**Service Specifications**

* **Asthma case find (all practices)**
* **GP led Extended Asthma review and management planning (North locality only)**

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement

Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

|  |  |
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| **Service Specification No.** |  |
| **Service** | **Asthma case find (all practices)** |
| **Commissioner Lead** | Dr Oliver Anglin, GP Clinical lead  |
| **Provider Lead** | GP/Practice manager |
| **Period** | February 2016  |
| **Date of Review** | May 2016, end of pilot  |

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| **1. Population Needs** |
| * 1. **National/local context and evidence base**

Camden CCG is conducting a system-wide review to look at how we promote and improve the health and wellbeing of children and young people. This project, called *All Together Better*, aims to identify how more children and young people could be managed at the level of universal services and how we could respond more rapidly to those children and young people who have increased need.Initial findings from the review have highlighted emerging areas of unmet need warranting further attention by the CCG. These include poor diagnosis and management of asthma, high use of A&E by under 5s, high frequency of minor illness presenting in A&E and issues around awareness and appropriate use of available services and resources.To test out new ways of working that might help address these areas, Camden CCG is developing four small scale pilots: * An asthma case find focused on ensuring practice level asthma registers are up-to-date.
* Trialing the introduction of more detailed asthma reviews and management plans. This pilot will compare the benefits of extended GP-led care planning vs the location of an asthma community nurse in primary care vs current standard of care.
* Introducing a joint GP and pediatrician-led clinic and trying out a multi-disciplinary team approach to follow up clinic cases, share learning from the clinic and discuss other referrals.
* Running a DIY health education programme for parents of under 5s who are frequent users of A&E and primary care.

Based on estimated national prevalence rates, there is an under diagnosis of asthma in Camden. It is estimated that there are 3,780 0-18 year olds in Camden who suffer from this condition.[[1]](#endnote-1) However according to GP disease registers[[2]](#endnote-2) there are only 1,551 children and young people in this population on the asthma register.The impact is that potentially 2,229 children and young people with asthma remain undiagnosed, access care services inappropriately and continue to experience poor outcomes due to unmanaged asthma. It is most likely that some children are not experiencing a symptom free life. As an indicator, 70% of A&E attendances with a diagnosis of asthma and 45% of emergency admissions for asthma by children aged 0-18 years old in the last 3 years were by children and young people not on the asthma register. As there is no single infallible test to confirm a diagnosis of asthma, there may be significant differences in the way that asthma is diagnosed and treated in children of different ages. This case find seeks to identify any children where there are possible indicators of asthma but no diagnosis of asthma has been made; to review these children’s notes and to call in children as necessary to confirm asthma is not present. |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

|  |  |  |
| --- | --- | --- |
| **Domain 1** | **Preventing people from dying prematurely** |  |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **x** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  |
| **Domain 4** | **Ensuring people have a positive experience of care** | **x** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |

**2.2 Local defined outcomes**Improving accuracy of asthma diagnosis in under 19s: Camden’s prevalence rate of children registered with asthma increases from 3.6% to at least 5% in all three localities |
| **3. Scope** |
| **3.1 Aims and objectives of service**The aim of the case find is to reduce the number of children and young people with unmanaged asthma by:* Improving the accuracy of asthma diagnosis in under 19s
* Reducing variability in diagnoses of asthma
* Ensuring high levels of GP confidence in diagnosing asthma

**3.2 Service description/care pathway**1. At least one GP from each practice to attend a training day on 16th September and provide evidence they have disseminated learning to others in the practice, or undertake alternative training on children’s asthma if unable to attend.
2. Run and view searches created by Camden GP IT within EMIS Web. These are likely to include:
* Asthma/COPD? Associated codes last 1yr (not on COPD/asthma register)
* Asthma/COPD? Beta2adreno >2 issues 1 yr. (not on COPD/asthma register)
* Asthma/COPD? Corticosteroid 2+ issues 1 yr (not on COPD/asthma register)
* Asthma/COPD? Inhalers 3+ times in 12 months not on COPD/asthma register
* On inhalers without asthma or COPD code
* On spririva/tiotropium but not on COPD register
* Smokers/Ex-smokers with obstructive spirometry without COPD or asthma code
* Not on asthma or COPD but taking Prednisolone
1. Review the patient’s notes for all children and young people meeting one or more of these search criteria and identify any patients where a diagnosis of asthma is a possibility.
2. Call in these children to make or refute a diagnosis of asthma
3. Using the report template provided, submit a short report outlining search findings to commissioners at the end of the case find.

**3.3 Population covered**Children and young people up to their 19th birthday**3.4 Any acceptance and exclusion criteria and thresholds**N/a**3.5 Interdependence with other services/providers**Extended Asthma review and management planning pilots are running in the West and North localities; any children identified with asthma from this case find should be referred for an extended GP appointment (North locality) or an appointment with the asthma nurse (West). Children in the South locality should be treated as per normal.  |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (eg NICE)**NICE Quality Standard (QS 25): Asthma (February 2013)**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)** London Strategic Clinical Networks (2015) *Draft London asthma standards for children and young people: Driving consistency in outcomes for children and young people across the capital*British Thoracic Society, Scottish Intercollegiate Guidelines Network (2012) *British Guideline on the Management of Asthma: A national clinical guideline*NHS Primary Care Commissioning (2013) *Designing and commissioning services for children and young people with asthma: A good practice guide***4.3 Applicable local standards**Camden Children’s Asthma EMIS Clinical template |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-D)**

N/a* 1. **Applicable CQUIN goals (See Schedule 4E)**

N/a |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:** |
| **7. Individual Service User Placement** |
| N/a |

|  |  |
| --- | --- |
| **Service Specification No.** |  |
| **Service** | **GP led Extended Asthma review and management planning (North locality only)** |
| **Commissioner Lead** | Dr Oliver Anglin, Children’s GP Clinical Lead |
| **Provider Lead** | GP/Practice manager |
| **Period** | 12 months from award of contract  |
| **Date of Review** | Quarterly |

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| --- |
| **1. Population Needs** |
| * 1. **National/local context and evidence base**

Camden CCG is conducting a system-wide review to look at how we promote and improve the health and wellbeing of children and young people. This project, called *All Together Better*, aims to identify how more children and young people could be managed at the level of universal services and how we could respond more rapidly to those children and young people who have increased need.Initial findings from the review have highlighted emerging areas of unmet need warranting further attention by the CCG. These include poor diagnosis and management of asthma, high use of A&E by under 5s, high frequency of minor illness presenting in A&E and issues around awareness and appropriate use of available services and resources.To test out new ways of working that might help address these areas, Camden CCG is developing four small scale pilots: * An asthma case find focused on ensuring practice level asthma registers are up-to-date.
* Trialing the introduction of more detailed asthma reviews and management plans. This pilot will compare the benefits of extended GP-led care planning vs the location of an asthma community nurse in primary care vs current standard of care.
* Introducing a joint GP and pediatrician-led clinic and trying out a multi-disciplinary team approach to follow up clinic cases, share learning from the clinic and discuss other referrals.
* Running a DIY health education programme for parents of under 5s who are frequent users of A&E and primary care.

Based on estimated national prevalence rates, there is an under diagnosis of asthma in Camden. It is estimated that there are 3,780 0-18 year olds in Camden who suffer from this condition. However according to GP disease registers there are only 1,551 children and young people in this population on the asthma register.The impact is that potentially 2,229 children and young people with asthma remain undiagnosed, access care services inappropriately and continue to experience poor outcomes due to unmanaged asthma. It is most likely that some children are not experiencing a symptom free life. As an indicator, 70% of A&E attendances with a diagnosis of asthma and 45% of emergency admissions for asthma by children aged 0-18 years old in the last 3 years were by children and young people not on the asthma register. Proactive structured review, as opposed to opportunistic or unscheduled review, is associated with reduced rates of asthma attack and days lost from normal activity. The purpose of the asthma review and management plan pilot is to improve patients’ ability to self-manage and improve the capacity and capability in primary care to manage children with asthma. It seeks to promote best practice reviews and management plans for asthma, including a personal asthma action plan (PAAP), through provision of a locally developed EMIS Web template that emphasises the critical aspects of clinical review for asthma. The pilot will run in two of the CCG localities. In one of these localities GPs will be funded to hold extended appointments to create asthma management plans for all children and young people with the diagnosis. In the second locality, the management plan will be created by a specialist asthma community nurse working in primary care. The community asthma nurse will also work alongside GPs and school nurses to deliver the management plans.  |
| **2. Outcomes** |
| **2.1 NHS Outcomes Framework Domains & Indicators**

|  |  |  |
| --- | --- | --- |
| **Domain 1** | **Preventing people from dying prematurely** |  |
| **Domain 2** | **Enhancing quality of life for people with long-term conditions** | **x** |
| **Domain 3** | **Helping people to recover from episodes of ill-health or following injury** |  |
| **Domain 4** | **Ensuring people have a positive experience of care** | **x** |
| **Domain 5** | **Treating and caring for people in safe environment and protecting them from avoidable harm** |  |

**2.2 Local defined outcomes and outputs**Quantitative* Increased number and percentage of agreed asthma management plans in place within the pilot cohort (No and % of children with an asthma management plan in place by practice before and after pilot and % of those on asthma register with a plan in place before and after pilot)
* Number of children within the pilot area receiving an asthma review within year and % of those on the asthma register receiving a review before and after the pilot.
* Decrease in the ratio of reliever inhalers to preventer inhalers prescribed.
* Reduction in the number and % of oral steroids prescribed for asthma before and after the pilot.
* Reduction in the number of attendances at UCLH and Royal Free A&E departments for asthma
* Reduction in the number of attendances at A&E by patients of the asthma register within the pilot period
* Reduction in the number of emergency admissions for asthma at UCLH and the Royal Free.

 Qualitative* Parents and children report better management of asthma within the pilot cohort (Measured by survey)
* GPs in the two intervention areas report raised confidence levels in developing asthma management plans and supporting families to implement these, pre and post pilot (via short pre and post questionnaires)
 |
| **3. Scope** |
| **3.1 Aims and objectives of service**The aim of this pilot is to support children and young people with asthma and their families to manage their condition more effectively by: * Increasing the number of children and young people diagnosed with asthma who have an asthma management plan in place
* Ensuring that asthma reviews and management plans are developed jointly between clinicians and families and are of a consistently high quality across practices
* Exploring whether a GP-led or a nurse-led model is the most effective way to support children and young people with asthma
	1. **Service description/care pathway**
1. Schedule all children newly diagnosed with asthma for an extended appointment and schedule an asthma review appointment for all children and young people on the practice asthma register. Within the year of the pilot, every child diagnosed with asthma or already on the asthma register should have had one extended appointment per child.
2. Use the new EMIS asthma review clinical template and asthma action plan provided to undertake a structured clinical review.
3. Reschedule all children for a review appointment in line with normal practice policy.
4. Distribute and collect questionnaires from families about their experience of managing asthma
5. GPs at the practice to complete a very short questionnaire about asthma confidence at the start and end of the pilot.
6. Submit a quarterly data monitoring report on the template provided to the GP Clinical Lead.

**3.3 Population covered**Children and young people up to their 19th birthday**3.4 Any acceptance and exclusion criteria and thresholds**N/a**3.5 Interdependence with other services/providers**See service specification for the asthma case find. This is likely to identify children needing extended appointments. In the west locality a community asthma nurse will run clinics to deliver Extended Asthma review and management planning appointments. See Camden asthma process map.  |
| **4. Applicable Service Standards** |
| **4.1 Applicable national standards (e.g. NICE)**NICE Quality Standard (QS 25): Asthma (February 2013)**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)** London Strategic Clinical Networks (2015) *Draft London asthma standards for children and young people: Driving consistency in outcomes for children and young people across the capital*British Thoracic Society, Scottish Intercollegiate Guidelines Network (2012) *British Guideline on the Management of Asthma A national clinical guideline*NHS Primary Care Commissioning (2013) *Designing and commissioning services for children and young people with asthma: A good practice guide***4.3 Applicable local standards**Camden Children’s Asthma EMIS Clinical template |
| **5. Applicable quality requirements and CQUIN goals** |
| * 1. **Applicable Quality Requirements (See Schedule 4A-D)**

N/a* 1. **Applicable CQUIN goals (See Schedule 4E)**

N/a |
| **6. Location of Provider Premises** |
| **The Provider’s Premises are located at:** |
| **7. Individual Service User Placement** |
| N/a |

# SCHEDULE 3 – PAYMENT

## Local Prices

*Enter text below which, for each separately priced Service:*

* *identifies the Service;*
* *describes any agreement to depart from an applicable national currency (in respect of which the appropriate summary template (available at:* <http://www.monitor.gov.uk/locallydeterminedprices>*) should be copied or attached)*
* *describes any currencies (including national currencies) to be used to measure activity*
* *describes the basis on which payment is to be made (that is, whether dependent on activity, quality or outcomes (and if so how), a block payment, or made on any other basis)*
* *sets out any agreed regime for adjustment of prices for the second and any subsequent Contract Year(s)*.

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| 1. **Asthma Case Find**
* Undertaking the search, using EMIS search codes provided: 10p per child under 19 on practice list.
* £10 for each set of patient notes reviewed, where one or more search criteria is identified but no diagnosis of asthma is present.
* Prevalence payment. If the percentage of children on the asthma register increases to 5% each practice will receive a payment of 20p per child population. If the percentage increases to 7% each practice will receive a payment of 40p per child population.
* Practices to invoice at the end of the pilot
1. **Asthma Management Planning extended appointments**
* Practices will be paid £40 for one extended appointment per child per year – either initial or review provided the following 9 parameters within the review template are completed.

1) BMI (in last 3 months)2) Exposure to passive smoking3) RCP/ACT questions4) Demonstrated inhaler technique5) Following BTS/SIGN guideline6) Asthma Medication review7) Asthma Review (QOF)8) Fax sent to school nurse9) Written Management Plan* These 9 parameters are clearly marked on the review template as [LCS]. Please invoice us quarterly in arrears.
* Payment will only be made for appointments taking place (i.e. excludes DNAs).
* Practices to invoice quarterly in arrears.
 |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

**B Reporting Requirements (Small Providers only)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Reporting Period** | **Format of Report** | **Timing and Method for delivery of Report** | **Application** |
| **National Requirements Reported Centrally** |  |  |  |  |
|  |  |  |  |  |
| **National Requirements Reported Locally** |  |  |  |  |
| **Local Requirements Reported Locally** |  |  |  |  |
| 1. Activity Report
 | Asthma Case Find: End of pilot report Extended Asthma review and management planning: Quarterly | Spreadsheet providedPre-and-post pilot GP questionnaires Patient questionnaires Spreadsheet providedPre-and-post pilot GP questionnaires  | Case find: End of pilot via spreadsheet and submission of pre and post pilot GP questionnaires. Extended Asthma review and management planning: Quarterly submission of patient questionnaires and monitoring spreadsheet. End of pilot GP confidence questionnaires.  | **Practice** |

**SCHEDULE 6 – CONTRACT MANAGEMENT, REPORTING AND INFORMATION REQUIREMENTS**

1. **Surveys**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Survey** | **Frequency** | **Method of Reporting** | **Method of Publication** | **Application** |
| Friends and Family Test (where required in accordance with FFT Guidance)  | As required by FFT Guidance | As required by FFT Guidance | As required by FFT Guidance | **All** |
| Service User Survey North Locality: Patient survey (to be provided) submitted quarterly.  | Quarterly  | N/a | N/a | **All** |
| Staff Survey **[Other]****[insert further description locally]**  |  |  |  | **All (not Small Providers)** |
| Carer Survey[**Insert further description locally**] |  |  |  | **All** |
| GP asthma Extended Asthma review and management planning pilot: GP confidence survey  | Start and end of pilot  | Survey to be provided  |  |  |

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1. Camden & Islington’s Public Health Knowledge and Intelligence Team (2014) Camden Children & Young People: Demographics, Health and Wellbeing among Children and Young People in Camden [↑](#endnote-ref-1)
2. Camden CCG (2015) EMIS Web: AST001 - Patients on Asthma register search [↑](#endnote-ref-2)