Asthma Toolkit: Primary Care
1. Welcome

Welcome to the primary care asthma toolkit. Asthma is the most common long term condition that affects children and young people.

The publication of the London asthma standards for children and young people in June 2015 means we can target certain aspects of care and strive for a more joined up approach to improve the way asthma is managed for children and young people. This toolkit is designed to assist primary, community and secondary healthcare providers, health commissioners, parents and carers, schools and pharmacies with meeting the standards and to work towards improving the health and care of children with asthma.

This section of the toolkit has been created to help and support primary care and community health providers to improve care for children and young people with asthma. The toolkit contains a range of materials, resources and guidance including:

- A self-evaluation checklist to assess compliance with national asthma standards
- Extensive advice and guidance on developing and sustaining the highest quality of care
- Best practice case studies from specialist and hospital settings
- Tried and tested practical suggestions and top tips for working with parents and children.

If you would like to learn more about the need for improving care you can download the Case for Change.
2. Why do we need to take action?

There is a common misconception that we are managing 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. The UK also has the highest mortality and morbidity in children especially those with long term conditions when compared to our European counterparts. We know that 90% of deaths and 75% of admissions are preventable.

How can we improve?

As demonstrated by the National Quality Improvement programme undertaken in Finland, identification of key leads in asthma appears to be vital in delivering high quality care. Subsequently, Healthy London Partnership Children and Young People’s Asthma Leadership Group focused on seven keys areas in which we can work to improve the care that we provide to children and young people with asthma. In order to achieve this effectively we need a seamless network between all involved in a child’s health, and it requires optimisation of education and training for families, schools, primary care and secondary care.

Helpful resource

The Strategic Clinical Network in Greater Manchester, Lancashire and South Cumbria have developed a very thorough and useful document on Primary Care Standards for managing asthma in children and young people which complements the London asthma standards.

A 10 year asthma programme in Finland: major change for the better

Read the Royal College of Physicians National Review of Asthma Deaths May 2014
3. Providing primary care with the right tools

The majority of children and young people with asthma will be cared for in primary care and may present acutely unwell or for their review of asthma control.

**ESSENTIAL RESOURCES**

- Appropriate review template for children and young people with asthma
- Appropriate 48 hour review template
- Access to age appropriate asthma care plans
- Access to age appropriate information leaflets for parents and children in a variety of languages
- Access to current British Thoracic Society (BTS) Asthma Guidelines
- NICE guidelines on management of asthma in children and young people
- Clear asthma lead professional with responsibilities for children and young people with asthma within the practice. A role specification is available to download
- An up to date auditable register Tools available on PRIMIS
- PrescQIPP Asthma focus tools
- Asthma Control Tests (ACT)
- Access to documents about recognition of an acute exacerbation and how to manage it

**ESSENTIAL EQUIPMENT**

- Peak expiratory flow (PEFR) meter with appropriate mouth pieces
- Demonstration spacers (Aerochamber and Volumatic)
- Placebos of MDI, accuhaler and easibreathe to check inhaler technique
- Oxygen saturation monitor
- Emergency spacer and salbutamol for use in acute presentation.
- Access to care pathways
4. Conducting asthma reviews

DOING ASTHMA REVIEWS; WHEN, HOW AND WHY?

As demonstrated in the National Review of Asthma Deaths (NRAD) children and young people in the mild to moderate category of asthma severity are at highest risk as they deteriorate and often present to the emergency department (ED) without notification of this deterioration to clinical practice. The NRAD and the recent London asthma standards for children and young people concentrate on the need for regular, thorough asthma reviews after an exacerbation of the child’s asthma (ED or ward discharge).

WHEN?

The Pan London standards and NICE quality standards state that every child with an exacerbation that has presented to A&E or been admitted should have a review in their GP practice within two working days.

All children with asthma should have at least one review of their asthma symptoms and management per year. This should be more frequent and follow any changes in their management or clinical status.

The review in a child with symptoms of allergic rhinitis should ideally be done when their allergies may be at their peak, i.e. if tree allergies or pollen aim to do early spring or early autumn.

Be aware that there is often a peak in admissions and presentations to A&E in children with asthma in late September, which coincides with return to school and exposure to viral illnesses.

You will find a template for an EMIS proforma and SystmOne for review of asthma and also a template for what should be asked in a 48 hour review in our online toolkit. Parents should be empowered to seek a 48-hour review which is needed to ensure that a child is getting better.

Each exacerbation or short course of oral steroids is a red flag and a marker that the child’s asthma may not be controlled.

HOW?

Doing a thorough asthma review takes at least 20 minutes and should be a combination of clinical assessment and patient education. The child’s asthma plan should be checked and inhaler technique should be reviewed. The annual review template provided in our online toolkit outlines the questions to ask.

WHY?

NICE quality standards and the Pan London standards state that children and young people with asthma should have at least annual reviews. This should be more frequent depending on severity and clinical need. This is based on the finding of the National Review of Asthma Deaths and is a London Standard. Asthma unlike many other long-term conditions will change and patients will need review of their treatment to step up or step down treatment. This is pertinent for corticosteroids as long term high dose inhaled steroids can have systemic effects. The review is also an opportunity to assess inhaler technique and understanding of the different inhalers that the patient maybe on.

For more details about corticosteroids use download the Whittington synacthen guideline.
WHO SHOULD BE DOING THE REVIEWS?

An asthma review can be done by anyone within primary care who feels competent to do so. This can be the asthma lead, other general practitioner, primary care or community nurse, advanced nurse practitioner or general practice specialist trainee.

THE 48-HOUR REVIEW POST DISCHARGE FROM WARD OR ACCIDENT AND EMERGENCY

The NICE quality standard 11 (2013) and the London Asthma Standard (2015) require any child who has received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma should receive a follow up within two working days of discharge.

Referral to secondary care if:
- Diagnosis unclear on in doubt
- Symptoms present from birth or perinatal lung problems
- Excessive vomiting or possetting
- Persistent wet or productive cough
- Family history of unusual chest disease
- Failure to thrive

Referral to secondary care if:
- Unexpected clinical findings eg focal signs, abnormal voice or cry, dysphagia, inspiratory stridor
- Failure to respond to conventional treatments (particularly inhaled corticosteroids above beclometasone 400 mcg/day (or equivalent) of frequent use of steroid tablets)


REFERRING TO SECONDARY CARE

The BTS guideline 2014 outlines when a child or young person with asthma or suspected asthma should be referred to secondary care. Each GP Practice should have a system in place to ensure that appropriate secondary care follow up is in place for all children and young people following two or more A&E attendances.

The guidance referred to above is based on good practice from different centres in the UK and on publications. It serves to be a guide for providing seamless and high quality care to children and young person with asthma.

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