SPECTRA Webinar

Identification of Uncontrolled Asthma in Primary Care

AAC Asthma Biologics Programme

18 Jan 2022

ACCELERATED ACCESS COLLABORATIVE

NHS England and NHS Improvement

The AHSN Network

Housekeeping

Session will be recorded

- If you do not consent to the recording taking place, please exit the meeting now.

Interaction with panel

- For questions, comments and discussion please use the Q&A function and we will either address comments during the session or call back for Q&A.

Introductions and welcome

Dr Hitasha Rupani
Consultant Respiratory Physician University Hospitals Southampton

Programme Clinical Champion

Dr Kathryn Prior
Consultant Respiratory Physician Lancashire Teaching Hospitals NHS FT

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Founder Oberoi Consulting

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James Rose
Head of Innovation Adoption Oxford AHSN

Programme Lead

Agenda

1. Uncontrolled Asthma in Primary Care
2. The SPECTRA Tool
3. Case Study
4. AAC and Academic Health Science Network Support
5. Q&A Discussion

Accelerated Access Collaborative

- The AAC supports the NHS to more quickly adopt clinically and cost-effective innovations, to ensure patients get access to the best new treatments and technologies

- As part of the AAC's work each year the AAC supports a range of late-stage innovations that have NICE approval, that support the NHS Long Term Plan's key clinical priorities, but have lower than expected uptake.

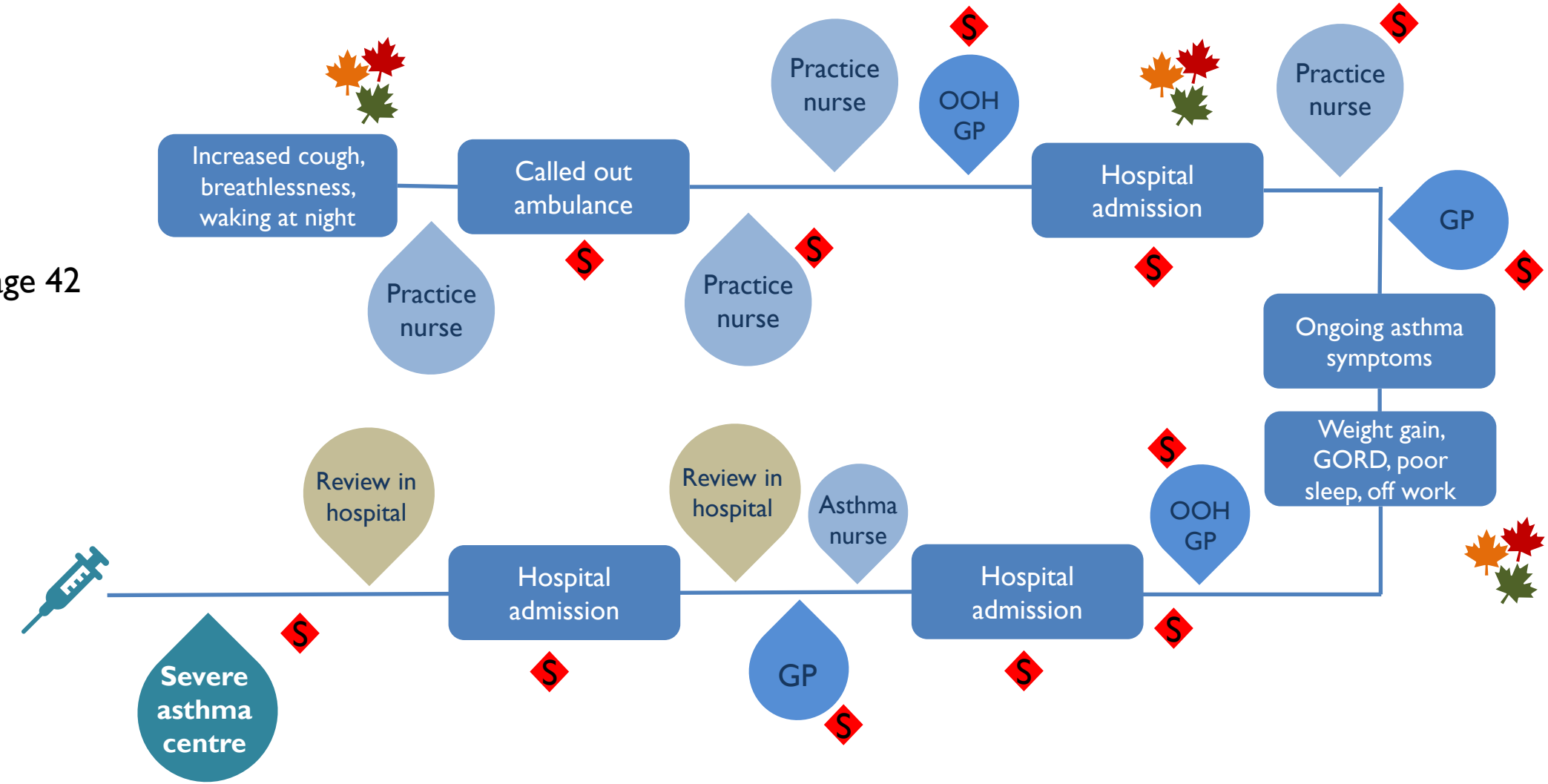
- April 2021 saw 3 new product themes selected for support which include 2 asthma related programmes
  - Lipid management for secondary prevention of CVD (HIST, ezetimibe and PCSK9i)
  - FeNO testing to aid diagnosis of asthma
  - Biologics for treatment of severe asthma

- There are now five asthma biologic medicines approved by NICE for the treatment of severe asthma.
  - **Omalizumab** for severe persistent allergic asthma (TA278)
  - **Benralizumab, mepolizumab, and reslizumab** for severe eosinophilic asthma (TA565, TA671, TA565)
  - **Dupilumab** for severe asthma with type 2 inflammation (TA751)

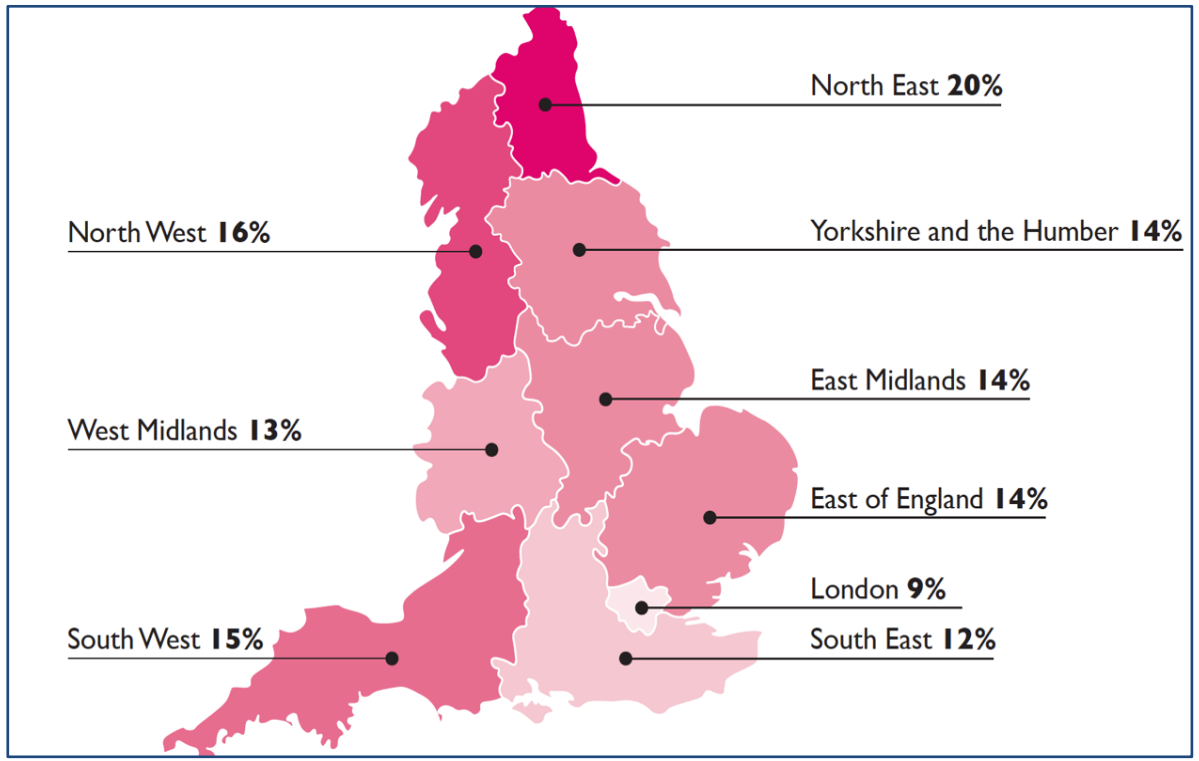
Uncontrolled Asthma

A CASE FOR SOME PERSPECTIVE

Jack, age 47
Asthma diagnosed age 42

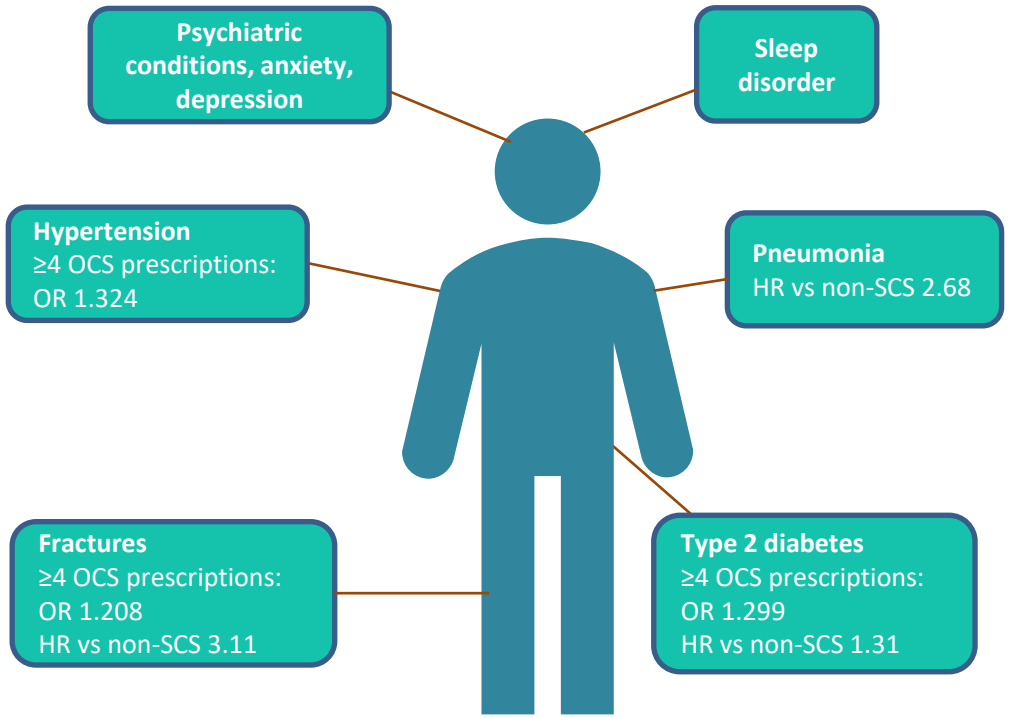


THE NEED FOR EARLIER IDENTIFICATION



Percentage of asthma patients who have been prescribed 2 or more courses of steroids

Steroids: think about side effects



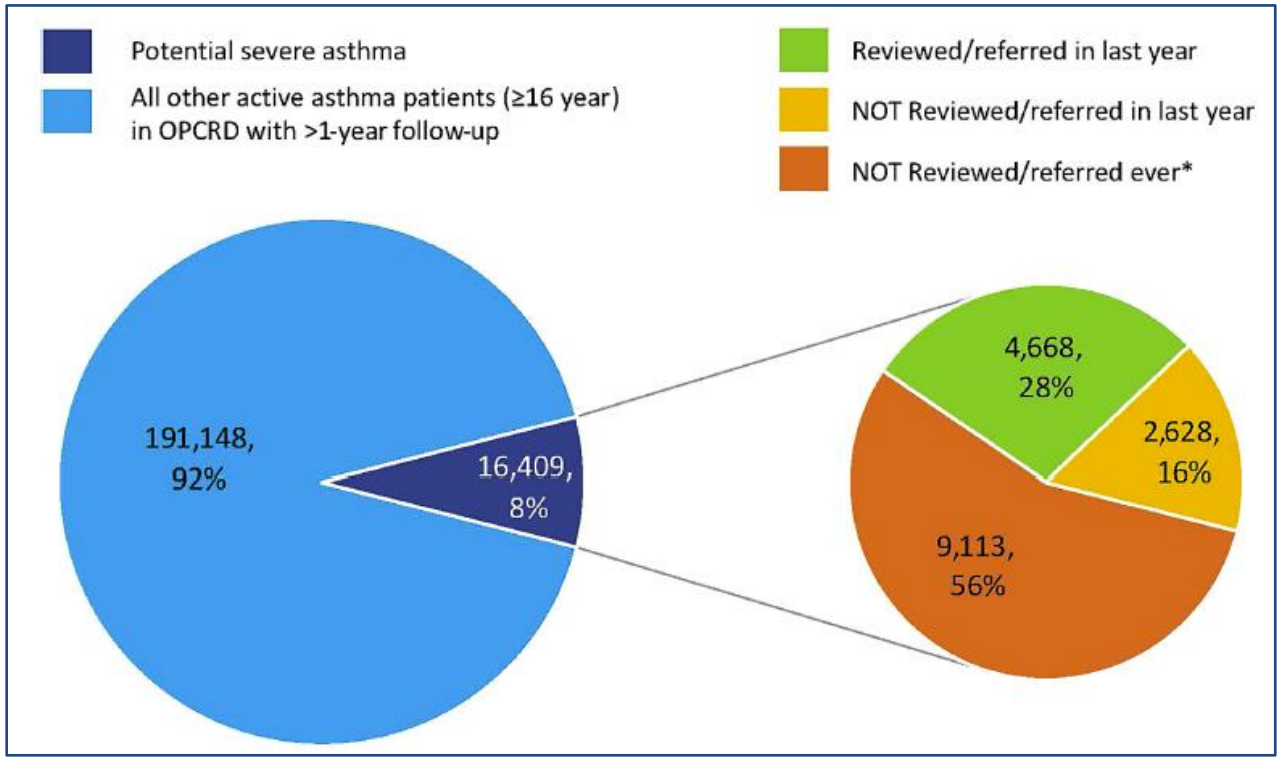
Within 30 days of a course the incident rate ratio of:

- Fractures: 1.87
- VTE: 3.33
- Sepsis: 5.30

NHS England and NHS Improvement

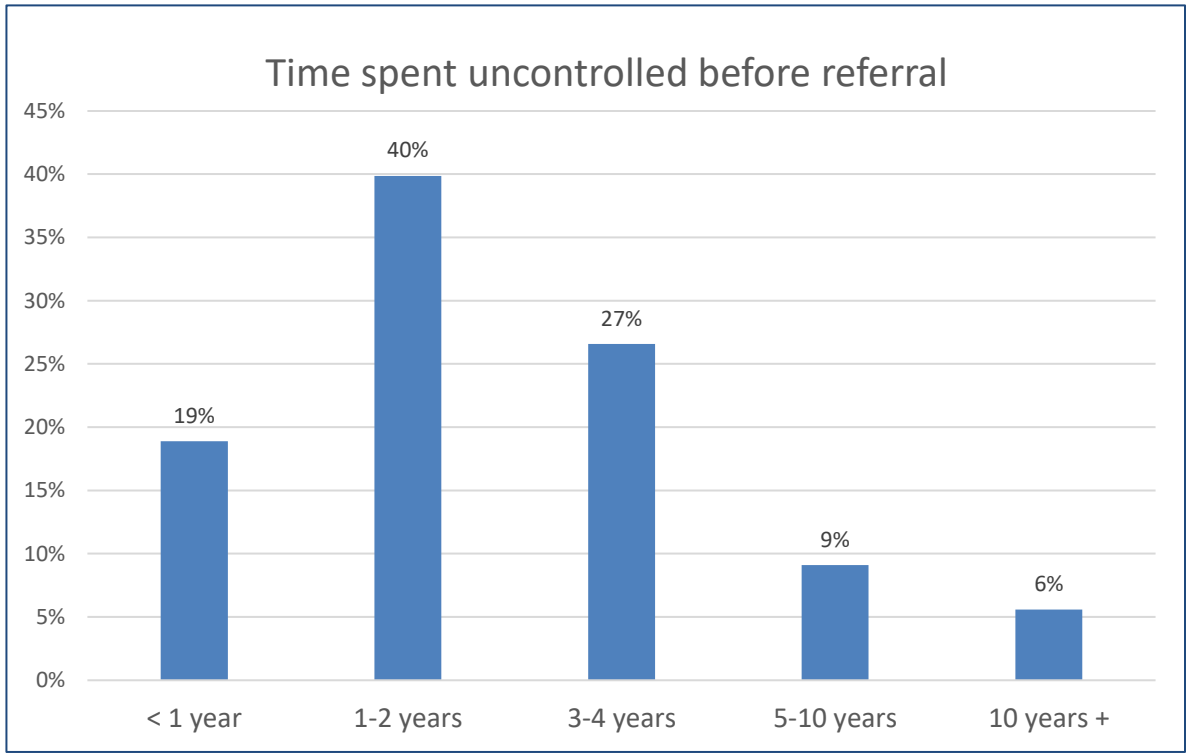
Asthma UK 2020; Price et al Eur Resp Review 2020

UK Optimum Patient Care Research Database



Potential severe asthma defined as >2 exacerbations and on GINA step 4

Patients referred to UK Severe Asthma Centres 2019/2020



NHS England and NHS Improvement

AHSN Benchmarking Key Insights

Severe Asthma Centre

- **Referrals into predominantly come from acute spoke sites or from GPs close to severe asthma centres**

Primary Care

- **Patient identification highly variable and in most cases was being done reactively**
- **Significant variation in awareness of uncontrolled and potential severe asthma**
- Resource in primary care continues to be a challenge
  - lack of dedicated, funded, nursing time required to work-up patients

Commissioning

- Whilst many respondents saw asthma as a priority area **few could report any supporting initiatives to support severe or uncontrolled asthma**

NICE National Institute for Health and Care Excellence

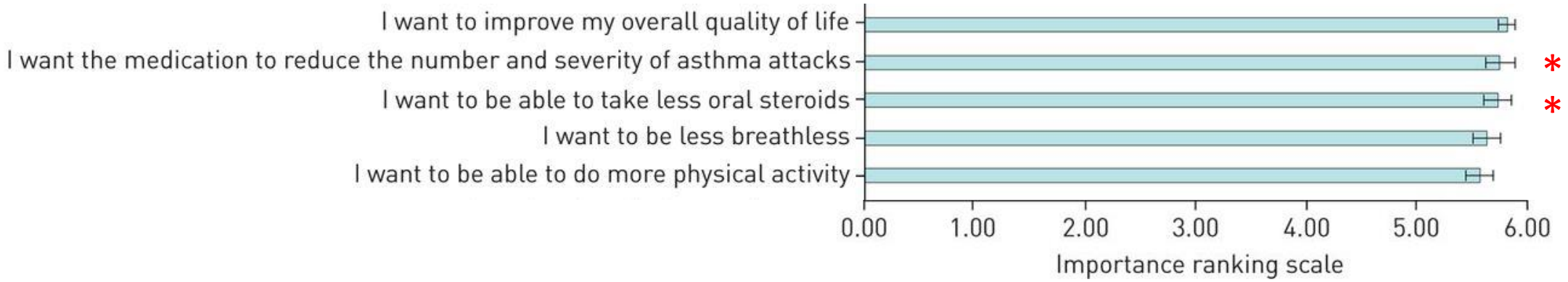
Scoping Exercise

- **Lack of awareness** about severe asthma and adherence management
- Appropriate onward **referral**:
  - Administrative burden
  - Disincentive to refer
  - Clear criteria needed

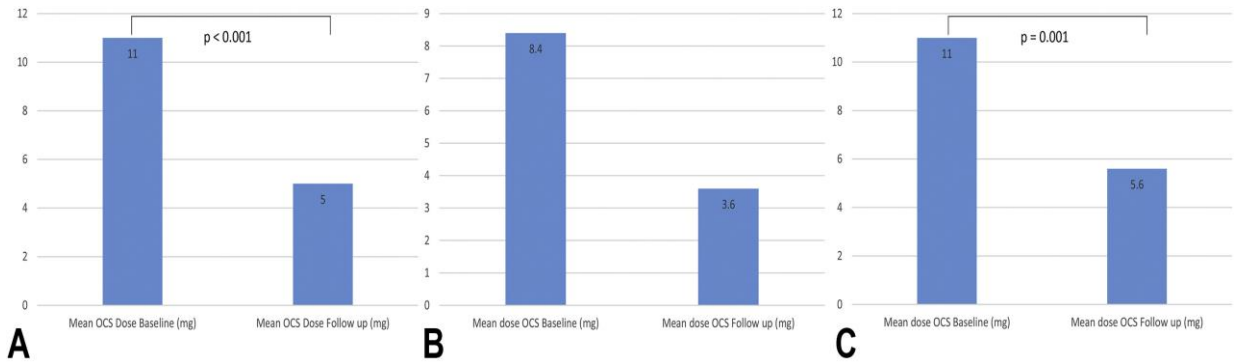
Why refer patients with uncontrolled asthma to a Severe Asthma Centre

Why refer patients with uncontrolled asthma to a Severe Asthma Centre

Outcomes of importance for people with severe asthma.



Systematic assessment for difficult and severe asthma improves outcomes and halves OCS burden independent of monoclonal biologic use



All patients

Patients started on a biologic

Patients not started on a biologic

NHS England and NHS Improvement

Vanessa L. Clark et al. ERJ Open Res 2021;7:00497-2020 Denton et al. J Allergy Clin Immunol Pract. 2020 May;8(5):1616-1624.

Impact of biologics

Agent	Asthma Control	FEV_1	QOL	OCS Use	Exacerbations
Omalizumab	ACQ-7 ✓	↑	↑	↓	↓
Mepolizumab	ACQ-5 NS	↑	↑	↓	↓
Reslizumab	ACQ-7 ✓	↑	↑	—	↓
Benralizumab	ACQ-6 ✓	↑	↑	↓	↓
Dupilumab	ACQ-5 ✓	↑	↑	↓	↓
Tezepelumab	ACQ-6✓	↑	↑	—	↓

The Multi-disciplinary team

SPECTRA Tool

This is a Donated Service Programme funded by AstraZeneca & developed in collaboration with NHS England & Improvement (NHSE&I) and the Accelerated Access Collaborative (AAC)

SPECTRA

Identification of Suspected Severe Asthma Patients in Primary Care

Primary Care Clinical System Resources Hosted on:
www.suspected-severe-asthma.co.uk

Job bag number: GB-32383 Date of Preparation: November 2021

This is a Donated Service Programme funded by AstraZeneca & developed in collaboration with NHS England & Improvement (NHSE&I) and the Accelerated Access Collaborative (AAC)

- Donated Goods and Services (DOGS), are goods or services which are donated by AstraZeneca intended to improve an NHS service (capability, capacity, speed or quality of care) to enhance patient care

- DOGS are and must always be non-promotional and must not be linked to promotion of a medicine.

- DOGS are available to NHS Healthcare Organisation's (HCO) throughout the UK

This service Programme has been developed as a resource to support primary care; AstraZeneca do not support implementation of the tool for example to review patients

PRECISION

Development of SPECTRA

TOOL TO FACILITATE PROACTIVE IDENTIFICATION OF POTENTIAL SEVERE ASTHMA

STANDARDISED REFERRAL TEMPLATE

SPECTRA: Search Criteria

The **definition of severe asthma**, which underpins the algorithm, is **based on** the **ERS/ATS 2014 statement** which has **not been superseded**.
To **prioritise patients** for review and assessment, **each cohort** is **categorised** into **priority groups**, as shown below.

Cohort 1: Adult asthma patients on a **high strength inhaled corticosteroids (ICS)*◆**

Priority 1a
Cohort 1 patients with **serious exacerbations** *(at least one hospital admission)* OR **2 or more exacerbations**.[1]

→ **Priority 1b**
Cohort 1 patients who have had **2 or more issues**** of **systemic corticosteroids**.[1]◆

→ **Priority 1c**
Cohort 1 patients who have had **6 or more issues**** of **reliever inhaler**.[2,3]◆

→ **Priority 1d**
Cohort 1 patients with **"Poor Symptom Control" coded**** OR **latest asthma control test (ACT) < 20**.[1]

To avoid duplications, **prioritised patients are excluded** from **subsequent** searches.

Cohort 2: Adult asthma patients on **all other ICS*◆ strengths**

Priority 2a
Cohort 2 patients with **serious exacerbations** *(at least one hospital admission)* OR **2 or more exacerbations**.[1]

→ **Priority 2b**
Cohort 2 patients who have had **2 or more issues**** of **systemic corticosteroids**.[1]◆

→ **Priority 2c**
Cohort 2 patients who have had **6 or more issues**** of **reliever inhaler**.[2,3]◆

→ **Priority 2d**
Cohort 2 patients with **"Poor Symptom Control" coded**** OR **latest ACT < 20**.[1]

1.Chung et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. Eur Respir J 2014; 43: 343–373Available from: https://erj.ersjournals.com/content/43/2/343 [Last Accessed: November 2021]
2.Bloom, C.I., Cabrera, C., Arnetorp, S. et al. Asthma-Related Health Outcomes Associated with Short-Acting Beta-2 Agonist Inhaler Use: An Observational UK Study as Part of the SABINA Global Program. Adv Ther 37 2020, 4190–4208. Available from: https://doi.org/10.1007/s12325-020-01444-5 [Last Accessed: November 2021]
3.Crowther L, Pearson M, Faruqi S, Xu Y, Morris T, Crooks M. "The Sentinel Project: experience-based co-design of an implementation-ready intervention to improve adult asthma care in primary care". 10th IPCRG World Conference, May 2021.

Parameter	Approx. 10,000 Population Practice
1a Patients with serious exacerbations or 2 or more exacerbations	**12**
1b Patients with 2 or more issues of SC	**10**
1c Patients who have had 6 more issues of reliever inhaler	42
1d Patients with Poor Symptom Control coded or latest asthma control test (ACT) <201	16
2a Patients with serious exacerbations or 2 or more exacerbations	15
2b Patients with 2 or more issues of SC	11
2c Patients who have had 6 more issues of reliever inhaler	65
2d Patients with Poor Symptom Control coded or latest asthma control test (ACT) <201	33
Total Number Of A, B, C, D	203
Total Number Of A & B Patients	48
Total Number Of C Patients	107
Total Number Of D Patients	49

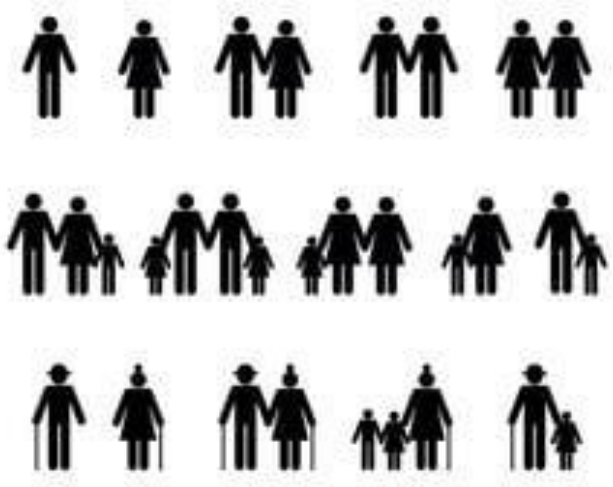
NHS England and NHS Improvement

https://www.england.nhs.uk/publication/primary-care-networks-plans-for-2021-22-and-2022-23/

SPECTRA: running the search

- **No external software**, pre-created downloadable searches
- Searches once imported, **integrate within the clinical system**
- Searches visible & accessible on all clinicians desktops
- **Easy** to access **patient lists for review**
- **Searches** can be **re-run at any time**
- Searches deployed via Vision+ for Vision sites; EMIS Web and SystmOne

What to do once the search is run



Assess, optimise and review

Stopping smoking

Inhaler technique: review regularly and optimise

Monitoring

Pharmacotherapy: review and address adherence

Lifestyle

Education including having a self management plan

Support: regular structured reviews by health care professionals

Ryan et al. Primary care resp journal 2013

THE HASTE TOOL

H	A	S	T	E
HIGH INTENSITY TREATMENT	**ADHERENCE**	**SEVERE EXACERBATIONS**	**TECHNIQUE**	**EXCLUDE OTHER CONDITIONS**
Is the patient already at the high-end of the treatment escalator?	Are patients taking their medication at the correct dose and frequency?	Has the patient had ≥2 courses of oral corticosteroids or been hospitalised due to asthma in the last 12 months?	Is the patient's inhaler technique correct?	Are conditions that mimic or exacerbate asthma being managed?

The HASTE tool is designed to aid clinicians undertaking asthma reviews in primary care to help remember the indications for considering referral to secondary care for further assessment. If your patient is still experiencing ongoing symptoms and the answers to the HASTE questions are yes, then refer!

**Additional educational tools being developed by AAC (modules, webinars and podcasts)

SPECTRA: Referral Template

- Coded file that pulls through key data and medication in one document for onward referral
- Can be used to conduct a review of the patient record
- Can be edited, updated and saved into the patient record

REFERRAL TEMPLATE

This is a Donated Service Programme funded by AstraZeneca & developed in collaboration with NHS England & Improvement (NHSE&I) and the Accelerated Access Collaborative (AAC)

Uncontrolled Asthma Referral Form

This referral form remains entirely confidential. No information whatsoever is shared with AstraZeneca.

Please note only coded data will be pulled through, please add any missing information via free text

Reason for Referral (Please add relevant free text)

Date	
Patient Name	
DOB	
NHS No	
Telephone Number (Mobile)	
Telephone Number (Home)	
Address	
Email address	
Ethnic Group	
Main Spoken Language	

Diagnosis

Description in Patient Record	Date of Entry
Asthma Diagnosis	
Last Asthma Review	
COPD	
Eczema	
Hay Fever	
Chronic Rhinosinusitis	
Nasal Polyps	
Gastro-oesophageal reflux disease (GORD)	
Allergies	
Severe Asthma	
Anxiety/Depression	

Other Diagnosis

Description in Patient Record	Date of Entry
Diabetes	
CHD	

Date of Prep: November 2021

Job Code: GB-32331

PRECISION

REFERRAL TEMPLATE

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Heart Failure	
Hypertension	
Atrial Fibrillation	
Stroke/TIA	
PAD	
CKD	
Obesity	

Exacerbations/Symptom Control

Hospital Admission for Asthma	
Number of Asthma Exacerbations (last 12m)	
Inhaler (s) technique checked	

Current Acute & Repeat Medication

(Patient Medication from the last 12 months would be merged here)

Enter information below from Clinical System findings (over the past 12 months)

We need to understand not only the patient's current prescription, but how these medicines have been used. This is particularly important for systemic and inhaled corticosteroids. For the last year, please complete the table below:

Number of SABA inhaler*					
Number of ICS inhaler*					
Number of ICS/LABA inhaler*					
Number of Systemic Corticosteroid					
Maintenance oral steroid (mOCS)?	Y		N		
mOCS dose					
mOCS duration (approx.)					

*SABA – Short Acting Beta Agonist; ICS – Inhaled Corticosteroid; ICS/LABA – Inhaled Corticosteroid/Long Acting Beta Agonist

Patient Biometrics

Smoking Status	
Pack Year History	
Electronic Cigarettes/Vaping	
O/E Height	
O/E Weight	
BMI	
Chest X-Ray	

Date of Prep: November 2021

Job Code: GB-32331

PRECISION

REFERRAL TEMPLATE

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Lung Function Tests

	Last 3		
Fractionated exhaled Nitric Oxide (FeNO)			
Forced Expiratory Volume FEV_1 (L)			
Percent Predicted FEV1 (%)			
Forced Vital Capacity. FVC (L)			
Percentage of predicted forced vital capacity (%)			
FEV1/FVC			
Peak Expiratory Flow Rate PEFR (L/min)			
Best Peak Expiratory Flow Rate (L/min)			

Blood Tests

	Last 3		
Eosinophils % Count			
Eosinophils Count			
Last Other Eosinophils Entry			
Enter the highest recorded eosinophil count			

PRECISION

Development of SPECTRA

TOOL TO FACILITATE PROACTIVE IDENTIFICATION OF POTENTIAL SEVERE ASTHMA

ASSESSMENT AND MANAGEMENT IN PRIMARY CARE

STANDARDISED REFERRAL TEMPLATE

SPECTRA: Governance and Reporting

SPECTRA

Governance

SPECTRA – DATA PROCESSING

SPECTRA involves no processing of patients' identifiable data

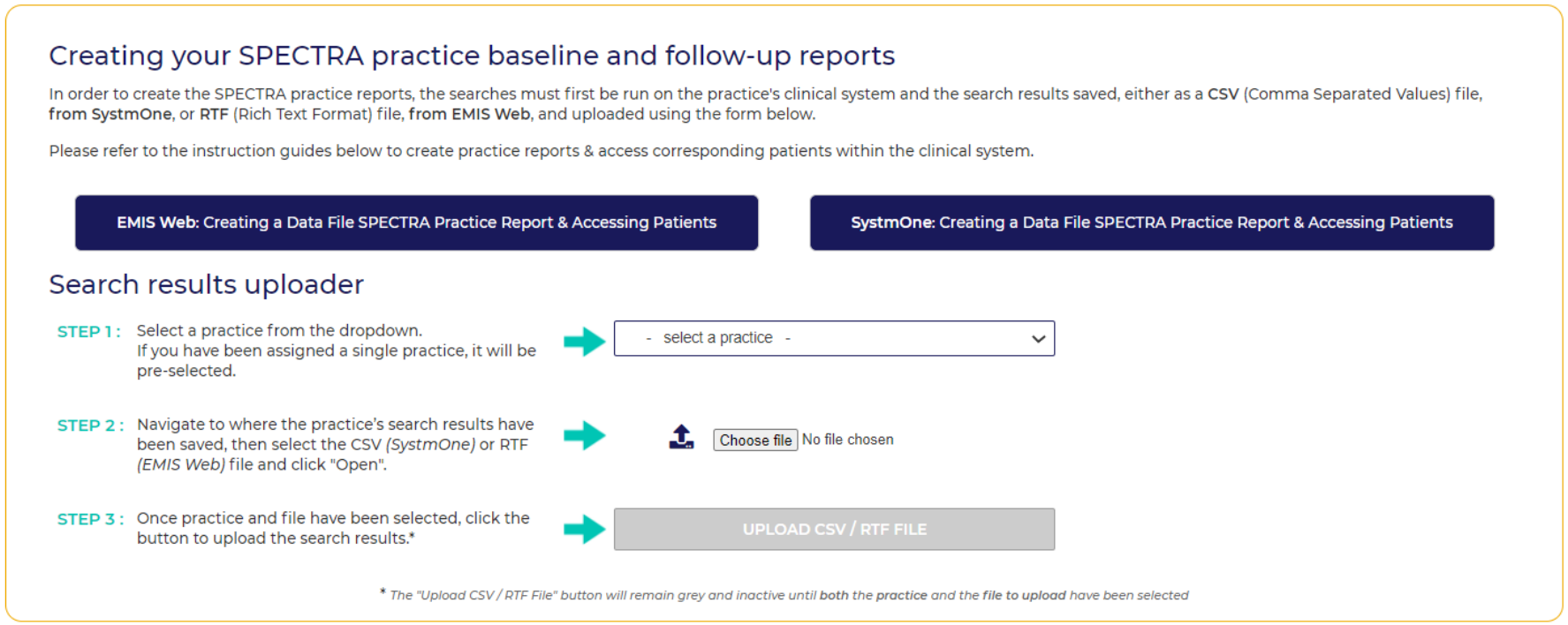
The number of patients (counts) are returned for each search run on clinical systems:

Name	Count
01) Adult patients with Asthma on a high strength ICS in the last 12m (no referral in last 12m and no Asthma Biologic Rx) Cohort 1	109
01a) Cohort 1 patients with "serious exacerbations" (1 hospital admission or 2 exacerbations) last 12m	6
01b) Cohort 1 patients with 2 or more issues of systemic corticosteroids in last 12m	13
01c) Cohort 1 patients who have had 6 or more issues of reliever inhalers in last 12m	23
01d) Cohort 1 patients with poor symptom control or latest ACT <20 last 12m	19
02) Adult patients with Asthma on all other ICS strengths (no referral in last 12m and no Asthma Biologic Rx) Cohort 2	376
02a) Cohort 2 patients with "serious exacerbations" (1 hospital admission or 2 exacerbations) last 12m	7
02b) Cohort 2 patients who have had 2 or more issues of systemic corticosteroid in last 12m	16
02c) Cohort 2 patients who have had 6 or more issues of reliever inhaler in last 12m	63
02d) Cohort 2 patients with poor symptom control or latest ACT <20 last 12m	43
03) Cohort 1 patients with no Asthma Control Test (ACT) in last 12m	19
04) Cohort 2 patients with no Asthma Control Test (ACT) in last 12m	67
05) Cohort 1 or 2 Asthma patients who have been reviewed and assessed for Severe Asthma	4
06) Asthma patients with Referral for Asthma coded	67
07) Current Asthma biologic	0
08) Asthma Register	730
09) Severe Asthma Coded	0
10) Practice List Size	10762

Only files in the above format are uploaded to generate reports

PRECISION

HCO's create reports by uploading the search file within www.suspected-severe-asthma.co.uk



Creating your SPECTRA practice baseline and follow-up reports

In order to create the SPECTRA practice reports, the searches must first be run on the practice's clinical system and the search results saved, either as a **CSV** (Comma Separated Values) file, **from SystmOne**, or **RTF** (Rich Text Format) file, **from EMIS Web**, and uploaded using the form below.

Please refer to the instruction guides below to create practice reports & access corresponding patients within the clinical system.

EMIS Web: Creating a Data File SPECTRA Practice Report & Accessing Patients

SystmOne: Creating a Data File SPECTRA Practice Report & Accessing Patients

Search results uploader

STEP 1 : Select a practice from the dropdown. If you have been assigned a single practice, it will be pre-selected.

- select a practice -

STEP 2 : Navigate to where the practice's search results have been saved, then select the CSV *(SystmOne)* or RTF *(EMIS Web)* file and click "Open".

Choose file No file chosen

STEP 3 : Once practice and file have been selected, click the button to upload the search results.*

UPLOAD CSV / RTF FILE

* *The "Upload CSV / RTF File" button will remain grey and inactive until **both** the **practice** and the **file to upload** have been selected*

- Patient numbers between 1 and 7 are suppressed, aligned to NHS Digital's approach to suppression of small patient counts
- AstraZeneca do not have any access to any individual practice level data

PRECISION

SPECTRA: PRIMARY CARE CLINICAL SYSTEM RESOURCES

Downable file for EMIS Web, SystmOne and Vision

Developed in consultation with the AAC

Coded file that pulls through key data and medication in one document for onward referral

Can be used to conduct a review of the patient record

Can be edited, updated and saved into the patient record

PRECISION

SPECTRA

Reporting

SPECTRA: REPORTING

Powerful reporting to measure the **impact** of the **review and referral** process across healthcare organisations

Downloadable baseline & follow-up PDF reports

- Practice, PCN/Cluster, CCG/HSCP/UHB

Dashboard Reporting across:

- PCNs / Clusters
- CCGs / HSCPs / UHBs
- ICS
- AHSNs
- SACs

PCNs –Primary Care Network, CCG – Clinical Commissioning Group, HSCPs – Health and Social Partnership, LCG – Local Commissioning Group, UHB – University Health Board, Integrated Care Systems, AHSN – Academic Science Network, SAC – Severe Asthma Centre

PRECISION

PRACTICE REPORTS

'Search Numbers' within the report correlate to the searches within the clinical system (eg.1d)

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Cohort 1 : Adult asthma patients on high strength ICS*

To **access patients for review**, locate these searches within the *"SPECTRA: Suspected Adult Severe Asthma"* folder in your **clinical system reporting module**.

Baseline
98
Cohort 1:
Adult asthma patients on a **high strength ICS**◆*

Search 1

Search Number	Search Title	Patient Numbers
1a	**Cohort 1** patients with **serious exacerbations** *(at least one hospital admission)* OR **2 or more exacerbations****.[1]	11
1b	**Cohort 1** patients who have had **2 or more issues**** of **systemic corticosteroids**.[1]◆	13
1c	**Cohort 1** patients who have had **6 or more issues**** of **reliever inhaler**.[2,3]◆	31
1d	**Cohort 1** patients with **"Poor Symptom Control" coded**** OR **Latest ACT < 20**.[1]	11

Patients **assessed for severe asthma** should be **coded** for *"Severe Asthma Exacerbation Risk Assessment"*, **38B8** (Read 2) or **966031000000101** (SNOMED)
If a patient is **referred following review**, please code for *"Referral to Asthma Clinic"*, **8HTT** (Read 2) or **415265005** (SNOMED)

◆ **See Appendix for full list of drugs** * **No referral in the last 12 months or current biologic** ** **In the last 12 months**

1. Chung et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma. Eur Respir J 2014; 43: 343–373 Available from: https://erj.ersjournals.com/content/43/2/343 [Last Accessed: November 2021]
2. Bloorn, C.I., Cabrera, C., Ameforp, S. et al. Asthma-Related Health Outcomes Associated with Short-Acting Beta-2 Agonist Inhaler Use: An Observational UK Study as Part of the SABINA Global Program. Adv Ther 37 2020, 4190–4208. Available from: https://doi.org/10.1007/s12325-020-01444-5 [Last Accessed: November 2021]
3. Crowther L, Pearson M, Faruqi S, Xu Y, Morris T, Crooks M. "The Sentinel Project: experience-based co-design of an implementation-ready intervention to improve adult asthma care in primary care". 10th IPCRG World Conference, May 2021.

Page 6 from Practice Report

PCN & CLUSTER REPORTS

Benchmarking across participating practices

Reporting across the HCO and ability to focus into individual practice needs

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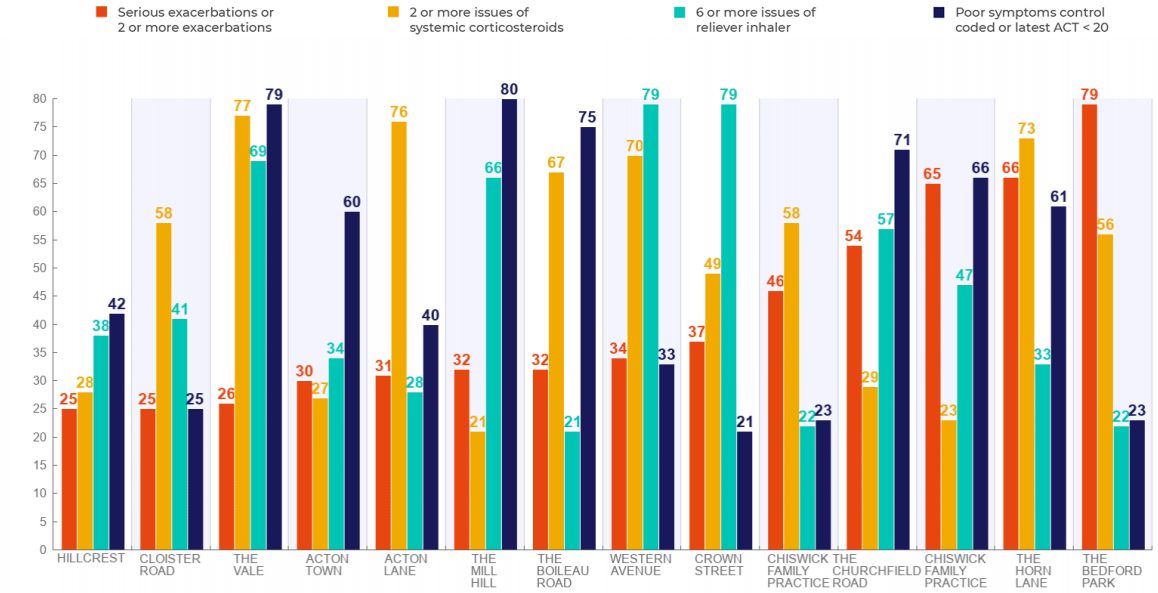
Cohort 2 : Number of patients with indicators of uncontrolled asthma by practice



Patient numbers between 1 and 7 are suppressed, aligned to NHS Digital's approach to suppression of small patient counts.*

* https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/isb1523-anonymisation-standard-for-publishing-health-and-social-care-data [Last Accessed: November 2021]

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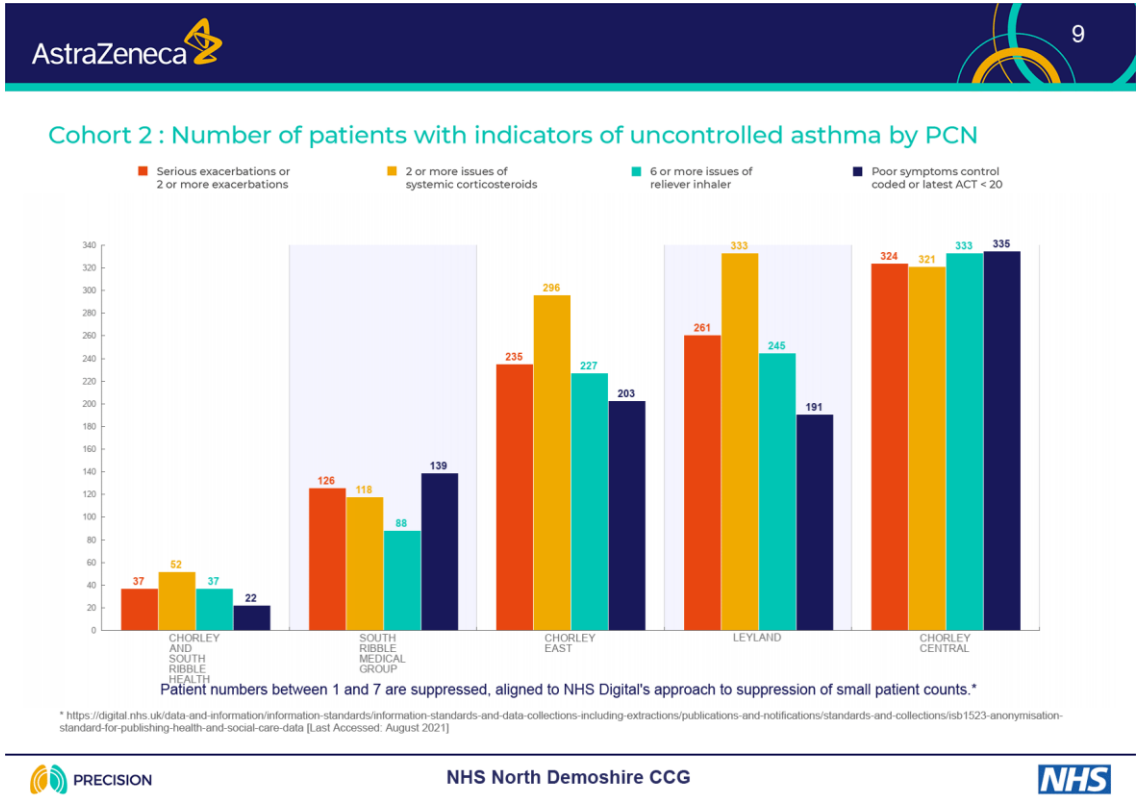
Page 9 from PCN/Cluster Report

PRECISION

CCG, HSCP & UHB REPORT

Benchmarking across participating PCN/Clusters



Page 9 from CCG/HSCP/UHB Report

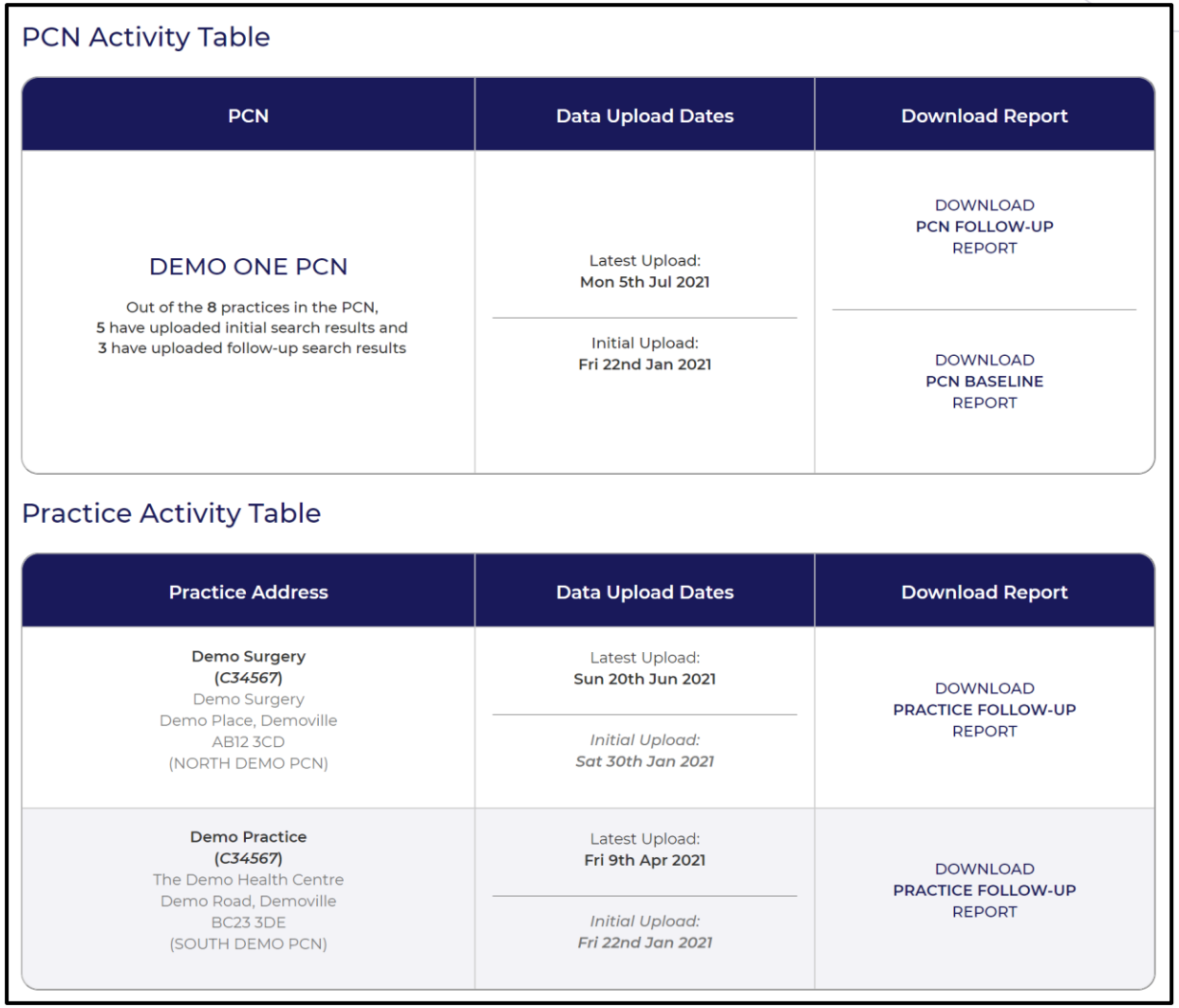
PRECISION

ACCESSING REPORTS

- **PCNs/Clusters -** *downloadable* practice and PCN/cluster reports
- **CCG/HSCP/UHBs –** *downloadable* CCG, HSCP or UHB reports
- **ICS -** *downloadable* CCG reports
- **AHSNs -** *downloadable* CCG reports

- **Severe Asthma Centres**
- *downloadable* CCG/HSCP/UHB reports
- Quantifies potential number of referrals from aligned HCOs

Example Table View for a PCN



PCN Activity Table

PCN	Data Upload Dates	Download Report
DEMO ONE PCN Out of the 8 practices in the PCN, 5 have uploaded initial search results and 3 have uploaded follow-up search results	Latest Upload: Mon 5th Jul 2021 Initial Upload: Fri 22nd Jan 2021	DOWNLOAD PCN FOLLOW-UP REPORT DOWNLOAD PCN BASELINE REPORT

Practice Activity Table

Practice Address	Data Upload Dates	Download Report
Demo Surgery (C34567) Demo Surgery Demo Place, Demoville AB12 3CD (NORTH DEMO PCN)	Latest Upload: Sun 20th Jun 2021 *Initial Upload:* *Sat 30th Jan 2021*	DOWNLOAD PRACTICE FOLLOW-UP REPORT
Demo Practice (C34567) The Demo Health Centre Demo Road, Demoville BC23 3DE (SOUTH DEMO PCN)	Latest Upload: Fri 9th Apr 2021 *Initial Upload:* *Fri 22nd Jan 2021*	DOWNLOAD PRACTICE FOLLOW-UP REPORT

PRECISION

HCO DASHBOARD OVERVIEW – TRACKING IMPLEMENTATION

Parameter	All Active Practices	Practices with Follow-up Search Results	
	Initial Data *From 3rd Jan '21 to 21st Sep '21*	Initial Data *From 3rd Jan '21 to 17th Apr '21*	Latest Data *From 7th Jan '21 to 30th Sep '21*
Number of Practices	38	24	24
Patient Population	387,249	236,790	290,476
Potential Severe Adult Asthma Hidden Across the HCO	158	80	106
Patients with Severe Asthma Coded	371	261	989
Cohort 1 : Patients with Asthma on a **High Strength ICS***	10,331	6,588	8,988
Cohort 1 : Total Number of Patients to Review	7,256	4,625	7,795
Cohort 1a : Cohort 1 patients with serious exacerbations *(at least one hospital admission)* OR 2 or more exacerbations**[1]	1,795	1,191	1,909
Cohort 1b : Cohort 1 patients who have had 2 or more issues** of systemic corticosteroids[1] ♦	1,775	1,230	2,018
Cohort 1c : Cohort 1 patients who have had 6 or more issues** of reliever inhaler[2,3] ♦	1,859	1,106	1,995
Cohort 1d : Cohort 1 patients with "Poor Symptom Control" coded** OR Latest ACT < 20[1]	1,827	1,098	1,873
Cohort 2 : Adult Asthma Patients on **All Other Strengths of ICS***	9,152	5,976	7,740
Cohort 2 : Total Number of Patients to Review	7,035	4,437	7,877
Cohort 2a : Cohort 2 patients with serious exacerbations *(at least one hospital admission)* OR 2 or more exacerbations**[1]	1,636	1,038	2,111
Cohort 2b : Cohort 2 patients who have had 2 or more issues** of systemic corticosteroids[1] ♦	1,953	1,336	2,078
Cohort 2c : Cohort 2 patients who have had 6 or more issues** of reliever inhaler[2,3] ♦	1,582	951	1,838
Cohort 2d : Cohort 2 patients with "Poor Symptom Control" coded** OR Latest ACT < 20[1]	1,864	1,112	1,850

** No referral in the last 12 months and no biologic*

Impact of the Review and Referral Process	Number of Patients
Patients **reviewed and assessed** since baseline	780
Patients **referred** since baseline	779

Example shows collated and summarised data across the assigned HCOs

PRECISION

USING THE REPORTING

Reporting can be used in a number of ways

- **Pre-planning** to create a baseline report that informs of
  - Capacity and resource needs
  - In which practices or areas to start the project
  - Benchmarking

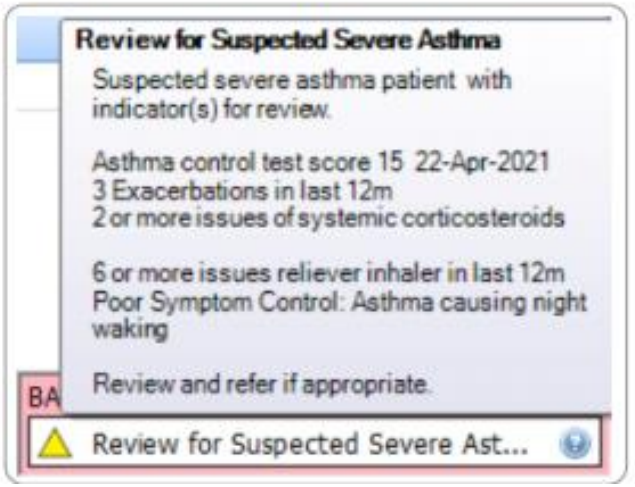
- **Live projects**
  - Progress tracking
  - Benchmarking
  - Sharing of best practice
  - Case-studies

PRECISION

Spectra: Additional resource

ALERTS: appear to prompt a review of the patient record

Example Alert : EMIS Web

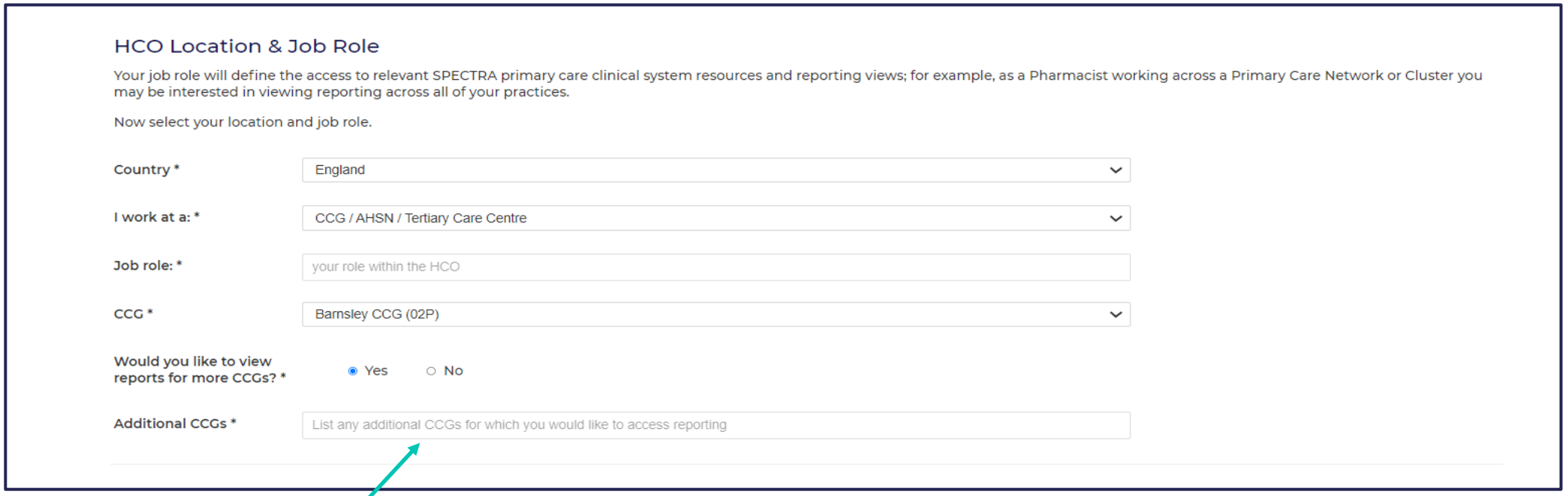


- **EMIS Web**: downloadable and importable
- **SystmOne**: instructions guide available on creating the alert
- **Vision:** deployed through Vision+

ACCESSING THE RIGHT LEVEL OF REPORTING

Registration Form at https://suspected-severe-asthma.co.uk/hcp-registration/

determines level of access and reporting views for the HCO



AHSNs, ICS and SACs must request relevant CCGs for data views

PRECISION

ACCESSING SPECTRA

To access SPECTRA clinical system resources and reporting for your Healthcare Organisation (HCO) register on www.suspected-severe-asthma.co.uk (registrants need to be authorised on behalf of HCO)

For further information email support@suspected-severe-asthma.co.uk or call the SPECTRA Support Team on 01332 546 909

This is a Donated Service Programme funded by AstraZeneca & developed in collaboration with NHS England & Improvement (NHSE&I) and the Accelerated Access Collaborative (AAC) delivered by Oberoi Consulting

PRECISION

NHS

ACCELERATED ACCESS COLLABORATIVE

Oxford Academic Health Science Network

Case Study

Lancashire Teaching Hospitals
NHS Foundation Trust

Central Lancashire Community Severe Asthma Project

Dr Kathryn Prior

Lancashire Teaching Hospitals NHS FT

Overview

Lancashire Teaching Hospitals NHS Foundation Trust

- **Aim**

  - To identify potential patients with severe asthma in the community, by reviewing those with a need for more than 2 courses of oral corticosteroids within the prior 12 months

- **Where**

  - Central Lancashire
    - Chorley and South Ribble CCG
    - Greater Preston CCG

- **When**

  - 12 week period from 20 September 2021-17 December 2021

Method

Lancashire Teaching Hospitals NHS Foundation Trust

All practices within Greater Preston and Chorley and South Ribble CCG's were invited to run the SPECTRA Tool and submit data

- The cohorts below were invited for assessment
  - 1 Adult patients with asthma on high strength ICS last 12 months
    b) and => 2 issues of systemic corticosteroids last 12months
  - 2 Adult patients with asthma on all other ICS strengths
    b) and => 2 issues of systemic corticosteroids last 12 months

- All underwent a systematic asthma assessment on a purpose built EMIS template, with respiratory function testing where appropriate

Method

Lancashire Teaching Hospitals NHS Foundation Trust

- Outcome of the assessment was placed on the GP record
- Tasks sent to the GP for any changes to medication
- Direct referral from project into the severe asthma centre where indicated

GP Practices

- 48 Practices contacted from 9 Primary Care Networks
- 20 Practices submitted data to the project
- All those who did not submit data were contacted via email

- We are currently analysing the break down of data into the SPECTRA groups

Outcome

Lancashire Teaching Hospitals NHS Foundation Trust

- Outcome
- Total patients seen = 166
- Stable patients = 112
- Referred to GP = 35
- Referred to secondary care = 7
- On steroids for other reasons = 10

Learning

Lancashire Teaching Hospitals NHS Foundation Trust

- SPECTRA was easy to run
- Lots of co-coding for asthma and COPD
- Does not screen out those on oral corticosteroids for other reasons
- Need to be wary of rescue packs in the cupboard
- Need to make sure do not invite with recent respiratory tract infection

Lancashire Teaching Hospitals
NHS Foundation Trust

It all depends on the coding

Moving Forward

Lancashire Teaching Hospitals NHS Foundation Trust

- Data analysis
  - SPECTRA outcomes
  - Project outcomes
- Review patient feedback
- Obtain feedback from GP’s and Practice Nurses

Thank you

Lancashire Teaching Hospitals NHS Foundation Trust

- Ceri Mansell and Dr Sumantra Mukerji
- Astra Zeneca
- Ashfields Nursing
- Dr Aash Vyas
- Dr Julie Reynolds from the Innovation agency
- Greater Lancashire Hospital Administration Team

NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

AAC and AHSN Network Support

Asthma Biologics Toolkit

SPECTRA Clinical Audit Tool

Is available here through this website. A Data Protection Impact Assessment DPIA Template is also available here.

Consensus Pathway

Currently out for consultation, and due to be launched by end of 21/22 see Asthma Biologics toolkit

ePACT2 Prednisolone Dashboard

Working with NHSBSA a prednisolone dashboard has been developed - accessible here

Case Studies

5 case studies around improving asthma pathways featured here on the toolkit

Homecare Dashboard

Available via your local AHSN leads through FutureNHS Collaboration Workspace.

Uncontrolled Asthma Training Package

Already available on Pulse and here on the Asthma Biologics toolkit

Pathway improvement Resources

Pharmacy Enhanced Roles Toolkit

Which includes business case and job description templates. Will be available here once published .

Haste Resources and Podcast

Haste resources and podcast published on PULSE online available here

Patient Resources

Can be accessed on the AAC website here.

Clinical Education Resources

Toolkit available at: https://www.oxfordahsn.org/our-work/asthma-biologics-toolkit/

AHSN Network

- Understanding barriers and local issues
- Working across systems and geographies
- Supporting partners to deliver change
- Communicating and disseminating resources
- Evaluation change to sustain improvements

Please connect with your local AHSN leads

AHSN	Asthma Biologics Lead	Asthma Biologics Lead Email
Kent, Surrey and Sussex	Hinal Patel	hinal.patel13@nhs.net
Eastern	Alex Lloyd	alex.lloyd@eahsn.org
East Midlands	Karen Chappell	karen.chappell@nottingham.ac.uk
West Midlands	Helen Hunt	info@wmahsn.org
South West	Steve Johnson-Wood	steve.johnson-wood@swahsn.com
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West of England	Clare Evans	Clare.Evans14@nhs.net
Yorkshire and Humber	Harriett Smith	harriet.smith@yhahsn.com
Health Innovation Network	Dominic Norton	dominic.norton@nhs.net
Oxford	James Rose	James.Rose@oxfordahsn.org
North East and North Cumbria	Rachel Morris	enquiries@ahsn-nenc.org.uk
Health Innovation Manchester	Binita Kane	info@healthinnovationmanchester.com
UCLPartners	Gareth Cairns	Gareth.Cairns@uclpartners.com
Imperial College	Logan Ryan	Logan.Ryan@imperialcollegehealthpartners.com
Innovation Agency North West Coast	Julia Reynolds	julia.reynolds@innovationagencynwc.nhs.uk

Call to action

1. Access SPECTRA resources for your Healthcare Organisation (HCO) through registering at www.suspected-severe-asthma.co.uk *(Note: registrants need to be authorised on behalf of HCO).*

2. Contact your local AHSN lead to understand how SPECTRA can fit in to any wider pathway improvement around Asthma.

3. To keep up to date with future training and resources visit https://www.oxfordahsn.org/our-work/asthma-biologics-toolkit/

NHS

ACCELERATED ACCESS COLLABORATIVE

Oxford Academic Health Science Network

Q&A Discussion

Questions?

Questions?

Any questions for our panel:

Dr Hitasha Rupani, Consultant Respiratory Physician, University Hospital Southampton NHS FT

Dr Kathryn Prior, Consultant Respiratory Physician, Lancashire Teaching Hospitals NHS FT

Kavita Oberoi OBE, Founder Oberoi Consulting

James Rose, Head of Innovation Adoption, Oxford AHSN

Seema Gadhia, Pharmacy Lead, Clinical Innovation Adoption, Oxford AHSN

FAQs

In Asthma clinics do you check sputum Eosinophils or Blood Eosinophils? I feel blood Eosinophils are not much value as other associated conditions can give high count.

- Blood eosinophils
- Reviewing the blood eosinophil count (current and historical) is very useful- it can help with diagnosis, management and risk stratification
- Most patients would have had a blood test at some point, so review historical results too
- In the hospital setting- in secondary care and specialist asthma centres we check the blood eosinophil count
- We do not routinely check sputum eosinophils- this is done mainly in the research setting or in specific patient cases.

Why was a criteria of use of more than 2 courses of corticosteroids in the past 12 months chosen as a cut off for defining severe Asthma?

- This was the criteria used to identify patients with uncontrolled asthma or potentially severe asthma
- This is an accepted definition of uncontrolled asthma (ERJ 2014)
- This is also a pragmatic step at which to intervene e.g. review treatment adherence and inhaler technique, increase treatment if needed.

FAQs

Are there any financial or policy levers which will help us drive the adoption of SPECTRA?

- Yes, there is the Investment and Impact Fund (IIF)
- The Investment and Impact Fund is an incentive scheme focused on supporting PCNS to deliver high quality care for their population. It will also help to create a more sustainable NHS
- The scheme includes 4 respiratory indicators that improve respiratory care and health outcomes for people with asthma and supports environmental sustainability
- The two that are aimed at reducing carbon emissions were available from October 21
- From April 2022, The IIF will reward PCNs for increasing the % of asthma patients who are regularly prescribed an ICS or preventer inhaler. This will improve disease control and also reduce unnecessary SABA (short acting beta agonist) prescribing and resultant carbon emissions. A further incentive will directly reward PCNs for reducing avoidable SABA prescribing which can be a marker of poor disease control
- The aim is by 24/25, 90% of patients on the asthma register will be regularly prescribed an ICS, while only 10% will be prescribed 6 or more SABA inhalers per year
- What the SPECTRA tool can help with is to identify those patients that are heavily reliant on SABA therapy, so pick up the cohort of patients that are being prescribed 6 or more SABA inhalers
- It will help PCNs and Practices identify how many patients they have in this category and allocate appropriate resource to carry out reviews and any necessary interventions

FAQs

Which website can we get the referral form and template from?

- You would need to register on **https://suspected-severe-asthma.co.uk/.** Once registered and being approved you then can download the resources and that's where the referral extract template, the searches and the alerts are.

Are you managing the Application Programming Interface (APIs) with GP System of Choice contract (GPSoCs) in house or is that outsourced? Just thinking about making changes if needed.

- There is no need to use APIs over clinical systems because what's happening with the upload is separate, it is not automatic. The practice has the choice: some practices might not want to upload their data, they may just want to download the searches. If we want to make any changes and we go through the version control and then that updates the search criteria, that updates the searches and then with that follow through to the reports. (Kavita Oberoi)

FAQs

When searching for oral steroid courses, do you get the dates and do you know if 2 courses occur without a gap of 7 days between them? It is common to get 5 days and then a further course after a few days and is this counted as one course?

- The search is set to look for 2 or more issues of prescriptions of Oral steroids in the last 12 months. So It depends on how the course is added. If one course is issued as one prescription for 5 days with a gap and further OCS after a gap then this would could as 1 course.
- We will be developing a 'check list' to go with SPECTRA. This checklist can be used once patients are identified, but before they are called for review to check if they fit criteria for review. At this point steroid courses and dates can be reviewed.

In the referral form, is it correct that the form cannot count the total number of ICS and it has to be manually done?

- On Vision the referral form counts the ICS, SABA and it automatically populates those into the table. Unfortunately, on SystmOne and EMIS Web it doesn't do the count automatically. What you will be able to see each and every prescription listed above the table and then you (or the clinician receiving the referral) can do the count. On Vision it actually does count it and pulls that counting for you.

FAQs

I am unable to access a code for FeNO that allows to enter test result, I have to free text in which case will this be picked up? I use EMIS if anyone knows how to populate the results into the coding System? I am unable to access a code for FeNO that allows to enter test result, I have to free text in which case will this be picked up? How to populate the results into the coding System in EMIS?

- In EMIS the code for FeNO is 444642008 it has an attached "text box" to add a value, but it has **not been set up as a value code by EMIS themselves** so couldn't be used to search on values. In order to drive a change to this it is recommended any GP practice using EMIS request this via their account manager.
- SPECTRA searches do not use FeNO values as part of the searches but it is brought out in the referral form even if it is in free text.

FAQs

Spectra is a very powerful tool to identify patients with uncontrolled asthma - The NHS Accelerated Access Collaborative support for FeNO and Asthma Biologics was inclusive of children and young people – but I think I am correct the Spectra App is only recommended for patients 17 and above excluding approx. 15-20% of the population of interest.

Children and Young People (CYP) share a similar clinical and diagnostic pathway from primary to tertiary care and have NICE approved access to biologics – Was there a reason why CYP were not included and is there a work around that you would recommend?

- Ensuring we have analogous tools for identification of uncontrolled asthma in CYP is something the programme team are currently looking into. This is being explored both with CYP NHSE colleagues and with industry partners. We realise it is very important addition and critical to ensuring our efforts to improve care through SPECTRA do not cause health inequalities for younger patients

Comments

"For an NHS England tool, great to see that you have looked beyond and included Scottish HSCPs an UHBs."

"I used the spectra and during a recent CQC inspection it really helped to show the practice was helping patients."

"Excellent discussion and points."

"Thank you for an excellent session."

Close

- Thank you for participating
- We hope this has improved awareness of the need for earlier identification
- If SPECTRA is of interest please make contact with your local AHSN leads
- Please visit https://www.oxfordahsn.org/our-work/asthma-biologics-toolkit/