



#AskAboutAsthma Campaign

# Calling all pharmacists! Tell us the #OneThingLDN… that would improve asthma in children and young people in London.

Please note this is not a formal health promotion campaign under the Community Pharmacy Contractual Framework, you do not have to complete any audits or send in any returns.

The [#AskAboutAsthma](https://www.healthylondon.org/our-work/children-young-people/asthma/askaboutasthma/) campaign encourages CYP and their families to ask for three simple and effective interventions to help them control their asthma:

1. A [**written asthma action plan**](https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit/hospital-care/action-plans) drawn up between a clinician and asthma sufferer means people are four times less likely to have to go to hospital for their asthma. Only 28-48% of CYP with asthma in London have an asthma plan
2. [**Using inhalers effectively**](https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit/pharmacy/inhalers): less than ¾ of CYP have any form of instruction in how to use their inhalers – meaning they may not be getting the full benefit of their asthma medication
3. An [**annual asthma review**](https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit/primary-and-community-care/review)to ensure effective management of the condition

The 2019 [#AskAboutAsthma](https://www.healthylondon.org/our-work/children-young-people/asthma/askaboutasthma/) campaign runs from **16th to 22nd September** to raise awareness of these measures that should be taken to manage all children and young people (CYP) with asthma. It aims to ensure that existing [asthma standards](https://www.healthylondon.org/resource/london-asthma-standards-children-young-people/) and [ambitions](https://www.healthylondon.org/resource/londons-ambitions-asthma-care-children-young-people/) are met across London and that no more children die from preventable asthma attacks.

This year [#AskAboutAsthma](https://www.healthylondon.org/our-work/children-young-people/asthma/askaboutasthma/) is focusing on *#OneThingLDN* that people have done, will do or would like to see happen to improve asthma care or [air quality](https://www.healthylondon.org/resource/toolkit-nhs-trusts-supporting-nhs-reduce-impact-air-pollution/) for CYP in London. We welcome pharmacists and pharmacies sending in contributions to help spread the message. It would be great to include members of the public so please ask your young patients or families what is the *#OneThingLDN* they would like to happen (instructions at the end of this document). Tweet us @healthyLDN or email hlp.cyp-programme@nhs.net.

The [HLP communication toolkit](https://www.healthylondon.org/resource/askaboutasthma-communications-toolkit/) includes resources to help you, including posters for your pharmacy which can be printed as well as a short video for pharmacists.

The campaign identifies questions that healthcare professionals should ask of those CYP with asthma to help optimise care. Questions for pharmacists are below.

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| [**#AskAboutAsthma**](https://www.healthylondon.org/our-work/children-young-people/asthma/askaboutasthma/) |
| **Pharmacists should:** |
| * **ASK** if CYP or parents/carers understand how to use their medications and offer Medicines Use Reviews or the new medicine service if appropriate\*
* **ASK** about inhaler technique checks or training to all CYP when they collect inhalers
* **ASK** if they have an asthma action plan and, if not, suggest they see their GP
* **ASK** about and offer flu vaccination to CYP and their families
* **ASK** about smoking and refer/ offer stop smoking services to CYP or parents/carers
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\* Reviews with parents for younger children: PSNC guidance states the patient must be competent to give consent to receive the service and to share information as required by the consent arrangements in order to be eligible to receive the service. There is no minimum age, but pharmacists will know that the younger the child, the greater the likelihood is that they would not be competent.

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**#AskAboutAsthma**

**@HealthyLDN**

#OneThingLDN…

1. Please print out the [#OneThing](https://www.healthylondon.org/our-work/children-young-people/asthma/onething/)LDN page
2. Then either i) record a video saying #OneThingLDN that you have done, will do or would like to see happen to improve asthma care or air quality for children and young people in London OR ii) add some text to the #OneThingLDN speech bubble and take a photo.
3. Tweet us @HealthyLDN using #OneThingLDN and [#AskAboutAsthma](https://www.healthylondon.org/our-work/children-young-people/asthma/askaboutasthma/) OR attach the video or photo to an email to hlp.cyp-programme@nhs.net. You can also WhatsApp any videos or photos to the CYP team via 07795 800512 or 07795 665488.
4. Please let us know who you are so we can include that on our website when we upload your video/photo. If it is a child they may not want to include their name.
5. Any questions please contact the team via hlp.cyp-programme@nhs.net.

**Thank you for supporting London’s #AskAboutAsthma campaign!**

How to record your #OneThingLDN pledge

# Background

Asthma is the most common long-term medical condition affecting children and young people (CYP). 1 in 10 CYP are affected by the condition, meaning 240,000 CYP have asthma in London. Many have badly managed asthma – to the extent that 4,000 are admitted to hospital with asthma every year and 170 have such a severe episode that they require admission to intensive care.

At the worst end of the spectrum, children die of this disease in the capital every year. Poorly controlled asthma affects every aspect of children’s lives – their ability to learn, enjoy time outside school with friends or take part in sport. It affects their time with their families and how they sleep.

There are [tools and guidance](https://www.healthylondon.org/resource/london-asthma-toolkit/) that exist to help healthcare professionals and others treat and manage asthma and support patients to self-care. We do not have to wait for new medicines or a cure for asthma: we need to educate and support our workforce to use these tools to achieve improved outcomes. However, making a significant change requires agreement and coordinated effort.

We are asking professionals to ensure they implement simple measures to improve care and management of CYP with asthma. We have also asked NHS organisations to commit to reducing their contribution to air pollution, recognising the role played by air quality in triggering attacks. Our [toolkit on air pollution reduction](https://www.healthylondon.org/latest/publications/asthma-air-pollution-toolkit) for NHS trusts describes simple and free changes NHS organisations can make.

**Key facts (see** [**asthma case for change**](https://www.healthylondon.org/resource/london-asthma-toolkit/primary-community-care/evidence-and-resources/) **for more details)**

* In 2018 London Ambulance Services (LAS) attended 2,737 children for asthma and 9,855 children for breathlessness
* London has a higher rate of illness and death in children and young people because of asthma compared to other European countries
* It is one of the top three causes of emergency admission to hospital (4,000 in London each year). 75% of these admissions are avoidable by implementation of simple interventions
* Nearly half of these children have had an asthma attack in the previous year and 30% have had daytime symptoms in the previous week – however only a fraction of these have a personalised asthma plan on how their asthma should be managed
* 170 children were admitted to intensive care in 2016/17, with an average length of stay of 3 days. The represents a spend of over £1million on intensive care for this population
* Nitrogen dioxide, particulate matter and other forms or air pollution are known triggers for asthma and poor health more widely, particularly in children.
* Children die of asthma in London each year; 90% of these deaths are preventable. These children should have gone on to lead full and productive lives.

# London asthma standards for pharmacy

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Healthy London Partnership has developed a set of [ambitions](https://www.healthylondon.org/resource/londons-ambitions-asthma-care-children-young-people/) for how asthma care should be delivered across the city. [The London asthma standards for children and young people](https://www.healthylondon.org/latest/publications/asthma-standards) bring together these ambitions for London with national and local standards.

The [London asthma toolkit](https://www.healthylondon.org/resource/london-asthma-toolkit/) contains numerous resources to support [pharmacies](https://www.healthylondon.org/resource/london-asthma-toolkit/pharmacy/) in implementing the standards.

The [London asthma standards](https://www.healthylondon.org/resource/london-asthma-standards-children-young-people/) relevant to pharmacies are listed below.

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| **No** | **Standard**  |
| 1 | All organisations/services must have a named lead responsible and accountable for asthma (which includes children and young people. |
| 36 | There are systems in place to minimise prescription and drug administration errors. This includes:* Utilising current systems to monitor adherence to national and local prescribing guidelines.
* Development or identifying appropriate education and training resources to support adherence to prescribing guidelines.
* Utilising current systems to monitor near misses and medication errors in primary and secondary care settings.
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| 37 | There are systems in place to:* Identify, monitor, and manage through an alert system to clinicians the numbers of prescriptions for prednisolone, inhaled steroids, 10 or more preventer inhalers in a year, children with asthma and flu jab uptake.
* Identify and manage CYP prescribed inhalers at doses higher than recommended in product licence.
* Use MURs and new medicine reviews to promote medicines optimisation including inhaler technique assessment for CYP.

Note: Reviews with parents for younger children: PSNC guidance states the patient must be competent to give consent to receive the service and to share information as required by the consent arrangements in order to be eligible to receive the service. There is no minimum age, but pharmacists will know that the younger the child, the greater the likelihood is that they would not be competent.„ * Use CCG medicines management teams to develop local prescribing guidelines to support evidenced based care for CYP.
* Support coordination between CCG medicine management pharmacists, secondary care pharmacists and community pharmacists to monitor adherence to national and local prescribing guidelines.
* Use community pharmacists to monitor and promote medicines optimisations initiatives through the application of clinical audits and health promotion campaigns within the community pharmacy contractual framework.
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