



Association of Respiratory
Nurse Specialists

11 March 2015

National Institute for Health and Care Excellence
10 Spring Gardens
London
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Dear Sirs

Stakeholder response to Asthma – diagnosis and monitoring: guideline consultation

The Association of Respiratory Nurse Specialists (ARNS) are fully committed to supporting better diagnosis and best standards, particularly around the issues highlighted within the National Review Asthma Deaths (NRAD) report. Asthma is serious and unnecessary deaths have to stop, we support the NRAD report, which argues that the basics of asthma care needs improving.

Following the draft publication, we have sought the views of our 1000 members across the UK and received a number of issues and concerns relating to the practicalities and service implementation of the recommendations, which we feel NICE, should take in to consideration, before publication. We believe the highlighted concerns would have an impact on, the workload in both primary and secondary care, may potentially add to confusion and could result in uncertainty and misunderstanding around asthma care best practice. We would be extremely grateful if the concerns of our members could therefore be taken in to account.

Comments from our members can be classified in the following headings:

Spirometry

- Performing spirometry for children from the age 5 will be a new area of practice across the UK and members have expressed concerns that there will be significant training issues for GP's and Practice Nurses. Training around spirometry in children isn't widely available, which increases the potential for misdiagnosis if the results are not good quality and reproducible. We therefore believe NICE should recognise this and work with relevant bodies to address this.
- It has also been reported that the adult mouthpieces are too large for young children to use, so there will need to be some product development to enable this to be complied with.
- Spirometry will only provide a clinical picture on that day. Members are concerned that using spirometry to diagnose may miss a diagnosis if the patient attends for the test on a day when their asthma is not causing symptoms, and the view of our members is that serial peak flows should feature more strongly within the guidelines.

FENO monitoring and Bronchial Challenging

- Whilst there is research evidence supporting the use of FENO measurement, within clinical practice, widespread availability of machines is very low. Responses from our members have been that the cost of machines is seen as very prohibitive and without the availability of machines, a



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sudden reliability on secondary care will occur and referrals to secondary care would be a real risk. Some areas reporting a 30 week wait for referrals to secondary care and so this would be an increased and unnecessary burden on secondary care.

- Outside of research centres and large tertiary centres, bronchial challenges are not widely available, so again the impact that this will create on time and purchasing of equipment will be significant.
- Without a strong argument from NICE, which clearly demonstrates the improvement in asthma care that these 2 tests provide, we believe there is a real risk that these recommendations will be ignored in clinical practice.

Clinical Time

- Asthma patients in primary care clinical practices have a 10 or 15 min appointment, with the practice nurse. Increasing testing and the range of investigations, required to make a diagnosis, would therefore create a requirement for more lengthy appointments and increased pressure that this inevitably creates needs to be considered.

Guideline Confusion

- Clinicians in practice currently refer to the BTS/SIGN guidelines (2014). We feel the publication of the NICE guidelines, which offer different advice, will add to confusion in clinical practice. We therefore feel there needs to be a far better communication and collaboration with professional organisations; to ensure confusion and over production of guidelines doesn't occur.

Positive Aspects of Guidelines

- Several members have responded positively to having Asthma Control Test within the guideline as it is easy to use and very accessible. Members were also encouraged by the recommendations regarding inhaler technique.

In summary ARNS believes that if there is strong evidence base to support a fundamental shift in clinical practice, which will affect both primary and secondary care, NICE should provide an achievable timeline to allow the supporting infrastructure to be developed. We believe that in order for the guidelines to be implemented within clinical practice, clinicians will need the support of a number of respiratory organisations. We would therefore welcome a meeting with you to potentially work together, to ensure that we are able to support the rationale behind the guidelines, and negotiate a practical timeline for implementation of the recommendations within clinical practice.

Yours faithfully

Rebecca Sherrington
Chair, ARNS