

Cheshire & Merseyside Respiratory Clinical Network 12+ Asthma patient pathway

Primary Care

Specialist Care

Severe Asthma Service

Suspected Asthma

- History and Examination Suggestive of Asthma
- Arrange diagnostic tests in line with **national guidance**
- Consider peak flow diary and starting PRN ICS/formoterol if delay in diagnostics expected
- If applicable:
 - Refer to Stop smoking Services
 - Refer to Weight Management Services

[Link to NICE Asthma Guidelines](#)

*Also consider referral to community pharmacy for the New Medicines Service including technique check

Prioritise review for High Risk Patients

Annual Asthma Review (including):

- Review Personalised Asthma Action Plan (written or app)
- Review (and correct if necessary) inhaler technique*
- Assess and discuss adherence
- Consider other factors that may impact on symptoms including smoking, mental health disease, physical activity, housing situation and environmental factors

[Link to Asthma and Lung UK Asthma Action Plan template](#)

[Link to Breathing Point](#)
Check local pages for information on available support

Is the diagnosis of asthma confirmed?

No

Yes

Is asthma still clinically suspected?

Yes

No

Start treatment for asthma and refer to specialist service

Can alternative diagnosis be made?

No

Yes

Follow appropriate disease pathway

Clinically optimise/initiate treatment in line with **C&M 12+ Asthma Treatment Guidelines**

[Link to C&M 12+ Asthma Treatment Guidelines](#)

- Ensure correct inhaler technique*
- Complete Personalised Asthma Action Plans
- Patient education

[Link to Asthma | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)

Review after initial treatment.
Is the patient poorly controlled?

No

Yes

Optimise in line with **C&M 12+ Asthma Treatment Guidelines**

[Link to C&M 12+ Asthma Treatment Guidelines](#)

Patient Review

Does the patient remain poorly controlled?

Yes

No

Refer to specialist care if poorly controlled despite Optimisation as per C&M Guidelines and review x2 or patient has had an ITU admission for an asthma attack.

Asthma Attack/Hospitalisation

Is the patient poorly controlled?
i.e. overuse of reliever inhaler, multiple use of OCS, excessive admissions

No

Continue annual asthma reviews

No

Has the patient had two or more OCS in the past year?

Yes

Refer to Primary Care for continued monitoring

Is the patient's condition stable?

Yes

No

Liaise with Severe Asthma Service – is the patient optimised/controlled?

No

Confirmed Asthma diagnosis?

No

Explore other diagnosis

Yes

Optimise in line with **C&M 12+ Asthma Treatment Guidelines**

[Link to C&M 12+ Asthma Treatment Guidelines](#)

Referral to local asthma specialist service
Treat and Assess

- Diagnostic confirmation with phenotyping
- Additional investigations
- Optimise treatment and address co-morbidity
- Liaise with severe asthma service

Referral to Severe Asthma Service

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North West Coast Clinical Networks