Royal College of Physicians | NACAP

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

Wales primary care clinical audit 2018-20

(adults with COPD and/or asthma and children and young people with asthma registered at GP practices in Wales between first October 2018 and thirty first March 2020)

Key findings for people with asthma and COPD and their carers

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What is the NACAP?

The National Asthma and COPD (chronic obstructive pulmonary disease) Audit Programme (NACAP) is a set of projects aiming to improve the care received by people with asthma and COPD. Information is collected from general practices (local doctors) in Wales and hospitals and pulmonary rehabilitation (PR) services in England and Wales to show which parts of asthma and COPD care are good and which parts could be better.

The NACAP team works with people with asthma and COPD and healthcare professionals to put patient needs first. It creates improvement targets that focus on the issues that people with asthma and COPD think are most important.

The NACAP is funded by the Healthcare Quality Improvement Partnership (HQIP) (www.hqip.org.uk/a-z-of-nca/national-asthma-and-copd-audit-programme-nacap) and run by the Royal College of Physicians (RCP) (www.rcp.ac.uk).

What is the Wales primary care project?

This project collects information about what general practices (GPs) in Wales do to care for people with asthma and/or COPD. This is to ensure they are doing all the right things and providing the best possible care.

Information is automatically taken from Welsh GP computer systems. It is only taken if the GPs have agreed to be part of the project. The information collected includes:

- how people are diagnosed with asthma and/or COPD
- how GPs work out if people are at risk (ie do they have any other conditions, do they have severe COPD and/or type of asthma, have they had lots of attacks/flare-ups recently and/or do they smoke) and what is done about this
- how people's asthma and/or COPD is managed (personalised asthma action plans, inhaler technique checks, what medication they are on).

No information that can be used to identify people is collected.

The Wales primary care project has been running since 2015.

What does this patient report include?

This report looks at information collected on the care that people with asthma and/or COPD received from two hundred and twenty-six (57%) of GPs in Wales between first September 2018 to Thirty first March 2020. It covers children and young people with asthma and adults with asthma and/or COPD and sums up the key results, recommendations and the improvement targets for general practices in 2021.

This report has been designed to be read by people of eleven years old and above. A jargon buster is included at the end of each section to explain some of the words used in this report. We recommend that children aged six to ten use our postcard for children and their carers.

NACAP worked with its NACAP patient panel to make sure this report includes the most important information for people with asthma and COPD. Anything that the patient panel thought was especially important will have the words “patient priority” next to it.

Jargon buster

Asthma is a lung condition which can affect people from a young age. Asthma symptoms include breathlessness, wheeze, chest tightness and cough. Severe asthma can badly affect their day-to-day life, even simple everyday activities like sleeping and getting to school or work.

Chronic obstructive pulmonary disease (COPD) is a lung condition caused by damage to the lungs themselves. Lung damage can be caused by being exposed to harmful substances. In the UK this is usually, but not always, cigarette smoke (other types of smoke and pollution can be harmful too). COPD is more likely to occur in older people, because it is usually caused by damage being done over a long time.

A **general practice (GP)** is where people go to see their local doctor/nurse. They treat lots of common medical conditions and refer people who need urgent treatment to hospitals and other medical services.

Foreword by Katherine Hickman, primary care clinical lead

People with lung diseases deserve to have an accurate and quick diagnosis. They deserve access to correct, evidence-based and personalised medication. They should know how to take their medication, why they take it and what to do in an emergency. They should understand what the disease means for them and how to manage it at home.

GPs know they have a long way to go in providing the best care to people with asthma and COPD and I hope this report will lead to the better care needed. By taking action, and with support and guidance from this project, we are sure that care can be improved.

Collecting information on how people are cared for is important for making care better and helps inform what we call quality improvement (QI). With COVID-19 making things a lot harder for the NHS we need to make it as easy as possible for GPs to get information on what parts of care can be better and why. We have worked with the Institute for Clinical Science and Technology (ICST) (www.icst.org.uk) to do this.

We have set GPs six QI projects. If used, we hope these will make the care and quality of life of people with asthma and COPD a lot better. By making small, everyday changes, GPs can make this better care long lasting.

We want GPs to be doing the basic things really well. Behaviour change is a key factor. It is not just about information, education or guidelines. The focus needs to be on ability, supporting behaviour change and celebrating improvement.

I hope this report inspires people with asthma and COPD to take action. I hope it gives them the information they need to ask questions about the care they receive and talk to their GPs. It is by working together that we will make the changes and improvements needed.

Jargon buster

Quality improvement (QI) is a process that collects and uses patient care or service information, and compares it with national standards and guidelines which state what the care /service should be or look like. It then identifies which parts of the care or services could be better and helps services to improve.

Action people with asthma and/or COPD, or their carers, can take.

Each section of this report shows three areas of care we think are most important for GPs to give people with asthma and COPD. If they, or the people who look after them, feel they are not getting these we recommend they talk to their GP nurse/doctor at their next appointment. We have given ideas for questions they can ask at the end of each section.

They can also seek support and guidance from organisations such as Asthma UK-British Lung Foundation Partnership (AUK-BLF) (www.auk-blf.co.uk) which helps people with lung diseases and provides them with any information they need about their lung disease.

Adults with COPD

Key findings from the 2020 audit

Key points

- **Diagnosing COPD**: 11.5% of adults with COPD had the best diagnostic test (spirometry) confirming that they have COPD.
- **Pulmonary rehabilitation**: 56.5% of adults with COPD who reported being more breathless walking than people of the same age had been referred for pulmonary rehabilitation. (**Patient priority**)
- **Inhaler technique**: 44.4% of adults with COPD who had been prescribed an inhaler, had their inhaler technique checked in the past year.

Ways to improve care

Here are the three things we've asked GPs in Wales to do **by November 2021** to make sure adults with COPD are getting the best possible care.

1. Record the results of a spirometry test for at least 40% of people on the COPD register to show that they have COPD.

Why does this matter?

Spirometry (a simple test used to help diagnose and monitor lung conditions like COPD, by measuring how much air you can breathe out in one forced breath) can show whether or not someone has COPD. It is very important that people with COPD have a spirometry result confirming their diagnosis, to make sure they are getting the right treatment. Information suggests that many people have been diagnosed with COPD but don't have a spirometry result to confirm this, so they might not be getting the right treatment.

2. Refer at least 70% of people with COPD who find they are more breathless and walking slower than others of the same age (Medical Research Council (MRC) score of three or more to pulmonary rehabilitation (PR). (**Patient priority**)

Why does this matter?

By recording an accurate MRC score for people with COPD, GPs can find out who can be helped by PR, and make sure these people are referred to a PR service quickly.

3. Make sure at least 70% of people with asthma and/or COPD have had an inhaler technique check in the past year and that this is recorded in their medical notes.

Why does this matter?

It is important for healthcare professionals to show people how to use their inhaler and regularly check that they are using it properly. This is to make sure that people's inhalers are working in the best way, so people will be able to manage their condition better and are less likely to need to go to hospital with a flare-up of COPD.

What action can adults with COPD take?

Ask their doctor/nurse to check if:

1. their diagnosis of COPD was confirmed with spirometry
2. a referral to PR would be beneficial to them and needs to be considered
3. they are using their inhaler correctly. Don't forget to take it to the appointment!

Jargon

Medical Research Council (MRC) Score is a number between one and five that shows how breathless people with COPD become during day-to-day activities. A score of three or more means someone is more breathless when they are walking than someone of the same age.

Pulmonary rehabilitation (PR) is an exercise and support programme run by different healthcare professionals. It aims to help people with lung conditions like COPD. PR programmes are specially designed for each individual person, to make sure they can improve their health as much as possible. PR often includes exercise programmes and education.

Patient story by Simon Pearce

I was diagnosed with COPD in November 2013, after many months of investigations and many recurring asthma attacks. It affects me on a daily basis: I get out of breath with basic day-to-day activities, and I can't walk more than twenty metres without getting out of breath. I have done pulmonary rehabilitation (PR) which did help, and I continue to do some of the exercises when I feel up to it. However, in 2020 I was also diagnosed with coronary artery disease, which has made things more difficult.

The care and treatment I receive from my GP is really good and they've looked after me very well. As well as managing my COPD, they have also supported me through a diagnosis of pneumonia.

My COPD diagnosis was made via a spirometry test, and my last test was done in 2014 with another doctor. Since moving, and even though I am under a hospital-based specialist respiratory team, neither they nor my GP have rechecked this. They seem to be relying on the notes from when I was originally diagnosed.

I do have regular (yearly) checks and have completed two PR programmes. During the COVID-19 lockdowns, both my GP and the respiratory team looked after me really well. I was put on the clinically extremely vulnerable list by my GP, the respiratory team phoned me a few times to check in, and I was invited to another PR class (via Zoom). During one of these phone calls I disclosed I was having chest pains and my GP referred me straight away for a cardiology check-up – which found a degree of coronary artery disease.

What stands out for me is the different ways of working in each region. Each GP practice I have been registered with follows different sets of processes or rules. These include:

- when I was allowed an appointment to see a GP
- if or when they'd refer me
- whether my check-ups were every three, six or twelve months
- whether they sent me to hospital or had me see a nurse practitioner at the surgery.

There was no standard process or set of rules they all followed. I'd like to hope that the NACAP will bring about a more standardised approach to treatment for people with COPD across the UK.

Adults with asthma

Key findings from the 2020 audit

Key points

- **Diagnosis**: 76.3% of adults diagnosed with asthma in the past two years had a record of any objective measurement.
- **Personalised asthma action plan (PAAP)**: 25.9% of adults with asthma had been given a personalised asthma action plan in the past year. (**Patient priority**)
- **Inhaler technique**: 48.4% of adults with asthma who had been prescribed an inhaler, had their inhaler technique checked in the past year.

Ways to improve care

Here are the three things we've asked GPs in Wales to do **by November 2021** to make sure adults with asthma are getting the best possible care.

1. Show evidence to confirm people are accurately diagnosed with asthma, and how severe their asthma is for at least 80% of people diagnosed with asthma and make sure this is recorded in their medical notes. Objective measurement can be shown by a big change to:

- the condition of people with asthma when they are treated with a medication called a short-acting beta two agonist, or when they try medication called inhaled corticosteroids
- to the condition of people with asthma when they are treated with oral corticosteroids, or prescribed inhaled corticosteroids using medical codes
- a patient's peak expiratory flow rate.

Why does this matter?

Showing evidence can be done using different tests and helps to get the diagnosis right straight away. This means that that people with asthma can get the right treatment and advice, to make sure their health is as good as possible. It also means that people with severe asthma can be identified and quickly referred to the specialist services they need.

2. Make sure that at least 50% of people with asthma have a personalised asthma action plan (PAAP) and that this is recorded in their medical notes. (**Patient priority**)

Why does this matter?

GPs work with people with asthma to specially design a PAAP which helps them to manage their condition safely in their day-to-day life. People who can manage their asthma with a PAAP, and have regular check-ups with a healthcare professional, are less likely to have flare-ups of asthma and need to go to hospital as an emergency and are more likely to have a better quality of life.

3. Make sure at least 70% of people with asthma and/or COPD have had an inhaler technique check in the past year and that this is recorded in their medical notes.

What does this matter?

It is important for healthcare professionals to show people how to use their inhaler and regularly check that they are using it properly. This is to make sure that people's inhalers are working as effectively as possible, so people will be able to manage their condition better, and are less likely to need to go to hospital with a flare-up of asthma.

What action can adults with asthma take?

Ask their doctor/nurse to check if:

1. there was evidence to accurately diagnose their asthma and its severity
2. they have an up-to-date personalised asthma action plan (PAAP)
3. they are using their inhaler correctly. Don't forget to take it to the appointment!

Jargon buster

Objective measurement is a way for doctors to make sure people with asthma have the correct diagnosis, and to monitor their condition better. It involves doing different tests (and at different times) to give a full picture of people's symptoms. This is especially important because asthma symptoms can change over time and sometimes people with asthma can have no or almost no symptoms. These people still have asthma, but their test results will not always show that.

Short-acting beta-2 agonists are a kind of medicine called salbutamol. They relax the muscles lining the airways that carry air to the lungs (bronchial tubes) within five minutes. This makes it easier to breathe.

Oral and inhaled corticosteroids are a kind of medicine used to treat asthma flare-ups by reducing swelling in the airways and make it easier to breathe. They are taken by mouth (oral) or inhaler (inhaled).

Peak expiratory flow rate (PEFR) is a test to find out how quickly someone can breathe air out of their lungs, when they are trying their hardest. It can be used to show whether someone's airways are inflamed/narrower.

Children and young people with asthma

Key findings from the 2020 audit

Key points

Six to eighteen year olds

- Personalised asthma actions plan (PAAP): 24.3% of six to eighteen year olds had been given a personalised asthma action plan in the past year. (**Patient priority**).
- Second-hand smoke: 0.6% of six to eighteen year olds with asthma, or their parents/carers, had been asked if they live with someone who smokes in the past year.
- Inhaler technique: 42.8% of six to eighteen olds who had been prescribed an inhaler, had their inhaler technique checked in the past year.

Ways to improve care

Here are the three things we've asked GPs in Wales to do **by November 2021** to make sure children and young people with asthma are getting the best possible care.

1. Ask at least 20% of parents/carers about second-hand smoke exposure (if their child is regularly around people who are smoking). If parents are smokers, offer them help to stop using very brief advice. Make sure this is recorded in the child/young person's medical notes.

   Why does this matter?

   Children and young people who are exposed to second-hand smoke are more likely to have health issues including breathing problems. GPs can reduce the risk to their health by finding out which children are exposed to second-hand smoke and giving their parents/carers support to stop smoking/advice on making their smoking less dangerous for their children.

2. Make sure at least 50% of children and young people with asthma have a personalised asthma action plan (PAAP) and that this is recorded in their medical notes. (**Patient priority**)

Why does this matter?

GPs work with children and young people with asthma (and their families/carers) to design a PAAP which helps them to manage their condition safely in their day-to-day life. People who can manage their asthma with a PAAP, as well as having regular check-ups with a healthcare professional, are less likely to have flare-ups of asthma and need to go to hospital and more likely to have a better quality of life.

3. Make sure that at least 70% of children and young people with asthma have had an inhaler technique check in the past year and that this is recorded in their medical notes.

Why does this matter?

It is important for healthcare professionals to show people how to use their inhaler and regularly check that they are using it properly. This is to make sure that people's inhalers are working in the best way, so people will be able to manage their condition better and are less likely to need to go to hospital with a flare-up of asthma.

What action can children and young people with asthma, and their carers, take?

For younger children (aged between six and ten) we have produced a postcard with information and questions on these areas of care. This can be used by them and the people who look after them to talk to their local doctor/nurse about their asthma care.

The postcard can be found at www.rcp.ac.uk/pc2020 (Wales primary care clinical audit report 2020 | RCP London).

Young people (aged eleven or older), should talk to their doctor/nurse about whether:

1. they live with someone who smokes
2. they have an up-to-date personalised asthma action plan (PAAP)
3. they are using their inhaler correctly. Don't forget to take it to the appointment!

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