

UCLPartners Proactive Care Framework

Asthma Management

Version 4

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Long Term Condition Pathway: Asthma

1 Identify & 2 Stratify

Search tool identifies patients with asthma. These patients are stratified into 3 groups depending on clinical characteristics, and then further stratified into priority 1, 2 or 3 using the Asthma Control Test™ (ACT) score*.

Group 1 criteria

- Frequent steroid therapy > 2 times in last 12 months
- Frequent antibiotics >2 times in last 12 months
- Non – adherence
- > 2 SABA / year
- Plus individual patients where clinician concern

Group 2 criteria

- Exacerbation of asthma in last 12 months
- Prednisolone and/or antibiotics in last 12 months
- All patients on non combination inhaler

Group 3 criteria

- All patients on short-acting beta agonist (SABA) only
- All patients not in Group 1 and 2

Asthma Control Test™ (ACT) to risk stratify

Score <15 → **PRIORITY 1**

Score 15-20 → **PRIORITY 2**

Score 20-25 → **PRIORITY 3**

*The Asthma Control Test™ provides a snapshot as to how well a person's asthma has been controlled over the last four weeks and is applicable to ages 12 years or older. Available here: https://www.asthmacontroltest.com/en-gb/welcome/

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Abbreviations: SABA (Short Acting Beta$_2$ Agonist); ICS (Inhaled Corticosteroid); PRN (when required); LABA (Long Acting Beta$_2$ Agonist); LTRA: Leukotriene Receptor Antagonist)

Long Term Condition Pathway: Asthma

3 Manage

ARRS* roles/ other appropriate role undertakes initial contact for all risk groups, check ACT Score and stratify, provide smoking cessation advice, inhaler technique, check medication supplies and signpost to resources

Priority 1	Priority 2	Priority 3
GP/ Nurse Specialist/ Pharmacist	GP/ Nurse Specialist/ Pharmacist	GP/ Nurse Specialist/ Pharmacist
• Titrate therapy, if appropriate • Check adherence, inhaler technique, use of spacer device • Rescue packs prescribed if necessary • Review of triggers, e.g. hay fever • Exacerbation safety netting • Follow up and referral as indicated	• Check optimal therapy; titrate, if appropriate • Review triggers, e.g. hay fever • Check adherence, inhaler technique, use of spacer device • Exacerbation management advice • **Repeat ACT as per recommendation from ACT test result and escalate if red or amber**	• Check optimal therapy; titrate, if appropriate • Review triggers, e.g. hay fever • Check adherence, inhaler technique, use of spacer device • Exacerbation management advice • **Repeat ACT as per recommendation from ACT test result and escalate if red or amber**

Update Asthma Action Plan at every review

Digital Support Tools to support patient self-management
Inhaler Technique: **www.asthma.org.uk/advice/inhaler-videos/; www.rightbreathe.com**
Asthma deterioration: **www.asthma.org.uk/advice/manage-your-asthma/getting-worse/**
General Health Advice **www.asthma.org.uk/advice/manage-your-asthma/adults/**
Smoking Cessation: **https://www.nhs.uk/better-health/quit-smoking/**

NB: When prescribing or reviewing inhalers, consider inhalers with least impact on the environment, see here for more information.

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*Additional Roles Reimbursement Scheme

Algorithm C: Pharmacological management of asthma in people aged 12 years and over

BTS, NICE and SIGN guideline on asthma

Take into account and try to address the possible reasons for uncontrolled asthma before starting or adjusting medicines for asthma. For example: alternative diagnoses or comorbidities; suboptimal adherence; suboptimal inhaler technique; active or passive smoking (including e-cigarettes); psychosocial factors; seasonal factors; environmental factors (such as air pollution and indoor mould exposure)

Symptom relief

MART

Maintenance therapy

When changing from low- or moderate-dose ICS (or ICS/LABA combination inhaler) plus supplementary therapy to MART, consider whether to stop or continue the supplementary therapy based on the degree of benefit achieved when first introduced

Existing diagnosis of asthma on the treatment pathway recommended by previous NICE and BTS/SIGN guidelines

SABA only → Offer low-dose ICS/formoterol combination inhaler to be taken as needed (AIR therapy)

With a SABA: If asthma is uncontrolled on low-dose ICS; low-dose ICS/LABA; low-dose ICS plus LTRA; or low-dose ICS/LABA plus LTRA → **Consider** Low-dose MART

With a SABA: If asthma is uncontrolled on moderate-dose ICS; moderate-dose ICS/LABA; moderate-dose ICS plus LTRA and/or LAMA; moderate-dose ICS/LABA plus LTRA and/or LAMA → **Consider** Moderate-dose MART

If asthma is uncontrolled on high-dose ICS → Refer people to a specialist in asthma care

Newly diagnosed asthma in people aged 12 and over

→ Offer low-dose ICS/formoterol combination inhaler to be taken as needed (AIR therapy)

If asthma is uncontrolled, **offer** Low-dose MART

If asthma is uncontrolled, **offer** Moderate-dose MART

If asthma is uncontrolled, despite good adherence → Check FeNO level, if available, and blood eosinophil count

If either is raised → Refer people to a specialist in asthma care

If neither is raised → Consider a trial of either LTRA or LAMA used in addition to moderate-dose MART for 8 to 12 weeks unless there are side effects. At the end of the trial:

- if asthma is controlled, continue the treatment
- if control has improved but is still inadequate, continue the treatment and start a trial of the other medicine (LTRA or LAMA)
- if control has not improved, stop the LTRA or LAMA and start a trial of the alternative medicine (LTRA or LAMA)

If asthma is uncontrolled → Refer people to a specialist in asthma care

If asthma is controlled, consider stepping down

If highly symptomatic or there are severe exacerbations, offer low-dose MART

Uncontrolled asthma: Any exacerbation requiring oral corticosteroids **or** frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night-time waking 1 or more times a week)

ICS, inhaled corticosteroid; **LABA**, long-acting beta$_2$ agonist; **LAMA**, long-acting muscarinic receptor antagonist; **LTRA**, leukotriene receptor antagonist; **MART**, maintenance and reliever therapy (using ICS/formoterol combination inhalers); **SABA**, short-acting beta$_2$ agonist.

British Thoracic Society

NICE National Institute for Health and Care Excellence

Healthcare Improvement Scotland | SIGN

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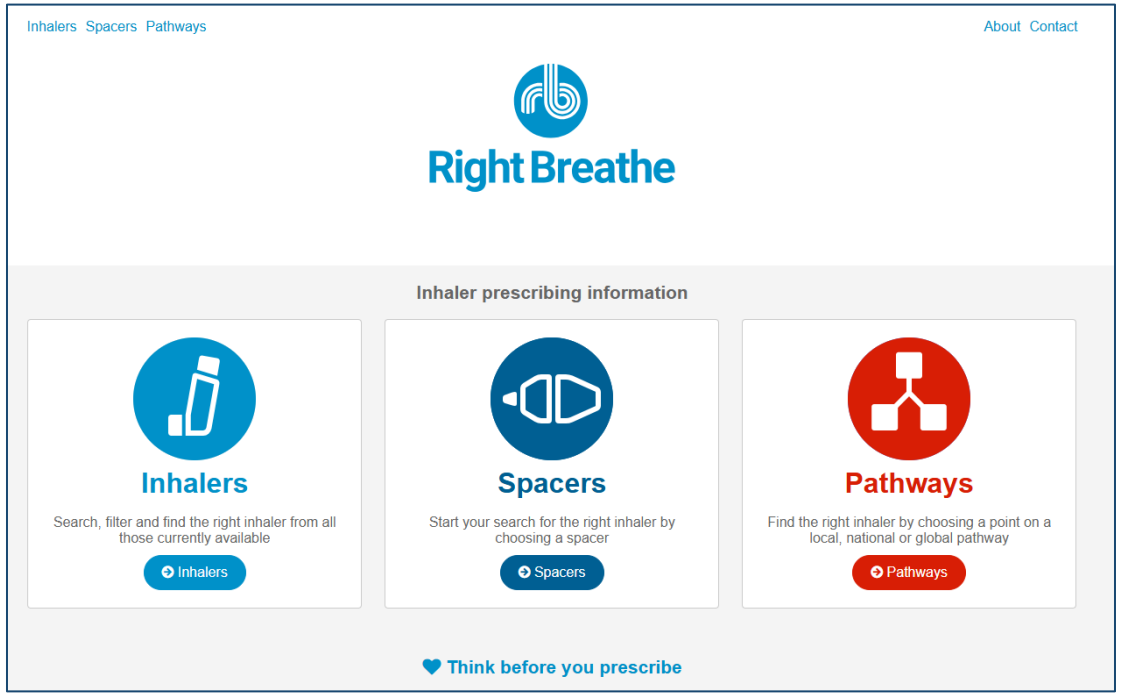
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Understanding Asthma Pharmacotherapy

NICE preferred option:

- Anti-inflammatory reliever (AIR) therapy ICS / formoterol combination therapy:
  - betamethasone with formoterol
  - budesonide with formoterol
  - fluticasone with formoterol

- Maintenance and reliever therapy (MART) approach
  - Short-acting beta agonists (SABA) being phased out: salbutamol, terbutaline
- Supplementary therapies to add where control is poor:
  - Leukotriene Receptor Antagonist (LTRA): montelukast
  - Long acting muscarinic receptor blocker (LAMA): aclidinium bromide, glycopyrronium bromide, tiotropium, umeclidinium bromide



https://www.rightbreathe.com/

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Asthma Review

Monitor asthma control at every review
Check symptoms, amount of reliever use, oral prednisolone and hospital attendance

Address possible reasons for sub-optimal asthma control
e.g. sub-optimal inhaler technique, non-adherence, smoking, occupational exposure etc.

Consider using a validated symptom questionnaire
e.g, the Asthma Control Questionnaire.

Consider Fractional exhaled Nitric Oxide (FeNO) monitoring for adults with asthma at their regular review, and before *and* after changing their asthma therapy

After starting or adjusting medicines, review the response to treatment in 8 to 12 weeks

Discuss the potential risks and benefits of decreasing maintenance therapy when the patients' asthma has been well controlled

When decreasing maintenance therapy, stop or reduce dose of medicines in an order that considers clinical effectiveness, side-effects and patient preference.

Observe the person using their inhaler device (and spacer if used) to check they can use it properly

Review & update asthma action plan

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Supporting Self-management

- Offer an asthma self-management programme including a documented personalised action plan and education.

- The personalised action plan should include:
  - Potential triggers – include approaches for minimizing exposure to air pollution and any personal triggers.
  - Smoking cessation advice if applicable.
  - What to do if asthma control deteriorates (i.e. for adults aged 17 and over, when and how to increase medications and what to do if symptoms don't improve).
  - Contacting a healthcare professional for a review if asthma control deteriorates.

- Review content of personalized action plan after hospital admissions, acute consultations in primary care and emergency departments and at annual reviews.

- NICE information for patients on Asthma inhalers and climate change

Reference: https://www.nice.org.uk/guidance/ng245

Digital Resources and Support Available



Digital Resources to Support Self-Management of Asthma

Asthma
- Understanding and managing asthma
- Living with asthma
- What to do in an asthma attack
- How to use your inhaler
- Asthma inhalers and climate change

Diet
NHS information on how to eat well

Exercise
- Better Health website – Get active
- Asthma UK – When exercise triggers your asthma
- Getting active around the home: tips, advice and guidance on how to keep or get active in and around the home from Sport England.
- Dance to health: Online dance programme especially tailored to people over 55 years old.

Smoking cessation
Better Health website - Support, stop smoking aids, tools and practical tips.

Mental Health
Better Health website – Be kind to your mind.

Peer support
Communities of people living with asthma.

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Proactive Care Frameworks: Implementation & Support Package

Implementation Support is critical to enable sustainable and consistent spread. The resources below can be accessed via the UCLP website: **Proactive care frameworks – UCLPartners**. Complete this **online form** to access workbooks to support implementation.

UCLPartners is one of 15 **Health Innovation Networks** (HINs) across England and all 15 have a priority around CVD. Please reach out to your local HIN to understand what support they might be able to provide. Please note each varies in its approach and offer.

Search and stratify	**Comprehensive search tools** for EMIS and SystmOne to stratify patients • Pre-recorded webinar as to how to use the searches. • Online FAQs to troubleshoot challenges with delivery of the search tools.
Workforce training and support	**Training tailored to each staff grouping (e.g. some ARRS* roles) and level of experience** • **Delivery:** Guide provided as well as training on how to use these underpinned with motivational interviewing/ health coaching training to enable adult-to-adult conversations. • **Practical support**: Recommended training e.g. correct inhaler technique; correct BP technique, Very Brief Advice for smoking cessation, physical activity etc. • **Digital implementation support:** how to get patients set up with appropriate digital. • **Education** sessions on conditions. • **Communities of Practice.**
Digital support tools	**Digital resources** to support remote management and self-management in each condition. **Implementation** toolkits available where required, e.g. MyCOPD. Support available from UCLP's commercial and innovation team for implementation.

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*Additional Roles Reimbursement Scheme

Patient and Clinician Feedback

"The UCLP Proactive Care Frameworks are a great resource for primary care that can help transform our approach to targeting health inequalities."
Dr Bola Owolabi, Director Health Inequalities, NHS England

"... the stratification tools are wonderful...super-easy to upload and already in a few days making a difference to patient care and staff resilience in my PCN..."
Dr Hannah Morgan, Clinical Director Hayling Island & South Emsworth PCN

"First time I have not felt dismissed or judged" – Patient feedback

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Thank you

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Version tracker

Version	Edition	Changes Made	Date amended	Review due
2	2.0	•Updated slide 3 to highlight a focus on virtual delivery where appropriate •Slides moved to new slide template	August 2021	February 2022
2	2.1	•Wording amended to reflect priority groups not risk groups. •Introduction slides updated •HCA roles amended to ARRS roles •Information added on use of inhalers with least impact on the environment	December 2022	December 2023
2	2.2	Updated onto the UCLP branded template	April 2024	December 2024
3	3.0	Updated according to new NICE Asthma guidelines Added asthma management and self-management slides and removed good asthma guide slide	December 2024	December 2025
4	4.0	Checked last update for any clinical amendments needed; added NCIE guide on Asthma and climate change and included slide on understanding asthma pharmacotherapy	May 2026	May 2027