# Managing asthma as a Network

Asthma is the most common long term condition that affects children and young people. Over recent years there are a total of 16 documents about how we should be able to manage asthma effectively. The most recent of these documents is the Pan London Asthma Standards for children and young people, published in June 2015. These standards target all aspects of care including schools and explore the role of pharmacies in the management of asthma in children.

There is a common misconception that we do asthma well, but as highlighted in the National Review of asthma deaths in May 2014 by the Royal College of physicians children are still dying from asthma and UK has the highest mortality and morbidity in children especially those with long term conditions when compared to our European counterparts.

In London we have continued to see deaths in children who have asthma and those nationwide have highlighted that we continue to fall into the pitfalls highlighted in the National review of asthma deaths.

In conjunction with our local CCGs; Islington, Haringey and Camden we have sought to set up a network that works around children and young people who have asthma. We are working with primary care, education and pharmacy to ensure that we provide a seamless service that is centred around the child rather than the system in which we work.

Our work involves:

1. Asthma Friendly Schools is a project Based in Islington. It's aims are to improve asthma control through implementing 5 Standards of care.

1. Policy.

2. Care Plans

3. Asthma Register

4. Emergency Procedures (Including Emergency asthma kits)

5. Whole school training (Parents, staff and CYP).

The Standards were developed using several key guidelines BTS guidance, Pan London Standards and Supporting students with Medical Conditions (2014). Schools are audited at first visit against the standards and an action plan drawn up to address any area of weakness.

A complete package of Resources has been developed Including care plans and Emergency posters and an emergency asthma exacerbation medication pack.

CYP are empowered to manage their own condition and are involved in the completion of their Care Plan ( designed to include student signature). They are taught how to use their inhaler and spacer from Reception to 6th form with a clear explanation of why they use them. Training sessions are an ideal opportunity to promote oral hygiene, exercise, flu jab and smoking cessation. Research has shown that educating peers who do not have asthma is more effective than only educating those with asthma.

Parents receive an education session where they are trained on inhaler technique/ managing asthma and knowing when to seek help. Many are referred back to GP due to poorly controlled asthma.

Once trained schools flag up students who they are able to identify as having poor control or unusual medication regimes, We then liaise with GP/Parent and hospital to resolve any issues and ensure good technique and concordance with prescribed meds.

At present we are collecting our data and hope to publish outcomes in the near future. However, when a child marches their parent into school and demands that they are given a spacer it’s a move in the right direction.

Whilst the above project takes place in schools in Islington, we are working with the CCG to start paediatric asthma hubs in primary care. The pilot will involve 2-4 weekly clinics with GPs within an allocated hub. The clinics will aim to serve as an educational opportunity to do asthma annual review, ensure children and young people are being managed according to BTS guidance with appropriate spacers and inhalers. Taking the opportunity to identify associated triggers such as food allergies and to give asthma action plans to the family that are age appropriate. The clinic will be combined with at east two emergency appointments so that children who may otherwise go to A&E can be seen in primary care and can have follow up with their family doctor. The clinics are followed by an MDT where the local pharmacist and school nurse are present. The aim of this is to ensure that enable healthcare providers, parents and children to be a team in managing their asthma.

In Haringey we have started joint clinics in one practice, which has already led to better relations and improved understanding in the difficulties in managing long term conditions in the community.

In Camden we have been working the with children GP lead to develop a proforma for asthma annual reviews, which will be on EMIS, and will auto populate asthma action plans that are suitable for paediatrics.

All of the above means that we are developing better networks between primary and secondary care and ensuring that education is integrated in managing children long term conditions. A model such as this has already been demonstrated to be highly effective in countries such as Finland and the US.

## Authors:

Reena Bhatt, Darzi Fellow in Paediatric Asthma

Nickola Rickard, Asthma Friendly Schools Project Lead (Islington schools)

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