Adoption and Impact Programme

Asthma - diagnosis and monitoring guideline

Primary Care Implementation Feasibility Project

Information pack
1. About NICE and the Adoption and Impact Programme

The National Institute for Health and Care Excellence (NICE) is the independent organisation responsible for providing national guidance and advice on promoting high quality health, public health and social care.

Our role is to improve outcomes for people using the NHS and other public health and social care services. We do this by producing evidence-based guidance and advice for health, public health and social care practitioners; developing quality standards and performance metrics for those providing and commissioning health, public health and social care services and providing a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

The Adoption and Impact Programme focusses on the practical aspects of guideline implementation and adoption. We help the NHS and Social Care to implement evidence based practice and adopt proven technologies more quickly and widely through a number of supportive activities including development of practical resources, resource impact assessments, strategic engagement and measuring and reporting guidance uptake.

2. Our approach

The Adoption team within the programme is responsible for identifying and supporting ways to overcome potential barriers to the widespread adoption of medical technologies and diagnostics recommended by NICE.

If a medical or diagnostic technology is assessed as likely to have complex adoption issues in NHS practice, we will undertake a bespoke adoption or feasibility project with a small number of organisations to assess the issues and find solutions to the hurdles to adoption.

Project management support is provided to participating sites for the duration of the project in order to capture ‘real time’ accounts of technology adoption. During this process, data is collected to measure the impact of the technology and to highlight any relevant practical issues such as educational needs, maintenance requirements or quality assurance. The individual NHS organisations are given the opportunity to review and comment upon the section(s) of the report that is/are specifically relevant to them prior to final publication by NICE.
3. **Asthma - diagnosis and monitoring guideline**

NICE issued a draft guideline on asthma diagnosis and monitoring for consultation with stakeholders during the period 28 January - 11 March 2015. The guideline aimed to set out the most effective way to diagnose asthma and how healthcare professionals can help adults, children and young people better control their symptoms. It is estimated that roughly 1.2 million adults in the UK may be wrongly receiving treatment for asthma.

There is currently no gold standard test to diagnose asthma and in current practice healthcare professionals mainly check for signs and symptoms. However, with almost a third (30%) of people being treated for asthma no longer showing signs of the condition, appropriate diagnosis requires supportive tests.

The guideline, published for consultation, stressed that to achieve an accurate diagnosis clinical tests should be used as well as checking for signs and symptoms. The process which the healthcare professional should follow in the initial assessment, and the tests to use, were presented in simple flow charts.

Following review of the comments received during consultation it was decided that publication would be delayed to allow additional time to work with commissioners and healthcare professionals in asthma care to make sure the recommendations can be introduced effectively and efficiently.

The elements of the guideline which generated most stakeholder comments were the use of objective tests, in primary care, in the different diagnosis algorithms, in particular the use of spirometry and fractional exhaled nitric oxide (FeNO) testing. Stakeholders suggested a large investment in training and equipment would be required for this fundamental change to current practice and that this was likely to be a major barrier to implementation.

4. **Implementation feasibility project**

The draft asthma diagnosis and monitoring guideline is broad and complex and it is necessary to identify and test the core issues that generated such a large response during consultation. The implementation feasibility project will therefore be tightly focussed on the implementation of the following draft recommendations in a primary care setting:

*Initial clinical assessment:*

- Do not use symptoms alone without an objective test to diagnose asthma. [1.1.2]
**Objective tests**

**Spirometry:**

- Use spirometry as the first-line investigation for asthma in adults and young people older than 16 and children aged 5–16 years. Regard a forced expiratory volume in 1 s/forced vital capacity (FEV₁/FVC) ratio of less than 70% as a positive test for obstructive airway disease (obstructive spirometry). [1.1.9]

**Fractional exhaled nitric oxide:**

- Offer a FeNO test to adults and young people older than 16 if a diagnosis of asthma is being considered. Regard a FeNO level of 40 parts per billion (ppb) or more as a positive test. [1.1.16]

- Offer a FeNO test in children aged 5–16 years if there is diagnostic uncertainty after initial assessment and they have either:
  - normal spirometry or
  - obstructive spirometry with negative BDR.

  Regard a FeNO level of 35 ppb or more as a positive test. [1.1.17]

4.1. Project sites

The NICE Adoption team are looking to work with a number of primary care sites to undertake feasibility ‘field testing’ of the recommended tests in the diagnosis of asthma (spirometry and FeNO) in a variety of settings currently using different service delivery models.

A project site could be a single practice or a group of practices who currently deliver a single asthma service, service delivery could be GP or nurse led, model of care could be single site or hub and spoke, location could be urban or rural.

We will support sites by providing:

- Financial support up to £3,000 per project site to facilitate local data collection.

- Funding for quality assured spirometry training (e.g. ARTP/BTS accredited) where needed.

- Provision of, and training to use, NICE recommended FeNO testing devices and necessary consumables for the duration of the project.
• NICE project management expertise throughout the duration of the project.

The learning gained during the project will be documented and reported to NICE’s Centre for Clinical Practice and the Guideline Development Group, by the end of 2016, for their consideration in the review of the guideline recommendations in time for publication alongside the asthma management guideline in July 2017.

It is anticipated that the project will commence in March 2016 with sites implementing the recommended pathway (including diagnostic tests and algorithms) and collecting data for the 6 month period May-October 2016.

5. Outcomes

In order to demonstrate the benefits of adopting the recommended spirometry and FeNO objective tests for asthma diagnosis in primary care it is important to collect real world data before, during and after implementation. Some of these measures will not routinely be collected and data-collection methodology will be developed for the following project metrics:

a) Feasibility of introducing into practice quality assured spirometry as the first-line investigation for asthma in adults and young people older than 16 and children aged 5–16 years and offering a FeNO test in adults and young people older than 16 if a diagnosis of asthma is being considered

• training required including time to reach competency
• number, type and grade of staff required to undertake testing
• time taken to undertake testing
• clinic capacity needed
• facilities required
• equipment and consumables cost
• impact on other activities
• other resource impact (e.g. backfill for training)
• staff feedback
• patient feedback (to be agreed with each site dependent upon local arrangements but to include confidence and ease of testing)

b) Burden of asthma diagnosis to practices

• number of patients presenting to GP with asthma symptoms
• time spent on diagnosis appointments
• duration from first presentation to diagnosis (including number of appointments)
c) Number of asthma diagnoses

- total number of patients receiving an asthma diagnosis#
- number of patients diagnosed in primary care
- number of patients referred to and diagnosed in secondary care (outpatients)
- number of patients diagnosed during a hospital admission

(*6 months of project duration and 6 months equivalent calendar period in previous year)

NICE project management support will be offered to the participating sites to advise on and facilitate data collection.

6. **Selection of project sites**

Primary care sites interested in participating in this implementation feasibility project are asked to complete the expression of interest form to provide further information about their:

- practice(s) (location, demographics, staffing and population served)
- asthma population
- current care pathway for asthma diagnosis (staff involved, current practice)
- ability to provide baseline data
- ability to commit to participation in the project for training, testing and evaluation (March -November 2016).

Sites will also be asked to declare any conflicts of interest at this stage.

NICE will review the information provided on the questionnaires and will select a number of sites for further discussion. Shortlisted sites will be contacted to arrange a telephone discussion as an opportunity to discuss readiness and capacity for involvement in the project. When a final decision has been reached, all sites will be contacted with the outcome.

NICE will meet with the selected sites to discuss the project plan, data requirements, and bespoke support packages for training, project management and support with data collection.

7. **Information sharing agreement/commitment document**

Following selection by NICE and agreement from sites to participate in the project, sites will be required to sign an information sharing agreement/commitment document with regard to the outcomes detailed in section 5; which offers protection to NHS organisations, patients and to NICE.
8. Frequently asked questions

What benefits are there for practices in working with NICE?

- Participating sites will have the opportunity to help influence the development and refinement of the asthma diagnosis and monitoring guideline. Project support will be provided by NICE during the project.

What happens if we decide to stop or end our involvement in the project earlier than planned?

- Sites will be asked to commit to participating for the full 6 months of implementation. In the event that a practice withdraws, NICE may still wish include any data collected and lessons learned for the duration of the project that has taken place.

Will we be able to comment on the final report being submitted to the Guideline Development Group?

- Yes, each site will be able to review and submit their comments on the final report prior to submission.

Who do we contact if we want further information before submitting an expression of interest?

- All queries or requests for further information should be sent to asthmaproject@nice.org.uk