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| **Healthy London Partnership**  **Examples of good practice in Asthma Care** | |
| **Title of Project** | *Reshaping the CWHHE Systmone Asthma Template* |
| **Organisations involved in project** | *Hounslow CCG, Central CCG, H&F CCG, West CCG, Ealing CCG* |
| **Aims** | *To facilitate quality asthma care through close at hand IT tools.* |
| **Rationale** | *Across CWHHE all GPs and community care is on a single IT platform sharing patient records. Clinical tools can be made available to all 253 GP practices without them needing to import anything. A basic asthma template has been available since 2011 within this system but had significant deficiencies. HLP has been a useful catalyst in accelerating and focussing our reshaping and development of this tool.* |
| **Development** | A basic data entry template has been enhanced to incorporate better signposting and alignment with HLP asthma ambitions. It includes; being able to merge and print an AsthmaUK action plan; point of care filtered information on relevant facts such as reliever use over the last year; Inhaler technique check list and video links tailored to the specific inhalers a patient is receiving with one click; An asthma health protocol to query the record for important facts that might be missed in a review (such as whether PEFR, height and weight have been appropriately updated in the last year; Wider relevant coding available (such as child not brought to appointment or responsible health professional); Ability to count / incentivise specific quality asthma review activities (such as inhaler technique, printing plan,…) |
| **What did we do?** | *Asked widely in our local area who was doing similar work.*  *Brought these together through meetings and one to one phone calls.*  *Ensured the scope and timing was correctly aligned for all.*  *Iteratively restructured the template.*  *Published this into the live environment.* |
| **Challenges**  **Top Tips** | *Getting buy in from everyone planning similar initiatives and incorporating these into the work.*  *Time and capacity amidst other priorities.*  *Maintaining a coherent structure for these different elements.*  *Ensure buy in and the scope and timing is aligned.across partners*  *Define tightly what is achievable (eg. we plan to engage our community colleagues in sharing our template structure to aid data consistency and familiarity advantages for clinicians (eg. community nurses) who work across settings but kept this out of scope for this initial project)* |
| **Outcomes** | *Very early as template only just released.* |
| **Benefits** | *CCGs medicines management team are planning to use this template to incetivise quality asthma review and care.*  *Hopefully to wean people off a QOF focused barely adequate asthma review.* |
| **Sustainability** | *Once published the template will remain available for use by any clinicians in the CWHHE single system; Future adjustments are simple to make centrally; we are hoping our community colleagues will adopt a similar approach* |
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