



#AskAboutAsthma Campaign

# Calling all primary and community care! Tell us the [#OneThing](https://www.healthylondon.org/our-work/children-young-people/asthma/onething/)LDN… that would improve asthma in children and young people in London

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 [*#OneThing*](https://www.healthylondon.org/our-work/children-young-people/asthma/onething/)*LDN* 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 primary and community care staff and your patients and their families sending in contributions to help spread the message. Please ask what is the [*#OneThing*](https://www.healthylondon.org/our-work/children-young-people/asthma/onething/)*LDN* they would like to 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. (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 GP surgery which can be printed as well as a short video for GPs, nurses and primary care staff.

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

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| [**#AskAboutAsthma**](https://www.healthylondon.org/our-work/children-young-people/asthma/askaboutasthma/) |
| **Primary and community care should ensure their staff:** |
| **GPs and nurses:****ASK** your patients to attend for an asthma review**ASK** if the child has been in hospital or UEC care recently? (Reviews should be carried out after every admission or attendance at ED/UEC)**ASK** if they understand how to use their medications**ASK** about their inhaler technique, check or train them when they come for their review**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 |

**Partners in primary care should ASK of the system**

**ASK** who the practice asthma lead is

**ASK** if they are able to identify all children with likely asthma, using a prevalence finder or search and call for review annually

**ASK** if it would be better to use a networked care model

**ASK** if their staff are adequately trained and up to date

**ASK** to engage with local network (include local schools or community support workers where available)

**ASK** if all your staff know how to recognise asthma and its management

**ASK** if all your staff use a standardised review template

**ASK** if there is a system in place to ensure 48-hour review post discharge is done

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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 primary and community care

 

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 [primary and community care staff](https://www.healthylondon.org/resource/london-asthma-toolkit/primary-community-care/) in implementing the standards. The primary care guide is available [here.](https://www.healthylondon.org/resource/london-asthma-toolkit/primary-community-care)

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

All organisations/services\* must have a named **lead responsible and accountable for asthma** (which includes children and young people (CYP)). They must also all meet the organisational standards (No 1-7) and patient family and support information provision and experience (No 9-13). Please also the see the workforce education and training standards that are applicable to the provider settings (No 38-42)

In addition, any new models of care should establish formal partnerships between providers of CYP services and a commitment to work within a multiprofessional network of care across the pathway that focusses on children with asthma and links providers, commissioners, public health and local authorities with CYP and their families. Any new networks should develop shared pathways, protocols and consider workforce planning.

Please see the *Do you meet the standards* section on the [London Asthma toolkit](https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit).

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| **No** | **Standard**  |
| 14  | NICE Statement 1: People with newly **diagnosed asthma are diagnosed in accordance with BTS/SIGN13 and NICE34 guidance**. |
| 15 | People with asthma who present with respiratory symptoms receive an **assessment of their asthma control**. |
| 16 | People who received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma or wheezy episode are **followed up by their own GP practice within two working days or less** of treatment.If required secondary care follow up is provided within **one month** for every child admitted with asthma and for patients who have attended the emergency department two or more times in the past 12 months. |
| 26 | There are agreed **effective, integrated pathways to ensure the smooth transition between healthcare settings** (i.e. primary care to secondary or tertiary care). These include shared care, referral and discharge protocols between community and specialist and access to prompt specialist advice and help. |
| 27 | People with asthma receive a written **personalised action plan.** (This should be age appropriate.) |
| 28 | People with asthma receive a **structured review**\* at least annually (preferably every three months, depending on severity and clinical need). This must include understanding of their condition and treatment, assessment of adherence, inhaler technique and children’s ACT for those aged over four years. |
| 30 | There is a system to **communicate the name of the responsible** lead / link person caring for child to patients and families. |

