



Asthma: MART (higher risk patients)

NICE indicator

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www.nice.org.uk/indicators/ind316

Indicator

The percentage of patients with asthma on the register aged 12 years or over with a risk factor for poor outcomes who are prescribed maintenance and reliever therapy (MART) in the preceding 12 months.

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 improve asthma control and prevent future events such as exacerbations, hospitalisations and deaths.

People with medication over-use or previous emergency attendance at hospital for an exacerbation are more likely to be at greater 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 improved medicines optimisation in this population aims to support better asthma control through individualised, patient-centred care.

Source guidance

BTS / NICE / SIGN guideline on asthma: diagnosis, monitoring and chronic asthma management (2024) recommendations 1.7.3, 1.7.4, 1.7.8, 1.7.9 and 1.15.1

Specification

Numerator: The number of patients in the denominator who are prescribed maintenance and reliever therapy (MART) in the preceding 12 months.

Denominator: The number of patients with asthma on the register aged 12 years or over with a risk factor for poor outcomes.

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

Definitions: 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 beta₂ agonist (SABA) inhalers
- 2 or more oral corticosteroids
- 2 or more visits to an emergency department for asthma
- any hospital admission for asthma.

Some medications can be used as both MART and anti-inflammatory reliever (AIR)

therapy. Prescription of MART is defined as a recording of a prescription of an inhaled corticosteroid (ICS)/formoterol combination inhaler plus either of the SNOMED codes 919601000000107 Single inhaler maintenance and reliever therapy started (situation) or 922341000000101 Single inhaler maintenance and reliever therapy (procedure).

Exclusions: None.

Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines or if MART is not appropriate.

Expected population size: As of 31 March 2024, 1.65% of patients aged 12 or over were on the asthma register and had a risk factor for poor outcomes: 165 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.

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