MISSION: Modern Innovative Solutions to Improve Outcomes in Severe Asthma

Problem
- ‘MISSION’ tests the acceptability and delivery of a novel model of asthma assessment and care.
- Proactively identifying patients with high risk asthma from GP registers, conducting swift assessment of disease control, quality of life (QOL) and triggers in the surgery, followed by rapid evaluation in hospital by a specialist asthma team.
- Reducing length of time before uncontrolled asthma is recognised and treated to recognised quality standards, reducing health costs and improving patient experience.

Assessment of problem and analysis of its causes
Asthma is highly prevalent and a major cause of excess healthcare use in Wessex. The condition is under-diagnosed, is a major trigger to hospitalisation and clinical outcomes compare badly to national averages.

Intervention
Patients with high risk or uncontrolled asthma were actively sought; the majority identified from primary care registers or after hospital admission but were not known to the specialist team.

The clinics were held in 2 stages – Rapid Access Asthma Clinics (RAAC) and Severe Asthma Assessment Clinics (SAAC). The RAAC was a “carousel station” style assessing patients to above NICE Quality Standards to identify poor control.

The RAACs delivered comprehensive asthma review including medical assessment, spirometry and measurement of eosinophilic inflammation, allergy skin testing and smoking cessation advice. All patients attended education sessions on asthma medications, triggers and trigger avoidance. Patients received individual self-management plans and peak flow diaries followed up by a personalised asthma report combining all tests results and advice from the clinic.

The SAACs assessed 22 patients identified from the RAAC as having severe asthma or uncontrolled symptoms.

The multidisciplinary clinic included asthma specialist consultants, asthma nurses, full lung function, physiotherapy, dietician, ENT and psychology.

Comorbidities were identified through a combination of questionnaire and clinical assessment leading to review by the appropriate specialists. All patients underwent medical review, physiotherapy and lung function. HRCT scans of the chest and sinuses were available where clinically indicated.

Patients and GPs received detailed reports and plans for further treatment and follow up. Patients followed up at 3/6 months to assess sustained health outcomes, disease control and QOL.

Strategy for change
The next step will be to run MISSION clinics in other locations around the country and prove that benefits are transferable to different NHS trusts and in other geographical areas. MISSION being adopted as best practice model by NICE.

Measurement of improvement
- At the beginning of the session 64% of patients felt confident/very confident in managing asthma, at the end of the session this increased to 93%.
- 100% of patients would recommend the clinic to family or friends if they had asthma.
- 96% were satisfied/very satisfied with booking process for the clinic
- 100% were satisfied/very satisfied with the information given
- 100% were satisfied/very satisfied with the team that welcomed them, 98% being very satisfied.

Effects of changes
In 2013/14 Wessex had 1835 emergency adult hospital admission (306 more than expected based on national average) due to asthma costing over £2.1 million. The MISSION project identified 369 patients with uncontrolled asthma - 0.7% of the practice population. If these practices are representative of the area, the number of patients suitable for MISSION clinics in Wessex would be over 5300.

Lessons learnt
Wessex CLAHRC will undertake a qualitative research project exploring reasons for DNAs.

Message for others
‘Sitting at home and reading through all the various notes written, the information in the asthma guide, and the new prescriptions which would better help me with my asthma. I had a thought that for the first time in my life, I understood it, and I know how to lessen the effect. I actually feel I am now, in complete control of my condition – it no longer worries me.’ (Patient A)