

**Strategic Clinical Networks**  
NHS England (London region)  
Southside  
105 Victoria Street  
London SW1E 6QT

## Transforming asthma services in London

### *What can we learn from the Finland Strategy?*

Twenty-eight members of the Children's Asthma group in London came together on 2 December 2014 at Royal Brompton Hospital to hear the extensive experience of Professor Tari Haahtela (Head of Allergy Department, Skin and Allergy Hospital, Helsinki University Hospital, Finland). He is the driving force behind the 10-year Finnish Asthma Strategy which has transformed services and outcomes in Finland (between 1994-2004).

Click [here](#) to view the slides presented by Professor Haahtela.

In his talk he stressed the importance of emphasising the fact that asthma is an inflammatory disease and should be treated as such, as soon as possible. In Finland they had similar issues to those currently faced in London: delayed diagnosis (average times from symptom to diagnosis: five years for adults; and one year and seven months for children), high morbidity and mortality, too many inappropriate medications and too much reliance on bronchodilators.

The Finnish approach was to *hit early and hit hard*, and to set goals and indicators to reduce the morbidity and mortality rate by 50 per cent. In the past, asthma treatment was through a specialist model. The 10-year programme enthused GPs to undertake the task following the training of 36,000 healthcare professionals.

The key was to 'personalise the responsibility to make it work' through identifying asthma champions to act as a contact person for channelling information. They employed a specialist nurse and doctor to train the workforce and identified 250 nominated GPs, 500 nurses and approximately 700 pharmacists. The asthma champions also made links with schools.

Education was a major component, in both training GPs to recognise the differences between mild and severe asthma as well as teaching patients' self-guided treatment. Ensuring patients are active participants and understand the disease process and its management is essential if we are to move the UK from the bottom of the asthma league table in Europe. In Finland they used a small pocket sized checklist for patients and clinicians to use as an aide memoire. He recommended that mild asthmatics should be given inhaled steroids, too, not just a reliever and education must be provided at the onset. This means addressing parents' fears of children using steroids. ('It's better to be short and alive than tall and dead!')

Some aspects of the Finnish programme:

- If patients fail to attend or collect prescriptions the asthma responsible nurse needs to phone, text or email the patient
- Lowest prevalence in a practice doesn't not necessarily mean good care; in fact, it is probably the reverse
- There must be named professionals responsible for asthma, measurable targets must be set, and performance audited against these targets
- Special transition clinics for 15-25 so children don't get lost in the system
- Importance of telling patient how serious asthma is, resolving symptoms and correcting child's lung function as soon as possible
- Engagement with patient organisations was key
- Finnish celebrities who had asthma helped to raise awareness and education of the condition amongst the Finnish population
- Holistic care: depression and asthma are often linked; must treat mental health, too
- Pharmacy – Three key aspects of giving patients responsibility:
  - helping patient understand difference between relievers and preventers
  - teaching inhaler technique for inhalers as well as nasal sprays
  - teaching patients how to use peak flows

The Children's SCN asthma group would like to extend a huge thanks to Prof Haahtela for dedicating his time whilst in town for the British Thoracic Society winter meeting.

**Click [here](#) to view the slides presented by Professor Haahtela.**