

Audit of asthma self-management plans, 2017-20

Craven Road Medical Practice

Background

The problem. There are around 1000 deaths from asthma in England per year. An estimated 90% of deaths are associated with preventable factors [1, 2]. Almost 40% of these deaths are in the under 75-age group. Asthma is responsible for large numbers of attendances to emergency departments, and admissions, the majority of which are emergency admissions, and 70% of which may have been preventable with appropriate early interventions.

Evidence base. There is good evidence that care planning that helps people understand their treatment monitor their symptoms and what to do when the control of their asthma is worsening are an effective part of asthma care [3]. Individualised written action plans based on personal best PEF, using 2–4 action points, and recommending both ICS and OCS for treatment of exacerbations consistently improve asthma outcomes [4]. However, only around a quarter of people with asthma in the UK have a self-management plan [5].

Recommendation. The 2014 Confidential Enquiry recommended: All people with asthma should be provided with written guidance in the form of a personal asthma action plan that details their own triggers and current treatment, and specifies how to prevent relapse and when and how to seek help in an emergency [2].

Annual audits. I audited the recording of action plans in adults with asthma at Craven Road Medical Practice annually since January 2017. We have seen incremental improvements over that time, most likely because of:

- Increased awareness of value of asthma plans;
- Encouraging nurse reviews after exacerbations, by informing nurses via tasks as well at the time of exacerbations; and
- The introduction of a template for action plans.

Objectives

1. To re-audit the recording of action plans in adults with asthma.
2. To further means of improving the uptake, recording and quality of asthma plans.

Methods

Audit criteria

1. All adults (18 years or over) with a diagnosis of asthma should have a recorded asthma plan or review of the plan within the previous three years.
2. All adults with an exacerbation of asthma within the previous year should have a recorded asthma plan or review of the plan within that year.

Data collection

I repeated the Read Code searches of the Craven Road patient register on 20 January 2020.

Results and interpretation

Compared with 2019, we achieved an increase of 5% in the proportion of adults with asthma who have a coded action plan or review of their action plan within the preceding three years (see table). This is consistent with an annual year on year improvement.

The proportion of adults with a coded exacerbation and a review recorded within that year has also continued to increase, *by 13.7% in the past year to 85.4%*. Congratulations to our staff for this excellent work!

Limitations of audit

These are largely as before and include:

- The proportions of patients with recorded plans may underestimate the actual numbers given plans if the latter are not recorded using Read Codes. However, the quality or format of action plans is uncertain.
- Patients with exacerbations towards the end of the previous year may not have had opportunities yet to attend for an asthma review.
- Patient recall, retention and use of plans were not assessed. Checking these would require further time and resources.

Summary

As a practice we have made decent progress in coding asthma plans and reviews, including excellent progress in coding reviews following exacerbations.

References

1. Department of Health. An Outcomes Strategy for Chronic Obstructive Pulmonary Disease COPD and Asthma in England 2011.
2. The National Review of Asthma Deaths (NRAD). Why asthma still kills. Confidential Enquiry report, HQIP, May 2014
3. Powell H, Gibson PG. Options for self-management education for adults with asthma. Cochrane Database of Systematic Reviews 2002, Issue 3. Art. No.: CD004107. DOI: 10.1002/14651858.CD004107.
4. Gibson PG, Powell H. Written action plans for asthma: an evidence-based review of the key components. Thorax 2004;59:94–99.
5. Asthma UK – National Asthma Panel 2009

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Audit criterion	All adults with a diagnosis of asthma should have a recorded asthma plan or review of the plan...			All adults with an exacerbation of asthma within the previous year should have a recorded asthma plan or review of the plan within that year
	Within previous 1 year	Within previous 2 years	Within previous 3 years (main criterion)	
2017 search				
Number eligible	1325	1325	1325	47
Number with coded plan or review	204	281	368	25
Proportion with coded plan or review	15.4%	21.2%	27.8%	53.2%
2018 search				
Number eligible	1371	1371	1371	88
Number with coded plan or review	383	451	460	42
Proportion with coded plan or review	27.9%	32.9%	33.6%	47.7%
2019 search				
Number eligible	1351	1351	1351	99
Number with coded plan or review	402	433	485	71
Proportion with coded plan or review	29.8%	32.1%	35.9%	71.7%
2020 search				
Number eligible	1322	1322	1322	137
Number with coded plan or review	482	505	541	117
Proportion with coded plan or review	36.5%	38.2%	40.9%	85.4%
Percentage change since 2019	+6.7%	+6.1%	+5.0%	+13.7%