

SUMMARY

Tees Valley CCG developed a Local Incentive Scheme (LIS) for its practices to support the review of Asthma patients following treatment with Oral corticosteroids. The scheme involved development of a number of protocols and templates to facilitate improvements in care for uncontrolled asthma patients. It also involved a remuneration model to encourage practices to drive improvements in care. Setting clear levels for the numbers of patients expected to have review following completion of their courses of oral steroids, allowed the CCG to ensure uncontrolled asthma patients were well managed and where appropriate referred onwards for specialist intervention.

AIMS AND OBJECTIVES

To improve the rates of follow up for patients completing courses of oral corticosteroids following an acute asthma attack.

- > To ensure in the region that 90% of patients who receive oral steroid treatment following an asthma attack that did not require hospital admission, received a follow up and review by their practice following completion of their steroid course.

Reasons for implementing your initiative

Goals of asthma management (BTS/NICE/GINA) suggest that patients should not have any symptoms OR exacerbations with their Asthma. The guidelines also suggest that a patient treated for acute asthma (moderate attack, without admission) should be followed up at the end of the steroid course.

The usual reason for an exacerbation which warrants treatment with oral steroids is usually due to poor compliance with inhalers or poor inhaler technique or inappropriate level of treatment/inhaler.

People who have recently had emergency care for an asthma attack may be at risk of another attack.

Timely follow up in general practice after acute treatment allows healthcare professionals to check that the asthma is responding to treatment, to explore the possible reasons for the attack and to give support and advice about reducing the risk of further attacks and admissions.

HOW YOU IMPLEMENTED THE INITIATIVE

To support implementation the CCG developed a number of resources which can be accessed through the links below:

- A [programme metric](#) used in the LIS
- An Acute Exacerbation Template for [EMIS](#) or [SystemOne](#)
- A Post Acute Review Template for [EMIS](#) or [SystemOne](#)
- A [protocol](#) for reviewing Asthma patients following treatment with Oral corticosteroids

KEY FINDINGS

Introduction of the LIS established a formal process for review of these high-risk patients which once embedded should leave a legacy of improvement. The scheme offered a number of benefits which included

- Improved patient care and experience of care
- Opportunity to identify patients at risk of future exacerbations
- Opportunity for education incl. concordance; inhaler technique; PAAP
- Opportunity to identify patients with severe asthma needing referral to severe asthma service.

KEY LEARNING POINTS

- Driving changes and improvement in primary asthma care is challenging, with primary care continuing to be supporting more and more. There is a need for effective models to support commissioners to support their practices to engage in quality improvement
- The tools developed by Tees Valley CCG offer a structured and formalised approach to addressing an area of significant need.
- Assessment of the impact of these tools on the prescribing of oral corticosteroids for uncontrolled asthma will be the next step.



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