

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

Adult asthma: drawing breath – the state of the nation's asthma and COPD care

Findings, recommendations
and quality improvement



Key findings and recommendations

Audit participation

Hospitals in England and Wales admitting adult patients with asthma attacks were invited to participate in the clinical audits for 2021/2022.

- > Includes patients admitted to adult services with a primary diagnosis of asthma attack from 1 April 2021 and discharged by 31 March 2022.



102,481

patient records were entered for the clinical audit.

63,409 COPD | 16,132 adult asthma

14,168 children and young people's asthma | 8,772 pulmonary rehabilitation

708 (88.4%)

of eligible hospitals submitted patient records.

Demographics

Admissions and demographics

- > More **women** (71%) than **men** (29%) were admitted to hospital.
- > The median age of admitted patients was **47 years old**.
- > The median length of stay for patients was **<5 days**.

Inpatient mortality

- > **100%** of patients admitted to hospital for asthma attacks **were discharged following their hospital stay**.



Admission time

- > **43.3%** of patients were admitted **from late morning to early afternoon** (08.00 – 15.59).



Key data



43.9%

of adults diagnosed with asthma in the past 2 years have a record of any objective diagnostic measurement in primary care.

Wales only.

Key data

First hour of hospital care for adults with asthma



16.3%

of those eligible had their peak flow measured.

25.6%

had systemic steroids administered.



36.1%

had beta 2 agonists administered.

5.3%

had oxygen prescribed to target range.

Key data



85.5%

of hospitals had a designated lead for the care of adults with asthma.

81.8%

of adults with asthma received a specialist review during their episode of care in hospital.



67.2%

of adults with asthma received a specialist review within 24 hours on a weekday.

52.7%

of adults with asthma received a specialist review within 24 hours on a weekend.

Key data

Working together



25.0%

of adults were provided with a personalised asthma action plan (PAAP) in primary care. **Wales only.**

42.1%

of adult asthma services had at least one element of formal transition service to facilitate children moving to adult services.

30.1%

of adults received ALL mandatory elements of care as defined by adult asthma best practice tariff during their hospital admission.

68.2%

of adults had a documented inhaler technique check before discharge from hospital.



Recommendations

Recommendation 1

For every person to receive an early and accurate diagnosis based on a guideline defined approach and a plan for their care.

This could be achieved by

- > conducting physiological testing in hospitals and primary care to support correct diagnosis of asthma
- > ensuring that diagnoses of asthma and COPD are correctly documented and available to other clinical teams
- > commissioners supporting an increase in post-COVID-19 spirometry testing by providing the necessary resource to primary care.



Recommendation 2

For care to be provided to people with asthma and COPD within the recommended timeframe after hospital admission, to support optimal outcomes.

This could be achieved by

- > providing key elements of care for adults with asthma within the first hour of arriving at hospital (only applicable to patients who did not receive them as part of pre-hospital care)
- > commissioners ensuring that providers have a system in place to deliver all aspects of the first hour of hospital care and that an audit of adherence has been undertaken in the past 12 months.

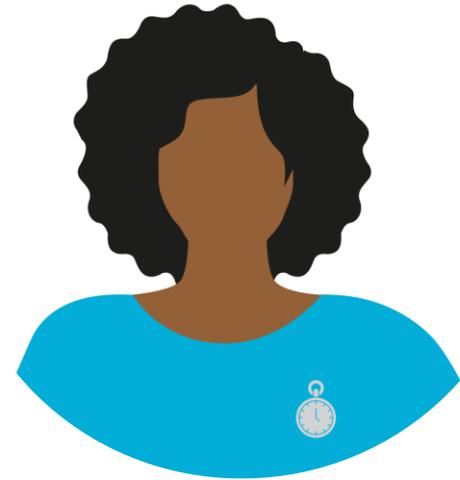


Recommendation 3

For people with asthma and COPD to receive care by appropriately trained healthcare professionals, at each stage of their care pathway.

This could be achieved by

- > ensuring that people admitted with an exacerbation of asthma are reviewed by a respiratory specialist within 24 hours, 7 days a week
- > commissioners ensuring that providers have a named clinical lead in the hospital for COPD, children and young people's asthma and adult asthma services.



Recommendation 4

Primary, secondary and community services to implement ways to work together, offering people with asthma and COPD a seamless pathway of care.

This can be achieved by

- > adult and children and young people's asthma services working together to provide a service for transition between child and adult asthma services
- > providing people with asthma with a written or electronic personalised asthma action plan (PAAP) in primary care
- > recording a smoking status for all adults admitted to hospital with an exacerbation of COPD or asthma, and offering them a referral to a smoking cessation service.



Recommendations

for people living with asthma, their families and carers

- > Know what good care looks like and feel empowered to ask for it.
- > Make sure you know what you need to do when you are unwell, who to seek help from and when you should seek help.
- > Familiarise yourself with terminology that may be used by health professionals and ask for clarification where needed.
- > Ensure you, your families and carers are well informed about the care you need with NACAP resources:
 - [Primary care](#)
 - [Asthma](#)
 - [Children and young people's asthma](#)
 - [COPD](#)
 - [PR](#)



Quality improvement (QI)

QI resources

NACAP offers a suite of quality improvement templates that can be accessed [here](#):

- > Driver diagram
- > PDSA cycle
- > Creating SMART aims

NACAP also offers a quality improvement work programme. If you would like more information on this, please email NACAP@rcp.ac.uk





NACAP

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Disease Audit Programme (NACAP)**

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NACAP: Adult asthma