

ASTHMA PROJECTS IN BEXLEY

LOCALCARE NETWORKS

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PROJECTS

WITH HELP FROM HLP

1. ASTHMA IN PHARMACIES
2. GROUP CONSULTATIONS

NEW LOCAL PROJECT

- ▶ PATHWAYS AFTER ATTENDANCE AT A AND E AND UCC FOR EXACERBATION IN ASTHMA IN CYP

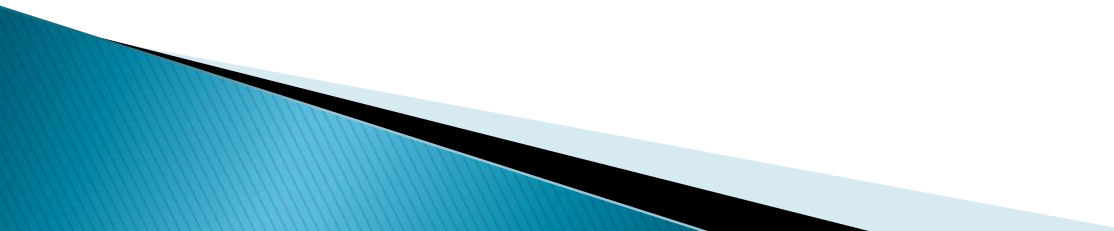
ASTHMA IN PHARMACIES

- ▶ Education
 - OF THE WIDER WORKFORCE
 - OF PATIENTS
 - **CONSISTENT RESOURCES**
 - HLP Asthma toolkit
 - Consistent information
- ▶ Increased
 - Confidence
 - Empowerment(provision of personalised asthma action plans)
 - Self-management
 - Value of MUR
 - Communication between pharmacy and GP
- ▶ Decreased
 - Asthma deaths
 - Emergency attendances at A and E and UCC

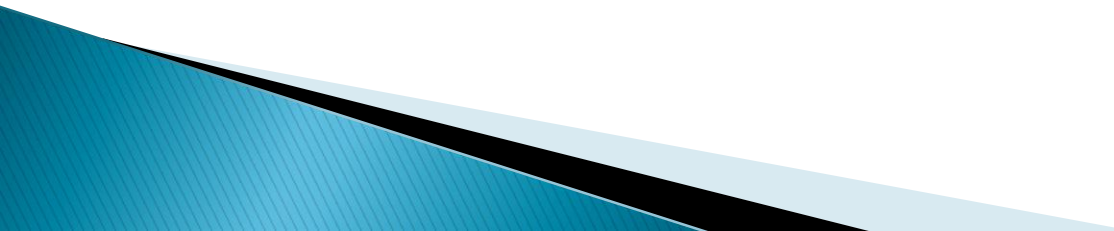
START UP LESSONS LEARNED

- ▶ TIMING OF EDUCATION EVENTS
 - PHARMACISTS ONLY AVAILABLE IN THE EVENING
 - PRACTICENURSES AVAILABLE IN THE DAY
 - DON'T FORGET THE PRACTICE ADMINISTRATION TEAM.
- ▶ IT PLATFORM SONAR (Good and easy for pharmacists, some need hand holding for log in for practice staff)
- ▶ Pathways within practices to respond to the report from pharmacies

INITIAL SELECTION GPs

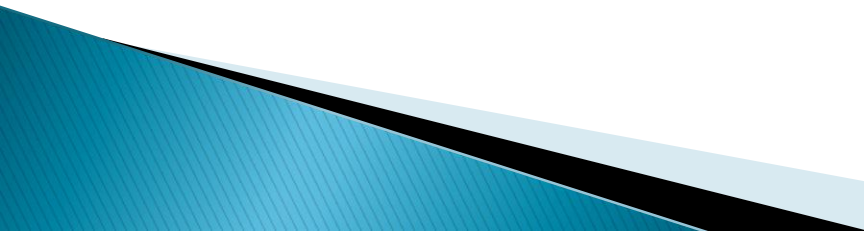
- Large enough to provide sufficient patients
 - Administrative infrastructure to pick up initially infrequent reports and book appointments appropriately.
 - Structure to ensure relevant person sees the report in timely fashion
 - Structure to allow booking of asthma reviews within a week if needed.
 - Good communication within the surgery
 - Local pharmacies who are also early adopters
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Initial selection pharmacies

- ▶ Receive sufficient work from the GP practice involved
 - ▶ Willing to take up initial training
 - ▶ Close proximity to initial practice(s)
 - ▶ May be more attractive to those already doing MURs
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GROUP CONSULTATIONS

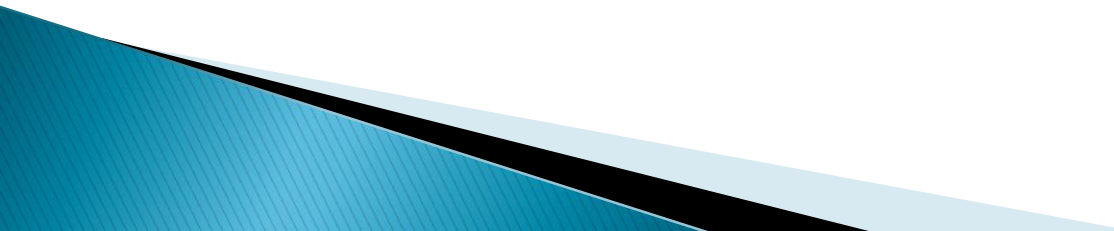
Starts with non clinical facilitator,

- who gathers questions/information
 - Possibly gives patients an ACT test to complete
 - Organises order of consultations
 - ▶ Clinician then has one to one consultation in front of the group and answers questions so can cover larger range of topics.
 - ▶ Group learn from each other as well.
 - ▶ Efficient use of clinician time
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Post exacerbation pathways work

- ▶ Quarterly asthma leads meetings
 - Invitations to
 - Practice asthma leads (mainly nurses)
 - School nurses (0–19 public health nurses in Bexley)
 - Specialist community paediatric nursing team
 - Pharmacists
- ▶ Communication with
 - Local consultant paediatricians
 - Local A and E consultants
 - Local UCC

Findings so far:

- ▶ School nurses, Community specialist paediatric nurses and GPs all get notifications of children attending secondary or urgent care
 - ▶ School nurses only assist head teachers in health plans for pupils if requested and have their own forms for asthma
 - ▶ Practice nurses provide children with asthma plans which may or may not be shown to schools.
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Findings so far contd

- ▶ Triage by any practice or nursing team to pick up asthma attendances is at the discretion of those receiving them and have to be retrieved from all attendances of children

Findings from UCC and A and E

- ▶ One A and E sends paper notifications in batches weekly (no chance of 48 hour follow up)
 - ▶ Electronic notification is rapid
 - ▶ Not all hospitals have a paediatrician with an interest in asthma.
 - ▶ Patients seen in A and E are asked to make an appointment with their GP for review and to get preventer medication if needed. This can lead to significant delay.
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