

#AskAboutAsthma Partner Toolkit



#AskAboutAsthma Campaign

Partner Toolkit

#AskAboutAsthma is back for 2021! As always, the campaign is about making simple changes to children and young people's care that will make a big difference to how they experience their asthma.

The 2021 campaign theme is **#AskAbout Asthma**
#AAsharethemessage

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.

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Introduction

Asthma is the most common long-term medical condition affecting children and young people (CYP). 1 in 11 CYP are affected by the condition, around 3 in every classroom – meaning approximately 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. 90% of these deaths have avoidable factors. 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](#) 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.

The #AskAboutAsthma campaign asks professionals to ensure they implement simple measures to improve care and management of CYP with asthma. The campaign supports the aims of the National Bundle of Care for CYP Asthma, to be published in Spring 2022. 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](#) for NHS trusts describes simple and free changes NHS organisations can make.

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Our Aims

The [#AskAboutAsthma](#) campaign encourages children and young people and their families, and those involved in their care, to ensure three simple and effective measures are in place to help them control their asthma:

1. [A written asthma action plan](#) drawn up between a clinician and asthma sufferer means people are four times less likely to have to go to hospital for their asthma. A recent audit showed that a personalised asthma action plan was only recorded in 45.5% of cases.
2. [Using inhalers effectively](#) less than ¼ 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 asthma review](#) every year and after every attack to ensure effective management of the condition

We also look at air quality and the impact it has on lung health.

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Key Facts

(see [asthma case for change](#) 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 would be avoidable through the 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 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. This represents a spend of over £1million on intensive care for this population
- Nitrogen dioxide, particulate matter and other forms of 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
- While Covid-19 is not thought to be a particular risk for CYP with asthma, it makes good asthma control and avoidance of unnecessary ED attendances more important than ever

#AskAboutAsthma for Pharmacy

The campaign identifies questions that staff should ask of their organisations to help optimise asthma care for children and young people.

Pharmacists should:

ASK if CYP or parents/carers understand how to use their medications and offer 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

* Reviews with parents for younger children. Pharmaceutical Services Negotiating Committee 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 that they will not be competent.

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How can you help

The 2021 [#AskAboutAsthma](#) campaign runs from 20 – 26 September to raise awareness of the measures that should be taken to manage all children and young people (CYP) with asthma. It aims to ensure that existing [asthma standards](#) and [ambitions](#) are met across London and that no more children die from preventable asthma attacks.

A week of events is planned, with daily webinars, an online conference, podcasts, blogs and other content from people working with children and young people with asthma from all over the country. Information about the events will be uploaded [here](#) throughout the week so do check the page for more details, and join in with as much as you can.

Please publicise the campaign locally. You may wish to highlight local examples of good practice or innovations as part of it.

This year's theme is #AAAsharethemessage. The idea is for people to choose one thing they will do to share the message about the aims of the #AskAboutAsthma campaign. Tweet us at @HealthyLDN to let us know, using #AAAsharethemessage and #AskAboutAsthma.

Resources

Our [communication toolkit](#) includes resources to help you, including posters for the pharmacy which can be printed as well as a short video for pharmacists.

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Social media resources

Social media is a great way to spread the word and support our campaign. On the following pages you will find suggested copy for posts that you can use on your social media channels.

Please do not forget to:

Use **#AskAboutAsthma** when communicating messages in your social media channels, especially on Twitter. We will retweet and like any messages you use.

Follow us and share and retweet:

Twitter [@HealthyLDN](https://twitter.com/HealthyLDN)

Facebook [@HealthyLDN](https://www.facebook.com/HealthyLDN)

Instagram [healthy_ldn](https://www.instagram.com/healthy_ldn)

LinkedIn [healthy-london-partnership](https://www.linkedin.com/company/healthy-london-partnership)

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Suggested generic social media messages

1. This week, we are supporting an NHS campaign #AskAboutAsthma to help improve the lives of children and young people living with asthma. #AskAboutAsthma
2. The NHS are calling on parents to keep asthma medicine close at hand this week, with children up to three times more likely to need medical help as the school year starts. Avoiding ED is even more important this year with Covid-19 #AskAboutAsthma
3. One in 11 young people has asthma, with spikes in demand for help from GPs and hospitals in the weeks after school holidays. #AskAboutAsthma
4. Three simple steps save lives: an asthma management plan, being able to use an inhaler and having a review annually and after every attack. #AskAboutAsthma
5. #Airpollution is associated with the development and worsening of asthma in children. Children are more at risk from the effects of pollution because they have faster breathing rates and their lungs are still developing. #AskAboutAsthma
6. If a child has a personalised asthma action plan, they are four times less likely to have an asthma attack that requires emergency hospital treatment. Ask your GP for an asthma plan. #AskAboutAsthma
7. Your asthma action plan will tell you everything you need to know about looking after your asthma in one place. Ask your GP for an asthma plan. #AskAboutAsthma
8. Make sure you have a review annually and after every attack to help manage your asthma. Talk to your GP. #AskAboutAsthma
9. 1 in 11 children and young people in have #asthma but less than half of them have an asthma management plan or know how to use their inhaler correctly. Ask your GP or pharmacist for help using your inhaler. #AskAboutAsthma
10. Ask your pharmacist to show you how to use your inhaler properly; you don't even need an appointment. #AskAboutAsthma

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Suggested generic social media messages

11. Good inhaler technique can make a big difference to how well people manage their asthma. It could also mean that they don't need to be prescribed higher doses of medication. #AskAboutAsthma
12. Living with asthma can take a big toll on mental health, especially in these difficult times. Find out where to get support and advice to stop stress triggering your asthma. #AskAboutAsthma www.asthma.org.uk

London asthma standards for pharmacy

The [London asthma standards](#) describe the level of care to which every organisation caring for children and young people with asthma should aspire.

The [London asthma toolkit](#) contains numerous resources to support you in implementing the standards.

The [London asthma standards](#) that are most relevant for pharmacists are:

2. All organisations/services must have a named lead with asthma expertise who is responsible and accountable for the dissemination and implementation of asthma standards and good asthma practice which includes CYP. These leads should collaborate across their networks.

39. 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, secondary and tertiary care settings.

40. There are systems in place:

- To identify, monitor and manage through an alert system to clinicians' numbers of prescriptions for prednisolone, inhaled steroids, six or more salbutamol inhalers in a year*, child with asthma and flu jab uptake.
- To identify and manage and refer to an asthma clinical specialist CYP prescribed inhaler at doses higher than recommended in product licence.
- To ensure asthma in CYP is included in the medicine's optimisation specification as part of the PCN commissioned contracted directed enhanced services for community pharmacists

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- To promote medicines optimisation including inhaler technique assessment for CYP, appropriately trained individuals (community pharmacists, hospital pharmacist, technicians, asthma nurses, practice pharmacists, nurse, GP) should ensure medication is up to date in accordance with the asthma plan.
- To ensure PCN and STP medicines management teams develop local prescribing guidelines to support evidence-based care for CYP.
- To ensure correct inhaler technique provide patients and families with a link to a good quality video e.g. Asthma UK, HLP, RightBreathe
- To ensure coordination between CCG medicine management pharmacists, secondary care pharmacists and community pharmacists to monitor adherence to national and local prescribing guidelines.
- To develop communication links between PCN, GP practice based, secondary, tertiary and community pharmacists on changes in medication and follow up of new medicines using digital platforms.
- To ensure use of community pharmacists and technicians to monitor and promote medicines optimisation initiatives through the application of clinical audits and health promotion campaigns within the community pharmacy contractual framework or PCN contracted directed enhanced services.
- To ensure hospital pharmacists and technicians check and provide advice on inhaler technique at any opportunity.

Please see the *Do you meet the standards* section on the [London asthma toolkit](#).



London's ambitions for asthma care for children and young people

Each organisation (primary and community care, acute care, pharmacy, schools) will have a clear named lead who will be responsible and accountable for asthma (which includes children and young people) and the delivery of the following:

As a child with asthma:

PROACTIVE CARE



I should have access to a **named set of professionals working in a network**.



I will be **supported to manage my own asthma** so I am able to lead a life free from symptoms.



I will grow up in an **environment** that has **clean air that is smoke free**.



I will have access to an **environment** that is **rich with opportunities to exercise**.

ACCESSIBLE CARE



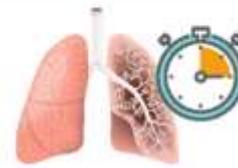
I will have my **diagnosis** and severity of wheeze established quickly.



I will have **prompt access to my inhaler device** and other medicines and asthma care and advice everywhere I go.



I will have access to **immediate medical care, advice and medicines** in an emergency.



I will have access to **high quality, evidence based care** whenever I need it.

CO-ORDINATED CARE



My carer and I will know how to manage my asthma with the help of a written **asthma management plan**.



I will have a **regular structured review**



I will have a **package of care** which meets all my needs including my educational health and well-being.



I will expect all professionals involved in my care will **share clinical information** to **ensure my care is seamless**.



I will move safely into **adult services** when I grow up.