



# Asthma Audit Development Project (AADP)

Phase 2 final report: Summary for patients,  
carers and the public (August 2018)



## Section 1. Introduction

### 1.1 Asthma

Eight million people in the UK have asthma. This means it is the most common lung disease in the country. There are around 60,000 hospital admissions, 6.4 million GP and nurse consultations and 1,200 deaths because of asthma each year. It also is estimated to cost the NHS £1.1 billion a year.

Asthma symptoms include breathlessness, wheeze, chest tightness and cough, which can vary in severity. Severe asthma can significantly reduce quality of life and affect even simple every day activities like sleeping and getting to school or work.

### 1.2 National Asthma Audit

A key recommendation from the National Review of Asthma Deaths (NRAD) 2014 report *Why Asthma Still Kills* was that 'a national ongoing audit of asthma should be established, to help clinicians, healthcare funders and patient organisations to improve asthma care'. This new audit, which will look at the care received by every asthma patient admitted to hospital and make sure that the treatment and advice asthma patients receive meets standards and guidelines, will start in spring 2018.

### 1.3 Asthma Audit Development Project (AADP)

The Asthma Audit Development Project (AADP) was funded to inform the design of, and carry out the groundwork required for, the National Asthma Audit. In order to carry out this work the AADP was split into two phases. This summary provides information on the activities, and conclusions of, phase 2. Further information on phase 1 of the project can be found at [www.rcplondon.ac.uk/naadp](http://www.rcplondon.ac.uk/naadp).

## Section 2. AADP Phase 2

### 2.1 Outcome from Phase 1

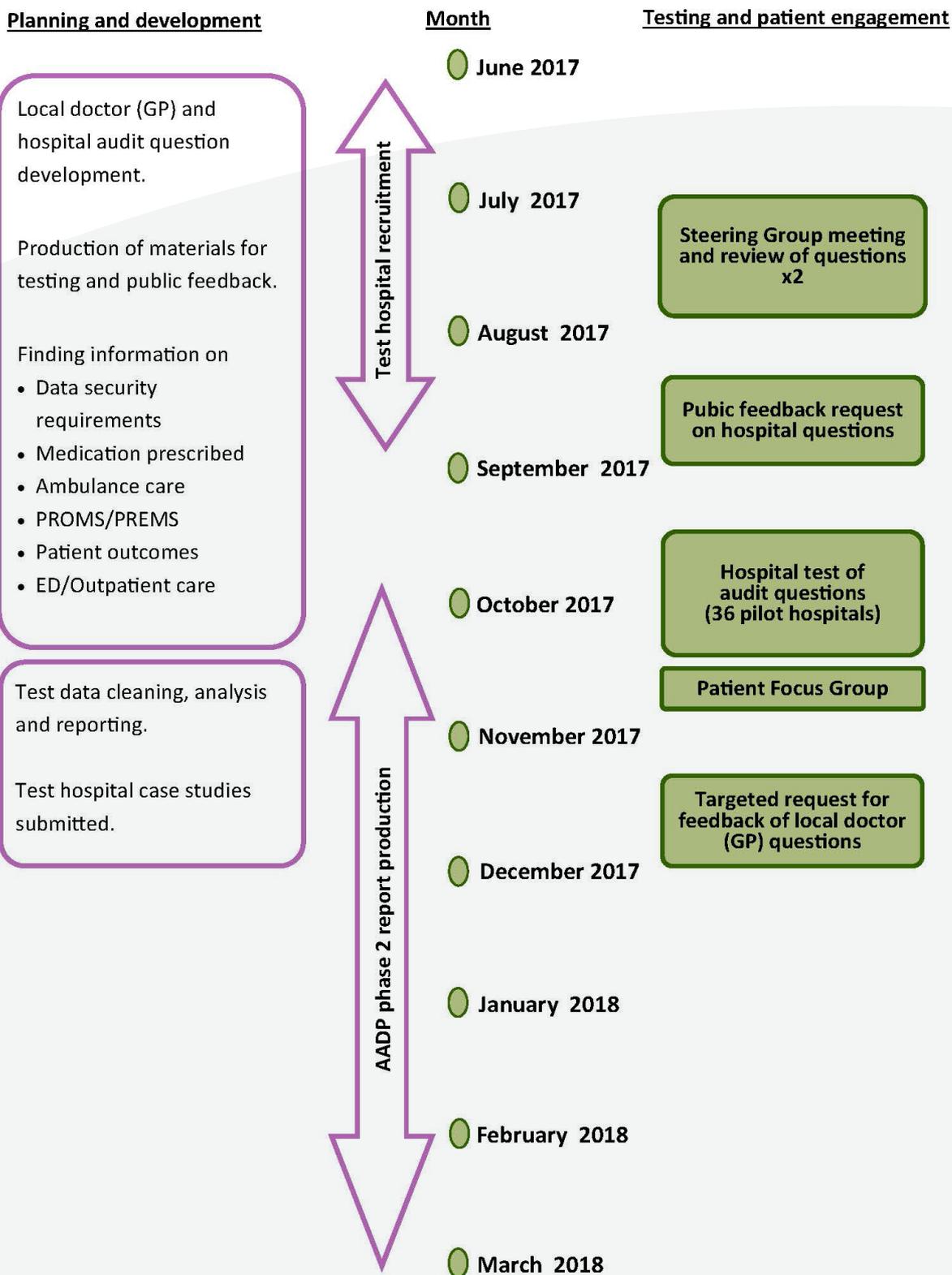
Following the work carried out in phase 1 of the AADP, between November 2016 and May 2017, a proposal was put forward that the National Asthma Audit should include:

-  an audit of hospital asthma care at discharge + an audit of asthma service structure (covering staff numbers, whether services are available 7 days a week, etc)
-  an audit of local doctor (GP) asthma care in Wales

It also recommended that further investigation was carried out into:

-  what medication is being prescribed to asthma patients
-  what care is given by ambulance services to asthma patients
-  what patients think of their own outcome and experience of treatment (called patient-reported outcome and experience measures or PROMS/PREMS)

Based on this proposal, between June and December 2017, the recommended audit plan and questions were designed and tested. The diagram on page 3 shows the design and testing work that took place.





## 2.2 Patient involvement

Involving asthma patients in the planning of the National Asthma Audit was key to ensuring its success. An asthma patient and a representative from Asthma UK were identified and sat on the AADP steering group which provided guidance and advice to the AADP team. Both Asthma UK and the British Lung Foundation (a patient charity which supports patients and carers dealing with a variety of respiratory conditions) were also sent regular updates.

In addition to this, a focus group was held to find out what was important to asthma patients and carers about the care they received for their asthma and a National Asthma Audit. Here are some of the things they said:

### What is important to asthma patients and carers about a National Asthma Audit?

#### The information it would provide

*'You'd want to know how many patients have got asthma, have they seen those patients, have they done reviews, have they got plans in place for all of those patients.'*

### What's important to asthma patients and carers about their emergency hospital care?

#### Correct, timely treatment

*'So, for me that's... I mean it's challenging. It's almost like it's a near miss really. So, they have been applying an incorrect treatment package for an emergency situation and they've not been quick enough to respond to those challenges...'*

### What's important to asthma patients and carers about their routine primary asthma care?

#### Personalised Asthma Action Plans (PAAPs)

*'The creation of a plan. It all comes down to us, if we let it slip it will go and it can spiral out of control and I'll be in hospital in a week.'*

Overall, asthma patients and carers felt that the following areas of asthma care were most important to them:

- > routine asthma care (annual reviews, inhaler technique, triggers)
- > an awareness of how care may differ for different patient groups (age, gender, comorbidities)
- > ensuring that a correct assessment of asthma severity could be made
- > ensuring that appropriate and timely treatment was given.

### 2.3 Seeking feedback from the public

In August 2017, some of the hospital audit questions went out for public consultation. This means that they were made publically available for anyone, including asthma patients, their carers and the general public, to comment on. Twelve people sent comments in and these were used to make the questions better and easier to understand and answer.

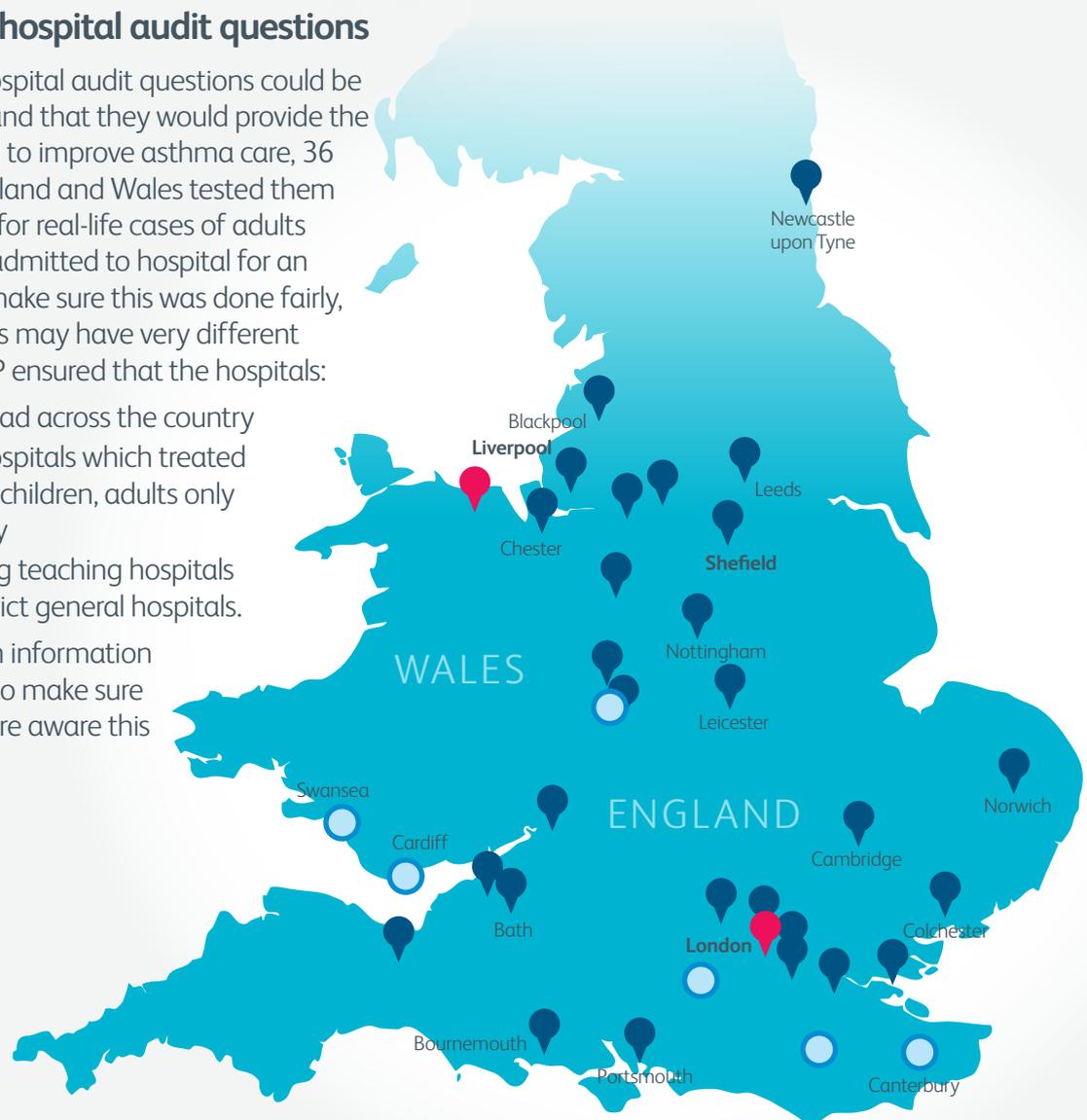
### 2.4 Testing the hospital audit questions

To make sure the hospital audit questions could be answered properly and that they would provide the information needed to improve asthma care, 36 hospitals across England and Wales tested them by answering them for real-life cases of adults and children being admitted to hospital for an asthma attack. To make sure this was done fairly, as different hospitals may have very different processes, the AADP ensured that the hospitals:

- > were evenly spread across the country
- > were a mix of hospitals which treated both adults and children, adults only and children only
- > included both big teaching hospitals and smaller district general hospitals.

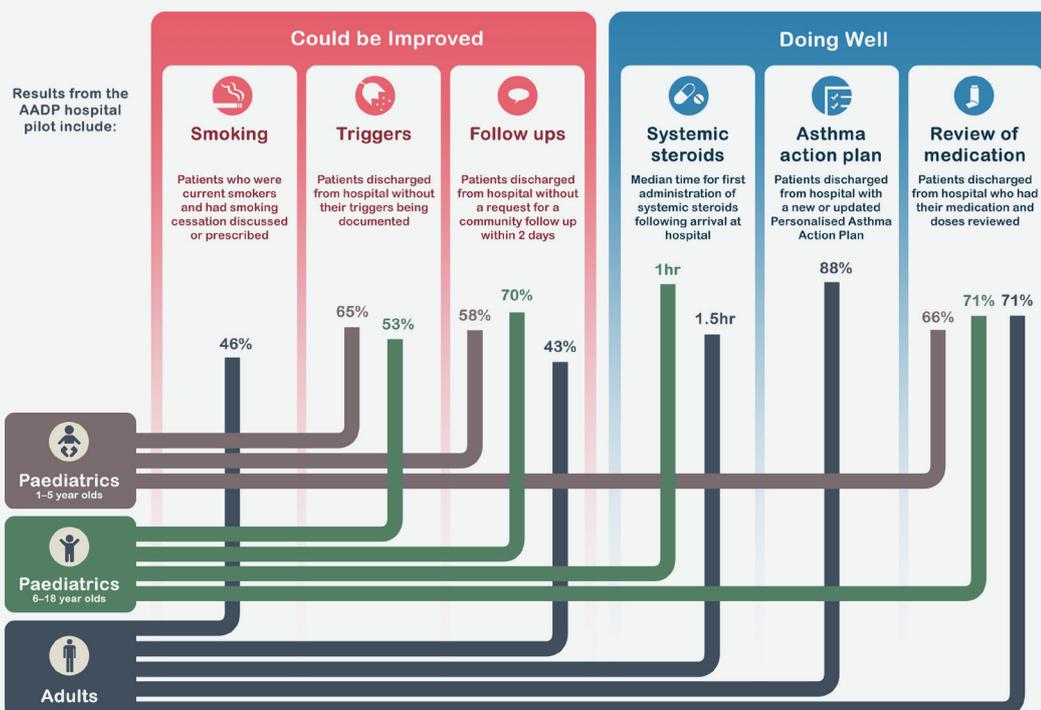
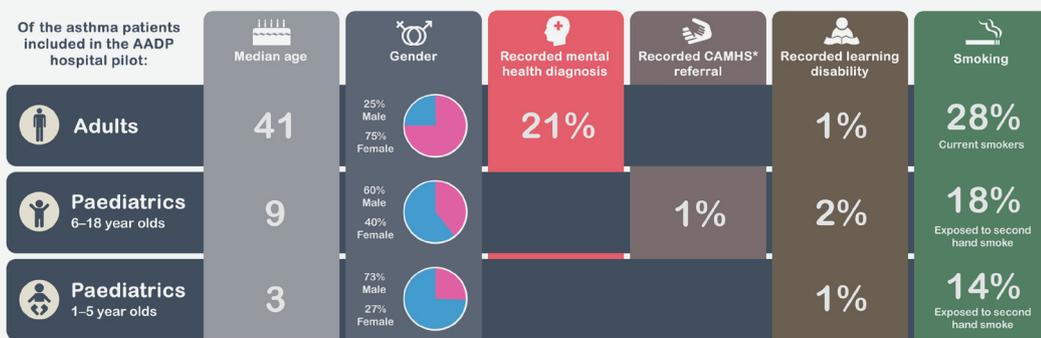
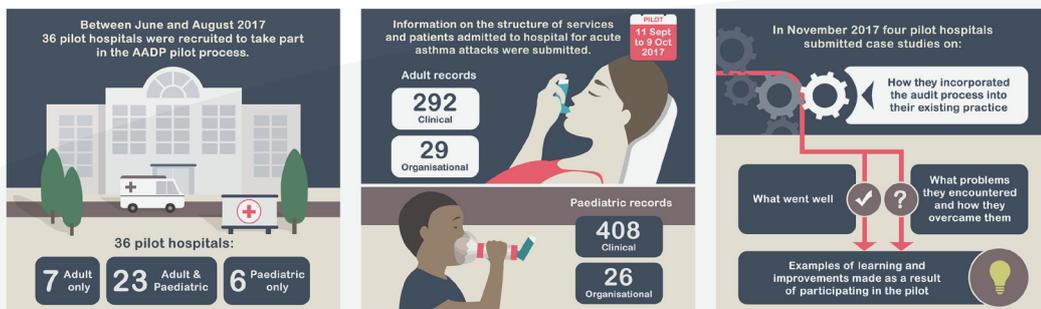
Hospitals were given information sheets and posters to make sure asthma patients were aware this was happening.

Here is a map of all the testing hospitals. The hospitals marked with red said they would take part but did not test any questions.



Here is a summary of the hospital testing process and the results from it.

## ASTHMA AUDIT DEVELOPMENT PROJECT (AADP) PILOT STORYBOARD



### Section 3. Conclusions and recommendations for next steps from Phase 2

Following the design and testing activities, the following conclusions have been made by the AADP team, as well as, a group of doctors, nurses, researchers and asthma patients, on how the National Asthma Audit should be carried out. Where the patient symbol is given, it means that this area was seen as particularly important to asthma patients and carers.

#### Patient involvement

- > Patient involvement in the National Asthma Audit will be essential and ensures a strong patient voice. The audit leadership groups which provide guidance and advice on the asthma audit should include patient representatives and, if possible, a Patient and Public Involvement (PPI) group to make sure there is a constant patient voice.

#### Audit of hospital asthma care

- > An audit of hospital asthma care and structure in England and Wales should be carried out, and designed so that hospital staff are able to build answering the questions into their day-to-day working life.
- > Hospital audit questions should include information on:
  -  different patient groups (age, gender etc)
  -  care received in ambulances
  -  what treatments asthma patients receive as soon as they arrive at hospital
  -  what checks are done to make sure it is safe to send an asthma patient home
  - staffing levels

- if hospitals ask patients to feedback on how they found the asthma service
-  what processes hospitals have for when a patient changes from child to adult services.

#### Audit of local doctor (GP) care

- > Information on the routine care given to asthma patients by their local doctor (GP) can be taken directly from GP practice records in Wales. This information can be reliably used to provide information and lessons for England, as well as Wales.
- > Local doctor (GP) audit questions should include information on:
  -  different patient groups (age, gender, ethnicity etc)
  -  other conditions, including mental health and learning disabilities
  - asthma attacks which are treated at a local doctors (GPs)
  -  how asthma is diagnosed
  -  Personalised Asthma Actions Plans (PAAPs)
  -  annual reviews
  -  inhaler technique checks
  - smoking status and exposure to second hand smoke
  - what medication patients are being prescribed for their asthma.

#### Other sources of information

- > Other organisations hold data about asthma patients ( whether they have any other diseases or conditions, and the outcomes of their care, including whether they died shortly after leaving hospital) which will not be captured by the audit. Finding ways to incorporate this information may add to the richness of the audit.

## Patient reported outcome and experience measures (PROMS and PREMS)

- > It is important to find out what asthma patients think of their own outcome and experience. There are several potential sources of information on this and the audit should look into how these might be used.

## Data security (information governance)

- > It is very important to make sure that patient information is kept safe and confidential. The National Asthma Audit should take all possible measures to ensure information it collects is stored and used safely and confidentially.

## IT requirements

- > An online web-tool should be created to make it easier for hospitals to send information safely on how they treat asthma patients and get feedback on how they can make their care better.



**For further information on the overall AADP project, please see our website or contact the National Asthma and COPD Audit Programme (NACAP) team directly:**

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If you would like to join our mailing list and be kept informed of updates and developments in the National Asthma and COPD Audit Programme, please send your email address and contact details to the asthma email address given.

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