Indicator development programme

NICE indicator validity assessment

# Indicator IND273

# 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.

# Importance

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| The [NHS Long Term Plan](https://www.longtermplan.nhs.uk/) identifies that ensuring patients with respiratory disease receive and use the right medication, including educating patients on the correct use of inhalers is a key priority for the improvement of care quality and outcomes. [NHS England](https://www.england.nhs.uk/ourwork/clinical-policy/respiratory-disease/) is working to design and develop tools and programmes that will support patients to manage their condition themselves and receive personalised care. | The indicator reflects a specific priority area identified by NHS England. |
| An indicator on asthma reviews has been included in NHS England’s QOF since 2020/21. Results for AST007 in 2023/24 show:   * An average of 614 patients per practice on the asthma register * A national achievement rate of 81% * A national intervention rate of 65% * A personalised care adjustment (PCA) rate of 20%. | The indicator relates to an area where there is known variation in practice. |
| The indicator will 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. | The indicator will lead to a meaningful improvement in patient outcomes. |

# Evidence base

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| [Asthma: diagnosis, monitoring and chronic asthma management. BTS, NICE and SIGN guideline NG245](https://www.nice.org.uk/guidance/ng245) (2024), recommendations 1.5.1, 1.5.2, 1.14.1, 1.14.2, and 1.16.1 | The indicator is derived from a high-quality evidence base. |

# Specification

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| 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.  Exclusions: Children under 5 years  Personalised care adjustments or exception reporting should be considered to account for situations where the patient declines, does not attend or if an annual review is not appropriate. | The indicator has defined components necessary to construct the indicator, including numerator, denominator and exclusions. |
| To be classified as suitable for use in QOF, there should be an average minimum population of more than 20 patients per practice eligible for inclusion in the denominator prior to application of personalised care adjustments. The expected population is estimated to be at least 614 patients per average practice with 10,000 patients (using 2023/24 QOF data on ‘denominator plus PCAs’ for AST007). | The indicator does outline minimum numbers of patients needed to be confident in the assessment of variation. |

# Feasibility

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| Data can be collected from GP systems using SNOMED coding. | The indicator is repeatable. |
| The current QOF indicator AST007 uses the following code clusters:  ASTINVITE\_COD- invitations for an asthma care review  ASTEXACB\_COD= Number of exacerbations  WRITPASTP\_COD- Personalised asthma plans | The indicator uses existing data fields. |

# Acceptability

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| No concerns about attribution were raised during consultation on the previous version of the indicator in 2019 or by the indicator advisory committee. | The indicator assesses performance that is attributable to or within the control of the audience |
| Data can be extracted and used to compare practice within the GP practice or with other GP practices. | The results of the indicator can be used to improve practice. |

# Risk

|  |  |
| --- | --- |
| **Considerations** | **Assessment** |
| A stakeholder raised a concern during the 2019 consultation about the potential for the indicator to increase consultation time with the patient. These reviews are now well established in current practice. | The indicator has an acceptable risk of unintended consequences. |