Children's GP Delivery Scheme 2015/16

1. ASTHMA.

Background: Lambeth compares unfavourably with national statistics for childhood asthma deaths and hospital admissions as well as A/E attendances. The national situation is considered by the National Review of Asthma Deaths (Royal College of Physicians May 2014) to be in urgent need of attention to prevent what are seen as preventable mortality and morbidity. (Also see Lambeth Ambition 3, reducing avoidable hospital admissions, page 17 Lambeth CCG operational plan 2014/15-2015/16 Summary.)

Asthma is a heterogeneous problem in childhood with some different patterns of disease and a wide variation in severity. The number of children with a diagnosis of asthma in Lambeth is approximately 6% in the 0-16 age group whilst estimates from other population studies indicate the true incidence of asthma in this population is around 12%.

Currently Primary Care receives payment through QOF for diagnosis of asthma using records of variable peak flow in children aged 8 and over but it is not clear how well this is applied. There are no stipulations for quality of diagnosis in children aged below 8 in which there is the most potential for diagnostic confusion. There is payment for an annual review. The only specific stipulation for payment is an assessment of disease severity by the validated '3 RCP questions' which estimate current symptoms.

The work described in this specification is therefore a combination of new work for under 8yr olds, falling outside the current QOF and, for those aged 8yrs and older, a stretched and enhanced QOF embedding a more stringent approach to diagnosis and asthma management.

This specification sets out the programme of work to begin to address the above deficit in the diagnosis and management of childhood asthma. It is acknowledged that even more can and should be done to improve the quality around asthma care for children, this initial work will provide helpful baseline information which will inform a further developed Children's GP Delivery Scheme in 2016/17

It is important to note that the 'search' element of the asthma programme will only be available in this phase 2 scheme. It is therefore important that Practices engage and carry out this important work.

The objectives of the asthma programme are to:

a) Improve quality of diagnosis of asthma. Both over diagnosis and underdiagnosis.
b) Improve quality of care with a 'gold standard' annual review
c) Increase understanding of local patterns of disease including what the barriers are to better care, identifying any health inequalities that exist and collecting information that may help to address these.

The key actions each Practice will be expected to carry out are as follows:

Element 1. Improve diagnosis:

a) Each practice to perform an audit of records to find children who may have asthma but not be diagnosed appropriately. This is to be achieved by searching for children who do not have a diagnosis of asthma and have been prescribed a

short acting beta agonist inhaler or an anticholinergic inhaler in the last 12 months. Also children with diagnosis of wheeze, several presentations with cough or respiratory tract infection.

b) The notes of these children (estimated from pilot work to be around 8% of the 0-16 population) are to be reviewed and divided into 3 groups, 'asthma very unlikely', 'asthma likely' and 'asthma possible'.
c) A number of the children identified as 'asthma possible' or 'asthma likely' will be called in for a full review to assess diagnosis. Effort should be directed to those who seem most likely to have asthma from records. See appendix 1 for specification for diagnosis. See later for the numbers involved.

Element 2. Improve management through extended asthma review:

a) Each practice to perform a search to identify children prescribed **4** or more 'reliever' inhalers in the last 12 months. This is agreed as a marker of children with suboptimal control of asthma.
b) Call in a proportion of these children for a full review. See appendix 2 for specification for this review. See later for numbers involved.

2. **CHILDHOOD OBESITY.**

Background: Childhood obesity is a serious problem in Lambeth identified as being a priority as it is a growing problem with a high disease burden. There have been a number of initiatives to promote education in primary care and to provide referral options for children identified to be overweight or obese in recent years. It is very difficult to judge the impact of these given the very complex multifactorial and ill understood determinants of the problem. In the last quarter of this year a report is to be published nationally reviewing this problem and some guidance is expected.

The current programmes for obesity management in Lambeth (Ready Steady Go!) have spare capacity. This covers children in the age range 4-12. Children are currently screened for obesity at primary school entry and exit. Information is provided to parents and elsewhere but not to primary care.

A proposal is made to provide training to primary care clinicians to raise awareness of this as a problem that merits attention from primary care and methods to identify obesity; this is strongly supported by public health

Consideration has been given to the merits of opportunistic screening. The argument in favour of this is that incentivizing primary care clinicians to perform screening at the same time as providing education is likely to increase activity. As well as providing a service to a number of Lambeth children and families who would not otherwise receive this, this activity would help clinicians to develop more awareness and skill in identifying overweight and obesity. However due to the time available to deliver the scheme, the screening element will be explored for development in 16/17.

Obesity Element 1. Attendance at a 4 hour education session by clinicians provided by Public Health and dissemination of learning at each Practice

This framework has been approved by the CCG Children and Maternity Programme Board and the Primary Care Improvement Board on Monday 26th October 2015

FINANCIAL ESTIMATES – Total funds available £250,000

Intervention	**Action**	**Spending in Lambeth**	**Payment Trigger**
ASTHMA		**£229,700**	
Element 1 – Improve diagnosis (a): Searches (cases without diagnosis of asthma) (b): Review of Patient notes	Run searches to identify children with possible asthma who do not have a diagnosis. Estimated to be approx. 8% of registered population in 0-18 age range (equates to approx. 5,769 C&YP) Review the notes of these children and divide into 3 groups, 'asthma very unlikely', 'asthma likely' and 'asthma possible' Invite CYP who are 'Likely' or 'Possible' for diagnostic review	**£64,000** for the search and review elements (a & b) The payment to each Practice will be weighted based on their 0-18 list size: £0.89 x the Practice 0-18yr registered list	Payment will be made in Jan 2016 triggered on completion of the reporting sheets showing numbers identified for each search and then numbers identified via the review of patient notes to be invited in for diagnostic review **All searches and review of notes to be completed by end December 2015**
(c): Medical diagnostic review	Carry out clinical diagnostic review of C&YP identified as 'Asthma possible' or 'Asthma likely' from above cohort, following specification in Appendix 1.	**£115,350** (£50 per review. Above funding assumes 60% of likely or possible cohort being reviewed) Each Practice will be given a **maximum** number of reviews they will be paid for. The number will be established based on the practice 0-18 list size as % of Lambeth 0-18 list and then 60% completion rate.	Payment will be made in April/May 2016, triggered on completion of diagnostic review pro-forma. Practices will be paid £50 per completed review up to their maximum target
Element 2 – Improve Asthma Management (a): Searches (cases with	Run searches for children receiving 4 or more reliever inhalers in	**£15,000** Each Practice will receive a set	Payments will be made in Jan 2016 and triggered on

diagnosis of asthma) (b): Medical annual Asthma Review	last 12 months and invite them in for extended asthma review Carry out extended asthma review for the above cohort following specification in Appendix 2.	payment of £306 for running the search £50 per review: 707 x£50 = **£35,350** Estimate that 14% of C&YP diagnosed with asthma fall into this category, which equates to approx. 707 C&YP Each Practice will be given a **maximum** number of reviews they will be paid for. The number will be established based on the practice 0-18 list size as % of Lambeth 0-18 list	completion of the reporting sheets showing numbers identified for each search **All searches to be completed by end December 2015** Payment will be made in April/May 2016 and made to Practices based on completion of annual review pro-forma.
OBESITY			
Education	Public health to run 3-4 hour education sessions for 90 clinicians (GP/Practice nurse) across Lambeth.	**£20,400** 2 clinicians per Practice: £250 for first clinician and £200 for 2nd clinician	Payment triggered by attendance at training **AND** evidence of presenting learning at a practice meeting including their learning points. See Appendix 4

Appendix 1:

- REVIEW ASTHMA DIAGNOSIS.- Call in for review, assess against template supplied by Dr Atul Gupta which can be summarised to cover
    - Baseline demographics and clinical data
    - Symptoms of cough, wheeze, breathlessness
    - Pattern of sx (Episodic viral or multiple trigger0
    - Other atopy
    - Record trigger precise factors
    - Family history
    - Smokers in household
    - Where child is able a test for variable peak flow – home record 2weeks, before /after bronchodilator/'field exercise test'
    - Follow up to assess response to treatment
    - Repeated if child not able to perform PF measurement.
    - Administer questionnaire to adult and child/young person regarding difficulties and impact of disease and barriers to management.

Appendix 2:

Paediatric Asthma Annual Assessment – based on template supplied by Dr Atul Gupta.

- Demographics
- Baseline Clinical Data
    - Height (including centile)
    - Weight (including centile)
    - PEFR
    - Predicted PEFR
- Current Treatment
    - Drugs, preventers/relievers
    - Dose & frequency
    - Inhaler & Spacer Device

Assessment

Inhaler Technique: Good/Needs education
Adherence: Good/Needs re-enforcement
Inhaler at school Yes/NO

Asthma Control

Number of hospital admissions:
Number of A&E attendances
UNSCHEDULED GP attendances:
Number of times extra bronchodilator (reliever)/week:
Number of courses of prednisolone in the last 12 months:
Regular disturbed sleep (e.g. by cough):
Days of school missed in the last 12 months:
Regular interference with usual activities (e.g. exercise):
Asthma Control Test Score
Number of community team contacts

Asthma Triggers

Exercise: Pets in the household: Pollen allergy (hayfever): Food allergies: Viruses: Smokers in household: Cessation discussed:

Current step of BTS guidelines:
New step of BTS guidelines:
Existing Personal Asthma Action Plan Y/N

PAAP discussed, agreed and issued

Appendix 3:
Draft information to practices in addition to scheme described above.

1. Ready formed searches for asthma elements 1 and 2 will be sent out with the specification. These searches have been trialed so as to yield a significant number of records to review without being overwhelming. There will be different coding practice in different practices that will give some practice to practice variation. For practices that have difficulty with numbers that are too small or too large searches can be modified in discussion with clinical network lead.
2. Templates to facilitate the clinical reviews will be provided.
3. Reporting templates will be sent out which will show number of children on practice list, number of children not coded 'asthma' yielded by searches, number of records reviewed, number in each category of 'asthma v unlikely', 'asthma possible' and 'asthma likely', numbers of children reviewed, number with possible or likely asthma found to have asthma.

Appendix 4:
*Obesity awareness training. At the end of the training each clinician is to record 3 learning points that will inform their practice. For payment they are to present learning at a practice clinical meeting including their learning points.

Appendix 5:
Summary comments from LMC. Comments have been incorporated into proposal as at 2nd October 2015.

In view of the stage in the financial year it is important that the scheme is simple and manageable or there is risk of poor take up by practices.
There is doubt about what cases may be found of undiagnosed asthma and the severity (possibly all at mild end of spectrum) of such new cases.

Payment for attendance at a 3 or 4 hour educational session needs to recognise that a clinician will need to miss a clinical session.