Indicator area: Asthma

Indicator

NM23: The percentage of patients with asthma who have had an asthma review in the preceding 15 months that includes an assessment of asthma control using the 3 RCP questions

Introduction

This report provides a high level budget impact discussion for one indicator relating to asthma developed for the 2012/13 NICE menu of indicators for QOF.

The intent of this indicator is to replace QOF indicator ASTHMA 6 which incentivises practices to undertake an annual asthma review. The proposed indicator would replace and extend ASTHMA 6 with the explicit requirement of assessment that includes use of the Royal College of Physicians’ (RCP) three questions (Pearson and Bucknell 1999) as an effective way of assessing control:

- Have you had difficulty sleeping because of your asthma symptoms (including cough)?
- Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?
- Has your asthma interfered with your usual activities (e.g. housework, work/school etc)?
Cost implication

It is assumed that assessment of asthma control is predominantly performed by practice nurses as part of the annual review. It is possible that awareness of the three RCP questions (Pearson and Bucknell, 1999) may need to be raised through in-house practice training. Proactive structured review of asthma control could lead to identification of patients with poorer asthma control and could lead to further investigations, for example inhaler technique if asthma appears to be uncontrolled. This would however be carried out as part of the same asthma review and it would be reasonable to assume that improvement in asthma control through the delivery of structured education would be associated with reduced exacerbation rates and days lost from normal activity. From a costing point of view, undertaking an asthma review is already standard practice within primary care set out in 2011/12 QOF indicator ASTHMA 6 and this indicator aims to reinforce good practice. The cost of implementing the proposed asthma indicator is not therefore expected to be significant.

Conclusions

Assessment of asthma control is already undertaken as part of standard care under QOF indicator ASTHMA 6. The proposed indicator extends this to explicitly requirement the assessment includes utilisation of the 3 Royal College of Physicians (RCP) questions, however we cannot be sure this is not already part of current practice. There may be some additional costs in in-house awareness training but implementation of this indicator is not expected to result in significant costs.
Related QOF indicators

National level results for 2009/10 for the current QOF indicator (NHS Information Centre 2010)

<table>
<thead>
<tr>
<th>Current QOF indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Underlying achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASTHMA 6. The percentage of patients with asthma who have had an asthma review in the previous 15 months</td>
<td>2,406,208</td>
<td>3,083,492</td>
<td>78.0%</td>
</tr>
</tbody>
</table>

References
