

Asthma Biologics

Adoption Barriers and Suggested Solutions

Improving outcomes for patients with respiratory disease is a clinical priority set out in the [NHS Long Term Plan](#). The [AAC Asthma Biologics Working Group](#) was set up to improve uptake and reduce inequalities in the prescribing of asthma biologics, a group of medicines used by specialists to treat people with severe asthma.

The NICE [adoption team](#) (who are represented at the working group) aimed to identify barriers and explore potential solutions to the prescribing of asthma biologics, building on existing knowledge.

In February 2021, NICE conducted 27 semi-structured interviews with clinicians working in primary care, secondary care and in specialist asthma biologic prescribing teams in specialist centres.

A number of barriers to prescribing were identified which have been summarised into 7 key themes below, alongside possible solutions suggested by the interviewees. The findings were reported back to the AAC working group to inform their resulting action plan.

This report summarises the views of the interviewees and is not the opinion of NICE.

Barrier theme 1: Asthma is not a high enough national priority

Some interviewees indicated that work is needed to build on the [Asthma UK](#) work, in particular the '[Do No Harm](#)' campaign, and to consider how tackling asthma can become a higher priority nationally. The [CQUIN](#) framework is not considered to have helped nor been positively received due to issues around allocation of funds and payment thresholds.

Suggested solutions:

- A review of CQUIN
- An improved funding method (severe asthma tariff).
- A review of the [national service specification for specialised respiratory services in adults](#).

Barrier theme 2: Poor awareness of biologics

There is a lack of awareness of biologics, primarily in primary care. This was reported to be linked to general overburden.

Suggested solutions:

- More education (recognising the pressures the NHS is currently under due to Covid-19).
- Development of brief and accessible educational tools.
- Further support from pharmaceutical companies

Barrier theme 3: Identifying and referring potentially eligible patients

Knowing when to refer patients on for specialist input and which patients may be eligible for biologics is key to successful asthma management. Adherence management is suboptimal and needs to improve to prevent inappropriate referrals.

Suggested solutions:

- Develop a clear severe asthma management and referral pathway that addresses adherence.
- Develop short teaching sessions/videos/podcasts for nursing staff and GPs.
- Develop local 'super partnerships' in primary care and consider monthly designated clinics to optimise and share specialist skills.
- Explore proactive case-finding options (access to medical records required) as a means of identifying potentially eligible patients.

Barrier theme 4: Current biologics access model is insufficient to enable equity of access.

Biologics can only be prescribed by a specialist prescribing centre. Becoming a specialist prescribing centre involves fulfilling specific eligibility criteria which is independent of geographical location. This means that some geographical areas are under-represented. In these areas people would have to travel long distances to be assessed for biologics which is often not feasible for them.

Suggested solutions:

- Target areas that are under-represented.

- Review the prescribing model to enable more secondary care providers to prescribe biologics (either provide support for them to meet eligibility criteria or allow prescribing under supervision/in conjunction with existing specialist prescribers).

Barrier theme 5: Some patient groups are hard to reach and more support for patients is needed.

Cultural and language barriers include stigma, lack awareness of the support and treatment options that are available and lack of information in an accessible format. People don't always know they are entitled to care and often endure their symptoms without seeking help.

Suggested solutions:

- Outreach activities, targeting key communities.
- Information leaflets and posters in different languages and consider best ways to disseminate.

Barrier theme 6: Delays in secondary care.

Specialist prescribing centres have their own individual referral forms which can be a problem where there are multiple centres in the same region. The forms are reportedly lengthy which creates an administrative burden. This may deter secondary care clinicians from referring on for specialist assessment and to try to manage patients themselves.

Many potentially eligible patients are currently on secondary care waiting lists. In some trusts that do not have designated asthma clinicians, this may be a general respiratory list. Some asthma referrals will be inappropriate, and some may need adherence support, but they are seen in list order because there is no mechanism to identify and prioritise people with severe asthma or fast-track people who may be eligible for biologics.

Suggested solutions:

- Optimise adherence management and referral processes to reduce inappropriate referrals.
- Standardise specialist prescriber referral forms.
- Improve identification and triaging at secondary care level.
- Facilitate prescribing from secondary care (as above).

Barrier theme 7: Lack of specialist prescriber funding and capacity to carry out patient assessments.

Some interviewees reported that asthma network funding has been made available to support the specialist prescribing centre model, but this does not cover costs of assessing patients at specialist centres. Neither does the standard respiratory outpatient tariff.

The emergence of biologics has greatly increased workload with inadequate staffing to meet the increased demand. Interviewees reported that care is often provided on a good will basis.

There is no ringfenced funding for severe asthma at the CCG level. This means that funds are predominantly depleted by routine asthma care.

Suggested solutions

- Formally commission all networks and include funding for specialist staff to meet the demand and avoid ongoing delays.
- Develop use of a severe asthma tariff.
- Ringfence part of the CCG asthma budget.
- Free-up specialist staff capacity (e.g. using digital solutions and virtual platforms, optimising homecare, avoiding inappropriate referrals and optimising medicines management and adherence earlier in the patient pathway).

Ends