

# QS 25

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Quality standard on the diagnosis and treatment  
of asthma in adults, young people and children  
aged 12 months and older (QS25)

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THE COMMISSIONING  
**review**

**NICE** National Institute for  
Health and Care Excellence

# Introduction

**A**sthma is a long-term, inflammatory disorder affecting the airways. It is characterised by symptoms including breathlessness, wheezing and coughing, particularly at night. Allergic asthma is the most common type of asthma and is triggered by immunoglobulin E (IgE) antibodies produced in response to environmental allergens such as pollen, dust mites, or moulds. There are currently more than 5.4 million people in the UK being treated for asthma; about 1.1 million of these are children. There were 1,131 deaths from asthma in the UK in 2009 (12 were children aged 14 years or under), which is, on average, 3 people per day or 1 person every 8 hours (Asthma UK).

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. They are derived either from NICE guidance or NICE accredited sources, and apply right across the NHS in England.

The new quality standard on asthma consists of a set of specific, concise and measurable statements that, when delivered collectively, should contribute to improving the effectiveness, quality, safety and experience of care for people with the condition.

The quality standard for asthma requires that services should be commissioned from and coordinated across all relevant agencies encompassing the whole asthma care pathway. An integrated approach to provision of services is fundamental to the delivery of high quality care to adults, young people and children with asthma.

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in diagnosing and managing asthma in adults, young people and children should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

# Quality statements

## Statement 1

People with newly diagnosed asthma are diagnosed in accordance with the British Thoracic Society (BTS) and the Scottish Intercollegiate Guidelines Network (SIGN) guidance.

## Rationale

Making a diagnosis of asthma is a process which is different in adults and children and also varies among adults and among children. Processes for adults and children are described in the BTS/SIGN guidance. It is important the process followed is documented to ensure continuity in the diagnostic process. It is also important that the basis on which the diagnosis of asthma is made is clearly recorded because this process may have implications for the future management of the condition. Following the process should result in an accurate diagnosis and ensure the person receives appropriate treatment.

Commissioners should ensure they commission services for people with newly diagnosed asthma to be diagnosed in accordance with BTS/SIGN guidance.

## Statement 2

Adults with new onset asthma are assessed for occupational causes.

## Rationale

Occupational asthma is the only form

of asthma that can potentially be cured by removing the person from exposure to the trigger. Healthcare professionals need to be able to recognise symptoms that suggest occupational asthma so that they can ensure appropriate referral and treatment.

Commissioners should ensure they commission services that assess adults with new onset asthma for occupational causes.

## Statement 3

People with asthma receive a written personalised action plan.

## Rationale

Written personalised action plans, given as part of structured education, can improve outcomes such as self-efficacy, knowledge and confidence for people with asthma, particularly for people with moderate to severe asthma whose condition is managed in secondary care. For people with asthma who have had a recent acute exacerbation resulting in admission to hospital, written personalised action plans may reduce readmission rates.

Commissioners should ensure they commission services that give people with asthma a written, personalised action plan.

## Statement 4

People with asthma are given specific

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training and assessment in inhaler technique before starting any new inhaler treatment.

### Rationale

People with asthma need to be able to use their inhaler correctly to ensure they receive the correct dose of treatment. There are several types of inhaler and it is important that training and assessment are specific to each inhaler.

Training and assessment need to take place before any new inhaler treatment is started, to ensure that changes to treatment do not fail because of poor technique.

Commissioners should ensure they commission services that give people with asthma specific training and assessment in inhaler technique before they start any new inhaler treatment.

### Statement 5

People with asthma receive a structured review at least annually.

### Rationale

A structured review can improve clinical outcomes for people with asthma. Benefits associated with structured review may include reduced absence from school or work, reduced exacerbation rate, improved symptom control and reduced attendance in accident and emergency departments.

Commissioners should ensure they commission services that give people with asthma a structured review at least annually.

### Statement 6

People with asthma who present with respiratory symptoms receive an assessment of their asthma control.

### Rationale

For people who present with respiratory symptoms between annual reviews, it is important to assess asthma control using a recognised tool to identify those who need treatment. In some cases this may prevent admission to hospital for deteriorating symptoms.

Commissioners should ensure they commission services that assess asthma control in people with asthma who present with respiratory symptoms.

### Statement 7

People with asthma who present with an exacerbation of their symptoms receive an objective measurement of severity at the time of presentation.

### Rationale

Severity of an exacerbation should be objectively measured as soon as a person presents with respiratory symptoms. Delays in measurement can result in symptoms deteriorating further. An accurate measurement can determine the level of severity of the attack and ensure appropriate treatment is started promptly.

Commissioners should ensure they commission services that give people with asthma who present with an exacerbation of their respiratory symptoms an objective

measurement of severity at the time of presentation.

### Statement 8

People aged 5 years or older presenting to a healthcare professional with a severe or life-threatening acute exacerbation of asthma receive oral or intravenous steroids within 1 hour of presentation.

### Rationale

Steroids are part of a range of treatment that can be given to people aged 5 years or older presenting with a severe or life-threatening exacerbation of asthma. The use of steroids soon after presentation may contribute to reducing the need for hospital admission, preventing relapse in symptoms, reducing mortality and the need for beta-2 agonist therapy.

Commissioners should ensure they commission services that give oral or intravenous steroids to people aged 5 years or older presenting to a healthcare professional with a severe or life-threatening acute exacerbation of asthma within 1 hour of presentation.

### Statement 9

People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge.

### Rationale

A structured review of clinical management and the written

personalised action plan ensure people admitted to hospital receive appropriate treatment and in some cases may reduce readmission rates.

Commissioners should ensure they commission services which give people admitted to hospital with an acute exacerbation of asthma a review by a member of a specialist respiratory team before discharge.

### Statement 10

People who received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma are followed up by their own GP practice within 2 working days of treatment.

### Rationale

For people treated for an exacerbation of asthma in hospital (both in accident and emergency departments and as inpatients) or through out-of-hours services, follow-up appointments are important to explore the possible reasons for the exacerbation and the actions needed to reduce the risk of further acute episodes.

Commissioners should ensure they commission services that specify effective communication between secondary care centres (such as hospitals and out-of-hours services) and primary care so that people who received treatment for an acute exacerbation of asthma in hospital or through out-of-hours services are followed up by their own GP practice within 2 working days of treatment.

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### Statement 11

People with difficult asthma are offered an assessment by a multidisciplinary difficult asthma service.

### Rationale

People with difficult asthma need specialist assessment to accurately diagnose their asthma, exclude alternative causes of persistent symptoms, manage comorbidities, confirm adherence to therapy and ensure they are receiving the most appropriate treatment.

Commissioners should ensure they commission services that offer people with difficult asthma an assessment by a multidisciplinary difficult asthma service.

### Evidence sources

The documents below contain clinical guideline recommendations or other recommendations that were used by the Topic Expert Group to develop the quality standard statements and measures.

- British guideline on the management of asthma. British Thoracic Society and Scottish Intercollegiate Guidelines Network clinical guideline 101 (2008, updated 2011; NICE accredited). <http://www.sign.ac.uk/guidelines/fulltext/101/index.html>
- Policy context
- It is important that the quality standard is considered alongside current policy documents, including:
- Department of Health (2011) An

outcomes strategy for people with chronic obstructive pulmonary disease (COPD) and asthma in England. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127974](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127974)

- Department of Health (2004) National Service Framework for Children, Young People and Maternity Services: Asthma [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4089205](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089205)
- The full quality standard on asthma is available at: [www.nice.org.uk/QS25](http://www.nice.org.uk/QS25)



# 2013

Take a deep breath.

**In 2012** Chiesi's new research and development centre won the 'Facility of the year award' from ISPE.

**In 2012** Chiesi planned 87% of future clinical studies in respiratory.

**In 2011** Chiesi's new 22,000m<sup>2</sup> R&D centre in Parma was completed, making 5 in total.

**In 2011** Chiesi owned 1,300 active patents worldwide.

