Commissioning summary

Commissioning support
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Overview

The British Thoracic Society (BTS), Scottish Intercollegiate Guidelines Network (SIGN) and NICE have reviewed the evidence and produced the collaborative BTS, NICE and SIGN guideline on asthma: diagnosis, monitoring and chronic asthma management with new recommendations.

This summary gives a broad understanding of how the changes to our guideline could impact the commissioning of asthma services. Our resource impact tools are also included to help assess the impact of the changes.

Key points

- Using fractional exhaled nitric oxide (FeNO) testing can improve the accuracy of diagnosis.
- Combination inhaled corticosteroid (ICS) plus formoterol inhalers when needed to relieve symptoms (anti-inflammatory reliever [AIR] therapy) should always be prescribed when asthma is first diagnosed, rather than the traditional short-acting beta 2 agonist (SABA)-only 'blue' reliever inhalers.

- Combination inhalers should also be used as maintenance and reliever therapy (MART) depending on asthma severity.
- Regular peak expiratory flow (PEF) monitoring should not be used for assessing asthma control, unless:
  - there are person-specific reasons for doing so, or
  - there is no local access to FeNO.

Diagnosis

Evidence and costs

- Using fractional exhaled nitric oxide (FeNO) testing as part of the diagnostic pathway can improve the accuracy of diagnosis in adults and children.
- The impact of changes to the diagnostic testing pathway can be assessed using our resource impact template.

Barriers

- Investment in equipment and training for both FeNO and bronchial challenge testing would be needed to meet this recommendation.
- If tests are not available in primary care, this could increase referrals to other respiratory services (specialist services, specialist hubs, secondary care).

Treatment

Evidence and costs

- Using maintenance or combination treatments leads to people experiencing fewer severe asthma exacerbations and fewer hospital admissions. This is compared with short-acting beta 2 agonist (SABA)-only regimens.
- The impact of 10,000 people switching from SABA-only regimens to maintenance and

reliever therapy (MART) would be:

  - an additional cost of £340,000 per year
  - a net budget impact of £180,000 per year
  - 1,133 fewer GP visits per year
  - 144 fewer people presenting at A&E per year
  - 80 fewer people being admitted to hospital per year.

- Reducing reliance on SABA aerosol inhalers will also support your Integrated Care Board's local green plan.

Barriers

- Healthcare professionals may need further support to understand the benefits of maintenance or combination treatments.
- Some people may need additional support to switch to a new regimen. NICE's guideline on shared decision making can help support these discussions. Other tools are also available in the section on resources to share with your network.

Monitoring

Evidence and costs

- Using fractional exhaled nitric oxide (FeNO) testing in adults for regular monitoring reduces the number of asthma exacerbations by around 19%.
- Using FeNO testing in adults may also lead to reductions in:
  - hospital appointments and
  - unnecessary treatments including corticosteroid prescribing.
- In children, regular FeNO monitoring showed significant improvements in lung function.
- In both adults and children, peak expiratory flow (PEF) monitoring was associated with

an increase in asthma exacerbations. So it should not be used to assess asthma control unless there are person-specific reasons for doing so.

Barriers

- We are aware that there is variation in the availability of FeNO testing in primary care so providing access to this may need investment.
- In primary care settings, incorporating FeNO testing into routine asthma reviews can be difficult because testing takes longer and more space is needed for equipment.
- The quality of annual reviews varies. High-quality annual asthma reviews should include objective measures of control (FeNO testing where available), alongside symptom assessment and inhaler technique checks.
- Healthcare professionals may need further support and training to understand the role of FeNO testing in asthma diagnosis and monitoring.

Tackling health inequalities

- Socioeconomic factors affect a person's ability to engage with asthma reviews or access to consistent care.
- Black and South Asian populations face higher rates of asthma-related hospitalisation and mortality.
- Children and older adults may receive less accurate diagnosis or tailored treatment.
- There is geographical variation in access to diagnostics and specialist services.

Resources

Costs and cost savings

Our resource impact template can be used to work out the specific costs and cost savings for your Integrated Care Board.

Service provision

Our quality standard for asthma outlines the priority areas for quality improvement in asthma.

Resources to share with your networks

The following resources will help healthcare professionals to confidently and reliably work within the new diagnostic pathway.

- BTS, NICE and SIGN guideline on asthma: diagnosis, monitoring and chronic asthma management
- BTS, NICE and SIGN asthma pathway
- Inhaled corticosteroid doses for the BTS, NICE and SIGN asthma guideline (PDF only)
- BTS, NICE and SIGN patient decision aid on asthma inhalers and climate change (PDF only)
- Case study from Dudley Group NHS Foundation Trust Place-Based Division on the neighbourhood respiratory model: improving access and proactive care
- Case study from Brent Integrated Care Partnership on implementing NICE guidelines to improve children and young people's asthma care
- Case study from Health Innovation Manchester on paediatric asthma and smoking initiative to identify and treat
- Asthma management information on the Clinical Knowledge Summaries (CKS) website
- Patient-facing resources are available on the Asthma + Lung UK website
- NHS stop smoking services
- NHS England's Greener NHS information on improving health outcomes for respiratory patients while reducing carbon emissions.

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