

Y&H Children's & Maternity (C&M) Strategic Clinical Network (SCN)

Long Term Conditions: Asthma



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1 Purpose

The purpose of this document is to share the insight and feedback provided by Y&H CCG Commissioners, Y&H Providers, National Strategic Clinical Networks, National Paediatric Asthma Initiative and Asthma UK.

To provide local and national evidence and priorities/ambitions in order to develop and define priorities and recommendations where working collaboratively across Y&H will assist in a system wide reduction in unplanned emergency admissions for CYP living with Asthma.

To support Y&H CCG Commissioner and Providers to:

- Develop and evidenced based approach to the care of CYP asthma
- Identify best practice for the management of asthma
- Implementation of revised service models.
- Identify and reduce system wide variation.
- Reduced emergency admissions across Y&H.
- Reduced attendances at A&E across Y&H
- Reduce variations in quality of care.
- Improve the quality and experience of care for CYP living with asthma.

2 Background

2.1.1 Introduction

Reduction in unplanned emergency admissions for Children and Young People (CYP) living with long term conditions (Asthma, Epilepsy and Diabetes) was identified at the engagement event for the Children's and Maternity Strategic Clinical Network (SCN) in September 2013 as a priority for stakeholders across Yorkshire and the Humber (Y&H). This priority was endorsed by all 24 CCG's across Y&H and Transition has therefore been included on the Y&H Children's and Maternity SCN's work programme.

In November 2013 as part of the work programme Y&H Children's SCN began to develop a focus on children and young people with long term conditions (LTCs), in particular for CYP living with asthma.

In order to develop a scope for this work and support commissioners and providers across the region, it is important that we have a clear understanding of the priorities and challenges in relation to asthma. Gathering this information will enable the SCN team to develop a project overview to identify key themes and how the SCN can provide valuable clinical expertise, knowledge and insight to inform commissioning and provision of services across Y&H.

2.1.2 The cost of Asthma

Asthma is a common, multifactorial and often chronic (long-term) respiratory illness that can result in episodic or persistent symptoms and in episodes of suddenly worsening wheezing (asthma attacks, or exacerbations) that can prove fatal.¹

Asthma affects a large number of Children and Young People and In the UK, 5.4 million people are currently receiving treatment for asthma: 1.1 million children and 4.3 million adults².

Asthma UK reports that³:

¹ Royal College of Physicians, *Why Asthma Still Kills: The National Review of Asthma Deaths (NRAD)*, 2014; Levy ML, Winter R. Asthma deaths: what now? *Thorax*. 2015 Feb 3. pii: thoraxjnl-2015-206800.

² Asthma UK. 2014. *Asthma facts and FAQs*. [ONLINE] Available at: <http://www.asthma.org.uk/asthma-facts-and-statistics>. [Accessed 10 March 15].

³ Asthma UK. 2014. *Asthma facts and FAQs*. [ONLINE] Available at: <http://www.asthma.org.uk/asthma-facts-and-statistics>. [Accessed 10 March 15].

- The NHS spends around £1 billion a year treating and caring for people with asthma.
- One in 11 children has asthma and it is the most common long-term medical condition.
- On average there are two children with asthma in every classroom in the UK.
- The UK has among the highest prevalence rates of asthma symptoms in children worldwide.
- There were 25,073 emergency hospital admissions for children in the UK in 2011-2012. That means on average there were 69 per day or one every 21 minutes.

In 2014 Asthma UK conducted a survey of more 6,500 people (18% of responses were for people aged 17 or under) across the UK, 'Time to Take Action' and reported that⁴:

- Only a fifth of people with asthma are receiving all of the basic elements of clinical asthma care
- Four out of five children are still not receiving all elements of basic clinical asthma care
- Three out of five children do not have a written asthma action plan

Asthma costs the NHS an estimated £1 billion a year. Asthma is the most common long-term condition in children and young people, accounting for nearly one third of all long term childhood illnesses. Around 1.1 million children (one child in eleven) in the UK have asthma⁵.

The burden of asthma is not unique to physical health, 'failure to appropriately control severe asthma in also impacts their educational achievement and can double the health care costs related to their disease⁶ and impact on lost productivity in adult life.

Previously Asthma UK's Compare Your Care report (2013) indicated that 85% of children with asthma are not receiving care that fully meets basic national standards and around 10% of children admitted to hospital for their asthma end up back there within a month.⁷

⁴ Asthma UK. 2014. Time To Take Action. [ONLINE] Available at: <http://www.asthma.org.uk/takeaction>. [Accessed 10 March 15].

⁵ National Paediatric Asthma Initiative, Terms of Reference: 2014

⁶ Contemporary Pediatrics . 2011. Uncontrolled asthma can affect children's schooling, family income. [ONLINE] Available at: <http://contemporarypediatrics.modernmedicine.com/authorDetails/17471>. [Accessed 10 March 15].

⁷ Asthma UK. 2013. Compare your care. [ONLINE] Available at: <http://www.asthma.org.uk/compareyourcare>. [Accessed 10 March 15].

In March 2015 Asthma UK reported that *'hospital admissions for children across England have increased by 15%, according to data released from the Child and Maternal (CHiMat) Health Intelligence Network.'*⁸ A hospital admission is a real warning sign in asthma, so it's a vital opportunity to review treatment and make sure people are getting the support they need.

*The National Review of Asthma Deaths (May 2014) shows that in the UK there were 1,242 deaths from asthma in 2012, 21 of these in children aged under 14 years. 42% of children who died had mild to moderate asthma and 80% children under 10 years old die before reaching hospital.'*⁹

⁸ Asthma UK. 2013. Asthma UK warns of alarming increase in hospital admissions for children . [ONLINE] Available at: <http://www.asthma.org.uk/News/asthma-uk-warns-of-alarming-increase-in-hospital-admissions-for-children>. [Accessed 10 March 15].

⁹ National Paediatric Asthma Initiative, Terms of Reference: 2014

2.1.3 National Review of Asthma Deaths (NRAD)

The National Review of Asthma Deaths (NRAD) is the first national investigation of asthma deaths in the UK and the largest study worldwide to date, it was undertaken over a 3-year period and was one element of the Department of Health in England's Respiratory Programme.¹⁰

The National Review of Asthma Deaths (NRAD), run by a consortium of asthma professional and patient bodies, led by the Royal College of Physicians, looked into the circumstances surrounding deaths from asthma from 1 February 2012 to 30 January 2013.¹¹

The NRAD is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, NHS Wales, the Health and Social Care division of the Scottish government, the Department of Health, and the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS).

The NRAD is a detailed and comprehensive report providing compelling evidence for an improvement in asthma care. NRAD promotes a series of key recommendations under key headings¹²:

- Organisation of NHS Service
- Medical and Professional Care
- Prescribing and Medicine use
- Patient Factors and Perception of risk.

¹⁰ Royal College of Physicians, Why Asthma Still Kills: The National Review of Asthma Deaths (NRAD), 2014; Levy ML, Winter R. Asthma deaths: what now? Thorax. 2015 Feb 3. pii: thoraxjnl-2015-206800.

¹¹ Royal College of Physicians. 2014. National Review of Asthma Deaths. [ONLINE] Available at: <https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths>. [Accessed 10 March 15].

¹² Royal College of Physicians, Why Asthma Still Kills: The National Review of Asthma Deaths (NRAD), 2014; Levy ML, Winter R. Asthma deaths: what now? Thorax. 2015 Feb 3. pii: thoraxjnl-2015-206800.

Why asthma still kills calls for an end to the complacency around asthma care in order to save lives and highlights four key messages:

1. Every hospital and GP practice should have designated named clinician for asthma services.
2. Better monitoring of asthma control; where loss of control is identified, immediate action is required including escalation of responsibility, treatment change and arrangements for follow-up.
3. Better education is needed for doctors, nurses and other medical staff to make them aware of the risks. They need to be able to recognise the warning signs of poor asthma control and know what to do during an attack.
4. All patients should be provided with a personal asthma action plan (PAAP), which can help them to identify if their asthma is worsening and tell them how and when to seek help.

The report provides evidence in relation to children and young people in particular:

- The overall standard of asthma care for children and young people was inadequate (with several aspects of care well below the expected standard) in 13/28 (46%).
- Twenty-eight (14%) of the 195 deaths were in children and young people under the age of 20 years. Sixteen of these (57%) had been receiving specialist secondary care.

The expert panels identified factors that could have avoided the death related to children and young people, specifically, poor recognition of risk of adverse outcomes was found to be an important avoidable factor in 7/10 (70%) children and 15/18 (83%) young people in primary care, and in 2/7 (29%) children and 3/9 (33%) young people in secondary care.

2.1.4 5 Year Forward View

Sets out a clear direction for the NHS – showing why change is needed and what it will look like out how the health service needs to change, arguing for more engaged relationships with patients, carers and citizens to promote wellbeing and prevent ill-health, by empowering patients.

Over a quarter of the population in England has a long term condition (LTC) and an increasing proportion of people have multiple conditions. [The Five Year Forward View](#) (5YFV) notes that 'long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the longer term rather than providing single, unconnected “episodes” of care'¹³.

2.1.5 NHS England's Commitment and Mandate.

The Government's Mandate to NHS England sets out clear priorities to improve the care and treatment for children and young people with respiratory disease, in particular asthma and lower respiratory tract infections

Including:

- Preventing people from dying prematurely.
- Enhancing quality of life for people with long-term conditions.
- Preventing lower respiratory tract infections (LRTI) in children from becoming serious.
- Emergency admissions for children with lower respiratory tract infections (LRTI).
- Ensuring People have a positive experience of care.

2.1.6 Improving Children and Young People's Health Outcomes: a system wide response (2013).

Prevent ill health for children and young people and improve their opportunities for better long-term health by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour;

¹³ NHS England. 2015. Personalised care for long term conditions. [ONLINE] Available at: <http://www.england.nhs.uk/resources/resources-for-ccgs/out-frwrk/dom-2/ltc-care/>. [Accessed 10 March 15].

The NHS Outcomes Framework 2013–14 includes measurable outcomes to demonstrate improvement in critical areas including better support to children and young people with asthma.

2.1.7 Patient Centred Outcome Measures - North of England Commissioning Support.

NHS England launched a bidding process in December to access funding for the development of new outcome measures which are based on the views of patients.

Bids were invited to develop Patient Centered Outcome Measures (PCOMs) for conditions/symptoms that affect children and young people. PCOMs should have patients at the heart of the development of measures – thereby creating measures that are most important to patients with the condition/symptoms.

A total of 48 bids were received which were reviewed by a panel consisting of NHS staff and external representatives from the National Parent Carer Forum and the Council for Disabled Children. Seven bids were successful, including North of England Commissioning Support and their bid for 'Improving outcomes for young people and families living with asthma'.

The project aims to 'develop a PCOM for living with asthma, with a particular emphasis on capturing and improving child and family experiences of asthma treatment with inhalers. This is because research suggests that when inhaler treatment is optimised, children can play more; have fewer exacerbations, hospital and GP visits. We also know that parents' negative beliefs about inhalers] may be getting in the way of children fully benefiting.

The PCOM will help commissioners understand how people feel about treatment – and how that is changing over time. The insights developed through talking to children, young people, families and caregivers will help identify potential service improvements that both commissioners and providers can respond to. The PCOM measure will help focus improvement and commissioning work at NHS England, area team and CCG level. It will inform understanding of value and support development of outcomes based commissioning and contracting for asthma care in children.

The PCOM itself will be designed to provide both a new way of gathering and qualifying feedback AND will act as an improvement tool.

'Improving outcomes for young people and families living with asthma' is due to complete by September 2015.

2.1.8 National Paediatric Asthma Initiative

Y&H SCN work is linked with the National Paediatric Asthma Initiative (NPAI). The overall aim of the NAPI is to improve the commissioning, design and delivery of services for children with asthma. The NAPI was launched in 2014 and is a collaborative of professionals from across NHS England, Strategic Clinical Networks, Clinical Leads, Academic Health Science Networks, respiratory networks, professional bodies and third sector organisations who have a responsibility for improving outcomes for children and young people with asthma.

- To provide oversight on the NHS England Strategic Clinical Network Collaborative Paediatric Asthma Initiative ensuring that the objectives and actions remain relevant and proactive.
- To support and ensure implementation of the relevant components of the National Paediatric Asthma Initiative project plan.
- To ensure that improvement efforts are coordinated as far as possible, using the architecture of the Strategic Clinical Networks and other informal networks to facilitate maximum impact and avoid duplication and wastage.

3 Y&H Children's & Maternity (C&M) Strategic Clinical Network (SCN) Asthma Scoping:

The aim of the asthma scoping project was to understand and review:

- Commissioning of service across Y&H for CYP living with asthma
- Provision of services for CYP across Y&H living with asthma.
- Identify Best Practice for management of asthma.
- Develop recommendations on how the SCN for Children can support and improve the commission and provision of asthma services in Y&H

The scoping was undertaken between November 2014 and February 2015. A series of visits were made to individual CCG commissioners and providers including:

- 9 CCGs (representing 13), Bradford City & Districts and Airedale and Wharfedale, Doncaster, East Riding of Yorkshire, Greater Huddersfield & North Kirklees, North Derbyshire, Leeds South, East & West, Rotherham, North East Lincolnshire, Wakefield.
- Respiratory Team at Leeds Teaching Hospital Trust and Wakefield Public Health Respiratory Lead.
- 7 SCNs have shared their work and progress in relation to Asthma; South West SCN, South East Coast SCN, Greater Manchester, Lancashire & South Cumbria, East of England SCN, London SCN, Cheshire & Merseyside and Thames Valley.

Discussions focused on:

- Current priorities and work programmes
- Challenges and barriers
- Objectives, performance indicators and Data collection
- Stakeholder and partnership working
- Management of asthma across the Health (Tertiary, Secondary and Primary Care) and the Social Care (Schools) system.
- How a Network approach could support commissioners and providers across the health and social care system.

4 Y&H C&M SCN Asthma Scoping Results:

Asthma Common Themes						Summary
Commissioning:	NPAWG	SCNs	CCGs	Provider	Asthma UK	
Asthma Priority	✓	South East GMLSC EoE London Thames Valley West Midlands Y&H (scoping)	East Riding Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West		✓	<p>There is a National Paediatric Asthma Working Group (NPAWG) which 7 SCNs are supporting, 6 SCNs and 2 CCGs have asthma in their work plans as a priority.</p> <p>2 CCGs are struggling to make asthma a priority in their work plans. 1 CCG believed this was due to the data not supporting the need i.e. positive outliers for emergency admissions etc... and 1 CCG is focusing on a review of children's community nursing to pick up the asthma agenda.</p> <p>3 SCNs and 4 CCGs are taking a multi-agency approach to asthma and working with partners from a cross the health and social care network.</p> <p>The NAWPG and 3 CCGs are working with Asthma UK. ! CCG is signed up to the Asthma UK 'Asthma Pledge'.</p> <p>The NAPWG and 1 CCG are benchmarking against NICE and NRAD.</p>
Asthma Strategy	✓	London	Leeds West		✓	
Signed up to asthma pledge			Doncaster Wakefield Leeds West			
Benchmarking against NRAD	✓	EoE	Doncaster Leeds West			
Pathways	✓	South East GMLSC EoE	Bradford City, Bradford Districts and Airedale and Wharfedale Doncaster N E Lincolnshire Rotherham			
Reviewing against NICE Guidance/Quality standards			Doncaster Wakefield Leeds West			

Service Specifications	✓	EoE	Leeds West (Laura's Role)			<u>Recommendations/Areas for Development:</u> <ul style="list-style-type: none"> All Services and Commissioners should work together and benchmark against NOCE and NRAD. Support other CCGs across the network to establish multi agency working groups, for a whole system /integrated model for asthma. Keep an overview of national and local CQUIN development.
Multi –Agency working/ Steering Groups	✓	South East GMLSC EoE London Thames Valley West Midlands	Doncaster East Riding Leeds West North Derbyshire			
Need a whole system Integrated Model for Asthma			North Derbyshire Kirklees &GH			
Forum		EoE London				
Symposium		GMLSC				
Develop proposal for Asthma QOF/DES	✓	EoE				
Asthma PREM work developed by Youth Ambassadors.		EoE				
Collate and disseminate the evidence for psychological management of CYP with asthma	✓	EoE				
Develop proposal for a national CQUIN for paediatric asthma (covering specialised/tertiary asthma services) CQUIN for care Bundle with A&E	✓	EoE	Wakefield			
To determine the economic benefit of adopting asthma best practice guidance	✓	EoE				
Applying for specific funding			East Riding Leeds West			
Working with Asthma UK			Leeds West East Riding Wakefield			

Where does severe asthma go from here and what are the opportunities for co commissioning. Maintain level of services now. Think through carefully how severe asthma can be redesigned.					✓	
Workforce Development/Training & Education:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
General		GMLSC London	Wakefield Leeds West			<p>Some CCGs expressed concerns about workforce and capacity particularly in Secondary Care.</p> <p>7 CCGs reported that schools, school nurses and primary care (including practice nurses and pharmacies) are their key areas of concern for workforce development and training.</p> <p>The NPAWG also have workforce development including primary care included in their work programme and intend to develop and agree a set of standards for paediatric asthma education for health care professionals within primary care and secondary care, including pharmacists and school nurses.</p> <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> Develop training package/standards for Y&H that can be rolled out across the health and social care pathway ensuring that all professionals are providing consistent information and advice.
Inhaler Technique			Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West Doncaster			
Schools & School Nurses		South West	North Derbyshire Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West Doncaster Kirklees &GH Leeds Wakefield			
Paediatric Nurses		South West				
GPs		GMLSC Thames Valley	Kirklees & GH Wakefield			
Awareness raising work with PH			Doncaster			

						<ul style="list-style-type: none"> Work with NPAWG in order to develop training package/standards.
Need for training and confidence in primary care			Kirklees & GH North Derbyshire Wakefield Public Health Leeds West			
Practice Nurse		GMLSC	Bradford City, Bradford Districts and Airedale and Wharfedale Doncaster N E Lincolnshire			
Pharmacies		GMLSC				
Capacity Building		London				
Multi-disciplinary Training		London				
To develop and agree a set of standards for paediatric asthma education for health care professionals within primary care and secondary care, including pharmacists and school nurses.	✓	EoE	Leeds West			
(After pilot) National rollout of the education programme for healthcare professionals and a national audit of uptake	✓	EoE				
Documentation & Tools:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Asthma Register			Kirklees & GH Leeds West			Documentation was an issues raised at by all CCGs who

Competency Tools		South West				are at different stages of development and/or implementation. The main concerns were around the quality of documentation and implementation.
Asthma Plans/Action Plans	✓	South West EoE London	Bradford City, Bradford Districts and Airedale and Wharfedale Kirklees &GH N E Lincolnshire Wakefield Leeds West		✓	Asthma Plans and Asthma Review templates are the priority for development and implementation. The NAPWG, Asthma UK, 3 SCNs and 4 CCGs are currently developing or piloting an asthma plan and review templates.
Top tips for GPs on CCG website (intranet)			Rotherham			Other documentation highlighted included: competency tools, discharge bundles (some work is being undertaken around this by BTS) and commissioner guidelines (a national document has been produced, see key documents)
Assessment Tools/ Review templates	✓	EoE	Doncaster Kirklees & GH Rotherham Leeds West		✓	
Transition	✓	South East EoE				<u>Recommendations/Areas for Development:</u> <ul style="list-style-type: none"> • Develop document templates for Y&H that can be flexible and tailored to the needs of organisations/areas. • Identify key competencies for organisations and top tips.
Audit						
Diagnostics		London				
Trial a prioritisation tool for DNA and a telephone review template for DNAs			Wakefield Leeds West			
Discharge Bundles			Bradford City, Bradford Districts and Airedale and Wharfedale Wakefield			
Design and commission a good practice guides for CHYP services			North Derbyshire			

Children Young People & Families:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Need to develop Self-Management	✓	EoE GMLSC London	Doncaster Kirklees & GH Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West N E Lincolnshire		✓	The vast majority of patients with long-term conditions are not aware of self-care and self-management support options and there is sometimes a lack of awareness surrounding how to access the necessary resources ¹⁴ . Self-Care/Management is an area that most CCGs and SCNs would like to develop.
Developing a multimedia/social media project for 14-17yrs around self-care being developed by CHYP (14-17yrs)			Wakefield Public Health			6 CCGs, NPAWG and 3 SCNs have highlighted Self-care as a priority area for development, particularly in relation to inhaler technique and recognising when they need to access health services e.g. traffic light system. 1 CCG has developed a self-care hub in partnership with public health.
Traffic Light System in use			Bradford City, Bradford Districts and Airedale and Wharfedale Kirklees & GH			
Self-management questionnaires, assessment,			Doncaster			It was identified that issues that may need addressing through self-care include: keeping appointments, struggles with independence and transition of CHYP managing own health.
respiratory group- across all ages			Wakefield			
To improve the opportunities available to CYP and their families to learn effective inhaler technique	✓	EoE	Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West Kirklees & GH Wakefield Public Health			

¹⁴ Department of Health (2007) Self Care: A National View in 2007 Compared to 2004-05; Department of Health

						<u>Recommendations/Areas for Development:</u> <ul style="list-style-type: none"> Develop a Y&H approach to self-care that includes but is not limited to the following: <ul style="list-style-type: none"> Confidence for parents to manage an 'ill child'. increase confidence and resilience of families. Must engage with CHYP around how they would like to receive care. Work with families re: drug use/compliance (concordance), inhaler technique, recognising when things are going wrong,. Would be great to have a scheme like Desmond (for diabetes) for asthma, particularly for parents.
Self-Care App (In haler technique Thames Valley evaluating videos available online to link with their asthma app. (Wheeze app - to be shared nationally.)		Thames Valley				
Parents must have access to care plans			Kirklees &GH			
PPE	✓	EoE				
Education package for lay people including patients, families and community champions .	✓	EoE	Leeds West			
Campaigns	✓	EoE	Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West			
Want to see more engagement before they come for their review e.g. via text, in order to help identify what level of risk someone is at, this helps identify who is at most risk and appropriate care.					✓	
Prevention:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Public Awareness		London	Leeds West			Prevention was not an area that was identified as a concern however attention was brought to the need for risk stratification tools.
Risk Stratification Tool	✓	EoE	Doncaster Leeds West		✓	

						<p>Suggested the prevention was part of self-care/management and campaigns, public awareness raising.</p> <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> • See Self-care/management section. • Y&H approach to developing public awareness campaigns.
Prescribing:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Medicines Optimisation		GMLSC				<p>Prescribing and medicine is an area that was discussed and recommendations provided in the National Review of Asthma Deaths. It is an area of concern and development for Asthma UK and the NAPWG.</p> <p>The main focus of this area includes ensuring that prescribing in primary care is effective and audited.</p> <p>A provider from Y&H pointed stated that Inhalers are one of the most costly medicines in the NHS and that the issues of prescribing and medicine need to be reviewed.</p> <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> • Work with NAPWG and asthma UKL to develop audit tools, data, KPIs, guidance re: prescribing and medicines. •
Establish electronic surveillance system looking at prescribing in primary care - as per section 1.1. System to trigger real time alerts and be auditable.	✓	EoE				
Prescribing: Too many taking short acting relievers when they should be taking other types of medication. £800,000,000 spent on drugs – where can savings be made.					✓	
Inhalers are one of the most costly medicines in the NHS. Inhalers are included in the 5 top class GP Drugs				Leeds THT		

Education/Schools	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
In halers in schools		GMLSC	Kirklees &GH Leeds West	Leeds THT		<p>All CCGs highlighted elements of school provision as areas for concern/development in relation to asthma.</p> <p>This includes:</p> <ul style="list-style-type: none"> - In haler use and guidance (even though the new government documentation has been released this may still be an area that schools struggle with. - Developing relationships with schools and education. - Self-Management/Care in schools. - Workforce development and staff competency in schools. - Links to Education, Health and Social Care Plans. - Issues around accurate records and data. <p>CCGs and Asthma UK also highlight schools as an important partner and area of focus in order to reduce the number of schools days missed and disruptions to education due to asthma.</p> <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> - Promote and support Asthma friendly schools. - Develop a Y&H approach to developing relationships with schools and education. - Y&H approach to training and competency of teaching staff in schools in relation to asthma.
Relationships are challenging with Education and schools			N E Lincolnshire Rotherham			
Letters home to parents			Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West			
Partnership approach			Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West			
Funding a school nurse and are aiming for a model similar to Ealing			Wakefield Leeds West			
Self-management and self-care – highlight needs, possible to run through with school nurse.			Doncaster			
School absence team are involved - Fund through collaborative payments with the GP completing A medical report for any absence.			East Riding			
Council for children who have mobile apps are making A card for GP receptionists to stamp.			East Riding			
Schools must feel supported			Kirklees &GH			

Need to look at what schools do, are staff competent (right people, right skills)? Lots of different interpretations of guidance.			North Derbyshire Wakefield Public Health			
Do a profile of a child who is frequently attending the ward – absences from school – and not achieving full potential.			North Derbyshire			
EHCP			North Derbyshire Kirklees & GH			
Education pack for schools			Wakefield Public Health Leeds West			
Schools need to keep accurate records and data i.e. Schools need to record asthma related absences			Wakefield Public Health			
Asthma not managed well in schools (some of most recent deaths have been in schools)			Wakefield Public Health			
Need to identify chyp that need support			Wakefield Public Health			
Directly observed therapy in schools				Leeds THT		
Data: NPAWG SCNs CCGs Provider Asthma UK Summary						
Ensure the right children are coded, lack of data & incorrect Data.			Bradford City, Bradford Districts and Airedale and Wharfedale Kirklees & GH North Derbyshire Rotherham			6 CCGs have highlighted issues in relation to data, in particular lack of access to data and the incorrect coding of data. Some concerns were raised over QOF data and the quality of asthma reviews, CCGs were reporting that reviews

			Wakefield Public Health Leeds West			were being conducted over the phone and this would be deemed as acceptable under QOF. Other providers do not include DNA data in their overall results.
Data is showing that diagnosis, plans and reviews are taking place but there are questions re: quality.			Doncaster Leeds West			Asthma UK is undertaking a piece of work to improve data collection which will include prescribing data.
BIT looking at statistics and are seeing odd peaks in admissions.			East Riding			<u>Recommendations/Areas for Development:</u>
Varying peaks of CYP going to A&E but not being admitted.			East Riding Leeds Leeds West			<ul style="list-style-type: none"> • Improve dataset and how to access quality real time data. • Work with asthma UK to improve data collection in order to be able to make comparisons across Y&H particularly in relation to peaks, dips and seasonal variation. • Review QOF data across Y&H.
Peaks Sept/Oct when CYP go back to school – possible links to rural and environmental triggers			East Riding Leeds West			
need to improve & understand data coming including data re prescribing alerts (don't compare apples with pears)			Kirklees & GH		✓	
Issues re: QOF – asthma review could be deemed as acceptable over the phone.			Rotherham Wakefield Public Health			
Not a lot of data available from Primary Care			Kirklees & GH			
trying over coming year is improve data set, brought on a data analyses to work out how to get best real time information for asthma, asthma attacks, hospitalisations, deaths and action plans. Trying to move towards a more frequent reporting system – currently annual in order to better identify trends. – sending a link to online information.					✓	

Data Collection:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Currently undertaking a 'deep dive' in localities re: quality of care plans, diagnosis, reviews, waiting results			Doncaster			<p>Data is currently collected from a variety of sources including CHIMAT, Commissioning Support Unit and Asthma UK; however CCGs are reporting inconsistencies across Y&H in accessing data.</p> <p>The NAPWG have included a data project within their work programme and are looking at developing a standardised primary care data collection proforma suitable for System One and EMIS Web. To be produced and piloted in the East of England and then shared nationally.</p> <p>It was agreed that work is needed across Y&H in relation to data, quality and access.</p> <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> • See previous data section. • Continue to work with NAPWG in order to develop data collection in primary.
access data via CSU from system 1 if coded correctly			Bradford City, Bradford Districts and Airedale and Wharfedale			
CHIMAT data			Bradford City, Bradford Districts and Airedale and Wharfedale Kirklees & GH Leeds			
Regional benchmarking data			Bradford City, Bradford Districts and Airedale and Wharfedale			
Also some data from calls to out of hours and 999			Bradford City, Bradford Districts and Airedale and Wharfedale			
Used data from primary care linked to secondary care, looked at numbers of admissions – this was done for epilepsy, could it be done for asthma?			Bradford City, Bradford Districts and Airedale and Wharfedale			
Data from Asthma UK			Leeds			
BTS National audit			Wakefield Public Health			

Produce a standardised primary care data collection proforma suitable for SystemOne and EMIS Web. To be produced and piloted in the East of England and then shared nationally.	✓	EoE				
Undertake an audit of emergency asthma admissions using HES data and international comparators. To be initiated in the East of England and then shared nationally.	✓	EoE	Kirklees & GH			
Introduce an asthma indicator on the standard pharmacy data dashboard for CCGs	✓	EoE				
Scope the potential to continue NRAD / LRAD on an ongoing basis to track trends.	✓	EoE				
Continuing to compare variation in care across the UK – via annual reports etc... and pushing for a national clinical audit - should have a decision on this by the end of March.					✓	
Community	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Review of community Children's nursing			N E Lincolnshire Doncaster			There have been positive examples of the role of community paediatric asthma nurses. A project in Ealing produced quite dramatic results and a number of CCGs in Y&H are adapting this model in their own area.
Specialist nurse support			N E Lincolnshire Doncaster			
Community asthma nurses – Ealing project – change was quite dramatic – can send literature.					✓	A second CCG is currently undertaking a review of community nursing and embedding the asthma priorities within this.
Community Nursing team could have Education role with school Nursing			N E Lincolnshire			<u>Recommendations/Areas for Development:</u>

						<ul style="list-style-type: none"> Disseminate the Ealing Project evaluation/review. Share best practice and learning in regard to community nursing and reviews across Y&H.
Primary Care:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
GP Practices			Leeds West			<p>Primary Care is a priority area for all CCGs that took part in the scoping.</p> <p>Particular areas of focus in primary care included;</p> <ul style="list-style-type: none"> - Reviewing effective practice 'what does good look like?' - Increase access to primary care - Raising awareness of standards of planning and reviews. - Increasing the role of pharmacies. - Discharge bundles from secondary to primary care. - Increasing the number of CYP whose asthma is managed in primary care. <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> Develop a regional project to address the concerns and areas of development in Primary Care, including a review of what is already happening. Develop a social marketing package and PPE in order to increase uptake in primary care and support self-management/care.
Review what good looks like in PC			North Derbyshire Wakefield Public Health Leeds West			
Ensuring GPs have seen management Plans			Bradford City, Bradford Districts and Airedale and Wharfedale Leeds West			
Working with/ Need to increase role of Pharmacies.		London	Leeds North Derbyshire Wakefield Public Health	Leeds THT		
Asthma UK Going for Gold project in Primary Care			East Riding			
Increase access to Primary Care			Kirklees & GH Wakefield Public Health			
GPs need to be sending CHYP with fever earlier to A&E.			Leeds			

Raising awareness and standards of planning and reviews			Doncaster North Derbysire Rotherham Wakefield Public Health		
Issues/inconsistent diagnosis in PC			Bradford City, Bradford Districts and Airedale and Wharfedale		
Community pharmacy to teach/monitor inhaler technique and signpost resources.	✓	EoE	Leeds West		
If admitted to hospital and discharged must be contacted by primary care within 48hrs			Kirklees & GH		
Pilot Project in Primary Care			Leeds West		
Paediatric nurse based in the Trust to support practice nurse and primary care to reduce A&E attendances			Wakefield Leeds West (developing)		
Linked in with primary care respiratory society – 2 reps – Mark Levey and a respiratory nurse. Use the Primary Care Advisors		EOE			
Acute exacerbation (asthma attack) – ensure correct assessment and management, this could be managed in primary or secondary care.			Wakefield Public Health		
80% of CYP with asthma could be cared for in Primary Care				Leeds THT	
In primary care CYP who have been prescribed steroids twice in a year or??? Blue inhalers must have a follow				Leeds THT	

up from secondary care – this would need commissioning via the CCG.						
Secondary Care:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Work needed with A&E	✓	EoE Thames Valley West Midlands	East Lincolnshire Kirklees & GH Doncaster Leeds	Leeds THT		<p>There are various factors that have contributed to the rise in emergency admissions including¹⁵:</p> <ul style="list-style-type: none"> - a rise in the number of people living with long-term conditions and acute exacerbations of these conditions; - an increase in short-stay admissions; and - an increase in emergency re-admissions <p>CCGs Reported that:</p> <ul style="list-style-type: none"> • A&E packed with CYP with respiratory problems that don't need to be there. • A lot of children are undiagnosed when first appear at A&E. • An A&E checklist would be helpful.
Paediatric consultant provides GP liaison role.			N E Lincolnshire			
A&E attendances		C&M	N E Lincolnshire			
A&E checklist			Kirklees & GH			
Hospital and paediatrics need to know what is happening in community and utilise care plans.			Kirklees & GH			
Reducing Emergency Admissions		Thames Valley West Midlands	Leeds West			
To improve communication amongst services by ensuring appropriate follow-up and management of patients who attend A&E/have an asthma secondary care/PICU admission. This is an NRAD priority.	✓	EoE				
New walk-in Service, ecp Service, a&E unplanned care Service more robust assessment at the front door i.e. if more robust screening URI should not			Doncaster			

¹⁵ High quality care for all, now and for future generations: Transforming urgent and emergency care services in England: The Evidence Base from the Urgent and Emergency Care Review. NHS England. 2013.

get to a&E – having paediatric expertise to make decisions						<p><u>Recommendations/Areas for Development:</u></p> <p>CCGs stated that the following recommendations would be particularly helpful:</p> <ul style="list-style-type: none"> • Appropriate follow up and management. • Discharge planning and follow up vital as patients can have kickbacks and end up back in A&E. • Same adult pathway working in children's • Bundles of care coming out from a acute trust
Looking at rapid access paediatric clinic by GP referral only will be seen in 48hrs for any issue but has very clear criteria – aiming to reduce attendance at A&E			North Derbyshire			
recruitment of a Paediatric asthma nurse			Wakefield			
NRAD recommendations include: all CYP that have attended A&E more than twice in a year of had 1 hospital admission should have follow from secondary care – LTHT have a business case in at the moment to address this.				Leeds THT		
Clinical Nurse Specialist				Leeds THT		
Benefits, Outcomes & KPIs:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Reduce Risk		London	Leeds West			<p>1 CCG reported that 66% of children's admissions to A&E for asthma/respiratory are avoidable and could account to significant savings which would allow for a redistribution of income.</p> <p>It is essential for this reason the services review their practice based on robust objectives and KPIs.</p> <p>It was also stated that there is a need to look at the psychological impact of asthma and this should be included in KPIs.</p>
Correct & Early Diagnosis			Wakefield Public Health Leeds West			
Correct management			Wakefield Public Health Leeds West			
Correct treatment of exacerbation			Wakefield Public Health			
Ensure GP Registers are accurate			Wakefield Public Health Leeds West			
Written self-management plan			Wakefield Public Health			

			Leeds West			<p>The majority of CCGs and the NAPWG identified the same objectives and KPIS as priorities:</p> <ul style="list-style-type: none"> • How many admissions / Reduce hospital admissions. • Reduce attendances at A&E. • Reduce emergency/unplanned admissions. • Reduce average length of stay / what is average and mean length of stay. • Prescribing data. • Reduce absence from school & poor academic achievement. • Preventing CYP from dying prematurely, reduction of avoidable deaths. <p>There were a number of other KPIS/Objectives that were identified.</p> <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> • Conduct Benchmarking activity across Y&H (use NRDA and NICE). • Define measures for improvement across Y&H. • Identify an asthma dashboard across Y&H (taking
Years of life lost due to asthma			Wakefield Public Health			
Preventing CYP from dying prematurely, reduction of avoidable deaths.	✓		Wakefield Public Health Leeds West			
Prescribing data	✓		Wakefield Public Health			
Enhancing the Quality of Life with CYP with LTCs	✓					
Helping CYP recover from episodes of ill health	✓					
Increase in the national adoption of asthma plans.	✓					
Increase the national adoption of asthma care pathways	✓					
Prevent Exacerbations		London				
Provide Optimal / improving Management of Asthma		London Thames Valley				
Enhance a normal active childhood		London				
Supporting CYP to reach their full potential			North Derbyshire			
Reduce absence from school & poor academic achievement			Kirklees G&H Wakefield Public Health			
Greater Integration of Care.		London				
Improve quality of care: improve systems and mechanisms, care closer to home, patient experience			Doncaster Kirklees G&H Leeds			

How many admissions / Reduce hospital admissions	✓		East riding Wakefield Public Health Kirklees G&H			into account recommendations from Data and Data Collection sections.
Reduce emergency/unplanned admissions			Doncaster NE Lincolnshire			
Reduce average length of stay / What is average and mean length of stay			East Riding Kirklees & GH Wakefield Public Health			
How many bed days			Wakefield Public Health			
Reduce attendances at A&E			East Riding North Derbyshire Wakefield Leeds Kirklees &GH Wakefield Public Health			
Reduce attendances / Paediatric assessment (unit) data			Kirklees & GH NE Lincolnshire			
Data re: times of admissions			Kirklees & GH			
Other LTCs:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Epilepsy has been reduced by 30% and Diabetes by 60% (admissions) due to having a community paediatric nurse. They get a diagnosis and then are managed by the nurse. Looking at replicating this for asthma as part of the redesign of community nursing service – they will manage high end asthma.			Doncaster			Majority of CCGs reported that work is ongoing in relation to asthma and has been for a number of years and although may not feature on work programmes in all areas it is something that all CCGs will continue to keep on their agenda. For some CCGs it was apparent that they were happy with the work they were undertaking on asthma and that as

Bigger concerns with obesity – linked to diabetes, tier 3 service no pathway for children, no service locally for child specialist weight management.			NE Lincolnshire			work had been focused on this condition for quite some time there were other LTCs and health issues that they were more concerned about, these include:
As there is lots of work already undertaken on asthma and work will continue locally feel that Diabetes maybe more of a pressing issue as attendances in A&E are a concern and the results of the national audit show definite areas in need of improvement.			Wakefield			<ul style="list-style-type: none"> Epilepsy, it was recognised that this is a complicated area and may need more scoping and time but was an area that needs attention and development. Diabetes was also seen as an area that has received a lot of attention and work has been developed, however the data suggested there is still work needed to be done with the number of admissions and emergency admissions. Obesity – with links to diabetes and potentially asthma was also highlighted as a area of concern for some CCGs. <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> Scope the main challenges and areas of development of Epilepsy and Diabetes.
Other:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
To collate and disseminate evidence of smoking harm for children with asthma and to promote information around smoking cessation services to commissioners	✓	EoE				
A lot of child health is commissioned by local authority, work in collaborative ways.			NE Lincolnshire			
Key focus of children work is around public health outcomes			NE Lincolnshire			

Challenges:	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
Sustainability & Capacity			Rotherham East Riding Leeds	Leeds THT		CCGs highlighted a number of challenges in relation to commissioning Asthma Services.
High risk admissions: Deprived/vulnerable groups. English as a second language.			Bradford City, Bradford Districts and Airedale and Wharfedale			The majority of CCGs stated that Sustainability of services i.e. funding and resources was a significant challenge. Many of the previous asthma initiatives have been based on non-recurrent spend and have failed to continue when the funding ends.
Big increase in upper respiratory infections and decrease in lower,			Doncaster			<p>Along with sustainability CCGs reported that capacity was also an issue and this is very much linked to available funding for example paediatric community asthma nurses etc...</p> <p><u>Other challenges included:</u></p> <ul style="list-style-type: none"> • Commissioning across the whole pathway, secondary, primary health and social care. • Breaking down the data i.e. costs on the child's journey in secondary care and how this could be redistributed into primary/community care. • Getting it right in primary care, most children do not need to be seen in secondary care. • Relationship with schools/education. <p><u>Recommendations/Areas for Development:</u></p> <ul style="list-style-type: none"> • Integrated commissioning and working across
If seen in A&E for 2 hours even without intervention it is classed as an admission			East Riding			
Don't have community paediatric service.			Kirklees & GH			
Issues with complex commissioning and a need to look across the whole pathway.			North Derbyshire			
Commissioning challenge – yes pathways are in place- but need to be looked at with the varying health – atlas of variation for asthma.			North Derbyshire			
Cost implications of children's journey – ambulance – A&E – Ward – Bed etc... (Decrease the cost of the journey and redistribute resources elsewhere.)			North Derbyshire			

How many children go out of area if Ward is closed?			North Derbyshire			<p>health and social care.</p> <ul style="list-style-type: none"> • Look at costs and solutions across a Y&H footprint, including no. of children seen out of area • Develop a Y&H approach to working with schools. •
If get it right in Primary Care then not blocking up the wards – how often is the ward full?			North Derbyshire			
How can we shift money back into community services?			North Derbyshire			
poor management and technique, issues with diagnosis			Rotherham			
Problems getting information in to schools.			Rotherham			
0 day stays (admissions) on the ward for 6-7 hours, raises 2 questions 1) if they are unwell enough to be admitted why they are discharged. 2) Did they need admitting in the first place?			Wakefield			
SCN Support:						
	NPAWG	SCNs	CCGs	Provider	Asthma UK	Summary
There are many individual projects happening but it would be good to have a regional approach.			East Riding			<p>Many CCGs stated that they have work programmes and developments in place for asthma and much of this needs to be carried out at a local level. However there were some areas where CCGs felt it would be helpful to take a network approach, including many of the recommendations already highlighted in previous sections.</p> <p><u>Recommendations for a network approach:</u></p> <ul style="list-style-type: none"> - Sharing Good Practice and learning, including a Database of who is doing what across the region. - Look at pathways and specifications and other
Ideas from other areas on how to address things differently that are not working, struggles and barriers			Bradford City, Bradford Districts and Airedale and Wharfedale Leeds			
Look at Pathways and specifications			Kirklees G&H North Derbyshire NE Lincolnshire			
Develop training packages regionally e.g. Primary Care, Inhaler technique.			Leeds Wakefield	Leeds THT		

Sharing best practice across the region.			Bradford City, Bradford Districts and Airedale and Wharfedale East Riding Kirklees & GH Leeds NE Lincolnshire	Leeds THT		<p>documentation.</p> <ul style="list-style-type: none"> - Training and workforce development, particularly primary and social care. - Look at sustainability and capacity e.g How could we use nonrecurring funding collaboratively across the region? - Self-care / management. - Regional asthma network / clinical expert group - Replicate good practice locally
Share best practice re: Self Care			NE Lincolnshire Wakefield			
Share resources across the region.			Doncaster East Riding	Leeds THT		
Develop user friendly materials regionally.			Doncaster Kirklees & GH			
How to develop better links with education			Bradford City, Bradford Districts and Airedale and Wharfedale			
Would like a clinical expert group across the region for difficult to manage asthma.				Leeds THT		
Would also value on online/virtual repository for information that could be shared across the region.				Leeds THT		

5 Key Recommendations and Conclusion

Sharing best practice and resources

- Sharing Good Practice and learning, including a Database of who is doing what across the region.
- Develop document templates for Y&H that can be flexible and tailored to the needs of organisations/areas.
- Disseminate the Ealing Project evaluation/review.
- Look at pathways and specifications and other documentation.

Develop relationships and support integrated working across Y&H

- All Services and Commissioners should work together and benchmark against NICE and NRAD.
- Develop action plan based on benchmarking including implementation time frame.
- Benchmark developed services and evaluate progress against action plan.
- Support other CCGs across the network to establish multi agency working groups, for a whole system /integrated model for asthma.
- Regional asthma network / clinical expert group.

Commissioning sustainable services including data & outcomes development

- Integrated commissioning and working across health and social care.
- Look at costs and solutions across a Y&H footprint, including no. of children seen out of area.
- Look at sustainability and capacity e.g. how could we use nonrecurring funding collaboratively across the region?
- Share best practice and learning in regard to community nursing and reviews across Y&H.
- Define measures for improvement across Y&H.
- Work with NAPWG and asthma UKL to develop audit tools, data, KPIs, guidance re: prescribing and medicines.
- Improve dataset and how to access quality real time data.
- Identify an asthma dashboard across Y&H (taking into account recommendations from Data and Data Collection sections).
- Work with asthma UK to improve data collection in order to be able to make comparisons across Y&H particularly in relation to peaks, dips and seasonal variation.
- Review QOF data across Y&H.
- Continue to work with NAPWG in order to develop data collection in primary.
- **Scope the main challenges and areas of development of Epilepsy and Diabetes.**

Workforce development

- Develop a regional approach to training and workforce development, particularly primary and social care.
- Develop training package/standards for Y&H that can be rolled out across the health and social care pathway ensuring that all professionals are providing consistent information and advice.
- Work with NPAWG in order to develop training package/standards.
- Identify key competencies for organisations and top tips.

Self-Care/ Management

- Develop a Y&H approach to self-care that includes but is not limited to the following:
 - Confidence for parents to manage an 'ill child'. Increase confidence and resilience of families.
 - Must engage with CHYP around how they would like to receive care.
 - Work with families re: drug use/compliance (concordance), inhaler technique, recognising when things are going wrong.
 - Would be great to have a scheme like Desmond (for diabetes) for asthma, particularly for parents.
 - See Self-care/management section.
 - Y&H approach to developing public awareness campaigns.
 - Develop a social marketing package and PPE in order to increase uptake in primary care and support self-management/care.

Primary Care

- Develop a regional project to address the concerns and areas of development in Primary Care, including a review of what is already happening.
- Develop a Y&H approach to the role of pharmacies in asthma management and care.

Secondary Care

- Review the management of difficult asthma.
- Develop Y&H approach to appropriate follow up and management e.g. discharge planning and follow up, this is vital as patients can have kickbacks and end up back in A&E.
- Develop the same adult pathways working in children's.
- Bundles of care coming out from acute trust.

Education and Schools

- Develop a Y&H approach to developing relationships with schools and education.
- Promote and support Asthma friendly schools.
- Y&H approach to training and competency of teaching staff in schools in relation to asthma.

Disseminating learning and actions from National Paediatric Working Group and Asthma UK

- Keep an overview of national and local CQUIN development.
- Share learning and development of resources.

6 Asthma UK

6.1.1 Asthma Pledge

Asthma UK has long had a vision of what good asthma care looks like, including regular review, written asthma action plans, good inhaler technique and appropriate follow-up by healthcare professionals following an asthma attack. Yet Asthma UK research shows that 8 out of 10 people with asthma in the UK are not receiving care that meets the most basic clinical standards. These findings come more than six months after the National Review of Asthma Deaths showed that two out of three asthma deaths are preventable with better routine care.

The NICE Quality Standard for asthma, published in February 2013, outlines eleven simple aspects of good care that people with asthma should receive from the NHS and is derived from evidence-based clinical guidelines.

We're asking Clinical Commissioning Groups to implement the Quality Standard and sign up to our pledge:

"We recognise that asthma has a major impact on health and quality of life and that people with asthma deserve great treatment from the NHS. We therefore pledge to take action to see that the Asthma Quality Standard is implemented in our area by March 2016."

CCGs that have signed up to the pledge in Y&H include: Airedale, Wharfedale and Craven CCG, Bradford City CCG, Bradford District CCG, Doncaster CCG, Leeds West CCG, North Kirklees CCG, Wakefield CCG

To sign up to the Asthma Pledge visit: <http://www.asthma.org.uk/pages/forms/default.aspx?formname=CompareYourCarePledge>

6.1.2 Asthma Improvement Hub

To support CCGs to implement good asthma care, Asthma UK has created the Asthma Improvement Hub, which brings together service improvement tools and best practice examples of work that have improved outcomes for people with asthma.

Here you'll find a number of service improvement tools and best practice examples for improving children's and adults' care. All of the resources align with the BTS/SIGN Guideline on the management of asthma and are transferable across different health systems. <http://www.asthma.org.uk/takeaction-hub>

7 Key Documents

Title	Date	Author	Brief Description	Link
British Guidance on the Management of Asthma	Oct 2014	BTS/SIGN	This guideline provides recommendations based on current evidence for best practice in the management of asthma. It makes recommendations on management of adults, including pregnant women, adolescents, and children with asthma. In sections 6 and 7 on pharmacological management and inhaler devices respectively, each recommendation has been graded and the supporting evidence assessed for adults and adolescents over 12 years old, children 5–12 years, and children under 5 years. In section 10 recommendations are made on managing asthma in adolescents (10–19 years of age as defined by the World Health Organisation (WHO))	http://sign.ac.uk/guidelines/fulltext/101/
An Outcomes Strategy for COPD and Asthma	2011	Department of Health	<p>This is an outcomes strategy. The purpose of an outcomes strategy is to set out the ways in which we will meet our aim of delivering healthcare outcomes as good as anywhere in the world. Outcomes strategies are developed following extensive engagement with all those with a commitment to improving outcomes in a particular service area.</p> <p>Six shared objectives are set out in the strategy:</p> <p>Objective 1: To improve the respiratory health and well-being of all communities and minimise inequalities between communities.</p> <p>Objective 2: To reduce the number of people who develop COPD by ensuring they are aware of the importance of good lung health and well-being, with risk factors understood, avoided or minimised, and proactively address health inequalities.</p> <p>Objective 3: To reduce the number of people with COPD who die prematurely through a proactive approach to early identification, diagnosis and intervention, and proactive care and management at all stages of the disease, with a particular focus on the disadvantaged groups and areas with high prevalence.</p> <p>Objective 4: To enhance quality of life for people with COPD, across all social groups, with a positive, enabling, experience of care and support right through to the end of life.</p> <p>Objective 5: To ensure that people with COPD, across all social groups, receive safe and effective care, which minimises progression, enhances recovery and promotes independence.</p> <p>Objective 6: To ensure that people with asthma, across all social groups, are free of</p>	https://www.gov.uk/government/publications/an-outcomes-strategy-for-people-with-chronic-obstructive-pulmonary-disease-copd-and-asthma-in-england

Title	Date	Author	Brief Description	Link
			<p>symptoms because of prompt and accurate diagnosis, shared decision making regarding treatment, and on-going support as they self manage their own condition and to reduce need for unscheduled health care and risk of death.</p>	
<p>NICE Quality Standards for asthma</p>	<p>2013</p>	<p>NICE</p>	<p>This quality standard defines clinical best practice within this topic area. It provides specific, concise quality statements, measures and audience descriptors to provide the public, health and social care professionals, commissioners and service providers with definitions of high-quality care.</p> <p>This quality standard covers the diagnosis and treatment of asthma in adults, young people and children aged 12 months and older.</p>	<p>http://www.nice.org.uk/guidance/qs25</p>
<p>Designing and Commissioning Services for Children and young people with asthma</p>	<p>2013</p>	<p>PCC, NHS, Asthma UK, BTS & PCRS</p>	<p>This document focuses on the design of services for children and young people with asthma. Delivering excellent child-centred services requires co-operation and partnership between clinicians, children’s professionals in health and education, strategic leaders in local services and children, young people and families.</p> <p>The document is aimed at: Strategic leaders and commissioners, Primary care, Urgent care and hospital care, Community health providers, Other healthcare providers.</p>	<p>http://www.pcc-cic.org.uk/article/designing-and-commissioning-services-children-and-young-people-asthma-good-practice-guide</p>
<p>Why Asthma Kills, The National Review of Asthma Deaths (NRAD)</p>	<p>2014</p>	<p>Health Care Quality Improvement Partnership</p>	<p>The National Review of Asthma Deaths (NRAD) The National Review of Asthma Deaths (NRAD) is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, NHS Wales, the Health and Social Care Division of the Scottish Government, and the Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS). The NRAD is delivered by the Clinical Effectiveness and Evaluation Unit (CEEU) of the Clinical Standards Department at the Royal College of Physicians (RCP).</p>	<p>https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths</p>

Title	Date	Author	Brief Description	Link
SIGN/BTS British guideline on the management of asthma Asthma priorities: influencing the agenda	2013	BTS/SIGN	<p>Following the launch of the revised BTS/SIGN British guideline on the management of asthma in May 2011, it was agreed that a collaborative approach to support local implementation should be developed in partnership with the National Advisory Group (NAG) for respiratory Managed Clinical Networks (MCNs).</p> <p>In preparation, a prioritisation process was piloted at the respiratory MCN learning forum in September 2011. The outcome of the workshop was very positive, demonstrating the benefits of involving delegates in the identification of priorities and corresponding 'measurements of success'. Consequently, the Scottish Intercollegiate Guideline Network (SIGN), the NAG, Asthma UK and the Scottish Respiratory Industry Group (SRIG) agreed that the process should be taken forward through a national survey to identify the top priorities followed by a series of regional workshops to agree the corresponding 'measurements of success'.</p>	http://sign.ac.uk/guidelines/fulltext/101/
A Quick Guide to the Routine Management of Asthma in Primary Care	2012	PCRS	<p>This 'Quick Guide' to the routine management of asthma in primary care is based on the British Thoracic Society (BTS) and Scottish Intercollegiate Guideline Network (SIGN) British Guideline on the Management of Asthma, May 2008, revised edition published January 2012: http://www.sign.ac.uk/guidelines/fulltext/101/index.htm and the guidance published by NICE on the use of inhaled steroids in the management of asthma: http://www.nice.org.uk/guidance/index.jsp?action=byID&o=11945. It is intended as an 'aide memoire' for primary care health professionals and is also available as an abbreviated slide kit on the PCRS-UK website suitable for local adaptation and training.</p>	https://www.pcrs-uk.org/resource-types-guidelines-teaching/105
Quality of Life in Children With Asthma: A Developmental Perspective	2015	Miadich.S.A. et al. Journal of Pediatric Psychology	<p>Objective: The current study investigated whether factors associated with quality of life (QOL) in children with asthma (e.g., family functioning, asthma routines, asthma severity) differed by child age.</p> <p>Methods: Participants included 192 children with asthma (5–12 years) and their caregivers. Both children and caregivers completed questionnaires at an initial research session. Family functioning was determined from a mealtime observation that occurred in family homes.</p>	http://jpepsy.oxfordjournals.org/content/early/2015/02/12/jpepsy.jsv002.abstract?petoc

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Quality of Life in Children With Asthma: A Developmental Perspective	2015	Miadich.S.A. et al. Journal of Pediatric Psychology	<p>Results: Child age moderated the association between asthma severity and child QOL and between routine burden and QOL in children with asthma. Post hoc probing analyses revealed that among older children, QOL levels were lower in the presence of worse asthma severity and more routine burden.</p> <p>Conclusions: Findings suggest that associations between asthma severity, routine burden, and QOL may differ by child age. Treatment programs and health-care recommendations addressing QOL in children with asthma may need to be tailored to address differences in factors associated with QOL by child age.</p>	
Improving Young People’s Health and Wellbeing – A Framework for Public Health.	2015	Public Health England	<p>This framework addresses the request by the chief medical officer in her 2012 Annual Report that PHE should consider the specific needs of this age group.</p> <p>It has been produced with the Associations of Directors of Public Health, Directors of Children Services and the Local Government Association. It gives practical support to councillors, health and wellbeing boards, commissioners, and service providers. It sets out at a high level a way of thinking about young people’s health, taking an asset-based approach, and focusing on wellbeing and resilience. It sets out six core principles that will promote a more effective, integrated response to needs.</p> <p>Later this year we will launch Rise Above, a national youth campaign that will focus on building young people’s resilience and help them make positive health decisions.</p>	https://www.gov.uk/government/publications/improving-young-peoples-health-and-wellbeing-a-framework-for-public-health
Time to take action on asthma	2014	Asthma UK	<p>To help health services detect signs of poor asthma care and encourage them to act by implementing the standards, Asthma UK conducted a survey of more than 6,500 people across the UK to find out how the standard of asthma care they receive compares to what they should expect, as recommended by the BTS/SIGN Guideline. This follows on from the Asthma UK 2013 survey which also looked at standards of asthma care in England, Northern Ireland, Scotland and Wales.</p> <p>This report presents an overview of the 2014 survey findings on the quality of care across the UK</p>	http://www.asthma.org.uk/takeaction

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Compare your care How asthma care in England matches up to standards	2013	Asthma UK	<p>On World Asthma Day 2013, we launched a new survey called Compare Your Care to raise awareness of standards of asthma care and self-management support in the NHS around the UK. We want to help patients understand clinical guidelines, to raise awareness of great care and to work with healthcare professionals and commissioners to keep on improving standards. Over the next five years, we want to work with you to halve the number of people with asthma who need to be admitted to hospital for an asthma attack.</p> <p>Asthma UK's Compare Your Care Survey asked people with asthma to tell us how good their asthma care was. Around 6,000 people took the quiz between May and July 2013 and our overall findings showed that only 14% of people with asthma around the UK were getting care that fully meets standards.</p>	http://www.asthma.org.uk/compareyourcare
Asthma: standards of care	2013	James Paton: Published by group. bmj.com	This article provides an overview and discussion around the publication in February 2013, of the National Institute for Clinical Excellence (NICE) quality standard on the diagnosis and treatment of asthma in adults, young people and children aged 12 months and older.	http://adc.bmj.com/content/early/2013/08/21/archdischild-2012-303141

NICE releases draft guidance that recommends a standardised method of diagnosing the condition in adults and children. The updated guidance marks the first time NICE has set out the 'most effective' way to diagnose asthma.

The current lack of a gold standard on asthma diagnosis may have led to many patients going undiagnosed and almost a third (30%) of patients on asthma medication receiving treatment they do not need, NICE said.

The latest draft guidance lays out which tests to use and in what order they should be used to diagnose patients. The resultant 'diagnostic algorithms' are presented in flow charts within the guidance

Asthma UK Free online respiratory learning

Want to test your asthma knowledge? [Respiratory Education and Learning \(REAL\) website](#) allows you to select asthma case studies to work through to enhance your knowledge by answering questions about which steps to take to best manage a patient. It has been developed by Education for Health and is endorsed by the Primary Care Respiratory Society UK (PCRS-UK). The website is supported by an unrestricted grant from TEVA UK Limited. [Click here to visit the site.](#)

Asthma UK Asthma social media

Our specialist asthma nurse, Shenagh Hume, took the reins of the Asthma UK Twitter account recently when GP columnist, Dr Liam Farrell, hosted a Tweetchat on asthma. [Click here to see a transcript of the Tweetchat..](#)

[This Facebook page](#) set up by two paediatric nurse specialists Inez Ingham and Jane Farrell working within the Children's Community Team in Heywood, Middleton and Rochdale also caught our eye and looks a great way to quickly engage with patients with concerns about their asthma. The nurses set up the page as a means to deliver health promotion to a wider audience.

[Let us know about your social media projects](#) so we can share them with the community.