Asthma: annual review

NICE indicator

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www.nice.org.uk/indicators/ind273

This other replaces IND188.

Indicator

The percentage of patients with asthma on the register who have had an asthma review in the preceding 12 months that includes an assessment of asthma control, a recording of the number of exacerbations and a written personalised action plan.

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

Annual asthma reviews can help identify people at increased risk of poor outcomes so that support can be provided based on information from their review to help them self-manage their asthma and maximise their future health. This should include checking medicines adherence using prescription records, assessing asthma control (which could be by using a validated symptom questionnaire such as the Asthma Control Questionnaire, the Asthma Control Test or the Childhood Asthma Control Test), observing inhaler technique and checking other possible reasons for uncontrolled asthma (such as smoking, occupational exposures, and psychosocial, seasonal and environmental factors) before starting or adjusting medicines.

Source guidance

Asthma: diagnosis, monitoring and chronic asthma management. BTS, NICE and SIGN guideline NG245 (2024), recommendations 1.5.1, 1.5.2, 1.14.1, 1.14.2, and 1.16.1

Specification

Numerator: The number of patients in the denominator who have had an asthma review in the preceding 12 months that included an assessment of asthma control, a recording of the number of exacerbations and a written personalised action plan.

Denominator: The number of patients on the asthma register (see the NICE indicator on asthma registers).

Calculation: Numerator divided by denominator, multiplied by 100.

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 an annual review is not appropriate.

Expected population size:

Quality and Outcomes Framework data for 2023 to 2024 (indicator AST007) shows that

6.1% of people in England are on the asthma register: 614 patients for an average practice with 10,000 patients. 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.

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