Asthma: objective tests

NICE indicator

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www.nice.org.uk/indicators/ind272

This other replaces IND187.

Indicator

The percentage of patients with a new diagnosis of asthma on or after (start date) with a record of an objective test between 3 months before or 3 months after diagnosis.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our menu of indicators.

To find out how to use indicators and how we develop them, see our NICE indicator process guide.

Rationale

This indicator aims to encourage the use of objective tests to confirm asthma diagnosis. A combination of objective tests is needed to diagnose asthma, with different sequences for adults, and children and young people. Improving the accuracy of diagnosis will reduce incidences of patients with untreated asthma having an asthma attack and patients who do not have asthma receiving unnecessary drugs.

The guideline recommends that specific tests are used first in the sequence. The indicator allows the full range of possible tests to count as a success following stakeholder feedback on the availability of fractional exhaled nitric oxide (FeNO) and spirometry, and variation in patient characteristics. The indicator will be reviewed as access to FeNO and spirometry increases.

Source guidance

Asthma: diagnosis, monitoring and chronic asthma management. BTS, NICE and SIGN guideline NG245 (2024), sections 1.1 and 1.2

Specification

Numerator: the number of patients in the denominator with a record of an objective test between 3 months before or 3 months after diagnosis.

Denominator: the number of patients with a new diagnosis of asthma on or after (start date).

Calculation: Numerator divided by the denominator, multiplied by 100.

Definitions: Objective tests are as follows.

Adults and young people over 16 (in order, thresholds as per algorithm A in the guideline):

- blood eosinophil count or FeNO

- bronchodilator reversibility with spirometry (BDR)

- peak expiratory flow variability (if spirometry is not available or delayed)

- bronchial challenge test.

Children aged 5 to 16 (in order, thresholds as per algorithm B in the guideline):

- FeNO

- bronchodilator reversibility with spirometry (BDR)

- peak expiratory flow variability (if spirometry is not available or delayed)

- skin prick test to house dust mite, or total IgE level and blood eosinophil count

- bronchial challenge test.

Exclusions: Children under 5 years.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines or does not attend, or if objective tests are not appropriate.

Expected population size: The expected population is estimated to be at least 12 patients per average practice with 10,000 patients (using 2023/24 QOF data on 'denominator plus PCAs' for AST011). To be suitable for use in QOF, there should be more than 20 patients eligible for inclusion in the denominator, per average practice with 10,000 patients, prior to application of personalised care adjustments. It is, however, expected that the population will meet minimum requirements for QOF in the second year of implementation.

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