in Germany, Spain, Italy, Austria, Finland, Portugal or Sweden.

Complacency in asthma care must end: we have to get the basics right. Action must be taken now to implement asthma standards across the UK to prevent asthma deaths and cut hospitalisations.

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* GP visits calculated by multiplying the 2012/13 Quality and Outcomes Framework Asthma 09 UK average percentage uptake (including exceptions) by 5.4 million.
† On average, calculated from 2002-2012.
‡ Calculated by dividing cost of average hospital admission by cost of average asthma review.
“It’s time to end our complacency about asthma”

All governments across the UK have developed standards which acknowledge the urgent need to improve asthma outcomes and provide guidance on how to achieve this. All of these standards are based on the latest best practice, outlined in the BTS/SIGN Guideline, and Asthma UK recognises the work taking place across England, Northern Ireland, Scotland and Wales to deliver good asthma care.

However, as Dr Kevin Stewart from the Royal College of Physicians (RCP) stated in response to the National Review of Asthma Deaths, more needs to be done:

““It’s time to end our complacency about asthma, which can, and does, kill. We haven’t paid enough attention to the importance of good routine asthma care by clinicians with the right training and experience. Too often we have also been slow to detect signs of poor asthma control and slow to act when these have been present.””

To help health services detect signs of poor asthma care and encourage them to act by implementing the standards, Asthma UK conducted a survey of more than 6,500 people across the UK to find out how the standard of asthma care they receive compares to what they should expect, as recommended by the BTS/SIGN Guideline. This follows on from the Asthma UK 2013 survey which also looked at standards of asthma care in England, Northern Ireland, Scotland and Wales.

This report presents an overview of the 2014 survey findings on the quality of care across the UK. As part of this report, Asthma UK has also produced some vital tools to help health managers and commissioners improve asthma care locally:

- **Local data breakdowns** of the survey results.
- **Local breakdowns of net cost savings** which can be achieved by implementing the standards.
- **An Asthma Improvement Hub**, which brings together service improvement tools and best practice examples of work that have improved asthma outcomes in both children’s and adults’ care around the UK.
- **Downloadable asthma action plans** for both adults and children

To access these resources, please visit www.asthma.org.uk/takeaction.

Asthma UK urges commissioners and health managers to use these resources to assess the quality and improve the standard of asthma care in their area, to ensure that all people with asthma receive the basic elements of care, including an asthma action plan.

Who took part in our survey?

6,538 people took the survey between 23 June 2014 and 26 August 2014. Over two-thirds of people who took the survey were aged 18-59 (64%). The survey could be completed by a parent on a child’s behalf, and 18% of responses were for people aged 17 or under. 18-59 year olds are slightly overrepresented while other age groups are slightly underrepresented. The proportion of people who responded from each country reflects the UK’s population as a whole.

<table>
<thead>
<tr>
<th>Country</th>
<th>Participants</th>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>5,418 (83%)</td>
<td>53.9 million (84%)</td>
<td></td>
</tr>
<tr>
<td>Scotland</td>
<td>627 (10%)</td>
<td>5.3 million (8%)</td>
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<tr>
<td>Wales</td>
<td>333 (5%)</td>
<td>3.1 million (5%)</td>
<td></td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>140 (2%)</td>
<td>1.8 million (3%)</td>
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</table>

What did we do?

The survey asked about the basic elements of clinical asthma care as outlined in the BTS/SIGN Guideline: diagnosis, annual reviews, written asthma action plans, accurate treatment following admission, and appropriate discharge from hospital.

According to people’s answers, their care was rated as green (excellent), amber (satisfactory) or red (poor). For care to rate as excellent (green) people had to report receiving care that included all of the basic elements of care outlined in the BTS/SIGN Guideline. Satisfactory care (amber) required more than half of the basic elements to be included. Poor care (red) meant half or less of the basic elements were included.

Additional questions were asked to assess asthma control (a measure of how well symptoms are kept under control), following the structure of the three RCP questions outlined in the BTS/SIGN Guideline. Questions were also asked to assess satisfaction using the NHS England Friends and Family Test questions.

Notes:
20 people (0.3%) gave an invalid postcode. These people are not included in the England, Scotland, Wales and Northern Ireland analyses.
Population source: ONS Mid-year population estimates for the UK mid-2013.
Only a fifth of people with asthma are receiving all of the basic elements of clinical asthma care

Findings on overall quality of care

The National Review of Asthma Deaths found wide-ranging and widespread issues with the quality of asthma care received amongst those who died.

The 2014 Asthma UK survey results suggest that overall asthma care continues to fall short of the clinical guideline: only a fifth of people with asthma in the UK are receiving care that fully meets the BTS/SIGN Guideline. The results show there has been limited improvement across the UK over the last year; there has been a 5% increase in the proportion of people receiving care which includes all of the basic elements of clinical asthma care, and a 2% decrease in the proportion of people receiving poor care.

Actual quality of care

<table>
<thead>
<tr>
<th>Overall total</th>
<th>Children and young people (17 and under)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6,512 (100%)</td>
<td>1,188 (100%)**</td>
</tr>
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</table>

Four out of five children are still not receiving all elements of basic clinical asthma care

The results show that the proportion of children receiving care which fully meets the BTS/SIGN Guideline has only increased by 3% since last year (from 16%), meaning that four out of five children are still not receiving all elements of basic clinical asthma care.

Implications of improvement

By delivering care which includes all of the basic elements of asthma care – in line with the BTS/SIGN Guideline – commissioners and managers can provide people with the tools, knowledge and skills to be able to manage their asthma more effectively, reducing their chance of an asthma attack and improving their quality of life. By implementing good standards of care, the National Institute for Health and Care Excellence (NICE) estimates that emergency asthma admissions can be reduced by between 50 and 75%, delivering net savings of up to £28.6 million every year across the UK.118

Variations in care

Actual quality of care received by country**

<table>
<thead>
<tr>
<th>ENGLAND</th>
<th>WALES</th>
<th>SCOTLAND</th>
<th>NORTHERN IRELAND</th>
<th>UK</th>
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<tr>
<td>35%</td>
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<td>14%</td>
<td>12%</td>
<td>12%</td>
<td>20%</td>
<td>14%</td>
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*Sample size may vary due to missing data.
**Rounding means percentages may not add up to 100.
††Rates calculated by 10,000 population.
§§NICE 75% savings rate applied to mid-2013 ONS UK population.
Stories from people with asthma

“`I should never have lost my daughter to asthma”

“My daughter Alex died of an asthma attack in April of this year. She was just 15. Alex had her whole life ahead of her — I didn’t think for one second that asthma would claim her life. She took medication as directed — including on the day she died — but what I’ve come to realise is that Alex didn’t have an asthma action plan, and neither were we told of the seriousness of her condition. I know now that things could have been very different, had Alex been seen regularly by an asthma nurse and given different medication. For such a common condition, this simply shouldn’t happen. I should never have lost my daughter to asthma. We feel that we were very badly let down by the healthcare professionals we saw.”

Louise (Alex’s mum) from Scunthorpe

“`My sister Ellen died after an asthma attack”

“I was only 8 when my sister Ellen died after an asthma attack, which left the whole family devastated. We didn’t monitor Ellen’s peak flow very often, didn’t have regular asthma reviews with a GP and didn’t use an asthma action plan. Her triggers were pollen, as well as exercise and emotional triggers such as fear. I feel that the GP could have talked more to our parents about Ellen’s asthma and her medicines so we were more aware.”

Rebecca (Ellen’s sister) from Swansea

Two-thirds of asthma deaths could be prevented with better routine care
Almost all people who were admitted to hospital for asthma, or sought help for an attack, did not have control over their asthma symptoms

Findings on asthma control
The National Review of Asthma Deaths also looked at asthma control levels – a measure of how well symptoms are kept under control and the extent to which they impact on daily life.

Poor levels of asthma control are associated with a worse quality of life, and may put people at greater risk of having a life-threatening asthma attack.21 People with asthma tend to underestimate their level of asthma control. Evidence suggests that only around a quarter of people have complete control of their asthma symptoms.24

We asked everyone who took the survey to answer the three RCP questions which should be asked by healthcare professionals to assess someone’s level of asthma control:

• In the last month/week have you had difficulty sleeping due to your asthma (including cough symptoms)?
• Have you had your usual asthma symptoms (for example, cough, wheeze, chest tightness, shortness of breath) during the day?
• Has your asthma interfered with your usual daily activities (for example, school, work, housework)?

If someone answered “no” to all three questions, their asthma was assessed to be controlled. If they answered “yes” to at least one question, their asthma was defined as uncontrolled.

What did we find?
Our results show that more than three-quarters of people were assessed as having uncontrolled asthma.

Asthma control
People with asthma who took the survey (%)
Total: 6,529 (100%)

| Uncontrolled | 5,120 (78%) | Controlled | 1,409 (22%) |

Almost all of the people who were admitted to hospital, or who sought help for an attack, had uncontrolled asthma.

Asthma control of people who were admitted to hospital
Number of people admitted to hospital for their asthma (%)
Total: 663 (100%)

| Uncontrolled | 595 (90%) | Controlled | 68 (10%) |

Asthma control of people who sought help for an asthma attack
People who sought help for an asthma attack (%)
Total: 1,193 (100%)

| Uncontrolled | 1,064 (89%) | Controlled | 129 (11%) |

Our results also suggest that people who receive excellent care in line with the BTS/SIGN Guideline are more likely to have control over their asthma than those who receive care which does not include all of the basic elements of clinical asthma care.

Implications of improvement
Improving control can greatly improve the quality of life of people with asthma by reducing the impact of asthma on their daily life. It may also improve outcomes by reducing their risk of having a life-threatening asthma attack.

A reduction in asthma attacks would also reduce emergency admissions to achieve cost savings. For example, if the 408 adults and 187 children with uncontrolled asthma who had been admitted to hospital in our survey had been able to control their symptoms better, preventing their admission, around £743 could have been saved for each admission according to NICE’s estimates.13

13 Sample size may vary due to missing data.

***Rounding means percentages may not add up to 100.
What can be done to improve outcomes for people with asthma?

Two in five people diagnosed with asthma in the last five years could not recall being asked the key questions at diagnosis

Diagnosis: what should be happening?

The *National Review of Asthma Deaths* identified avoidable factors related to the recognition of risk in the cases of those who died – for example incorrect diagnosis – in around half of people of all ages and almost 80% of children being treated in primary care.

There is no one test for diagnosing asthma. However, the *BTS/SIGN Guideline* sets out a process that healthcare professionals should follow to ensure that appropriate treatment is given in a timely manner with a record of how, when and on what basis the diagnosis was made. Key questions should be asked related to symptoms, personal and family medical history and response to any treatment.

It is also important that questions about occupational asthma are asked at diagnosis as the onset of adult asthma is associated with as many as 18 different professions. A diverse range of occupations including hairdressing, printing and cleaning have been linked to asthma, while farmers are around four times more likely to develop adult asthma than office workers.²⁵

What did we find?

Of the people in the survey diagnosed with asthma in the last five years, two in five could not recall being asked the key questions set out in the *BTS/SIGN Guideline* at diagnosis. This is the same result as last year’s survey. Only a quarter of adults recall being asked questions to find out if their asthma could be caused by their job. This means that over 700 of the people who answered this question may not be aware that their job could be affecting their asthma.

Implications of improvement

Performing accurate and timely diagnosis means that people with asthma are more likely to receive appropriate treatment which helps them control their symptoms, improving their quality of life.

<table>
<thead>
<tr>
<th>People asked key questions at diagnosis</th>
<th>Total: 1,745 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>149 (9%)</td>
</tr>
<tr>
<td>No</td>
<td>576 (33%)</td>
</tr>
<tr>
<td>Yes</td>
<td>1,020 (58%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People asked about their occupation</th>
<th>Total: 1,005 (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not sure</td>
<td>189 (19%)</td>
</tr>
<tr>
<td>No</td>
<td>561 (56%)</td>
</tr>
<tr>
<td>Yes</td>
<td>255 (25%)</td>
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</tbody>
</table>
Just under a quarter of people had not had a review of their asthma in the last year

Routine management of asthma: what should be happening?

The National Review of Asthma Deaths found that two-thirds of deaths could be prevented with better routine care. This includes three key aspects: an annual review (which includes a review of medications), a written asthma action plan and a check of inhaler technique. However, the latest Quality and Outcomes Framework (QOF) results shows that over one million people in the UK are missing out on their annual review, with the number of reviews provided in Scotland 10% lower than in Northern Ireland. If people miss out on their review, they may also be missing out on these other essential aspects of routine care.

People with asthma should be given self-management tools at their annual review so they can manage their symptoms effectively to reduce the chance of having a life-threatening asthma attack. People without a written asthma action plan are four times more likely to be admitted to hospital for their asthma. Up to a third of people make mistakes with inhalers that can mean their treatment is less effective.

The National Review of Asthma Deaths also identified that prescribing errors were present in almost half of the deaths investigated. Quality annual reviews – which include a review of medications – could prevent future deaths.

Key aspects of routine care

<table>
<thead>
<tr>
<th>Action plan</th>
<th>Inhaler technique</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total: 6,534 (100%)</td>
<td>Total: 6,532 (100%)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1,972 (30%)</td>
<td>4,562 (70%)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5,014 (77%)</td>
<td>1,520 (23%)</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>5,068 (78%)</td>
<td>1,464 (22%)</td>
</tr>
</tbody>
</table>

Just under a quarter of people told us they had not had their inhaler technique checked, or had an asthma review, in the last year. Shockingly, less than a third said they have a written asthma action plan and only a quarter are getting all three key aspects of routine asthma care.

Although this is a slight improvement – one-fifth of people received all three key aspects of routine care in last year’s survey – this is still unacceptable. Across the UK almost three-quarters of people that reported seeking help from a doctor or nurse for a problem with their asthma in the last year did not have a written asthma action plan. If they had been given a plan they may not have needed help.

A free written asthma action plan template, Your Asthma Action Plan, can be downloaded from: www.asthma.org.uk/takeaction.

Research shows that people without a written asthma action plan are four times more likely to be admitted to hospital for their asthma.

Our survey suggests that seven out of ten people with asthma do not have a written asthma action plan.

Up to a third of people make mistakes with inhalers that can mean their treatment is less effective.

†††Totals may be different due to missing data.
Variations in care

The results show that there is variation in the proportion of people with a written asthma action plan in different parts of the UK. Seven out of ten people with asthma in England, and three-fifths in Scotland, do not have a written asthma action plan. However, our results suggest that more than three-quarters of people with asthma in Wales do not have a written asthma action plan.

A much higher proportion of people have a written asthma action plan in Northern Ireland than the rest of the UK (63%) – a likely result of the fact that action plans are incentivised in Northern Ireland through use of a Directed Enhanced Service (DES). Improvements in action plan provision have been made since last year – a 6% increase across the UK overall.

Asthma action plans

- Received an asthma action plan (%)
- Did not receive an asthma action plan (%)

### Key aspects of routine care – children

#### Action plan

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>Year 2013</th>
<th>Year 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLAND</td>
<td>1,188</td>
<td>1,559 (29%)</td>
<td>3,854 (71%)</td>
</tr>
<tr>
<td>WALES</td>
<td>1,188</td>
<td>1,109 (22%)</td>
<td>3,858 (78%)</td>
</tr>
<tr>
<td>SCOTLAND</td>
<td>1,188</td>
<td>246 (39%)</td>
<td>381 (61%)</td>
</tr>
<tr>
<td>NORTHERN IRELAND</td>
<td>1,188</td>
<td>88 (63%)</td>
<td>52 (37%)</td>
</tr>
<tr>
<td>UK</td>
<td>1,188</td>
<td>1,972 (30%)</td>
<td>4,562 (70%)</td>
</tr>
</tbody>
</table>

#### Inhaler technique

<table>
<thead>
<tr>
<th>Region</th>
<th>Total</th>
<th>Year 2013</th>
<th>Year 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLAND</td>
<td>1,188</td>
<td>727 (61%)</td>
<td>896 (75%)</td>
</tr>
<tr>
<td>WALES</td>
<td>1,188</td>
<td>461 (39%)</td>
<td>292 (25%)</td>
</tr>
<tr>
<td>SCOTLAND</td>
<td>1,188</td>
<td>949 (80%)</td>
<td>807 (68%)</td>
</tr>
<tr>
<td>NORTHERN IRELAND</td>
<td>1,188</td>
<td>239 (20%)</td>
<td>381 (32%)</td>
</tr>
<tr>
<td>UK</td>
<td>1,188</td>
<td>807 (68%)</td>
<td>381 (32%)</td>
</tr>
</tbody>
</table>

Three out of five children do not have a written asthma action plan

Almost three-quarters of children had their inhaler technique checked, while eight out of ten had a review of their asthma in the last year. However, the survey results suggest that three in five children do not have a written asthma action plan. More than two-thirds of children are not getting all three essential aspects of routine care, showing little improvement since last year (72%). The survey findings show that a higher proportion of children have action plans (39%) compared to adults (30%), and that more children received all three key aspects of routine care than adults (with a difference of 7%).

Asthma UK’s free My Asthma Action Plan has been designed specifically for children with asthma, and can be downloaded here: www.asthma.org.uk/takeaction.
Stories from people with asthma

“My last asthma review was two years ago”

“I wasn’t feeling well so I phoned the GP surgery to ask for an emergency appointment but I couldn’t get one. Fortunately my neighbour found me while I was having the asthma attack and drove me to hospital. My last asthma review was two years ago. When I asked the GP if asthma reviews were a common thing he replied, ‘No, they’re only really for children who have just been diagnosed’. I don’t have an asthma action plan and I have never been shown inhaler technique – I think doctors assume that because I’ve had asthma all my life I know how to use them.”

Hollie, from Aberdeen

It is more efficient to prevent expensive admissions by delivering less expensive, quality reviews which incorporate all three aspects of routine management.

Implications of improvement

Routine management can reduce the risk of life-threatening asthma attacks, prescribing errors and poor asthma control: as the National Review of Asthma Deaths found, two-thirds of asthma deaths could be prevented with better routine care.

NICE also estimates that substantial efficiencies can be achieved across health systems by improving routine asthma care. Although some costs would be incurred with the delivery of additional asthma reviews for people who currently don’t receive them, each review only costs an average of around £32.17. The average cost of an admission for asthma is £743. It is more efficient to prevent expensive admissions by delivering less expensive, quality reviews which incorporate all three key aspects of routine management.13

By implementing all three essential aspects of routine care, savings would be realised in secondary care via a reduction in emergency admissions. However, primary care could also benefit by identifying inappropriate prescribing during reviews, and by a reduction in unscheduled visits.

Average cost of asthma review = £32
Average cost of emergency admission for asthma = £743
Only half of the people admitted to hospital for their asthma spoke to a specialist about their care before they were discharged

Asthma care when symptoms get worse: what should be happening?

The National Review of Asthma Deaths emphasised the importance of getting care right when someone’s symptoms get worse and they seek medical help.

To prevent symptoms from deteriorating, and to avoid the need for admission or complex treatment, people with asthma should have their level of asthma control and symptom severity assessed when they seek help. If their symptoms are severe or life-threatening, they should also be given steroids within one hour of arrival at A&E.

When people are admitted to hospital for their asthma, they should have a structured review with a member of the specialist respiratory team before discharge to ensure they have the right treatment, have a written asthma action plan and can use their inhaler correctly to help reduce the chance of having another attack.

Following any treatment at hospital for asthma – whether after A&E discharge or following admission – people with asthma should have a follow-up appointment at their doctor’s surgery within two working days to help prevent further asthma attacks. Past attacks can be a risk factor for future attacks, and the National Review of Asthma Deaths showed that over two-thirds of people hospitalised in the month before they died did not get properly checked up afterwards.

What did we find?

Around two-thirds of the people who took the survey sought help for their asthma, a higher percentage than last year (57%). Approximately four out of five of these people had not received all the elements of basic asthma care. Over a quarter should have received better care when they sought help – an improvement of 8% from last year.

Only half of the people admitted to hospital for their asthma were seen by a specialist before they left – a small improvement since last year (48%). Only around a quarter had a follow-up appointment at their doctor’s surgery within two days of discharge. Disappointingly, these results are exactly the same as last year.

Implications of improvement

When people are treated appropriately and promptly when their asthma symptoms get worse, they are less likely to need to stay in hospital, or require more complex treatment. If they are also seen by a specialist and followed-up after they have been discharged, they may be less likely to have another attack.

NICE estimates that there may be some costs associated with implementing the basic standards of care when someone seeks help for their asthma. For example, if more people receive the right care in A&E, services may administer more drugs. Services may also see an increase in the number of people requiring follow-ups in primary care two working days after discharge from hospital.

However, these additional costs are not substantial: the relevant drugs only cost approximately £3.03 per dose and an average follow-up review costs around £32.17. The net savings which could be achieved through a 50-75% reduction in admissions far exceed any investment made in delivering the basic elements of clinical care when someone seeks help for their symptoms.13
Stories from people with asthma

“I find using a written asthma action plan very reassuring”

“I have had asthma since childhood and the care I have received has been absolutely excellent. I get invited to attend annual asthma reviews by my GP and during these we discuss my symptoms and what medication I am on. One time, I told my GP that I was using my reliever inhaler much more frequently than usual. She took my peak flow reading and subsequently changed my treatment to a stronger dose. I have no doubt that had she not been as responsive my condition might have worsened and I might have needed hospital treatment. I have had support from a specialist asthma nurse with using my inhaler correctly, which has been a real help. I find using a written asthma action plan very reassuring, not just for me but also for say my husband to use in the event of me having an asthma attack to know what to do."

Andrea from County Tyrone

Only around half of the people who took the survey would recommend the care they receive to a friend or family member

The survey also asked some questions to measure people’s perception of care using the questions from the NHS England Friends and Family Test.

Around half of the people who took the survey would recommend their asthma care to a friend or family member who required similar treatment. This compares poorly to NHS England Friends and Family Test results for A&E which show that 87% of people are likely to recommend their care.²³

How likely are people with asthma to recommend their care to friends and family?*

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Extremely likely</td>
<td>13%</td>
</tr>
<tr>
<td>Likely</td>
<td>23%</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>8%</td>
</tr>
<tr>
<td>Unlikely</td>
<td>5%</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>3%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>31%</td>
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</table>

We also asked people if they personally thought their care was satisfactory, excellent or poor.

Perceived quality of care

**Overall total:** 6,528*

- Poor: 1,046 (16%)
- Satisfactory: 1,887 (29%)
- Excellent: 3,595 (55%)

**Children and young people total:** 1,188*

- Poor: 362 (30%)
- Satisfactory: 630 (53%)
- Excellent: 196 (16%)

The results suggest that 16% of adults believe they are receiving poor care however a third, according to responses to the questions, are actually receiving poor care. Similarly, 16% of children – or their parents – think the level of care they receive is poor while, in reality, 30% are receiving poor care. This discrepancy between perceived quality of care and actual quality of care is very worrying.

- Poor
- Satisfactory
- Excellent

*Rounding means percentages may not add up to 100.

*Sample size may vary due to missing data.

Andrea Lewis
Service improvement examples

**Willowbank Surgery, Armagh**

The practice developed a series of tools to identify and support those at greater risk.

The Willowbank Surgery in Armagh was already reviewing more than 85% of asthma patients each year, but decided to focus specific attention on patients with past asthma attacks – known to be a risk factor for future attacks. They therefore set up an enhanced service, using a simple scoring system designed to identify these patients. Patients are scored according to whether they presented to the surgery and required steroids; required a nebuliser; presented to out of hours or emergency care, or required admission. The score is calculated annually by retrospectively reviewing the previous year’s data for each patient, and analysis over the last three years has shown that, on average, 15% of patients have some degree of exacerbation every year.

The practice developed a series of tools to optimise care, including a tool for conducting a review following an asthma attack, which identifies deficiencies in management. A priority access number has been introduced for patients who have experienced an asthma attack, to address delays in presentation for a review. Additionally, the enhanced service provides a convenient way to identify patients who are able to safely step down medication.

The practice continues to review in excess of 80% of patients with asthma but now places particular focus on those who have an asthma attack score. Last year, 97% of these patients were reviewed and most asthma attacks are now managed in primary care settings. This has resulted in emergency department attendances falling from 10 in 2011 to 3 in 2014.

**NHS Tower Hamlets CCG, London**

Significant changes in the quality and number of reviews are expected to result in a rise in the number of people with an asthma action plan.

An annual review is an essential component of good asthma care. NHS Tower Hamlets CCG decided to look at how effectively they are delivering annual reviews in light of high admissions rates despite their high spend on respiratory disease medication, including significant prescribing of inhalers. This work is also being carried out in response to the findings of the National Review of Asthma Deaths (NRAD).

In 2014/15 they are rolling out educational support to enable GPs and practice nurses to deliver improved asthma reviews. Providing each practice with a wealth of resources including check lists, review templates and patient invitation letters – accompanied by in-person training – has seen a very high level of engagement from practices. As well as providing this package of support, the CCG is incentivising practices to deliver the enhanced annual reviews to 10% of their adult asthma population and ensure:

- each practice has asthma champions identified
- the champions read and submit a mini reflection on the NRAD executive summary
- a practice nurse and/or an asthma champion undertakes the NICE recommended BMJ ‘Patient with Asthma’ set of e-learning modules
- at least two members of each practice clinical team attend the asthma in-house organised training and submit a mini reflection
- practices submit evidence of dissemination of learning to other practice members

Significant changes in the quality and number of reviews by the end of the financial year 2015 are expected to result in a rise in the number of people with an asthma action plan; an increase in the use of appropriately prescribed inhaled corticosteroid inhalers; an appropriate reduction in the number of prescribed reliever inhalers and – most importantly – fewer hospital admissions for asthma.

**Asthma UK’s Asthma Improvement Hub** brings together more service improvement tools and best practice examples of work that have improved outcomes for people with asthma. To access the hub please visit www.asthma.org.uk/takeaction.

Two-thirds of asthma deaths could be prevented with better routine care

Time to take action on asthma
Asthma accountability

England

This year’s survey results indicate that Clinical Commissioning Groups (CCGs) and Area Health Teams continue to fall short in delivering care which fully meets the BTS/SIGN Guideline. Three years on since the Outcomes Framework for COPD and Asthma in England was published, almost two years on since the NICE Quality Standard for Asthma was published, and six months on from the National Review of Asthma Deaths highlighted shocking failures in care, more than four out of five people in England are still not receiving care which fully meets the BTS/SIGN Guideline.

There has been a slight improvement in the basic elements needed for clinical asthma care of 4% since last year and a 7% increase in the number of people who have a written asthma action plan. However, the overall proportions remain low. The survey results suggest that England performs worse than both Scotland and Northern Ireland overall. Less than a third of people who took our survey in England have a written asthma action plan, despite the Secretary of State for Health committing to every person with asthma having a care plan by 2015.

Regionally, the North West London Area Team performs most poorly, with only 10% of people with asthma receiving care which fully meets the BTS/SIGN Guideline, closely followed by South London Area Team and Cheshire, Warrington and Wirral Area Team at 12%. West Yorkshire Area Team performs best in our survey, with almost a third of people receiving excellent care.

Overall, the survey results are reflected in NHS Outcomes Framework Indicators numbers, and the CCG Outcomes Indicator Set. For example, reductions in asthma mortality rates have stalled in recent years and, more worryingly, saw a recent increase. According to the Child and Maternal (CIHMAt) Health Intelligence Network at Public Health England, asthma hospital admissions for under-19s across England have in fact increased by 15% since 2011. This is of particular concern when reducing child asthma hospitalisation rates is one of the priorities set by the Secretary of State for Health.

By improving outcomes for people with asthma, commissioners will improve the overall quality of life for people with asthma in England. However, CCGs will also have the opportunity to achieve annual net savings of up to £24.1 million, and to capitalise on additional financial incentives. To ensure that CCGs are providing written asthma action plans and reviews using a standardised template NHS England must address both action plans and reviews in future incentives, rewards and sanctions.

Overall, CCGs must do more to provide services which improve asthma outcomes by ensuring that all people with asthma receive the care outlined in the NICE Quality Standard for Asthma. To achieve this, a National Clinical Audit should be commissioned to benchmark and improve performance on a national scale while audits, incentives and evidence-based best practice must be adopted locally throughout the entire patient pathway. Asthma UK presents a wealth of information on how to implement the standards and improve the quality of life for people with asthma at the end of this report.

Scotland

The year’s survey findings indicate that Health Boards still have a long way to go in delivering services which comply with the Asthma Priorities Document, published in 2013. Almost two years since the Asthma Priorities were agreed, and six months after the National Review of Asthma Deaths highlighted shocking failures in care, the results suggest that more than three-quarters of people with asthma in Scotland are still not receiving care which meets the BTS/SIGN Guideline.

Our findings show there has been a 4% increase in the number of people receiving care which fully meets the BTS/SIGN Guideline since last year’s survey, and action plan provision in Scotland is higher than in both Wales and England. However, the results imply that three-fifths of people are still not receiving an action plan and more needs to be done to ensure that the Asthma Priorities are delivered.

Both children’s and adults’ services must be incentivised by Managed Clinical Networks (MCNs) to achieve the Priorities to improve outcomes for people with asthma. Evidence-based service improvement projects should be identified and adopted by Health Boards in order to drive up standards in their local area. Asthma UK presents a wealth of information on how this can be done at the end of this report.

Following the publication of the National Review of Asthma Deaths the Minister for Public Health in Scotland made some significant pledges to implement service improvement, and momentum is growing for the Priorities to be implemented to improve outcomes for people with asthma. An action plan template should be developed and incentivised, Scotland wide, to ensure that the asthma priorities are taken forward and implemented.

In doing so, Health Boards will improve the quality of life for people with asthma, reduce costly admissions, and align with many of NHS Scotland’s strategic priorities as outlined in the National Advisory Group work plan and the Scottish Government’s 2020 Vision. According to NICE estimates, £2.37 million net savings could be achieved every year by implementing good standards of care across Scotland.

Timeline showing publication of UK asthma frameworks, standards and plans

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²NICE 75% savings rate applied to mid-2013 ONS England population.
³NICE 75% savings rate applied to mid-2013 ONS Scotland population.
**Wales**

*Together for Health – A Respiratory Health Delivery Plan (The Plan)* was published in April 2014 following a long campaign, and our findings indicate how timely this initiative is for improving outcomes for people with asthma. The survey results suggest that more than six out of seven people with asthma in Wales are not receiving care which fully meets the *BTS/SIGN Guideline* – the highest proportion across the UK.

The survey results are also reflected in national indicators as both asthma admission and mortality rates in Wales have risen since 2011. This is not surprising when our results suggest that less than a quarter of people with asthma in Wales are receiving an asthma action plan.

Local Health Boards must seize the opportunity presented by *The Plan* to achieve the outcome indicators set out by the Welsh Government, and improve the quality of life of people with asthma. Health managers can achieve this by drawing on our survey’s local findings and using existing evidence-based best practice examples from across Wales, and the rest of the UK, where frameworks, standards and priorities are already well established. As with asthma reviews, written asthma action plans should be incentivised through reward initiatives like QOF. According to NICE estimates, £1.38 million net savings could be achieved every year by implementing good standards of care across Wales. Asthma UK presents a wealth of information on how to improve local outcomes at the end of this report.

The publication of a separate children and young people’s section is essential to address specific outcome measures for children, and their transition into adult asthma care. This section will be vital for Local Health Boards, in coordination with their local Respiratory Planning and Delivery Groups, to formulate local delivery plans which will improve asthma outcomes for the whole population. These plans will allow Local Health Boards to align with broader Welsh Government priorities, including *Doing Well, Doing Better*, and *High Impact Service Changes*.

**Northern Ireland**

Northern Ireland was the first part of the UK to produce a *Service Framework for Respiratory Health and Wellbeing* (Service Framework), with specific asthma standards that covered adults, children and young people. Since this was published in 2009, advances in audit and service improvement have been made and these achievements have been reflected in the survey results. Despite the challenging economic environment, the results suggest that Northern Ireland delivers care which fully meets the *BTS/SIGN Guideline* to more than a third of people with asthma, a 4% increase since last year. These figures place Northern Ireland top in the UK in our survey overall, ahead of Scotland, England and Wales. Our results suggest that almost two-thirds of people in Northern Ireland with asthma have an action plan – more than double the proportions in Wales and England.

These survey results are also echoed in national outcomes, where Northern Ireland has overtaken the rest of the UK in the last 20 years in reducing emergency admissions for asthma: by 2011/2012, the asthma emergency admission rate was eight per 10,000 population, while the rest of the UK was ten or more. The *Progress Report* on the delivery of the *Service Framework* has also indicated that outcomes for people with asthma are improving overall in line with expectations. However, although this is very positive, there are still areas of concern including A&E care, Out of Hours care and follow-up after admissions, and mortality rates for asthma have failed to decrease over the last five years. It is important that the achievements to date do not lead to complacency in asthma care, and outcomes continue to improve for people with asthma.

A new draft of the framework has been proposed and this will be complemented by a recommended service specification based on best practice. Integrated Care Partnerships (ICPs), alongside Local Commissioning Groups, primary care organisations and the Public Health Agency now have a crucial opportunity to apply a renewed energy and focus towards improving outcomes for all people with asthma, in line with broader strategies such as *Transforming Your Care*, and the *Quality Strategy 2020*. By implementing the new *Service Framework* across all services, ICPs can improve outcomes for the two-thirds of people with asthma who are still receiving care which does not fully meet the *BTS/SIGN Guideline*. According to NICE estimates, up to £800,000 net savings can be achieved every year by implementing good standards of care across Northern Ireland.

Audits and service improvement projects should be adopted in line with best practice from across the UK to identify innovative yet evidence-based ways of delivering good asthma care for both children and adults, in line with the *Service Framework*. Nationally, the development of a new QOF indicator to incentivise asthma action plans could increase their use across the country.

To find out how a specific area is performing in comparison to the rest of the UK, please visit: [www.asthma.org.uk/takeaction](http://www.asthma.org.uk/takeaction).
How can we improve asthma outcomes?

Asthma UK is calling on all CCGs, Health Boards, ICPs and Local Health Boards to ensure every person with asthma has a written asthma action plan, and deliver care which fully meets the BTS/SIGN Guideline to improve outcomes for people with asthma.

To support commissioners and health managers to achieve this, Asthma UK has produced a range of resources including:

- **Local data breakdowns** of the survey results.
- **Local breakdowns of net cost savings** which can be achieved by implementing the standards.
- An **Asthma Improvement Hub**, which brings together service improvement tools and best practice examples of work that have improved asthma outcomes in both children’s and adults’ care around the UK.
- **Downloadable asthma action plans** for both adults and children

To access these resources, please visit [www.asthma.org.uk/takeaction](http://www.asthma.org.uk/takeaction).

Asthma UK has a free Healthcare Professionals’ Community with over 2,000 members. We keep members updated with the latest news in asthma and provide access to resources such as Your Asthma Action Plan and our Asthma Control Test™. Our Asthma Care Toolkit contains a range of tools to help healthcare professionals improve asthma care in their organisation. More information can be found at [www.asthma.org.uk/healthcare-professionals](http://www.asthma.org.uk/healthcare-professionals).

Asthma UK has also developed the Triple A Test to help people with asthma understand their risk of an attack – [www.asthma.org.uk/triplea](http://www.asthma.org.uk/triplea).
References


9. Office for National Statistics; General Register Office for Scotland; Northern Ireland Statistics & Research Agency


11. Asthma UK (2013) Compare Your Care: how asthma care in the UK matches up to standards. All references to last year’s results are taken from this report.

12. Department of Health, Hospital Episode Statistics; Information Services Division, NHS Scotland, Scottish Morbidity Record; Health Services Wales; Department of Health, Social Services & Public Safety Northern Ireland Hospital Inpatients System


30. Department of Health (2011) An outcomes strategy for people with chronic obstructive pulmonary disease (COPD) and asthma in England


References


Every ten seconds someone in the UK has a potentially life-threatening asthma attack and three people die every day. Tragically many of these deaths could be prevented, whilst others still suffer with asthma so severe current treatments don’t work. This has to change. That’s why Asthma UK exists.

We work to stop asthma attacks and, ultimately, cure asthma by funding world leading research and scientists, campaigning to improve the quality of care and supporting people with asthma to reduce their risk of a potentially life threatening asthma attack.

Stop asthma attacks. Cure asthma.

To find out more about Asthma UK’s work, or get involved with the Healthcare Professionals’ Community visit www.asthma.org.uk or call us on 0800 121 62 44.

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