**Roles and Responsibilities and leadership of a Paediatric Asthma Network**

**A Network within Networks**

It is traditionally perceived that a network of care, should be centralised on tertiary care, however as the volume of asthma care is within primary care, this model should be sensitive to the varied integrated care models as outlined in (Nuffield Trust, 2016). The network could therefore be a local body of CCGs actively supported by the local secondary care unit, that in turn actively is supported and engages with the tertiary referral centre(s).

An organisational structure therefore needs to be applied to a network in order identify and commission a robust and accountable asthma service, identifying and supporting professional education requirements and measuring the improvement in clinical outcomes.

Further definition needs to be applied to the roles, responsibilities and leadership of a network, specifically to provide the local interpretation of the recommendations from The National Review of Asthma Deaths regarding the organisation of NHS Services:

1 Every NHS hospital and general practice should have a designated, named clinical lead for asthma services, responsible for formal training in the management of acute asthma.

2 Patients with asthma must be referred to a specialist asthma service if they have required more than two courses of systemic corticosteroids, oral or injected, in the previous 12 months or require management using British Thoracic Society (BTS) stepwise treatment 4 or 5 to achieve control.

3 Follow-up arrangements must be made after every attendance at an emergency department or out-of- hours service for an asthma attack. Secondary care follow-up should be arranged after every hospital admission for asthma, and for patients who have attended the emergency department two or more times with an asthma attack in the previous 12 months.

*4 A standard national asthma template should be developed to facilitate a structured, thorough asthma review. This should improve the documentation of reviews in medical records and form the basis of local audit of asthma care. (ongoing)*

*5 Electronic surveillance of prescribing in primary care should be introduced as a matter of urgency to alert clinicians to patients being prescribed excessive quantities of short-acting reliever inhalers, or too few preventer inhalers. (ongoing)*

*6 A national ongoing audit of asthma should be established, which would help clinicians, commissioners and patient organisations to work together to improve asthma care. (ongoing)*

Of the 5 NRAD recommendations 1,2 and 3 are are pertinent:

It is therefore recommended that there should be leadership representation from the multiple levels of the care pathway and these should include commissioning. In addition to the clinical meetings the group should meet on a regular basis to review the service and commissioning requirements currently and in the future. Ideally leadership of the local group should be provided by the CCG.

CCG Asthma lead:

To create, chair and maintain a local governance structure of clinical asthma leads from:

Secondary Care units and Acute care providers, Primary care, School nurses, CYP and Parents

* To request local asthma metrics from PHE and CCG activity.
* To work with leads to produce a yearly report on asthma services to report to CCG & HLP
* To work with care providers leads to plan, audit, and commission (paediatric) asthma services and educational requirements within CCG in line with London Asthma Standards.

Tertiary & Secondary Care Lead / Acute Care providers

Clinician and Nurse roles

* To interrogate unit activity, acute, admission and discharge data, using London Standards, Care Bundle and BPRS asthma audit templates
* To produce a yearly unit activity and report based on the above and present to Asthma network
* To produce and support in house training / update program for professionals
* To produce and support external training for primary care and other providers.
* To work with local CCG and tertiary centre on referral and discharge pathways
* To review local asthma patients with respect to NRAD and BTS / Sign guidance to discharge to local primary care, maintain review within secondary care or refer for expert opinion on a yearly basis.
* In addition - Tertiary care leads should input data into the national Severe paediatric asthma registry.