



# Asthma: annual review (higher risk patients)

NICE indicator

Published: 11 November 2025

[www.nice.org.uk/indicators/ind315](https://www.nice.org.uk/indicators/ind315)

## Indicator

The percentage of patients with asthma on the register with a risk factor for poor outcomes, 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, an assessment of inhaler technique 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

NICE guidance recommends all people with asthma are reviewed at least annually, and this is reflected in existing [NICE indicator 273](#). This indicator is complementary to IND273. People with medication over-use or previous emergency attendance at hospital for an exacerbation are more likely to be at higher risk of poor outcomes (including death, hospital admission, and the need for out-of-hours contacts or visits to an emergency department for asthma exacerbations). A focus on annual reviews in this population aims to support better asthma control through individualised, patient-centred care.

An annual review 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

[BTS / NICE / SIGN guideline on asthma: diagnosis, monitoring and chronic asthma management \(2024\)](#) recommendations 1.5.1, 1.5.2, 1.14.1, 1.14.2, 1.15.1 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, an assessment of inhaler technique and a written personalised action plan.

**Denominator:** The number of patients on the asthma register (see [NICE indicator 186](#)) with a risk factor for poor outcomes.

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

**Definition:** A risk factor for poor outcomes is defined as any of the following in the year preceding the current reporting period:

- 6 or more short-acting beta<sub>2</sub> agonist (SABA) inhalers
- 2 or more oral corticosteroids
- 2 or more visits to an emergency department for asthma
- any hospital admission for asthma.

Exclusions: Children aged 5 years and under.

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: As of 31 March 2024, 1.71% of patients aged 6 or over were on the asthma register and had a risk factor for poor outcomes: 171 patients for an average practice with 10,000 patients. [CPRD Aurum March 2025 \(Version 2025.03.001\) \[Data set\] Clinical Practice Research Datalink](#). Study reference: 25\_005209.

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.

ISBN: 978-1-4731-7309-5