Asthma Audit Development Project: Minutes and actions

Minutes of steering committee meeting held on **Friday 19 January 2018 from 11am to 3.30pm.** Willan Room, House 11, Royal College of Physicians, London

Present

Shuaib Nasser (SN)	Asthma Audit Development Project (Chair)
Rachael Andrews (RA)	Asthma Audit Development Project
Catherine Broadbent (CB)	Asthma UK
James Calvert (JC)	British Thoracic Society
Teena Chowdhury (TC)	Royal College of Physicians
Anita Critchlow (AC)	National Paediatric Respiratory and Allergy Nurse Group
Luke Daines (LD)	Primary Care Respiratory Society
Erol Gaillard (EG)	Royal College of Paediatrics and Child Health
Kevin Gruffydd-Jones (KGJ)	Royal College of General Practitioners
Natalie Harper (NH)	Association of Respiratory Nurse Specialists
Petronella Hutchinson (PH)	Patient Representative
Richard Iles (RI)	Independent Paediatric Specialist
Viktoria McMillan (VM)	National COPD Audit Programme
Jenni Quint (JQ)	Imperial College London
James Riordan (JR) (note taker)	National COPD Audit Programme
Mike Roberts (MR)	National COPD Audit Programme
Carol Stonham MBE (CS)	Primary Care Respiratory Society
Ralph Sullivan (RS)	Royal College of General Practitioners

Apologies

Toby Capstick	Royal Pharmaceutical Society of Great Britain
Lizzie Grillo	Chartered Society of Physiotherapy
Jeff Keep	College of Emergency Medicine
Daniel Menzies	Welsh Government
Andrew Menzies-Gow	Difficult Asthma Registry
Carol Roberts	NHS England, Pharmacy
Robert Spaight	East Midlands Ambulance Service
Simon Standen	College for Paramedics
Philip Stone	Imperial College London
Ian Woolhouse	Royal College of Physicians

Action points

1. Welcome, apologies and minutes from previous meeting

SN welcomed the group to the final Asthma Audit Development Project (AADP) steering committee meeting. Introductions and apologies were made.

SN reviewed the minutes and action points from the previous meeting. The minutes were approved by the group but there were a few outstanding actions. VM will take on action point 3.1a regarding CQIN mapping and RS will retain action point 3.3a, with the audit team to follow up when appropriate. **1a** **1b**

2. Project update

RA provided the group an overview and update of the AADP.

Secondary care audit development

- A public consultation was carried out in August 2017 with 12 responses received.
- The hospital pilot, was carried out over September/October 2017.
    - 36 hospitals were registered,
    - 755 clinical and organisational records were submitted, and
    - 30 individual submissions of feedback on datasets were received.
- 5 final datasets were then produced.

Primary care audit development

- Expert consultation re: Read codes and data quality was carried out involving LD, Noel Baxter (NB) and JQ.
- Targeted consultation was performed.
- Final queries were produced.

Communication

- The AADP continue to engage with external stakeholders and organisations by way of email and several Twitter handles.
- Two new infographics have been produced.
    - The pilot storyboard.
    - 12 days of Christmas storyboard (in conjunction with the National COPD Audit Programme).
- A quick reference guide for the clinical datasets has been created providing a summary on the data collected.
- Materials and information sheets have also been created to be given to patients, parents the general public.

Patient involvement

- Petronella Hutchinson continues to be the patient representative on the steering committee.
- A focus group (via Asthma UK) took place in October 2017 covering :

- What areas of asthma care are most important to asthma patients and their carers ,
- How they would use information from a National Asthma Audit, and
- How they would like the findings and information from the audit presented to them.

Other work

- The AADP team met with the Confidentiality Advisory Group (CAG) to discuss information governance, including section 251 requirements for the National Asthma Audit.
- The AADP team met with Crown Informatics to discuss IT requirements for the asthma audit web-tool initial setup and maintenance.
- A&E and outpatient HES data have been explored, as well as work around the new emergency care dataset.
- Avenues have been explored around PROMS and PREMS.

Report production

The writing of the report started in September 2017 with reviews carried out by CQID senior management prior to being circulated to the steering committee. The HQIP Standard Reporting Process (SRP) will commence on 1 February 2018.

3. NACAP update

VM provided an overview and update of NACAP

- The AADP and the national COPD audit programme contract ends on 28 February 2018.
- The new programme of work, the National Asthma and COPD Audit Programme (NACAP) will commence from 1 March 2018. The contract period will be in a 3 plus 2 year format.
- NACAP will bring cohesion to asthma and COPD audits, the programme delivering 5 national audits:
    - continuous audit of acute exacerbation admissions of COPD in secondary care
    - continuous audit of adult asthma exacerbation admissions in secondary care
    - continuous audit of paediatric asthma exacerbation admissions in secondary care
    - continuous audit of pulmonary rehabilitation services for COPD
    - COPD and asthma annual primary care extractions in Wales with a scope of rolling extraction across to England and Scotland

NACAP has been given a year to explore primary care data extraction for England.

Meetings with the Scottish government are also underway to scope implementation of a PC extraction in Scotland and what specifications would be required.

Funding has also been provided for the RCP to run QI events and workshops across the UK.

The group discussed potential duplication of work with other respiratory organisations. Initial meetings with the BTS and other key stakeholders have already taken place to ensure there is no replication of work.

4. Final datasets and queries

The group reviewed all datasets for comment.

Primary care queries

The group raised concerns around coding of co-morbidities and the importance of accurate coding around diagnosis. JQ reassured the group that this will not be an issue as validated methodologies and extensive QC checks will be in place.

The group had a lengthy discussion on the importance and subtle differences of coding exacerbations of asthma in practices. JQ advised the group that the extract does not simply use exacerbations codes but validation codes and oral steroid codes, which allows for a more accurate extraction of asthma exacerbations. QOF codes will not be used in either the COPD or the asthma PC extraction.

CS stated results for fractional exhaled nitic oxide (FeNO) are rarely coded and no substantial data will be extracted. However, this may change over time and will remain in the query list to future proof the dataset.

The group discussed asthma action plans and the accuracy of asthma diagnosis in under 5 year olds. JC queried with the group whether GPs are aware of the difference between a comprehensive long term condition management plan and a specific asthma exacerbation avoidance management plan. The group advised typically locally generated asthma plans are being issued and there is no real standardisation among them.

This sort of query could be teased out more if there was an organisational audit for primary care but at this stage there is none due to the automated extraction of data and lack of organisational read codes.

The group discussed splitting query 10b into two as it is asking two questions. VM advised that this query was designed to mimic the COPD queries but as the question states ‘and/or had a stop-smoking drug prescribed’ it could feasibly be split into two. **4a**

This query should also be split in the COPD PC queries with follow up discussions with Noel Baxter (NB) to take place. **4b**

The group agreed to the proposed changes to query 12 to include 'a combined LABA and ICS or MART inhaler' and 'ICS with LTRA'.

Secondary care datasets

Paediatric 1-5 clinical audit dataset

The group discussed in length the accuracy of diagnosis of asthma and wheezing in children of 1-5 years old and how to ensure capture of the correct paediatric group for audit. This has already been discussed extensively during the second AADP steering group meeting and the group ended discussions by stating the audit is taking a pragmatic approach by including children of this age group primarily diagnosed with asthma OR wheeze which is responsive to salbutamol. It was agreed that this area should be reviewed at a later stage of the audit's life cycle.

RI suggested that 'which is responsive to salbutamol' in the case definition at the top of the dataset should be bolded. The group agreed. No others comments were made regarding this dataset. **4c**

Adult clinical audit dataset

In question 1.6, the wording 'Select on only' is to be amended to 'Tick all that apply' to capture smokers that also vape. **4d**

SN stated that there are BTS guidelines around oxygen saturation (SpO_2) that can be included into the helpnotes for question 3.3. RA to follow up and insert into dataset. **4e**

JC questioned the relevance of asking for Flow rate in question 3.3.1. The group decided to remove Flow Rate as BTS guidelines focus on oxygen being prescribed to target range and the inclusion of Flow Rate is irrelevant. **4f**

SN advised the group the help-note in question 5.3.1 for 'Bundle Statement 5' has been incorrectly transposed from the BTS guidelines. Specialist care should be arranged within 4 weeks, not 2. Amendment to be made to both adult and paediatric audit datasets. **4g**

KGJ raised concerns around how practices are actually ensuring follow-up requests are being carried out in an 'effective' manner. The group decided to insert better clarification into the helpnotes on what constituted a request for follow-up and potentially include a list of effective follow-up methods into question 5.3.1. **4h**

Adult organisational audit dataset

The group discussed question 5.2 regarding severe asthma services, as there is concern the question could be misunderstood in its current format. The group decided to reword the question to 'Are you a Commissioned Severe Asthma Service?' and add an additional question 'If no, do you have a referral pathway to a Severe Asthma Service?' **4i**

The group decided to remove question 5.5 regarding asthma MDTs as it's only relevant to severe asthma services and was not felt useful for the question to be included. **4j**

Paediatric organisational audit dataset

Question 3.6.1 requires further clarification of in/out of hours in the helpnotes. RI advised that an out-of-hours service must include an on-call availability rota 24/7 by a respiratory specialist (including telephone availability). **4k**

The term SpR is to be amended to 'ST3 or above' in the wording of question 3.8 regarding senior decision maker. The term SpR is a legacy term. **4l**

The group agreed to add an additional sub-question to question 6.4 regarding patient support groups, to allow hospitals to name the support or engagement group, if applicable. **4m**

The answer tick box in question 7.1, which covers GP records, is to be reworded to 'has the GP been sent the same record'. **4n**

JC questioned if the report infographics were available in the public domain. RA advised they are available via twitter. RA will also send through the infographics to JC. **5c**

There was some concerns around the accuracy of transitional care results 'young person has a full record of their condition' and 'their GP has the same record'. AC informed the group of the national transitional care standard format 'Ready, Steady, Go' which covers transitional care from 14 onwards and provides the patient with a full record of their condition along their transition. Ideally as part of the format, the GP should have the same records as the patient but it can vary whether this happens in practice. RA to investigate and including information on 'Ready, Steady, Go' into the helpnotes of the organisational audit datasets. RI also stated he will contact Jacki Cornish for further information on transitional care and surrounding NICE/BTS guidelines and report back.

5 Report

The group discussed the report and reviewed each section.

Section 1

SN gave a brief overview of the AADP timeline from phase 2 initiation to reporting. The

group commented that overall they were very pleased with the report both terms of content and presentation.

Section 2

JC commented on the how well patient involvement has been incorporated into the report in such a structured and meaningful manner. The suggestion was made to create a patient involvement abstract/poster or infographic that could be presented at conferences or organisations. RA to follow up. **5a**

NH questioned how the audit results and patient outcomes will be fed back to the patients themselves. RA advised there will be an annual patient report with full use of infographics that will primarily be hosted and distributed electronically. This however will not reach a small number of patients that do not have internet access. A possible solution is to create posters using the infographics to be placed in GP, surgeries and pharmacies.

Section 3

AADP pilot audit headline results

A brief discussion was held around the pilot results which should be used for the final part of the AADP pilot storyboard. The final component would be designed based on these agreed areas and launched with the report in spring 2018.Results used would be high level national results, which would not identify pilot hospital participants and be used to give a feel for how and what is being done. **5b**

Potential key indicators

Following some discussion the group agreed that the key indicators outlined in the report were appropriate to use as measures for real-time reporting. These were:

- current smokers and smoking cessation,
- Peak Expiratory Flow (PEF) on arrival to hospital,
- discharge bundle (BTS elements), and
- readmissions.

Some concerns were raised about the appropriateness of PEF as some patients would be too unwell to perform this on arrival. However, it was felt important to capture that hospitals were carrying out objective measurements on the severity of the asthma attack and in the absence of another appropriate measurement (it would be too difficult to qualify a 'good' oxygen level to use Sp02), it was agreed it would remain.

EG confirmed that these indicators are appropriate to apply to paediatrics, with the

exception of PEF which is not used for children of 5 years or under. However, there is scope to tweak the smoking indicator to exposure to passive smoking and in the discharge bundle whether parents were given smoke avoidance advice. It was recommended that the NHS initiative 'step right out' should be incorporated into the helpnotes for the paediatric datasets.

MR pointed out the 'Readmissions' should be defined as within '30 days' as opposed to 'one month'. RA to reword.

5c

Parity of esteem was briefly mentioned as a potential key indicator but it was felt it should be kept as a national indicator rather than local.

Section 5

Emergency Care

RA advised the Accident and Emergency (A&E) Hospital Episode Statistics (HES) dataset is being replaced later this year with a slightly more refined dataset and is renamed Emergency Care (EC) Dataset. A&E to be reworded to Emergency care in the report for consistency.

5d

RA advised the group that once the asthma audit has been launched and is ready to link to the HES database, the Emergency Care dataset will have been released. This will allow the audit to link to admissions/re-admissions to emergency care services. JC questioned whether there is an inclusion of onward referral in the EC dataset. RA is to check and report back. If there is to be a public consultation to try and engage with the EC college, JC would like to provide feedback and information. RA to confirm with Emma Fernandez. **5e**

The group questioned whether patients attending urgent care services could be captured. JQ advised it is dependent on what systems are being used to enter this data and there is lack of consistency in this area. Some patients are referred to urgent care services rather than EC, while some patients may be a 'walk in' to EC. RA to explore if information on admissions to urgent care centres exists.

Data Access Requests (DARS) **5f**

RA gave a quick overview of the purpose of DARS and linkage to HES and Office of National Statistics (ONS) data and the process and advantages surrounding linkage.

Pharmacy data sources

RA recently had conversations with representatives from NHS Business Services Authority from the Prescription Information Services, which collects in formation on all electronic and paper prescriptions dispensed in England (including patient identifiers).

In addition to the PC data extraction, this data source will allow confirmation of whether a prescription is actually redeemed. The only slight limitation with the dataset is that diagnosis is not included and therefore it could not be said for certain that the prescription was for asthma, as opposed to another respiratory disease. However, JQ confirmed that medication overlap with COPD is minimal at only 14% therefore the risk associated with this limitation was minimal.

Community pharmacies

RA advised as diagnosis information or NHS numbers are not captured by community pharmacies, it was deemed not appropriate to explore this avenue any further. The group agreed. RA to insert above into the report.

5g

PrescQIPP

There has been limited information on what information is captured by PrescQIPP and RA has been unable to contact CR for further information. RI advised he will follow up with CR and report back. **5h**

Section 6

Patient reported outcome and experience measures (PROMS and PREMS)

As part of the NACAP contract, HQIP has provided funding for a meaningful PROMS and PREMS measure to be scoped in the first year. SN gave a brief rundown of the multiple avenues and sections explored for patient feedback with Asthma UK annual survey having the largest patient participation. MR advised there will be lots of likely changes in measuring PROMS and PREMS over the next 5 years of the programme but none are in any ready state. This area can be revisited later in the audit cycle.

Section 7

RS gave the group an overview on the National Data Opt-out regarding the collection of patient level data. It is still uncertain what the full impact this will have on the audit. RA will write up a few paragraphs covering this to be included in the report.

Section 9 **5i**

RA will update all the relevant sections and conclusions based on today's discussions.

5j

6 Any other business

No other business

7 Review of actions arising

No review required

8 Thank you and reminder of final reporting dates

SN thanked the group for their contribution to the AADP.

Action items

Item no	Action	By
1a	Follow up action point 3.1a from the previous steering committee action points.	VM
1b	Follow up action point 3.3a from the previous steering committee action points.	RS
4a	Query 10b of the PC queries regarding stop-smoking drug prescription to be split into two separate questions.	RA
4b	The equivalent above query in the COPD PC queries to also be split with follow up discussions with NB	VM
4c	Wording 'which is responsive to salbutamol' to be bolded in the paediatric 1-5 clinical dataset case definition.	RA
4d	Wording of question 1.6 to be amended in the adult clinical dataset.	RA
4e	BTS guidelines to be added to the helpnotes for question 3.3 in the adult clinical dataset.	RA
4f	Flow rate to be removed from question 3.3.1 in the adult clinical dataset.	RA
4g	Wording in helpnotes for 'Bundle Statement 5' in question 5.3.1 to be amended in the adult clinical dataset.	RA
4h	Further clarification to be inserted into the helpnotes around 'effective follow up methods' in the above question.	RA
4i	Question 5.2 of the adult organisational dataset to be reworded and an additional sub-question to be added.	RA
4j	Question 5.5 regarding MDTs to be removed from the adult organisational dataset	RA
4k	Helpnotes in question 3.6.1 of the paediatric organisational audit dataset to be amended for further clarification	RA
4l	Question 3.8 of the paediatric organisational audit to be reworded to remove 'SpR' to 'ST3 or above.	RA
4m	Question 7.1 'GP record' tick option to be reworded in the paediatric organisational audit.	RA
4n	RA to send through report infographics to JC	RA
5a	RA to investigate the creation of a patient involvement abstract/poster incorporating the infographics.	RA

5b	RA to investigate the possible use of pilot results to be turned into an infographic.	RA
5c	Readmissions to be defined as ’30 days’ in the ‘potential key indicators’ section of the report.	RA
5d	Accident and Emergency (A&E) to be reworded as Emergency care in the report.	RA
5e	RA to investigate the inclusion of onward referral in the EC dataset.	RA
5f	RA to gather information on admissions to urgent care centres.	RA
5g	RA to expand the paragraph covering community pharmacies.	RA
5h	RI to follow up with CR regarding PrescQIPP and report back to the group.	RI
5i	RA to insert a paragraph covering the National Data Opt-out into the report.	RA
5j	RA to update the report based on the steering committee’s comments and recirculate report for review.	RA