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## SPECTRA: Identification of Suspected Severe Asthma in Adults Practice Follow-up Report

# **Demo Practice Two**

### Demo Healthcare Centre, Demo Avenue, Demotown, Demoshire BC23 4DE

Practice Code: B23456

NORTH DEMO PCN

NHS Demoshire ICB

Practice List Size: 49,197

Follow-up search results uploaded on Thursday 12th Jan 2023

Initial search results uploaded on Wednesday 11th May 2022



AstraZeneca are not involved in any way with regards to the decision making or prescribing of appropriate treatment for any patient, which is the responsibility of the prescribing clinician.







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# **Purpose of SPECTRA**

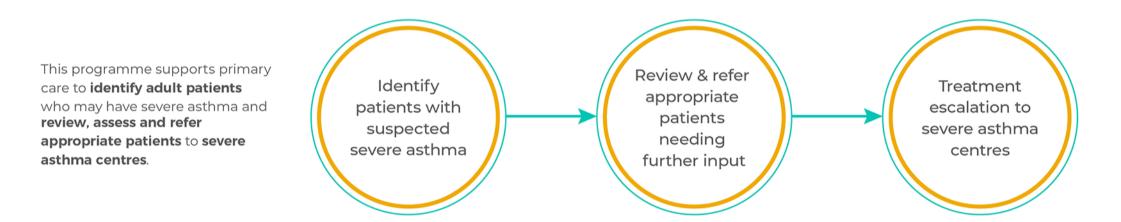
Severe asthma may be a life-threatening and debilitating condition that can affect quality of life.<sup>1</sup>

This may happen despite taking high-dose inhaled corticosteroids (ICS) maintenance inhalers and other controller medications.<sup>1</sup>

Severe asthma is a complex condition and may be driven by different inflammatory pathways.<sup>2</sup>

The purpose of the SPECTRA primary care clinical system resources are to support primary care to identify potential severe asthma patients who are inadequately treated/controlled. Once identified their care can be optimised and, if required, be referred as early as possible to severe asthma centres.

Appropriate and timely review of patients, with difficult-to-treat asthma in specialist care, improves outcomes by facilitating accurate diagnosis, identification and control of comorbidities and optimisation of adherence.



The **objective** of the follow-up report is to **demonstrate the impact** of the **interventions since baseline**.









## Potential severe adult asthma hidden in your practice

Severe asthma patients are at increased risk for severe, potentially life-threatening asthma attacks.

8% of asthma patients in primary care potentially have severe asthma<sup>3</sup>

## What does this equate to in your practice?



Once patients have been **diagnosed with severe asthma**, by a tertiary care centre, their **primary care record** should be **updated** for a diagnosis of **severe asthma** using either **663V3** (Read 2 code) or **370221004** (SNOMED code)









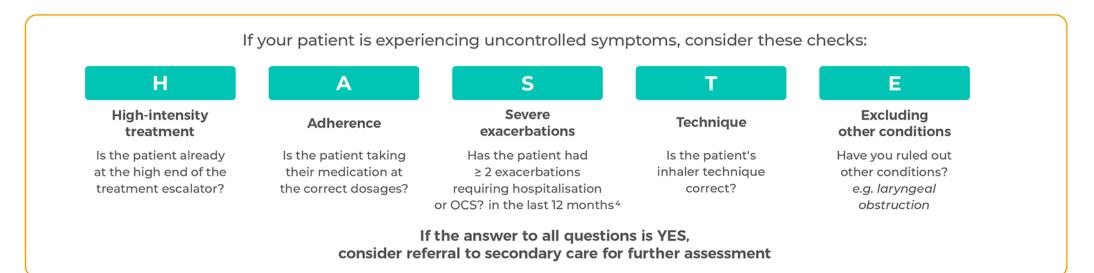
## Patients diagnosed with Severe Asthma

Search Search Title		Patient Numbers	
Number	Number		Follow-up
9	Patients with Severe Asthma coded	4	3

Patients coded for Severe Asthma, in their medical records, are excluded from the SPECTRA audit results as they are assumed to be under specialist care. Please check the results of Search 9 to ensure that ALL patients have been referred to a Severe Asthma Specialist to confirm the diagnosis and receive ongoing care.

## The HASTE Model

If you find patients (identified by the SPECTRA searches) that have not been referred, these patients should be appropriately reviewed and optimised. Consider using the HASTE model to manage those patients that may need an onward referral to a Severe Asthma Specialist.





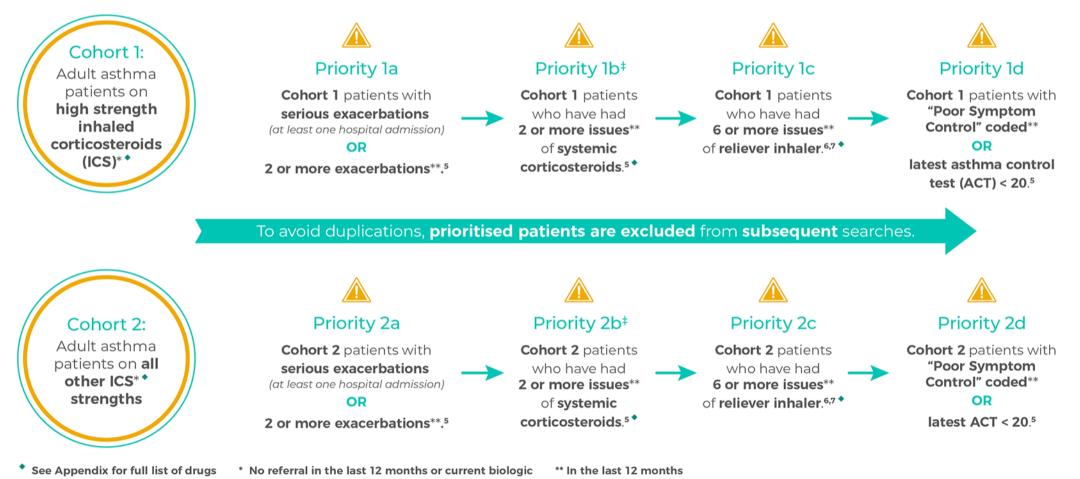






# Rationale used to identify patients for review and assessment prior to referral

The definition of severe asthma, which underpins the algorithm, is based on the ERS/ATS 2014 statement which has not been superseded. To prioritise patients for review and assessment, each cohort is categorised into priority groups, as shown below.



‡ Priority group B is divided into those patients with < 4 OCS issues in the last 12 months & those patients with ≥ 4 OCS issues in the last 12 months









# Cohort 1: Adult asthma patients on high strength ICS\*

To access patients for review, locate these searches within the "SPECTRA: Suspected Adult Severe Asthma" folder in your clinical system reporting module.

Baseline 712 Cohort 1: Adult asthma	Follow-up 697 Cohort 1: Adult asthma patients on a high strength ICS**	
Adult asthma patients on a high strength ICS <sup>•</sup>	Search 1	

Search		Patient Numbers	
Number	umber		Follow-up
1a	Cohort 1 patients with serious exacerbations (at least one hospital admission) OR 2 or more exacerbations**.5	2	23
Ъ	<ul> <li>Cohort 1 patients who have had 2 or more issues** of systemic corticosteroids.<sup>5</sup></li> <li>N.B.: Further searches within the clinical system identify:</li> <li>1bi) Cohort 1 patients who have had 2 or 3 issues OCS in last 12m</li> <li>1bii) Cohort 1 patients who have had 4 or more issues OCS in last 12m</li> </ul>	134	117
lc	Cohort 1 patients who have had 6 or more issues** of reliever inhaler. <sup>6,7</sup>	220	215
1d	Cohort 1 patients with "Poor Symptom Control" coded** OR Latest ACT < 20.⁵	28	27

Once patients have been reviewed, please add the code for "Severe Asthma Exacerbation Risk Assessment",

**38B8** (*Read 2*) or **966031000000101** (*SNOMED*) to record that the review has been completed.

If a patient is referred following review, please code for "Referral to Asthma Clinic", 8HTT (Read 2) or 415265005 (SNOMED).

N.B.: This code will remove the patient from the audit for the next 12 months

\* See Appendix for full list of drugs \* No referral in the last 12 months or current biologic \*\* In the last 12 months



**Demo Practice Two** 







# Cohort 2: Adult asthma patients on all other ICS\* strengths

To access patients for review, locate these searches within the "SPECTRA: Suspected Adult Severe Asthma" folder in your clinical system reporting module.

Baseline 1,370 Cohort 2: Adult asthma patients on	Follow-up 1,441 Cohort 2: Adult asthma patients on all other ICS** strengths
all other ICS** strengths	Search 2

Search		Patient Numbers	
Number	Search Title	Baseline	Follow-up
2a	Cohort 2 patients with serious exacerbations (at least one hospital admission) OR 2 or more exacerbations**.5	5	47
2b	<ul> <li>Cohort 2 patients who have had 2 or more issues** of systemic corticosteroids.<sup>5</sup></li> <li>N.B.: Further searches within the clinical system identify: 2bi) Cohort 2 patients who have had 2 or 3 issues OCS in last 12m 2bii) Cohort 2 patients who have had 4 or more issues OCS in last 12m</li> </ul>	142	162
2c	Cohort 2 patients who have had 6 or more issues** of reliever inhaler. <sup>6,7</sup> •	452	469
2d	Cohort 2 patients with "Poor Symptom Control" coded** OR Latest ACT < 20.⁵	72	62

Once patients have been reviewed, please add the code for "Severe Asthma Exacerbation Risk Assessment",

**38B8** (*Read 2*) or **966031000000101** (*SNOMED*) to record that the review has been completed.

If a patient is referred following review, please code for "Referral to Asthma Clinic", 8HTT (Read 2) or 415265005 (SNOMED).

N.B.: This code will remove the patient from the audit for the next 12 months

\* See Appendix for full list of drugs \* No referral in the last 12 months or current biologic \*\* In the last 12 months



**Demo Practice Two** 







# Patients in Cohorts 1 & 2 who require an asthma control test (ACT)

International guidelines for the treatment of asthma have identified that the primary clinical goal of asthma management is to optimise asthma control (minimisation of symptoms, activity limitation, bronchoconstriction and rescue β2-agonist use) and thus reduce the risk of life-threatening exacerbations and long-term morbidity.<sup>8</sup>

The Asthma Control Test is a tool commonly used by healthcare providers globally, and has been scientifically tested with hundreds of people with asthma.9

Completing the ACT ensures up-to-date symptom control and scores are recorded for the target cohorts of patients identified.

### Cohort 1: Adult asthma patients on high strength ICS



696 Adult asthma patients on a high strength ICS (with no referral in the last 12 months or current biologic) still require an ACT to be completed

These patients can be accessed from **Search 3** within the "SPECTRA: Suspected Adult Severe Asthma" folder in your clinical system reporting module.

### Cohort 2: Adult asthma patients on all other ICS strengths



**1,440** Adult asthma patients on **all other ICS strengths** (with no referral in the last 12 months or current biologic) still require an ACT to be completed

These patients can be accessed from **Search 4** within the "SPECTRA: Suspected Adult Severe Asthma" folder in your clinical system reporting module.



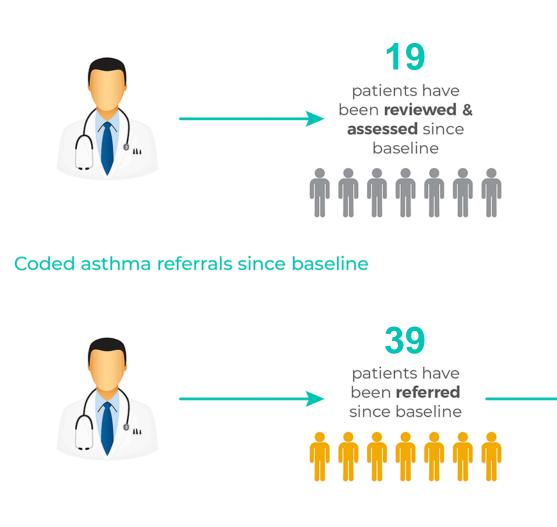






# Impact of the review and referral process

Total number of patients reviewed & assessed since baseline





Patients will **only appear** as "**reviewed and assessed**" if the "Severe Asthma Exacerbation Risk Assessment" code [38B8 (Read 2) or 96603100000101 (SNOMED)] has been added since baseline



Patients will **only appear** as "**referred**" if the "Referral to Asthma Clinic" code [8HTT (Read 2) or 415265005 (SNOMED)] has been added since baseline.









# Recording advanced therapies in the clinical system

Patients that are referred to specialist centres may be initiated on advanced therapies.

It is important the **patient's GP prescribing record** is updated with the medication given **outside the practice**, so that the **record provides** a **full picture** of the patient, to **staff across the health system** who are **directly involved** in the **patient's care**.

It is also **important** to **record advanced therapies** in severe asthma patients for this audit, as these patients are **excluded from the target cohort** to prevent them from reappearing in searches for review.



For guidance on how to **add** any **medication prescribed outside the GP practice**, either **click** on **the NHS Digital link below** or **access the GP clinical system's help files**.

https://digital.nhs.uk/services/summary-care-records-scr/recording-medicines-prescribed-elsewhere-into-the-gp-practice-record









# Appendix

## List of drugs included in Cohort 1 - High Strength ICS

Doses (*puffs and frequency*) of inhalers cannot be identified through clinical system searches. In order to identify Inhaled Corticosteroid devices that deliver high doses, strengths are used in the search criteria.

Strengths of ICS that can be used to deliver both medium and high doses<sup>10</sup> have been marked with an asterisk (\*).

#### BECLOMETASONE

Beclometasone 200mcg dose inhaler\* Clenil Modulite pMDI 250mcg Beclometasone 250mcg dose inhaler Kelhale pMDI (extrafine) 100mcg\* Qvar pMDI (extrafine) 100mcg\* Qvar Autohaler (extrafine) 100mcg\* Qvar Easi-breathe (extrafine) 100mcg\* Beclometasone 100mcg breath actuated inhaler CFC free Soprobec pMDI 250mcg

#### CICLESONIDE

Alvesco pMDI 160mcg\* Ciclesonide 160mcg dose inhaler\* Ciclesonide cfc-free inhaler 160mcg - 60 doses\* Ciclesonide cfc-free inhaler 160mcg - 120 doses\*

### FLUTICASONE

Flixotide Evohaler 250mcg Flixotide Accuhaler 500mcg Fluticasone propionate 500mcg dry powder inhaler

#### BUDESONIDE

Easyhaler (Budesonide) 400mcg Budesonide dry powder inhaler 400mcg Budesonide 200mcg dry powder inhalation cartridge Budesonide 200mcg dry powder inhalation cartridge with refill Budelin Novolizer 200mcg\* Budelin Novolizer 200mcg refill\* Pulmicort Turbohaler 400mcg\*

#### **BECLOMETASONE/FORMOTEROL**

Fostair (pMDI) 200/6 Fostair (NEXThaler) 200/6 Beclometasone 200mcg /Formoterol 6mcg inhaler CFC free Beclometasone 200mcg /Formoterol 6mcg dry powder inhaler

### **BUDESONIDE/FORMOTEROL**

DuoResp Spiromax 320/9\* Budesonide 400mcg /Formoterol 12mcg dry powder inhaler\* Symbicort Turbohaler 400/12\* Fobumix Easyhaler 320/9\*

### FLUTICASONE/FORMOTEROL

Flutiform MDI 250/10

### FLUTICASONE/SALMETEROL

Aerivio Spiromax 500/50 Airflusal Forspiro 500/50 AirFlusal pMDI 250/25 Aloflute pMDI 250/25 Combisal pMDI 250/25 Fusacomb Easyhaler 500/50 Sereflo pMDI 250/25 Seretide Accuhaler 500/50 Seretide Evohaler 250/25 Sirdupla pMDI 250/25 Stalpex Orbicel 500/50 Fluticasone 500mcg/ Salmeterol 50mcg inhaler CFC free Fluticasone 250mcg/ Salmeterol 25mcg inhaler CFC free

#### FLUTICASONE/VILANTEROL

Relvar Ellipta 184/22 Fluticasone furoate 184mcg /Vilanterol 22mcg dry powder inhaler









## Appendix (continued)

## List of drugs included in Cohort 2 - Other Strength ICS

This search is created by including patients on all others strengths of inhaled corticosteroids and excluding patients from Cohort 1.

### Systemic corticosteroids used in the searches

Drugs in this group include all strengths of tablet, solution, suspension, suppository and injection formulations of Prednisolone:

### **Reliever inhalers**

Drugs in this group include, all strengths of short-acting beta-2 agonist (SABA):

- Salbutamol
- Terbutaline sulfate









## References

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- Crowther L, et al. "The Sentinel Project: experience-based co-design of an implementation-ready intervention to improve adult asthma care in primary care".
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- 10. BTS and SIGN (2019) British guideline on the management of asthma (SIGN 158). British Thoracic Society and Scottish Intercollegiate Guidelines Network. Available from: https://www.brit-thoracic.org.uk [Last Accessed: June 2023]



