

Ms Nadia Persaud

Senior Coroner

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[REDACTED]
National Clinical Director for Respiratory Disease

Clinical Policy Unit
Medical Directorate

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16th February 2021

Dear Ms Nadia Persaud

Thank you for your Regulation 28 report, dated 18th December 2020, concerning the tragic death of Kalila Elizabeth Griffiths on 1st February 2019. I would like to express my deep condolences to Kalila's family.

You have raised concerns regarding the care and follow-up leading to Kalila's death and the general management of asthma patients in the NHS.

NHS England published the NHS Long Term Plan¹ in January 2019. The plan has a clear commitment to improve the outcomes for those with a respiratory condition including asthma. Since the publication of the Long Term Plan there is now a National Respiratory Programme working across a number of priority areas including the improvement of asthma outcomes.

There have been significant improvements in asthma care since the publication of the National Review of Asthma Deaths in 2014. Asthma deaths in younger people are falling, with under 65 year old deaths reducing by half in the last 15 years². As your report mentions there is still further improvements to be made.

NHS England and NHS Improvement commission the National Asthma Audit Programme that provides data on a range of indicators to show improvements and opportunities in asthma outcomes.

In response to your recommendations of the case I have outlined the work currently in progress that is contributing to the improved outcomes for people with asthma.

Where people with asthma require specialist input this may include seeing a nurse or other healthcare professional with the competency and training to assess, treat and manage asthma. This combined with monitoring of asthma exacerbations (within QOF) is the first

¹ <https://www.longtermplan.nhs.uk/>

² <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/adhocs/005955asthmadeathsinenglandandwales2001to2015occurrences>

step in ensuring that correct treatments and other interventions are administered in a timely manner.

The British Thoracic Society (BTS) asthma discharge bundle³ describes five high impact actions to ensure the best clinical outcome for patients attending hospital with an acute asthma attack. The aim is to reduce the number of patients who are readmitted following discharge and to ensure that all aspects of the patient's asthma care are considered. The bundle includes: checking of medicines, inhaler technique, action plan, triggers for exacerbations and follow-up in the community within two working days and specialist care according to criteria within two weeks. This is nationally recommended as best practice following hospital admission for an asthma attack.

An update to the GP contract⁴ for ██████████ (to be implemented in 2021) includes an improved Quality Outcomes Framework (QOF) asthma domain: The content of the asthma review has been amended to incorporate aspects of care positively associated with better patient outcomes and self-management, including a review of inhaler technique, a record of the number of exacerbations in the previous 12 months, provision of a personalised asthma action plan and a validated measurement of asthma control to assess how the patient is managing their condition. The asthma review is a key component in reducing the risk of asthma attacks and the need for acute admissions.

The QOF for 2020/21 has been revised in response to COVID-19 to release capacity within general practice to focus efforts upon the identification and prioritisation of people at risk of poor health and those who experience health inequalities for proactive review including:

- Those most vulnerable to harm from COVID-19; evidence suggests that this includes patients from black and ethnic minority groups and those from the 20% most deprived neighbourhoods nationally.
- Those at risk of harm from poorly controlled long-term condition parameters (including asthma); and,
- Those with a history of missing annual reviews

Data systems are already in place, further work is needed to ensure the data is analysed and used to inform patient treatment plans. There is also the wider issue of medicines adherence, which is again part of the work of the Long Term Plan. The Long Term Plan presents opportunities to ensure medicines optimisation and prescribing are integrated within the asthma care plan and annual reviews.

The British Thoracic Society/SIGN and NICE are working collaboratively to produce a single guideline on the diagnosis and management of asthma. A single guideline will ensure there is no confusion for healthcare professionals. The ambition is to start production of the new guideline in 2021.

³ <https://www.brit-thoracic.org.uk/media/70102/bts-asthma-care-bundle-april-2016-v3.pdf>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf>


There are well established clinical guidelines for healthcare providers to follow, this includes both national and international guidelines:

- BTS/SIGN management of asthma⁵
- NICE guideline on asthma diagnosis monitoring and management⁶
- Global Initiative for Asthma⁷

I would like to thank you for raising these important patient safety concerns, we will endeavour to do more to improve the outcomes for people with asthma to prevent such a tragedy in the future. Please do not hesitate to contact me should you need any further information.

Yours Sincerely

A handwritten signature in blue ink, consisting of a stylized 'A' followed by a wavy line.


National Clinical Director for Respiratory Disease.

