Resource impact summary report

Resource impact
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This summary report is based on the NICE assumptions used in the resource impact template. Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guideline recommendations

See recommendations on Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN).

The main changes in practice expected relate to recommendations in section 1.1 (Initial clinical assessment), 1.2 (Objective tests for diagnosing asthma in adults, young people and children aged 5 to 16 with a history suggestive of asthma), 1.5 (Monitoring asthma control) and 1.7 (Pharmacological management in people aged 12 and over).

The following algorithms are provided in the guideline to help users understand the related pathways:

- Algorithm A: Objective tests for diagnosing asthma in adults and young people (aged over 16 years) with a history suggesting asthma
- Algorithm B: Objective tests for diagnosing asthma in children aged 5 to 16 with a history suggesting asthma
- Algorithm C: Pharmacological management of asthma in people aged 12 years and over

Key points from the guideline

- We've recommended that maintenance or combination treatments should always be prescribed when asthma is first diagnosed rather than the familiar blue 'reliever-only' (short-acting beta 2 agonists [SABA]) inhaler.
- Using maintenance or combination treatments significantly reduces the number of severe asthma exacerbations compared to SABA only regimes.
- Using fractional exhaled nitric oxide (FeNO) testing can improve diagnosis accuracy.
- Regular peak expiratory flow (PEF) monitoring is not needed for assessing asthma control unless:
  - there are person-specific reasons for doing so or
  - there is no local access to FeNO.

Resource impact

The resource impact template allows users to model the impact of a change in the use of inhalers and a change in the use of diagnostic tests and monitoring, based on local assumptions. In the 'Inhalers' worksheet, users should input the proportion of people with asthma who are symptomatic and both first and second line and then follow the subsequent instructions at the top of the worksheet. In the 'Diagnostics' worksheet, users should input the proportion of their incident asthma population who are adults and the proportion who are children and then follow the instructions in the 'Tests undertaken' section of the worksheet. Changes to monitoring should be entered in the 'Summary' worksheet.

Maintenance or combination treatments

- Evidence shows that using combined inhaled corticosteroid (ICS) and formoterol inhalers when needed led to people suffering fewer severe asthma attacks and fewer hospital admissions (Levy et al. 2024).
- The impact of 10,000 people switching to maintenance and reliver therapy (MART) inhalers would be:
  - A cost of £340,000 per year.
  - A net budget impact of £180,000 per year after accounting for the benefits of the reduction in exacerbations.
  - 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.

Accuracy of diagnosis

- Using fractional exhaled nitric oxide (FeNO) testing as part of the diagnostic pathway can improve diagnosis accuracy.
- This can lead to potential reductions in:
  - asthma exacerbations (see the evidence review on FeNO measures to monitor asthma),
  - hospital appointments, and
  - unnecessary treatments including corticosteroid prescribing.

- The impact of changes to the diagnostic testing pathway can be assessed using our resource impact assessment template.

Monitoring

- The evidence review on fractional exhaled nitric oxide (FeNO) measures to monitor asthma shows that in both adults and children, regular monitoring leads to a reduction in the number of asthma exacerbations by around 19%.
- In both adults and children, PEF monitoring was associated with an increase in asthma attacks, so it should not be used to assess asthma control unless there are person-specific reasons for doing so.

For further analysis or to calculate the financial and capacity impact from a commissioner (national) and provider (local) perspective, see the resource impact template.

Population covered

The estimated prevalence of asthma in England is 6.14% (Fingertips applied to total ONS population). This is equivalent to around 3.5 million people in England. The resource impact template provides the prevalence for each integrated care board in England.

The estimated incidence of asthma in England is 0.27% (RightCare asthma scenario). This is equivalent to around 160,000 people in England.

Key information

Table 1 Key information

Speciality	Asthma
Disease area	Respiratory
Programme budgeting category	11B Problems of the Respiratory System - Asthma
Commissioner(s)	Integrated care boards
Provider(s)	NHS England and NHS Scotland hospital trusts/primary care providers (GPs)

About this resource impact summary report

This resource impact summary report accompanies the NICE guideline on Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) and should be read with it.