

# Blueprint for improving care for people with severe asthma

**A new set of standards based on best practice aims to lead to better care for adults with uncontrolled and severe asthma. The consensus pathway is intended to guide clinicians, managers and commissioners on what optimal care should look like across the entire patient journey and lead to real improvements in outcomes.<sup>1</sup>**

Up to 200,000 people in the UK have severe and uncontrolled asthma, which has a significant impact on their quality of life.

Many are frequently admitted to hospital as an emergency and run the risk of serious side effects from extended periods on high dose steroid-based medication. Current service provision is patchy, characterised by lengthy waits and wide variations.

Of the 5.4 million people in the UK with asthma, approximately 1 million have 'difficult' asthma, 200,000 are estimated have severe asthma, and only 1,000 are recorded on the Severe Asthma Registry.

Biologic therapies offer better outcomes for large numbers of these people – but very few are receiving them.

Improving outcomes for patients with respiratory disease is one of the clinical priorities in the NHS Long Term Plan. The NHS Accelerated Access Collaborative (AAC) Rapid Uptake Products (RUP) programme includes improving access to asthma biologics by supporting improvements in pathways and practices to ensure more patients receive timely specialist care.

Asthma+Lung UK states: 'A delayed severe asthma care pathway [means] people with difficult and severe asthma remain symptomatic on apparently high doses of treatment but are not always referred for specialist assessment. Patients are then left on continuous courses of oral corticosteroids (OCS) or slip through the net without a diagnosis.'<sup>2</sup>

Currently, five injectable biologics (monoclonal antibodies, mAbs) have been approved by NICE and should be available to people with eosinophilic asthma. These are omalizumab, mepolizumab, reslizumab, benralizumab, and dupilumab.<sup>3</sup> But referral rates to severe asthma centres

(SACs) remain low:<sup>2</sup> it is thought that over 60,000 patients would benefit from a biologic, but prescribing data suggest that only 8-10,000 of these are currently able to access these treatments.<sup>3</sup>

The AAC RUP programme has produced a consensus pathway, which provides a set of standards for the care of adults with uncontrolled and severe asthma based on best practice, and which aims to reduce or eliminate delays in accessing appropriate assessment and treatment with biologics.

Professor Andrew Menzies-Gow, National Director for Respiratory Services, NHS England/Improvement, said: 'I have seen how biologics can transform the lives of people with severe asthma and this pathway is an important step in optimising access for people who will benefit from them.'

In its 2018 report *Slipping through the net*, Asthma+Lung UK stated: 'People with difficult and severe asthma deserve access to the full range of diagnostic tests, new technologies and new treatments so that severe attacks and hospital visits can be prevented and quality of life improved.'

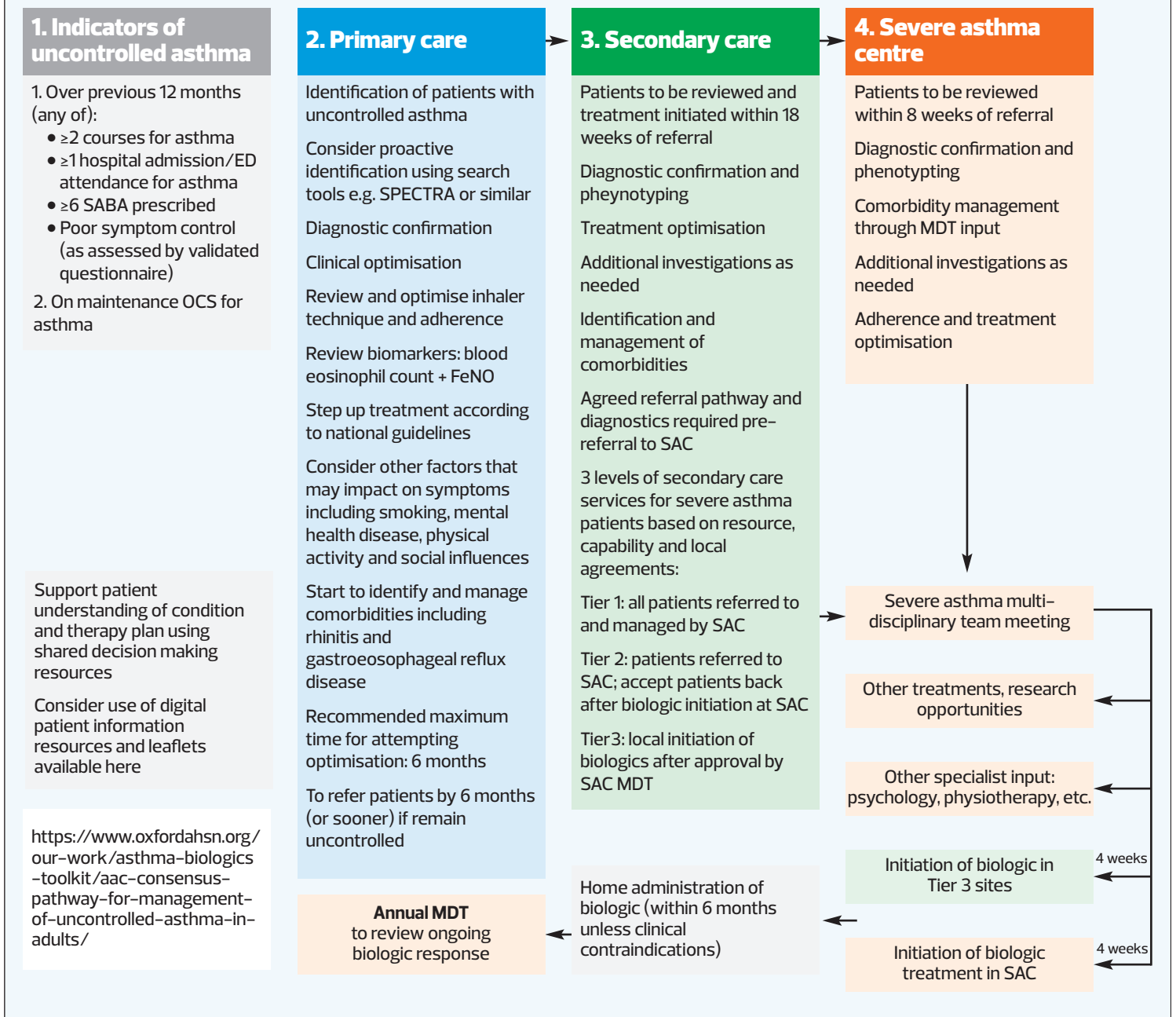
## WHAT CAN GPNs DO?

While patients with uncontrolled and/or severe asthma would have their suitability for biologic therapy assessed in a severe asthma centre, there is much that can be done in primary care to start patients on this journey.

The indicators of uncontrolled asthma include, over the past 12 months, two or more courses of oral corticosteroids (OCS) for asthma, hospital admission or attendance at A&E for asthma, six or more short acting beta-agonist (SABA) inhalers prescribed, poor symptom control, or requiring maintenance OCS.

General practice nurses should use these criteria to identify patients with uncontrolled asthma, or proactively search for these patients using, for example, the SPECTRA (Identification of SusPECTed severe Asthma in adults) tool.<sup>4</sup>

# AAC/AHSN CONSENSUS PATHWAY: MANAGEMENT OF UNCONTROLLED ASTHMA IN ADULTS



Next steps are to:

- Confirm the diagnosis
- Review and optimise inhaler technique and adherence
- Review blood eosinophil count and FeNO
- Step up treatment, following national guidelines
- Consider other factors that may impact on symptoms, including smoking, mental health, physical activity and social influences
- Start to identify and manage comorbidities such as rhinitis and gastroesophageal reflux disease.

The recommended maximum time for attempting optimisation is 6 months, and if the patient remains uncontrolled by then (or sooner if indicated), they should be referred to secondary care.

Patients should be reviewed and treatment started within 18 weeks of referral, and following further, agreed, diagnostic tests referred onwards to a SAC for assessment by a multidisciplinary team. Biologics would usually be initiated in the SAC, but the aim is enable the patient to administer the treatment at home within 6 months unless clinically contraindicated.

The AAC asthma biologics programme is led by the Oxford AHSN on behalf of the AHSN Network.

- Asthma UK. Slipping through the net: the reality facing patients with difficult and severe asthma; 2018. <https://www.asthma.org.uk/support-us/campaigns/publications/difficult-and-severe-asthma-report/>
- Oxford Academic Health Science Network. Consensus pathway for management of uncontrolled asthma in adults. <https://www.oxfordahsn.org/our-work/asthma-biologics-toolkit/aac-consensus-pathway-for-management-of-uncontrolled-asthma-in-adults/>
- Oxford AHSN. Asthma biologics overview. <https://www.oxfordahsn.org/our-work/asthma-biologics-toolkit/asthma-biologics-overview/>
- SPECTRA Primary Care Clinical System Resources. <https://suspected-severe-asthma.co.uk>