

5 Conclusions

Based on the outcome of the Delphi survey and the correlation analysis reported here we recommend that the following be retained as core asthma indicators:

- 1) *prevalence of current asthma*
- 2) *deaths (all ages)*
- 3) *deaths (5 to 34 years)*
- 4) *hospitalisations*
- 5) *asthma control*
- 6) *general practice encounters*
- 7) *asthma action plans*
- 8) *quality of life*
- 9) *preventer use*
- 10) *costs of asthma.*

On the basis of the same analyses, we recommend that the following be deleted from the core asthma indicator list:

- 1) *individual hospitalisations*
- 2) *re-attendances*
- 3) *occupational asthma*
- 4) *hospital patient days*
- 5) *airway hyperresponsiveness*
- 6) *children residing with smokers*
- 7) *current wheeze*
- 8) *Asthma Cycle of Care uptake*
- 9) *spirometry*
- 10) *Emergency Department attendances*
- 11) *urgent asthma visits*
- 12) *ever asthma.*

Several of the indicators recommended for exclusion from the core indicator list should still be monitored at a population level and in smaller areas when the need arises. For example, monitoring these indicators may still be useful for assessing the effectiveness of specific interventions that target these indicators.

Finally, we could not reach any conclusions about the following indicators on the basis of these data:

- 1) *smoking*
- 2) *hospital re-admissions.*