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| **Healthy London Partnership**  **Examples of good practice in Asthma Care** | |
| **Title of Project** | Children’s Asthma Service, Croydon  Children’s Hospital at Home Team (Croydon NHS Trust) |
| **Organisations involved in project** | Croydon Clinical Commissioning Group  Croydon Health Services NHS Trust |
| **Aims** | To improve outcomes in asthma management by increasing CYP and their carers’ confidence to deal with the patient’s condition and improving self management skills.  Reduce A&E attendances for asthma/wheeze in CYP by 40%  Reduce hospital admission for asthma and wheeze in CYP by 25%  Reduce first outpatient follow ups for CYP by 25% |
| **Rationale** | Emergency admissions for CYP with asthma and wheeze has risen considerably in the last 5 years, forming the second highest reason for emergency admissions in Croydon for 0-18’s. This age group currently forms approx 27% of the population (higher than the national average).  Currently 3,751 children in Croydon with asthma diagnosis (sourced from QOF data) |
| **Development** | Providing one-to-one intervention to support CYP and their families to make the right choices to manage their own asthma by giving information about their condition and providing clinical expertise. |
| **What did we do?** | Development of a service to focus on the prevention of ill health through education, effective self-care, and accessible and responsive services.  100% of patients visited have inhaler technique check and personalised asthma action plan. |
| **Challenges**  **Top Tips** | Development of policies, procedures and SOP’s  Identifying / challenging poor practice and disseminating best practice in the management of CYP with asthma (6 training sessions to HCP’s per year part of our service specification).  Meeting patient needs with one-off intervention only  Establishment of referral pathway with secondary and primary care  Out of area patients (those not registered with Croydon GP)  Due to population cohort facilitating written resources in different languages (face-to-face interpreters used at home visits)  No paediatrician lead for asthma  Conflicting KPI’s from our service and A and E meaning that by the asthma service reducing attendance of asthmatics at A and E, A and E loses money.  Use of social media when working with CYP (innovative approach)  Development of school workshops to meet the volume of patients  Flexible working to meet patient need (weekend working)  Text messaging service to deliver important health messages |
| **Outcomes** | Improved patient concordance with treatment  Improved asthma control for patients  Improved asthma related quality of life  Reduced unplanned hospitalisation rate due to asthma/wheeze  Reduced re-admission rates following discharge from hospital due to asthma/wheeze  Improved school attendance for children and young people with asthma  Patient and carer satisfaction (FFT) |
| **Benefits** | *What does this part mean?* |
| **Sustainability** | ? |
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