



# Ten years gone:

## Asthma care in the UK since the National Review of Asthma Deaths (NRAD)

**In the decade since the National Review of Asthma Deaths (NRAD) was published in 2014, little has changed for people with asthma.**

The Review exposed a simple fact: most asthma deaths are avoidable.<sup>1</sup> It highlighted the structural and systemic problems that delayed assessment, diagnosis, and treatment of asthma; led to unsafe levels of healthcare provision, and inadequate support for people with asthma and their carers to appropriately manage their condition. It made a series of evidence-based recommendations to improve care.

However, in the ten years since NRAD was published:

- Asthma deaths have increased by almost 25%.<sup>2</sup>
- Four people still die from an asthma attack every day<sup>3</sup> and yet two thirds of asthma deaths are avoidable with better basic care.<sup>4</sup>

Our 2024 survey of over 12,000 people found that rates of basic asthma care have stagnated, with only 31% of people with asthma receiving all elements of good basic care.

While we have seen progress in many areas of asthma and respiratory policy, much of NRAD's analysis and commentary sadly remains relevant today. To deliver the care that people with asthma deserve, and to save lives from avoidable asthma deaths, we have made five recommendations:

1. The government must commit to a national target to reduce preventable asthma deaths through improvements in treatment, innovation, and care.
2. The government must back forthcoming NICE/BTS/SIGN asthma guidelines with the funding, levers and incentives, and implementation plans needed to make sure services work for people with asthma, and to make sure the NHS workforce is adequately skilled in asthma care.
3. Access to biologics must be improved to ensure equitable access nationwide, with capacity increased and waiting times significantly reduced for eligible patients.
4. The use of digital monitoring tools to develop cutting-edge digital solutions for people with asthma to help them spot potential triggers, worsening symptoms and take action. These should include integration with personal health tools like smartwatches, phones, and apps.
5. Significant funding to transform asthma research, harnessing the power of data and AI, to develop new asthma treatments for the ~50% of people who don't respond well to currently available treatments.<sup>5</sup>

# What progress has been made?

The NHS and government have made progress in strategies, programmes, and legislation to improve the lives of those living with asthma.

## **NHS Long Term Plan**

Published in 2019, the NHS Long Term Plan determined future health priorities for the next decade. Respiratory was one of the main clinical priority areas in the Plan, a major step forward which has led to a series of respiratory improvement and transformation programmes in diagnosis and medicines optimisation.

## **Biologics and FeNO – the Accelerated Access Collaborative’s Rapid Uptake Product Programme**

In support of the NHS Long Term Plan, asthma biologics and Fractional exhaled Nitric Oxide (FeNO) testing were chosen as rapid uptake products by the Accelerated Access Collaborative (AAC).<sup>6</sup> This led to a consensus pathway for biologics for eligible asthma patients being established to improve access to biologics and provide more timely specialist care.<sup>7</sup> This builds on the significant progress made in the range of biologics available for treatment of severe asthma. When NRAD was published, only one was available<sup>8</sup> – ten years on, six biologics are now approved.<sup>9</sup>

AAC work on FeNO testing led to more people newly diagnosed with asthma receiving an earlier and more accurate diagnosis, with an estimated 58,000 such cases between April 2021 and March 2023 alone.<sup>10</sup>

## **NHS England National Bundle for Children and Young People with Asthma programme**

NHS England has published the National Bundle for Children and Young People With Asthma.<sup>11</sup> The Bundle provides clinician-focused resources and outlines key standards of care to help deliver high quality asthma care within integrated care systems (ICSs) as part of NHS England’s revised commissioning structure. The Bundle is accompanied by a capability framework<sup>12</sup> aimed at both healthcare professionals and people outside of the sector to help upskilling and awareness building, and includes access to standardised guidance on asthma care.

## **Standardised asthma guidance**

Standardised guidance would allow for greater consistency of care. Up until now, there have been various asthma guidelines in use which has caused confusion for clinicians. NICE, the British Thoracic Society and the Scottish Intercollegiate Guidelines Network are due to begin consultation on a new, single asthma guideline in May 2024 which is a very welcome step.

## **Anti-Inflammatory Reliever (AIR) / Maintenance and Reliever Therapy (MART)**

Since NRAD, research has shown that using an inhaler containing formoterol with an inhaled corticosteroid instead of a SABA reliever inhaler is a valid part of a treatment plan for some people with asthma. This may be suitable on its own in people with occasional asthma symptoms, or as part of a MART regime. Evidence shows this simplified regime can lead to fewer asthma symptoms and asthma attacks, less unscheduled NHS care, and lower overall steroid doses for people with asthma.<sup>13</sup>

## **Tobacco and Vapes Bill**

The Tobacco and Vapes Bill will make it an offence to sell tobacco products to anyone born on or after 1 January 2009. Given the contribution that passive smoking plays in exacerbating asthma,<sup>14</sup> the bill has the potential to help reduce avoidable asthma flare-ups and deaths. Smoking is associated with worsened asthma symptoms and a decline in lung function, along with reduced response to corticosteroids used to treat asthma.<sup>15</sup>

## **National Respiratory Audit Program (NRAP)**

In line with NRAD's recommendation that an ongoing audit of asthma be established, the Royal College of Physicians (RCP) established the National Asthma and COPD Audit Programme (NACAP) in 2018.<sup>16</sup> Relunched as the National Respiratory Audit Programme (NRAP) in 2023, this ongoing review monitors respiratory healthcare provision in England and Wales with the aim of improving the quality of care, services, and clinical outcomes for people with respiratory disease.<sup>17</sup>

In Wales, it covers both primary and secondary care, but in England, it covers only secondary care.<sup>18</sup> No respiratory audit data is available for Northern Ireland or Scotland. Asthma + Lung UK want to see governments commit to gathering comprehensive and timely audit respiratory audit data across both primary and secondary care across England, Wales, Scotland, and Northern Ireland so that variations in care can be clearly identified and standards improved across the board.

## **Major Conditions Strategy**

The Major Conditions Strategy includes chronic respiratory disease as an area of focus. The Strategy will look at prevention, diagnosis, treatment, and support for chronic conditions, with a particular focus on multimorbidity. Asthma + Lung UK looks forward to working with the government to shape this strategy, making sure people with lung conditions get the support they deserve.

# **What problems still remain?**

Many of the causes of asthma deaths identified by NRAD remain significant problems today.

## **Basic asthma care**

Patients receiving basic asthma care should have their inhaler technique checked, have a personalised asthma action plan (PAAP), and have an asthma review at least once per year. Asthma + Lung UK's 2024 Life with a Lung Condition survey found that less than a third (31%) of people with asthma are receiving these three aspects of basic care.<sup>19</sup>

Universal access to basic care requires resources that are currently not available within primary care and needs to align with up-to-date guidelines to ensure it takes place. Systemic failure to maintain or increase capacity in primary care has led to capacity reductions since NRAD's publication; the equivalent of 1,830 fully qualified, full time GPs have been lost between September 2015 and January 2024.<sup>20</sup>

Asthma + Lung UK is calling for greater provision of basic asthma care facilitated by staff training, support for clinical guidelines, and the right incentives in place to ensure all elements are properly implemented. Asthma + Lung UK are also calling for greater use of digital tools to empower people with asthma. Better integration of digital tools within personal management plans for example, could allow for easy tailoring of alerts to patients to inform them of their specific asthma triggers, such as pollen and air pollution.

## **Clinical leads and workforce for asthma**

While some hospitals and general practices have designated, named clinical leads for asthma services, this is not the case for each hospital and general practice nationally. And the provision of respiratory consultants and nurses is inconsistent across England. The routine appointment of clinical leads for asthma and respiratory conditions in all ICSs would be a key way to ensure leadership and prioritisation in every area. Full implementation of the NHSE Workforce Plan will help to ensure the right specialist and generalist staff are in place to meet patient needs.

## **Severe asthma care**

It's estimated that around 200,000 people in the UK have severe asthma,<sup>21</sup> but many have not been diagnosed and so cannot access specialist treatment. Instead, they are left to experience frequent exacerbations and often take repeated courses of oral steroids, with associated side effects. It is vital that

patients experiencing repeated flare-ups are assessed for severe asthma and referred for further treatment if necessary.

There is now a range of biologics for severe asthma approved by NICE, but they are generally prescribed through specialist asthma centres which have long waiting times – our research showed an average of 63 weeks.<sup>22</sup> The forthcoming delegation of severe asthma services to ICSs provides an opportunity to streamline pathways across health systems and provide care closer to home for patients.

### **Follow-up care and hospital admissions**

Asthma attacks resulting in hospitalisation are a life-threatening consequence of uncontrolled asthma and, in 10% of cases studied by NRAD, the patient died within 28 days of being treated in hospital for an asthma attack.<sup>23</sup> Early follow-up care after an asthma attack helps ensure the person is recovering adequately from their asthma attack but is also a chance to assess the care and self-care to help prevent further attacks.

Research conducted by the University of Birmingham in 2024 shows:

- As many as 82% of people do not receive a primary care appointment within two working days of discharge.
- 40% did not have a follow-up appointment within 28 days.<sup>24</sup>
- Black ethnic minority groups were up to 54% less likely to get this care than those from white ethnic groups.<sup>25</sup>

Improvements must be made to better integrate primary and secondary care. For example, the use of synchronised medical records, ways of communicating that would prioritise booking follow-up appointments, and upskilling staff so that they are able to fully implement these guidelines.

### **Patient record keeping and improving prescribing**

Overuse of Short-Acting Beta-2 Agonists (SABA) is associated with poor symptom control and there is significant evidence to show SABA overuse is associated with an increased risk of exacerbation, and increased risk of death.<sup>26</sup> Improved use of data could alert clinicians to patients being prescribed excessive quantities of SABA, triggering further assessment and support.

### **The impact of smoking**

Smoking tobacco causes and worsens lung conditions like asthma. Smoking cessation is an essential part of asthma care but only a third of people with asthma are offered smoking cessation as part of their routine asthma care.<sup>27</sup> With smoking 3.5 times more prevalent among people in the most deprived communities,<sup>28</sup> a lack of smoking cessation guidance will disproportionately impact people from these communities.

A lack of support for patients needed to quit smoking has also been driven by significant funding cuts for local authorities since NRAD's publication, limiting the provision of smoking cessation services across the nation.<sup>29</sup> It is therefore welcome that the government has recently committed to increase funding for smoking cessation services alongside the Tobacco and Vapes Bill, and this must be continually monitored to ensure funding is at a sufficient level.

### **Care for children with asthma in non-medical settings**

Asthma deaths in schools increased by more than 33% between 2012 and 2022.<sup>30</sup> Schools have been able to purchase SABA inhalers without prescription for use in emergencies since 2014,<sup>31</sup> but must do so as a retail item, meaning that cost can deter schools from making the purchase.<sup>32</sup>

The 2023 qualitative INSCHOOL study of 89 children and young people collated several asthma specific findings and highlighted a lack of condition awareness among staff, requiring children and young people with asthma to lead their management and rely on staff only for support during exacerbations.<sup>33</sup> The NHS England Children and Young People Transformation Programme has developed training and guidance for non-medical professionals supporting children with asthma which should be used as standard in schools and other settings where adults are responsible for children, such as sports and youth clubs.

# Conclusion

Ten years on from NRAD's publication, barely any improvements have been made and **asthma deaths have increased by almost 25%.**<sup>34</sup> Asthma care in the UK remains set back by delay, capacity restrictions, and poor provision of basic care. People are still dying from avoidable asthma deaths. We cannot accept this.

Though improvements have been made, **over 12,000 people with asthma have died since 2014**<sup>35</sup> **because of lack of basic care**, inadequate funding, poorly aligned levers and guidelines, poor use of digital technology to support self-care and NHS care, and better communication between healthcare providers.

Huge opportunities have been missed to save these lives, but we know there are solutions that work and can transform outcomes across the UK.

**NRAD was a groundbreaking report but not enough has been done to implement its recommendations. We are calling for all the issues raised to be tackled without delay. In particular, Asthma + Lung UK recommend that:**

1. The government must commit to a national target to reduce preventable asthma deaths through improvements in treatment, innovation, and care.
2. The government must back forthcoming NICE/BTS/SIGN asthma guidelines with the funding, levers and incentives, and implementation plans needed to make sure services work for people with asthma, and to make sure the NHS workforce is adequately skilled in asthma care.
3. Access to biologics must be improved to ensure equitable access nationwide, with capacity increased and waiting times significantly reduced for eligible patients.
4. The use of digital monitoring tools to develop cutting-edge digital solutions for people with asthma to help them spot potential triggers, worsening symptoms and take action. These should include integration with personal health tools like smartwatches, phones, and apps.
5. Significant funding to transform asthma research, harnessing the power of data and AI, to develop new asthma treatments for the ~50% of people who don't respond well to currently available treatments.<sup>36</sup>

# References

---

- <sup>1</sup> Royal College of Physicians. 2015. *Why asthma still kills*. Accessed [here](#) (January 2024) p. 41
- <sup>2</sup> Data via Office for National Statistics (ONS), National Records of Scotland and Northern Ireland Statistics and Research Agency (NISRA). Figure used is the 5 year average of asthma (ICD-10 code: J45-46) deaths 2014-2022. 2014-2022 saw a 23.7% increase in asthma deaths in the UK. Available on request.
- <sup>3</sup> Asthma + Lung UK. 2021. *What is asthma?*. Accessed [here](#) (March 2024)
- <sup>4</sup> Royal College of Physicians. 2015. *Why asthma still kills*. Accessed [here](#) (January 2024) p. 41
- <sup>5</sup> Asthma UK. 2019. *Asthma still kills*. Accessed [here](#) (April 2024) p.9
- <sup>6</sup> NHS England. 2024. *Asthma Biologics – Rapid Uptake Product*. Accessed [here](#) (April 2024)
- <sup>7</sup> Health Innovation Oxford and Thames Valley. 2023. *Consensus pathway for managing uncontrolled asthma in adults*. Accessed [here](#) (April 2024)
- <sup>8</sup> NICE. 2013. *Omalizumab for treating severe persistent allergic asthma*. Accessed [here](#) (April 2024)
- <sup>9</sup> Asthma + Lung UK. 2023. *Biologic therapies for severe asthma*. Accessed [here](#) (April 2024)
- <sup>10</sup> PCRS. 2023. *New report shows impact of FeNO national programme on asthma care in England*. Accessed [here](#) (April 2024)
- <sup>11</sup> NHS England. 2022. *About the National Bundle of Care for Children and Young People with Asthma programme*. Accessed [here](#) (April 2024)
- <sup>12</sup> NHS England. 2022. *About the National Bundle of Care for Children and Young People with Asthma programme*. Accessed [here](#) (April 2024)
- <sup>13</sup> National Institute for Health and Care Research. 2022. *Combination inhaler is effective in mild asthma*. Accessed [here](#) (March 2024)
- <sup>14</sup> Asthma + Lung UK. 2022. *How can passive smoking affect your child's lungs?* Accessed [here](#) (April 2024)
- <sup>15</sup> Tiotiu A, Ioan I, Wirth N, Romero-Fernandez R, González-Barcala FJ. 2021. *The Impact of Tobacco Smoking on Adult Asthma Outcomes*. Accessed [here](#) (April 2024)
- <sup>16</sup> Royal College of Physicians. 2024. *National Respiratory Audit Programme*. Accessed [here](#) (April 2024)
- <sup>17</sup> Royal College of Physicians. 2024. *National Respiratory Audit Programme*. Accessed [here](#) (April 2024)
- <sup>18</sup> Royal College of Physicians. 2024. *National Respiratory Audit Programme*. Accessed [here](#) (April 2024)
- <sup>19</sup> Asthma + Lung UK. 2024. *Unpublished 'Life with a Lung Condition' survey results available on request*.
- <sup>20</sup> BMA. 2024. *Pressures in general practice data analysis*. Accessed [here](#) (March 2024)
- <sup>21</sup> Asthma UK. 2018. *Slipping through the net: The reality facing patients with difficult and severe asthma*. Accessed [here](#) (February 2024)
- <sup>22</sup> Rupani H, Rose J, Cumella A, et al. 2022. *P145 What is the severe asthma patient journey to biologic initiation in UK severe asthma centres?* Accessed [here](#) (April 2024)
- <sup>23</sup> Royal College of Physicians. 2015. *Why asthma still kills*. Accessed [here](#) p. 31
- <sup>24</sup> University of Birmingham. 2024. *82% of asthma hospitalisations not getting recommended two-day follow-up*. Accessed [here](#) (March 2024)
- <sup>25</sup> British Medical Journal. 2024. *Asthma: Four in 10 patients do not receive timely follow-up after hospital admission, finds study*. Accessed [here](#) (March 2024)
- <sup>26</sup> Nwaru BI, Ekström M, Hasvold P, Wiklund F, Telg G, Janson C.. 2020. *Overuse of short-acting β2-agonists in asthma is associated with increased risk of exacerbation and mortality: a nationwide cohort study of the global SABINA programme* Accessed [here](#) (Accessed March 2024)
- <sup>27</sup> Asthma + Lung UK. 2022. *Fighting back*. Accessed [here](#) (March 2024) p. 15
- <sup>28</sup> Asthma + Lung UK. 2023. *Breathing unequal*. Accessed [here](#) (March 2024) p. 14
- <sup>29</sup> Pulse. 2020. *Third of local councils axing stop smoking services amid funding cuts, warn charities*. Accessed [here](#) (March 2024)
- <sup>30</sup> Carr R. 2022. *Preventing asthma deaths in school children: 3 things to know*. Access [here](#) (April 2024)
- <sup>31</sup> Department of Health and Social Care. 2014. *Emergency asthma inhalers for use in schools*. Accessed [here](#) (April 2024)
- <sup>32</sup> NHS England. 2014. *Supply of Salbutamol Inhalers to Schools – Pharmacy Guide*. Accessed [here](#) (April 2024)
- <sup>33</sup> Spencer B, Hugh-Jones S, Cottrell D, Pini S. 2023. *The INSCHOOL project: Young people with long-term physical health conditions: An in-depth qualitative study of their needs at school*. Accessed [here](#) (March 2024)
- <sup>34</sup> Data via Office for National Statistics (ONS), National Records of Scotland and Northern Ireland Statistics and Research Agency (NISRA). Figure used is the 5 year average of asthma (ICD-10 code: J45-46) deaths 2014-2022. 2014-2022 saw a 23.7% increase in asthma deaths in the UK. Available on request.
- <sup>35</sup> Data via Office for National Statistics (ONS), National Records of Scotland and Northern Ireland Statistics and Research Agency (NISRA). Figure used is the 5 year average of asthma (ICD-10 code: J45-46) deaths 2014-2022. 2014-2022 saw a 23.7% increase in asthma deaths in the UK. Available on request.
- <sup>36</sup> Asthma UK. 2019. *Asthma still kills*. Accessed [here](#) (April 2024) p. 9