

Healthy London Partnership



Transforming London's health and care together

A collaborative approach to population-based management of asthma for children and young people in London

Sara Nelson (Programme Lead' Healthy London Partnership, RGN, MSc, QN)

Donal Markey (Pharmacy Advisor, Healthy London Partnership and NHS England, MRPharms, MPH),
RCN/RPS event 4.12.2016



Aims of session

- Background to Healthy London Partnership transformation programme
- Why is a collaborative approach to transforming asthma services needed?
- What we have done so far – asthma standards for London
- Pharmacy programme and asthma campaign
- Audit
- Results
- Next steps & Group exercise

Background: London-wide transformation

In 2014, two publications set out London's transformation priorities



**NHS Five Year
Forward View**



**Better Health for
London**

The NHS *Five Year Forward View* set out a broad strategy for health and care improvement and *Better Health for London* provided detailed recommendations on how to deliver this within the London context.

Healthy London Partnership was formed by 32 London CCGs and NHS England London to respond to the strategy and recommendations for London.

Children and young people

Giving London's children the best start in life



Children and young people living in London generally have poorer health than those in other parts of the country and the care they receive is also not so good. Using services for children can be confusing, services are not joined up and the care quality varies from place to place.

Healthy London Partnership is working with healthcare organisations and children's charities on five priorities for the children and young people:

- 1** Work with public health, commissioners and providers to link up care across geographical boundaries.
- 2** Develop London-wide quality standards for commissioners covering acute care, community care and children and adult mental health services.
- 3** Develop new models of care that join up children's services provided by GPs through to multispecialty community providers and hospitals.
- 4** Ensure those models of care are innovative and take advantage of 21st century technology.
- 5** Support and develop commissioners to ensure clear and effective pathways of care across different healthcare settings

01

Why the need for a collaborative approach in asthma management for children and young people?

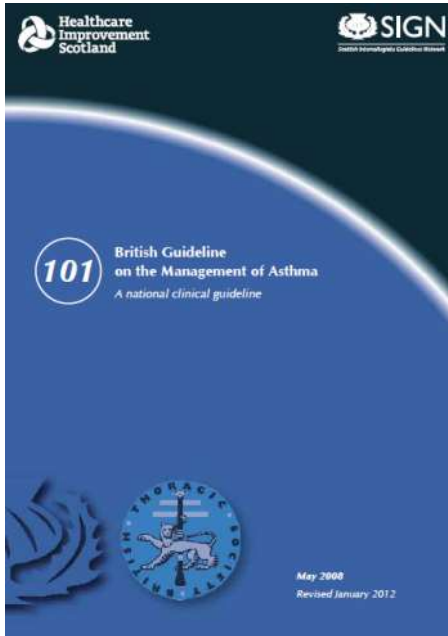
The evidence: facts about asthma in the UK

- Asthma is common: 1 in 11 children have it, on average, there are **two children with asthma in every classroom**.
- There's a **large variation** in care and how people access care across the capital
- The **average cost** of emergency admission is **£951**
- There were 25,073 emergency hospital admissions for children in 2011-2012. **On average that's one every 21 minutes**.
- There were **1,167 deaths from asthma in 2011** (18 of these were children aged 14 and under).
- **90%** of the deaths from asthma are **preventable**.
- **Patients with a personal asthma action plan (PAAP) were 4 times less likely to die** from an asthma attack.
- **77%** of patients **had no record** of having a **PAAP** (*National Review of Asthma Deaths*)
- **75% of hospital admissions for asthma** are avoidable.

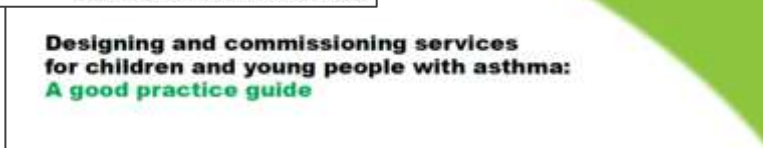


The case for change

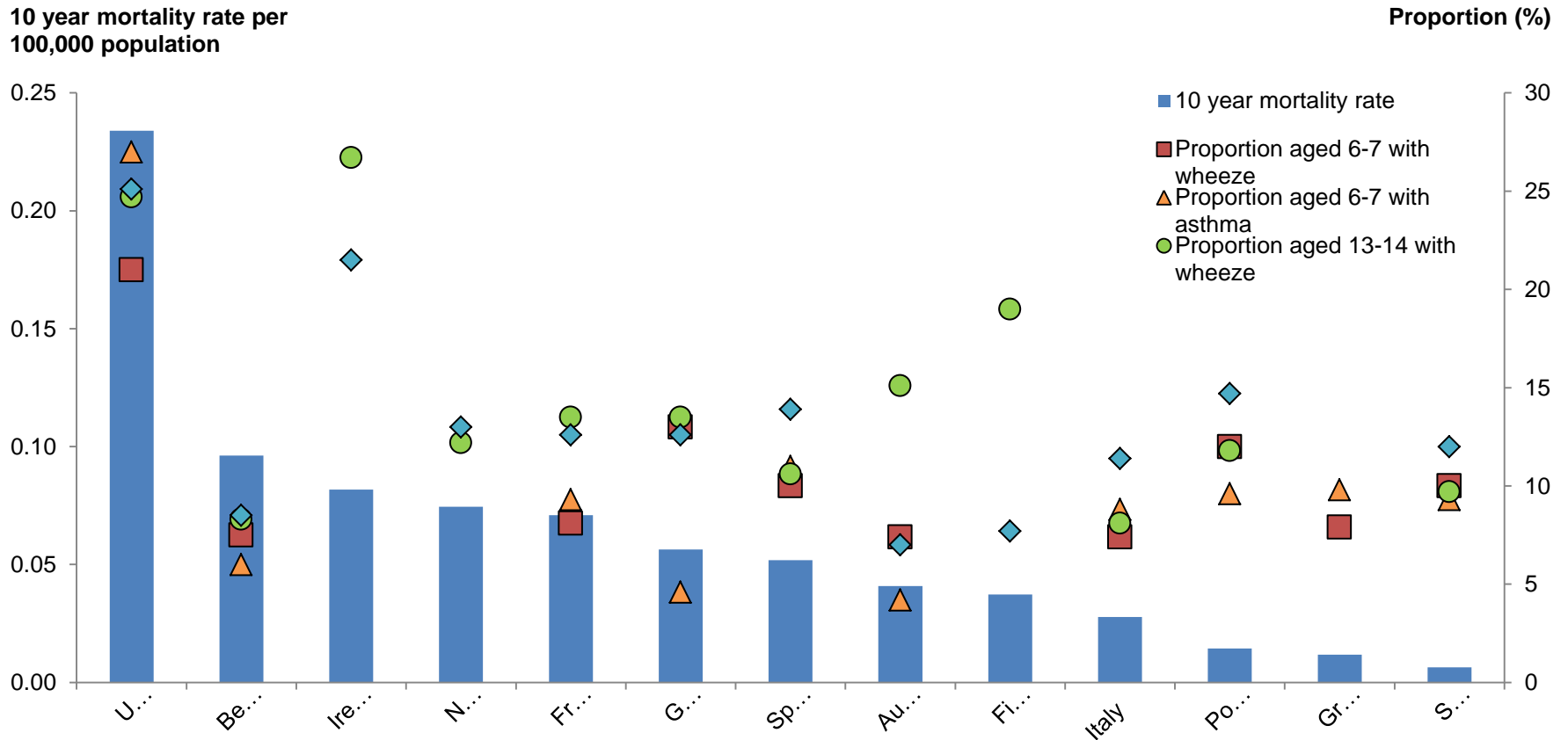
Despite over 16 documents in the last five years, there's still high mortality, emergency admissions and variation in care: we don't need more



ASTHMA
A 10 year asthma programme in Finland: major change for the better
T Hoahela, L E Tuomisto, A Pietinalho, T Klaukka, M Erhola, M Kaila, M M Nieminen, E Kontula, L A Laitinen
Thorax 2006;61:663-670. doi: 10.1136/thx.2005.055699



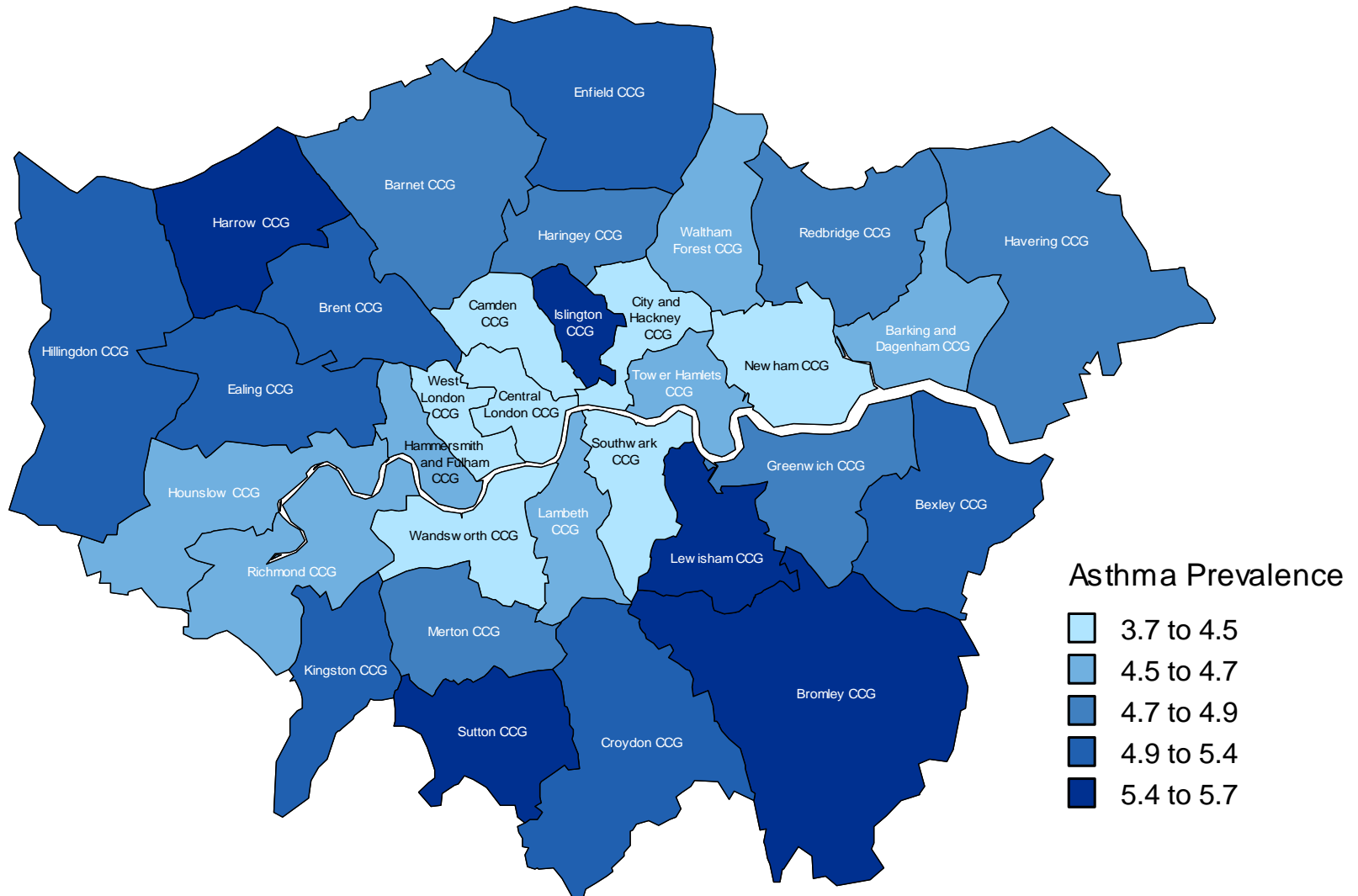
The problem: mortality rates from asthma in the UK are higher than in Western Europe



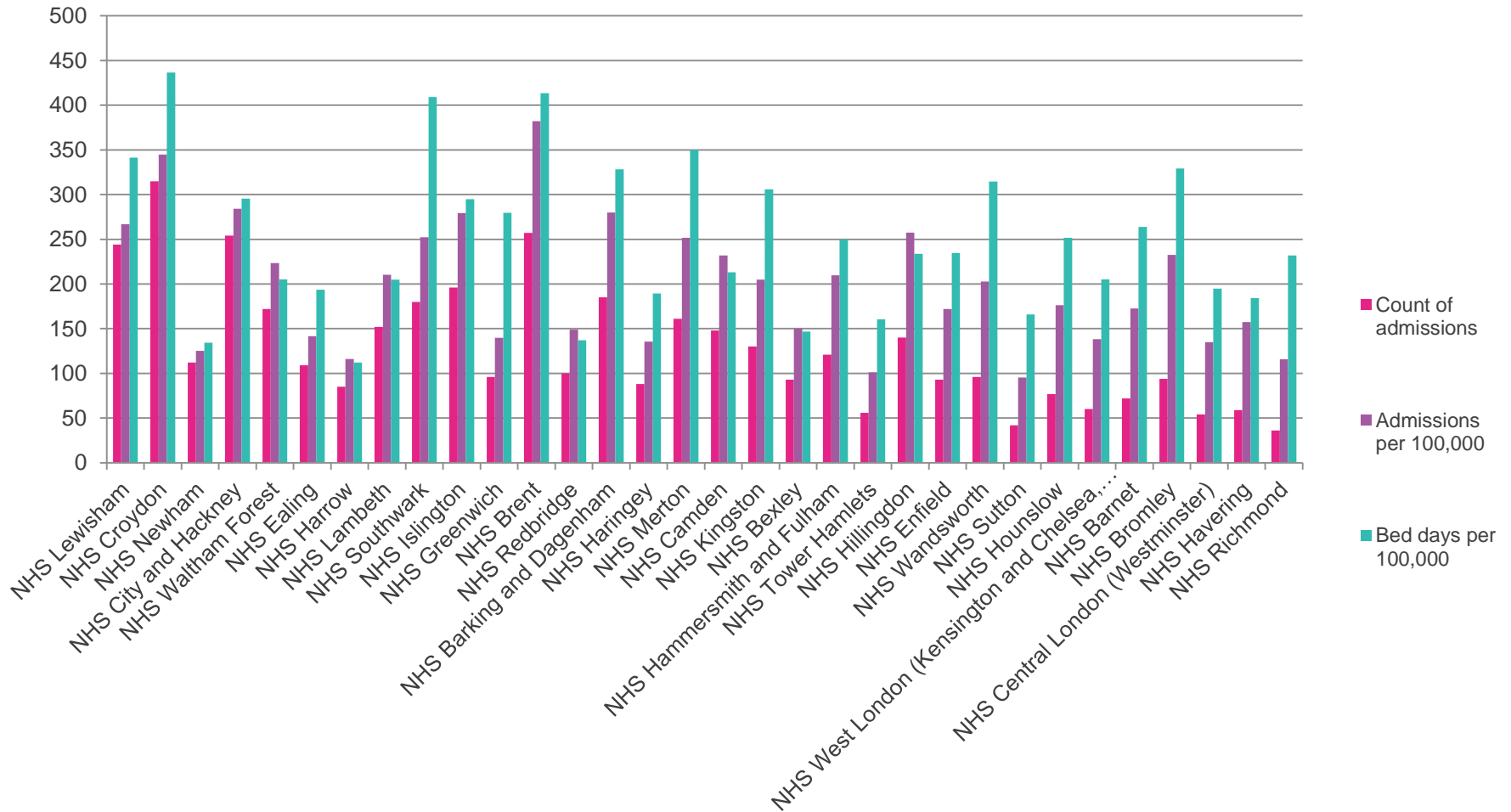
Directly standardised asthma mortality rate in children aged 0-14 years and proportion aged 6-7 and 13-14
 Source: WHO European Mortality Database (2000-10) and the International Study of Asthma and Allergies in Childhood (2000-03)

Asthma prevalence in London

Recorded prevalence of asthma in London (all ages) 2011/12 (Quality and Outcomes Framework)



London emergency admissions for asthma



Source: Hospital Episode Statistics (HES) Copyright © 2013, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

Data are for 2012/13, and relate to emergency admissions for asthma ; ICD10: J45 or J46

London asthma standards

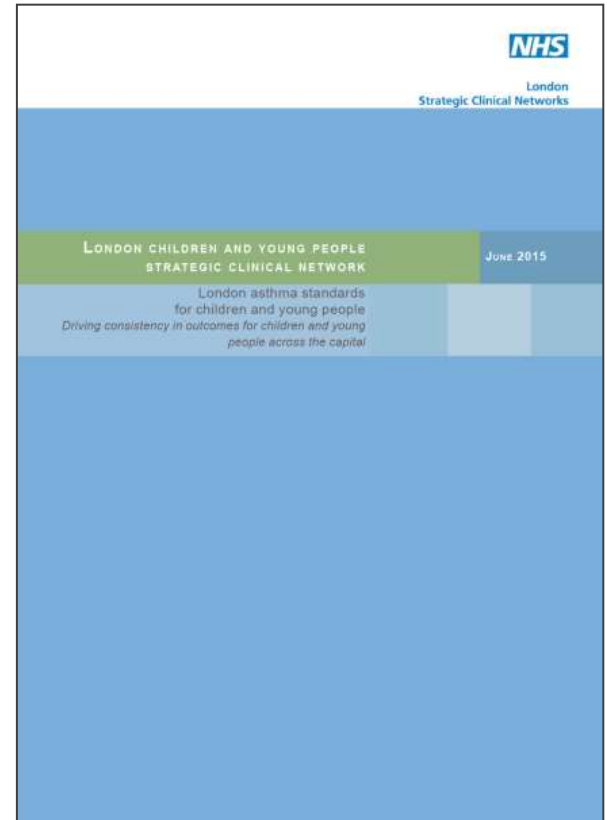
For children and young people (CYP)

- Developed through the children and young people's asthma leadership group
- Prepared by collating a collection of standards already in existence, building on London Quality Standards, Primary Care Strategic Commissioning Framework and London Acute Care Standards for CYP

Purpose

- Essential **guide for commissioners and providers**
- Ensure **responsible lead** for asthma in each organisation
- Improve **consistency and quality** in CYP services and **reduce variation**
- **Minimum standards** of care in one place

It cuts across all organisations and covers: patient and family support; schools; acute and high risk care; integration and co-ordination; discharge planning; transition; effective and consistent prescribing; workforce education and training

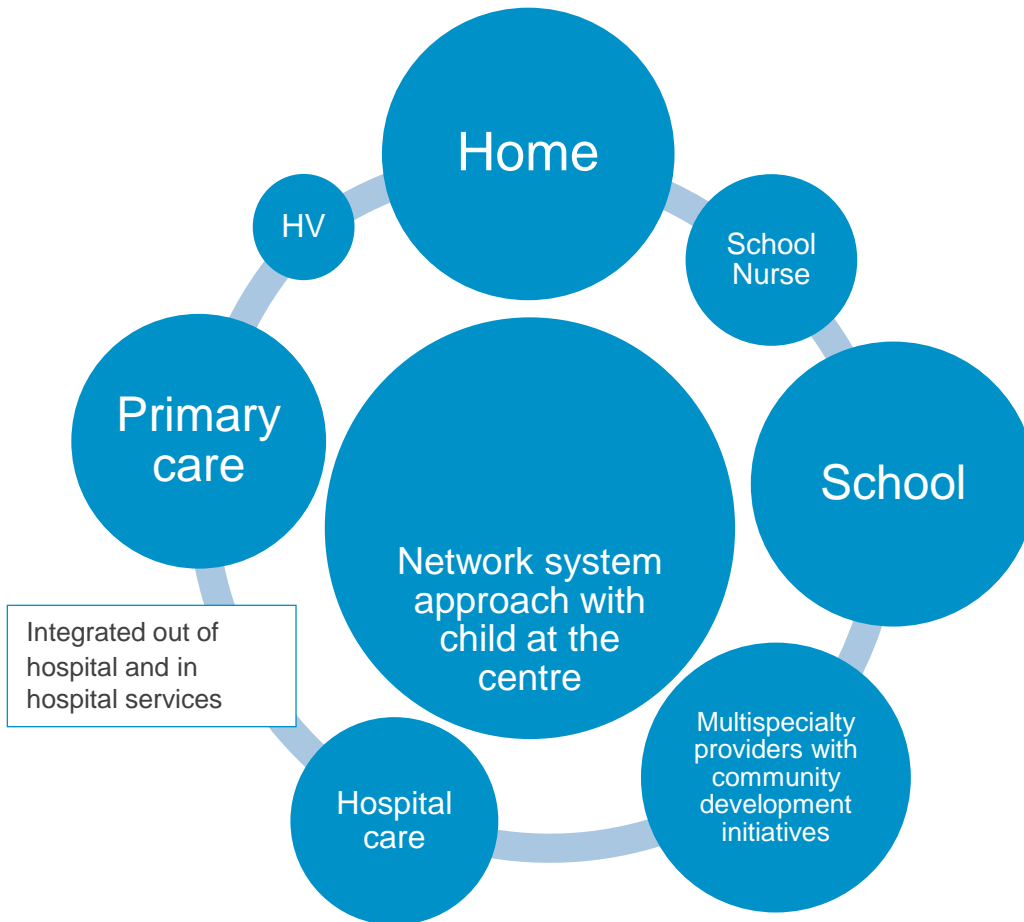


Visit

www.londonscn.nhs.uk/publications
to find out more

The answer:

Improving the pathway (using drivers of 5 year forward view)



London Asthma delivery programme

Standards

Communication

Education

- Health professionals
- Schools
- Pharmacy programme

Prevention programme

- Schools
- Smoking

Commissioning strategy

- Commissioning development

Identified lead responsible for asthma within each service, with MEASURABLE TASKS and EFFECTIVE AUDIT

02

London pharmacies supporting children and young people to breathe easy: public health campaign and audit

Background

Pharmacy services in the England

- Every day community pharmacy is the primary health contact for **1.6 million patients** – a total of **438 million contacts** per annum in England alone
- The pharmacy workforce is expanding, with a potential oversupply of between **11,000 and 19,000 pharmacists by 2040**
- Between **30% and 50% of prescribed medicines** for long-term conditions are not taken as recommended
- **1.1 billion prescription items** dispensed in 2014, which is a **3.3% increase on 2013**
- This represented a with a net ingredient cost of **£8.9 billion**.

The NHS England contract framework for community pharmacies involves:

Essential services

- Dispensing
- Signposting
- Promoting a health lifestyle
- Audit

Advanced services

- Medicine Use Reviews (MUR)
- New Medicine Service
- Seasonal Flu Immunisation

Local services

- Stop smoking

2016

Patient Medication Records:
access to Summary Care Record

Background

Community pharmacy public health campaign 2015

- There are **1,858** pharmacies across London.
- All London pharmacies were asked to take part in a campaign To provide key public health messages in relation to asthma management and gather information on current levels of awareness of asthma management in children and young people in London **between 24 July and 2 October 2015**
- They were asked to carry out a mandatory, brief intervention for a young person (**0 to 18**), when their parent or carer visited their pharmacy to request a prescription be filled or repeated, purchased an over-the-counter medicine, required emergency supplies or asked for advice on general health and wellbeing.
- An additional, voluntary element - to record the responses of a brief intervention using online survey - was also requested.

Governance: Pharmacy Asthma Steering Group



Membership:

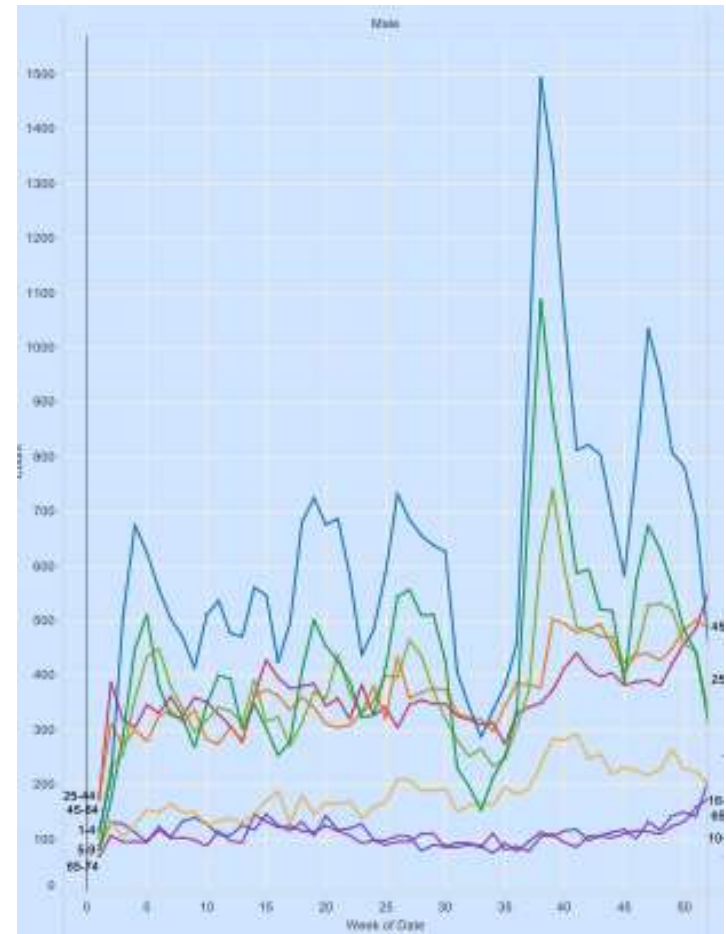
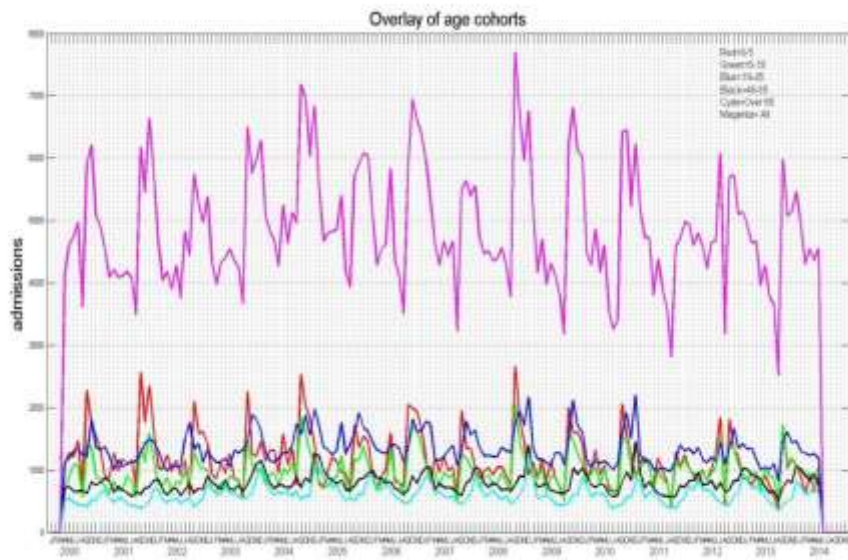
Pharmacists, Nurses, Doctors, NHS England (London), HLP representative, LPC representative

Aim

To provide support and advise on the role of pharmacy and medicines optimisation in the delivery of London asthma standards for children and young people.

Asthma and seasonality

Week 38 peak!



Audit design

Requirements

- Deliver within the NHS Contract
- Simple to administer for pharmacies and easy for patients to understand
- Structured consultation
- “Part of the flow” of a consultation
- Anyone in the pharmacy could administer the audit
- Paperless
- Clearly defined patient cohort
- Anonymised
- Support and CPD provided
- Worthwhile for patients and the pharmacy...”so what” defined

Result

- Public Health campaign within the NHS Contract
- Voluntary additional audit (outside core contract)
- Audit = 7 questions
- Administration fee
- Supporting all online platforms and also paper
- Real time or retrospective data collection option
- Supporting information pack & CPD
- Opportunities for internal pharmacy referrals for MUR, Flu Vac or stop smoking
- Comms strategy using email

What we asked pharmacies to do

The questions

1. Does the child or young person have an asthma action plan or “wheeze plan”?
2. In the last 12 months, has an assessment of inhaler technique by a doctor, nurse or pharmacist occurred?
3. Does the child or young person use a spacer device?
4. Does the child or young person smoke?
5. Does the child or young person live with someone who smokes?
6. Did the child or young person have a flu vaccination last year?
7. In the last 12 months, have you had to make an emergency request for an inhaler from your pharmacy, GP, Out of hours services, Walk-in Centre or A&E?

Carers, parents and patients presenting in the pharmacy with a prescription for an inhaler/spacer, requesting a prescription, requesting an emergency supply, making an over the counter purchase of medicines or a known diagnosis of asthma.

03

What we found

Highlights

Interim results

1,858

Community pharmacies across the whole of London were invited to take part

1,101

Pharmacies responded

60%

of the total number of pharmacies

32

boroughs (all) took part

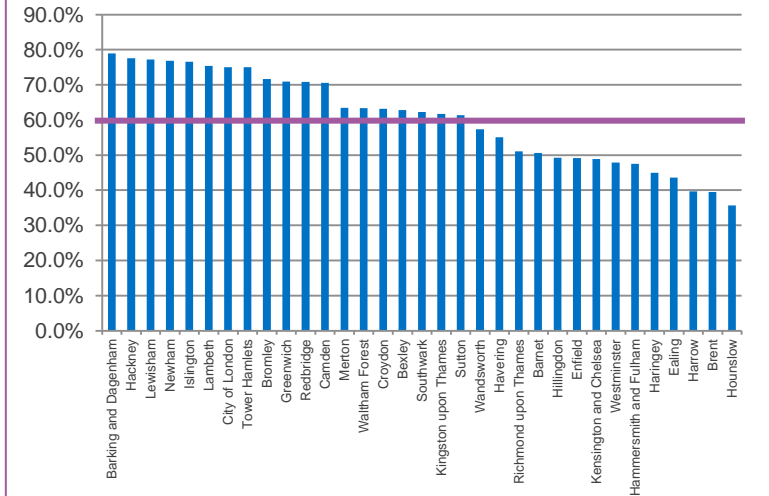
Participation per borough

9,462

responses

9.4

Average age of participant



Campaign extended to 10 weeks till 2 October

9

Average entry per pharmacy

1 in 4

Entries were using a smart device

Results

64%

Did **not** have a flu jab last year

25%

Had to make an emergency request for an inhaler in the last 12 months

48%

Do have an asthma action plan or wheeze plan

70%

Had an inhaler technique assessment in the last 12 months

64%

Have a spacer device

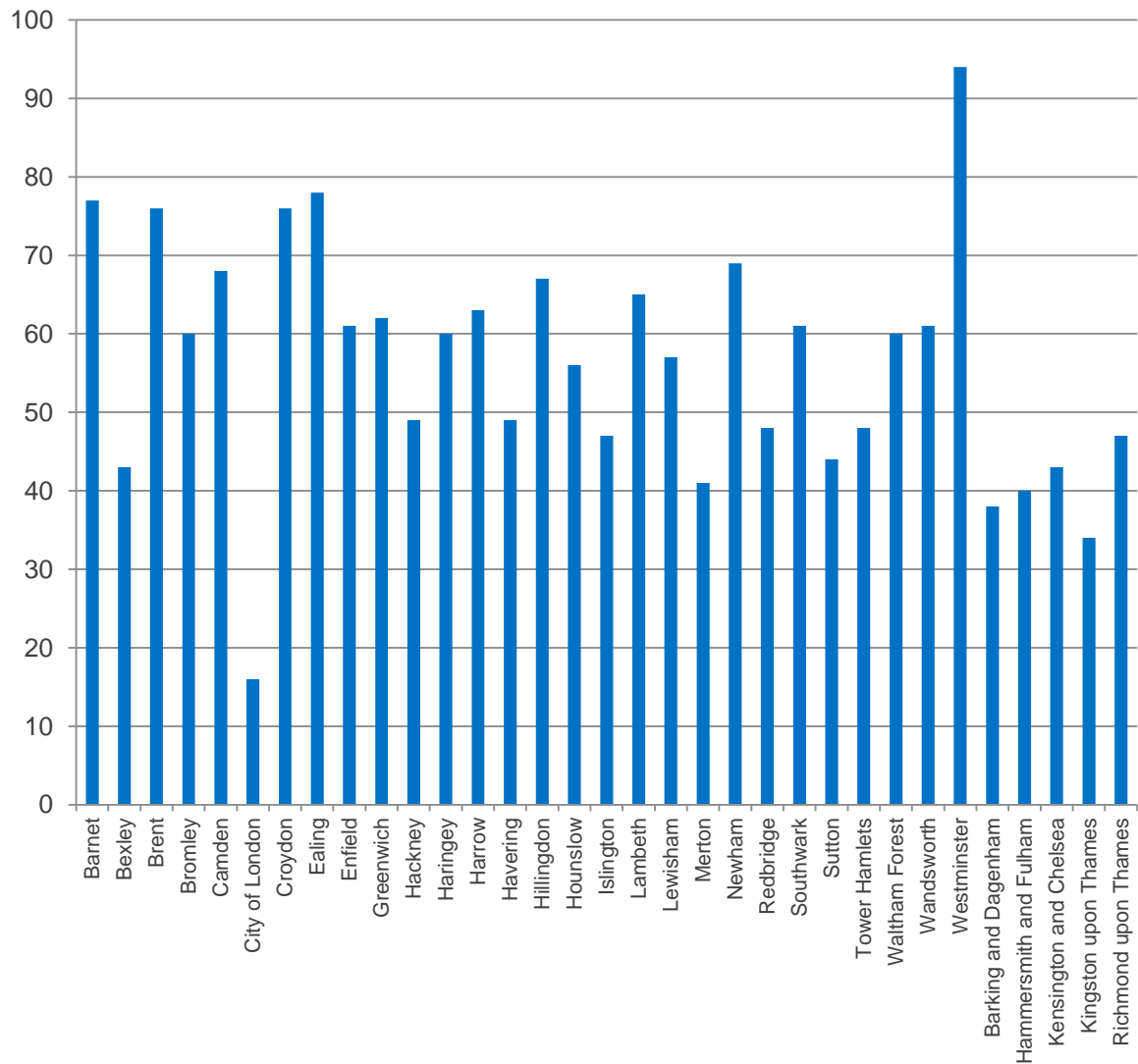
23%

Live with someone who smokes

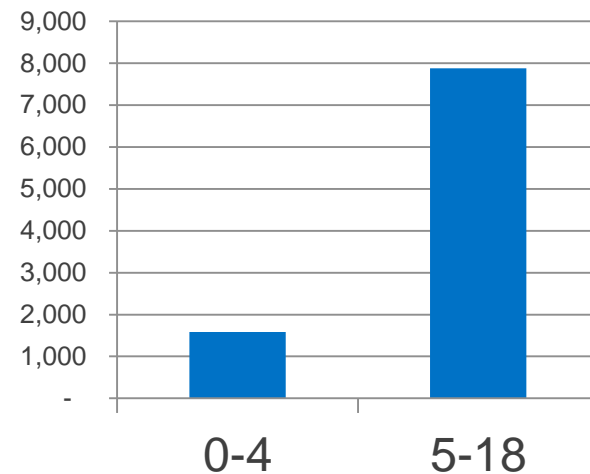
96%

Do **not** smoke

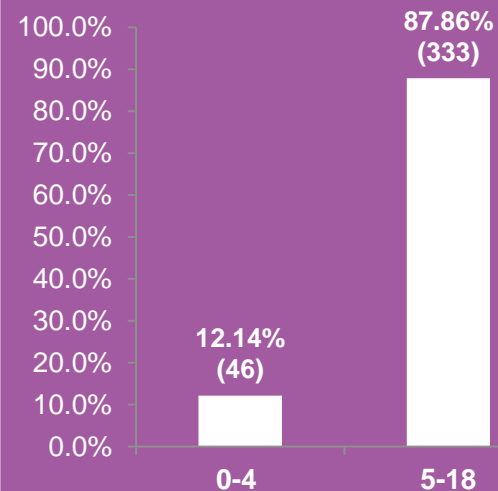
Number of pharmacies in borough



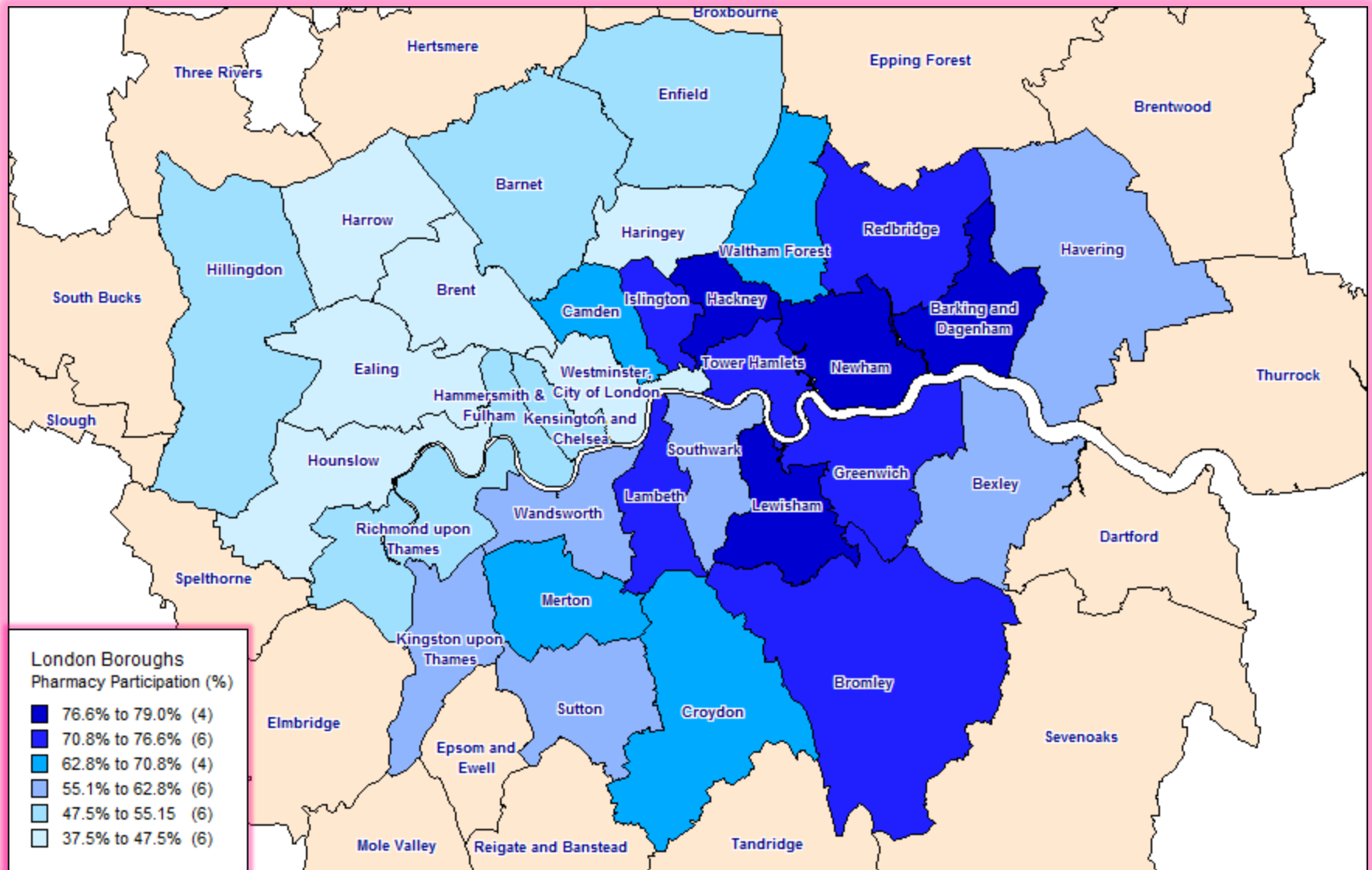
Average age per participant



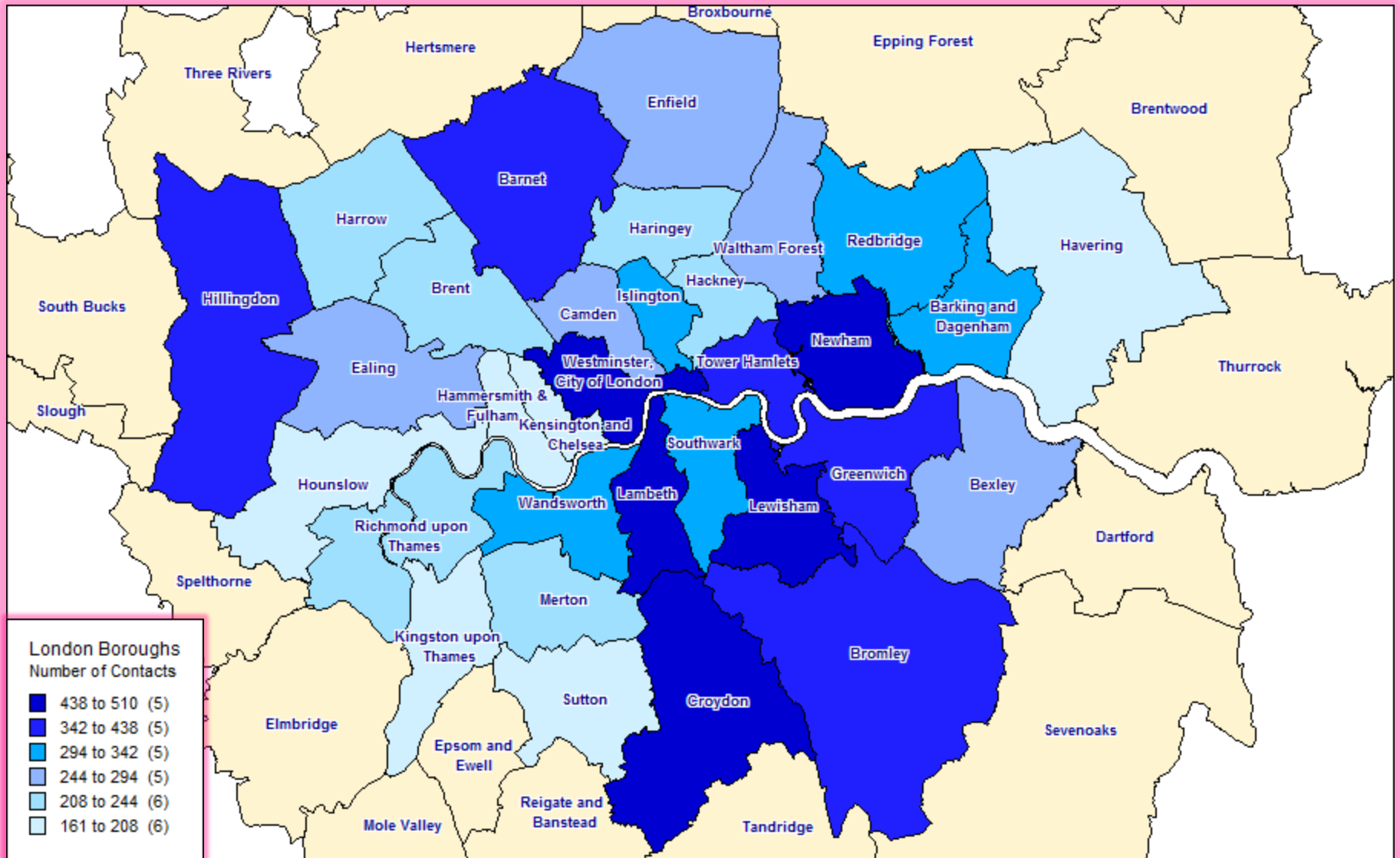
Only 4% did not want to participate



% participation of pharmacies by borough

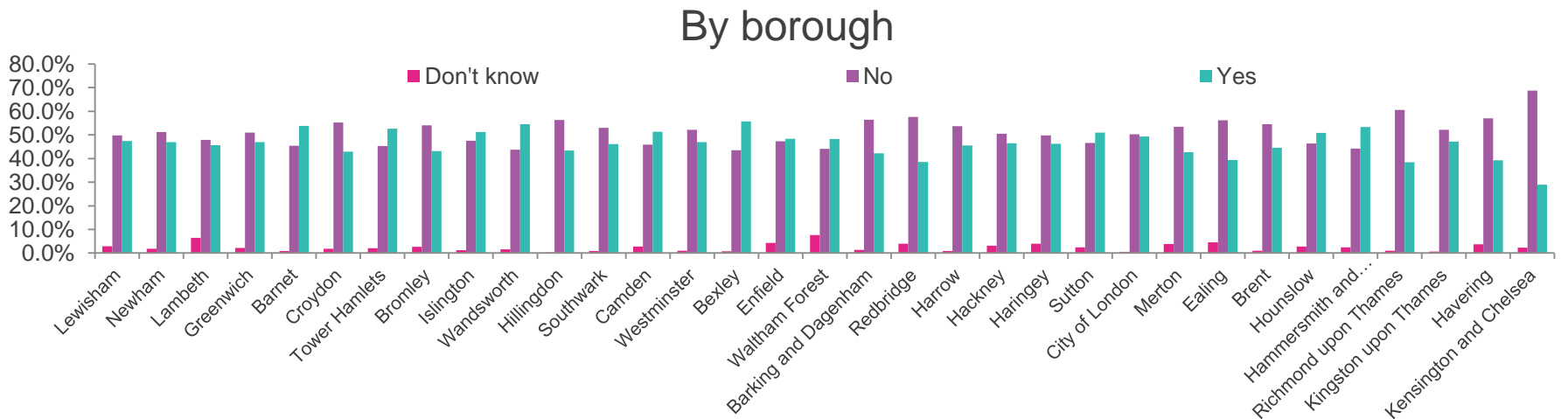
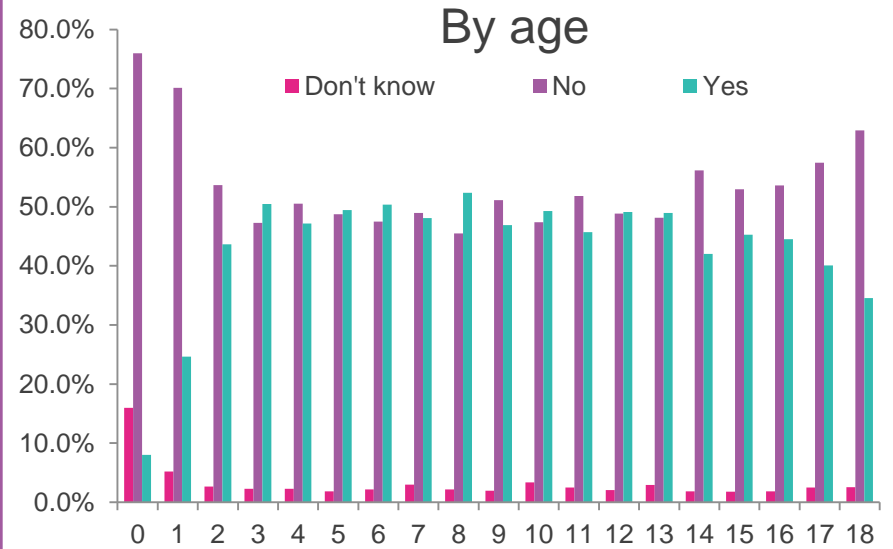
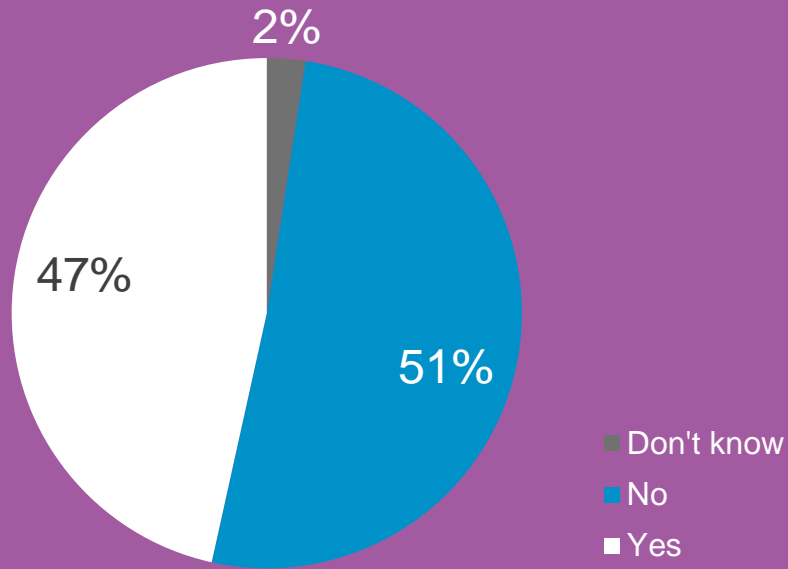


Number of contacts by borough



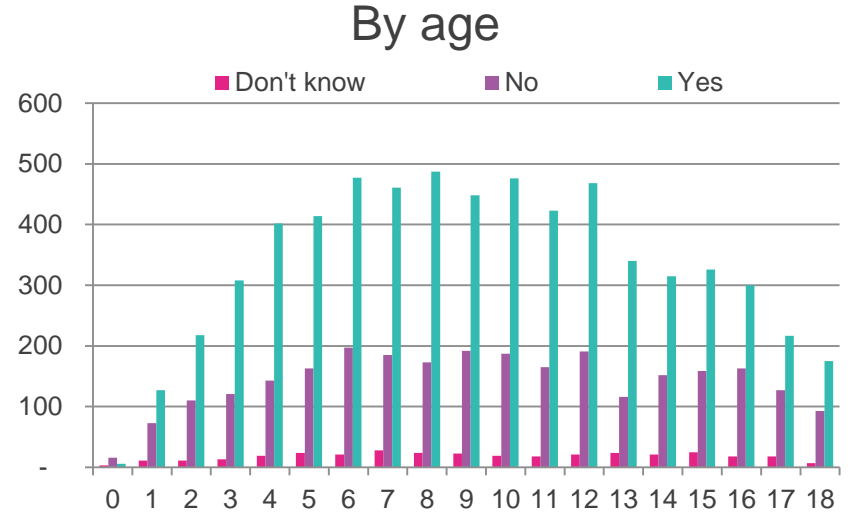
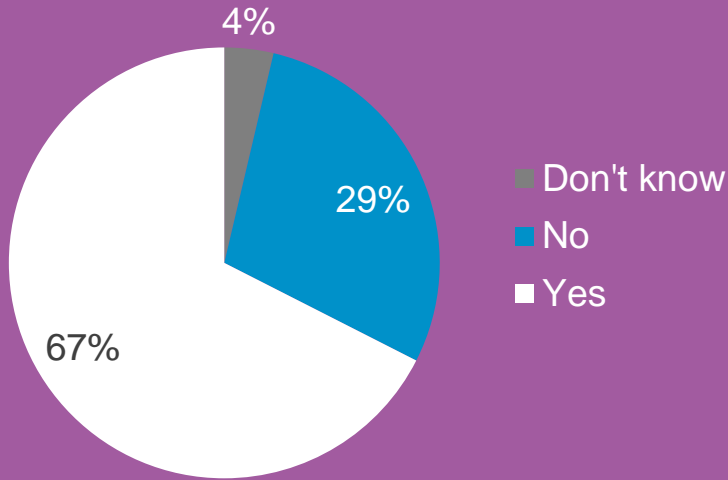
Question 1

Does the child or young person have an asthma action plan or wheeze plan?

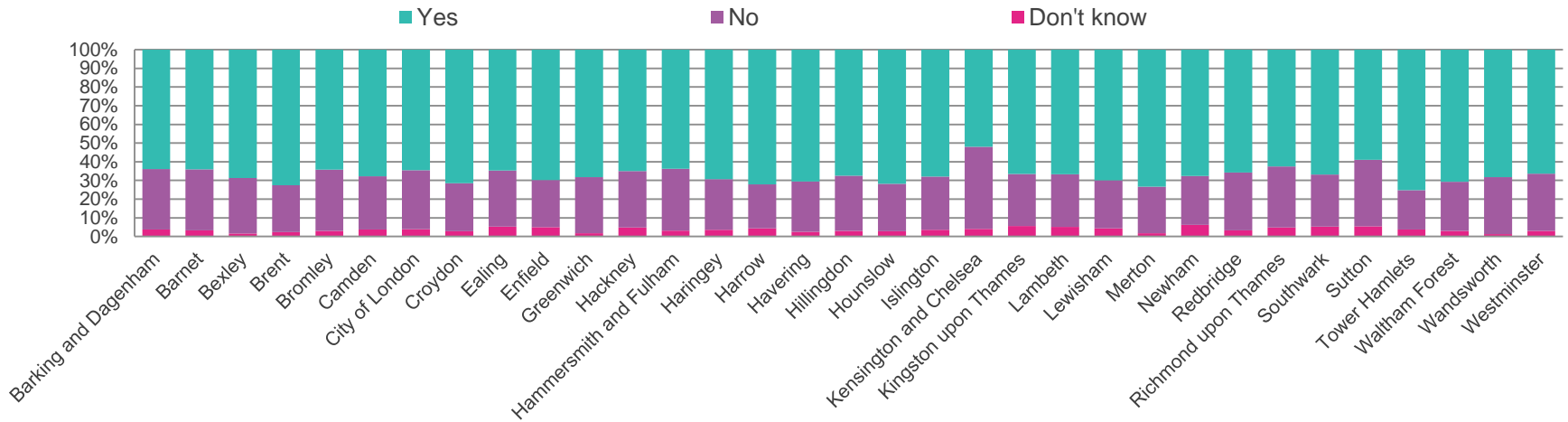


Question 2

In the last 12 months has a doctor, nurse or pharmacist provided an inhaler technique assessment?

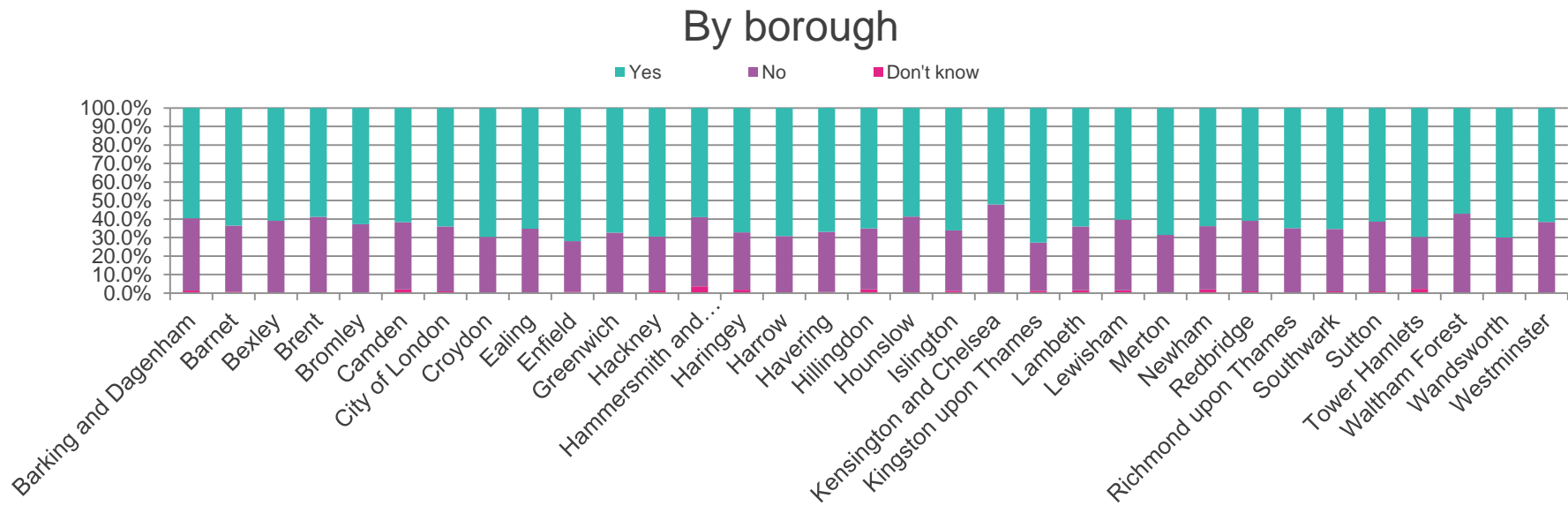
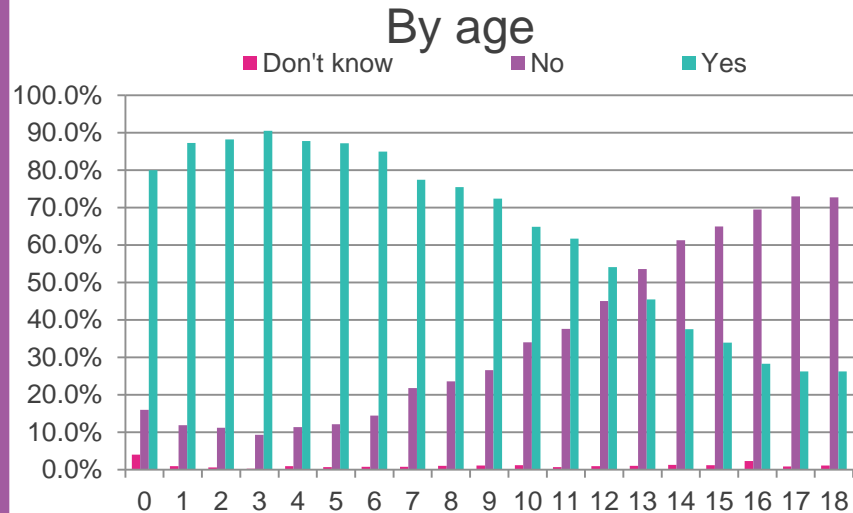
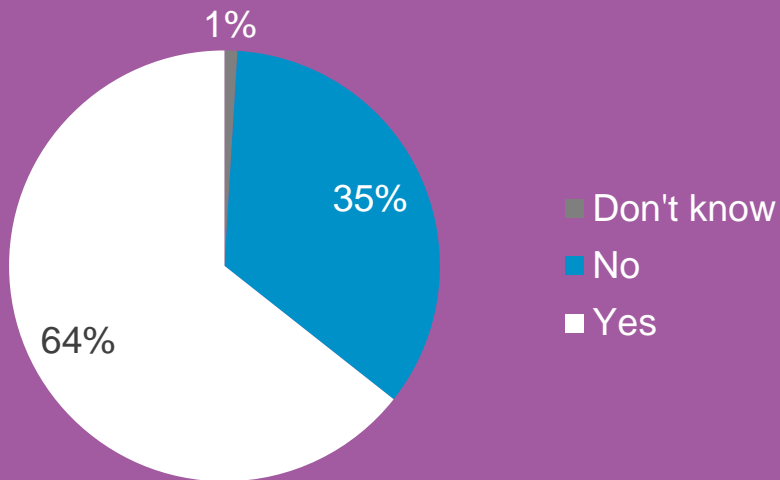


By borough



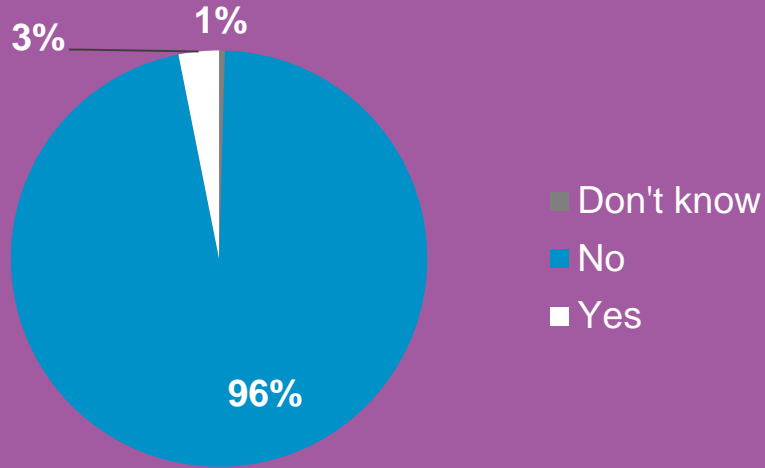
Question 3

Does the child or young person use a spacer device?

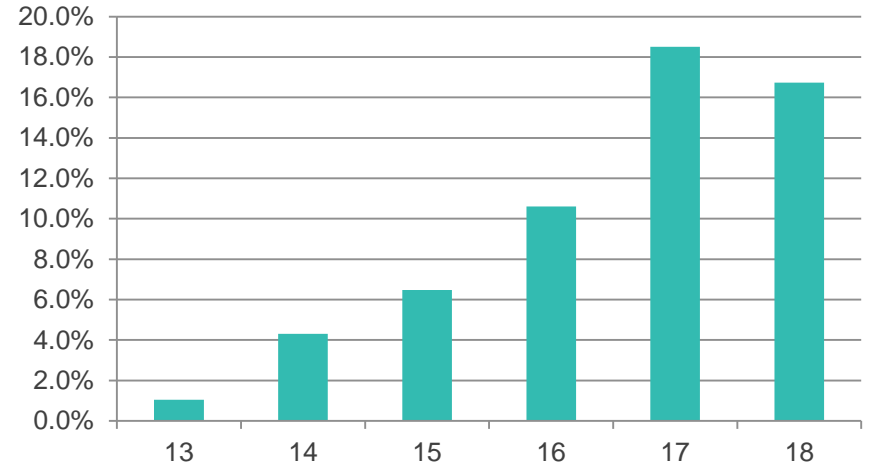


Question 4

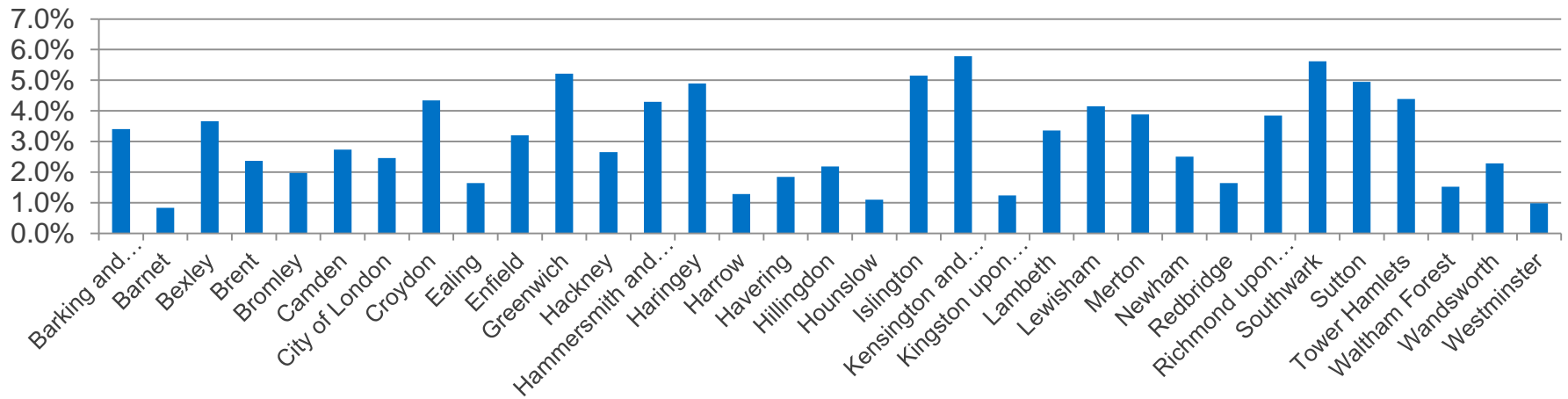
Does the child or young person smoke?



By age

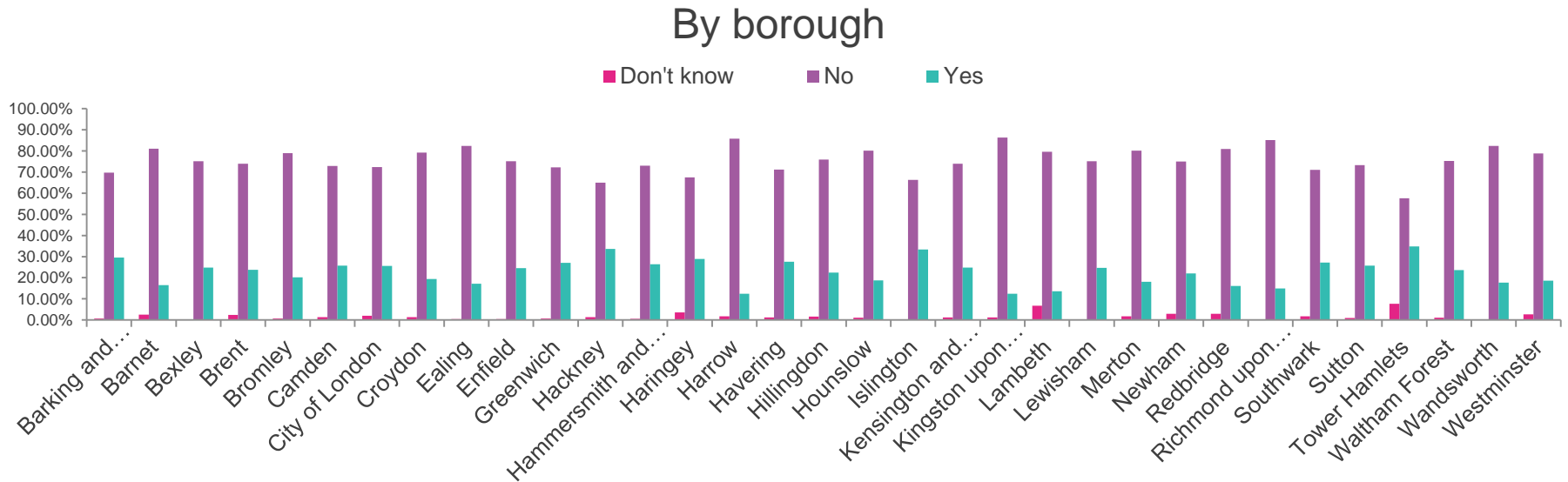
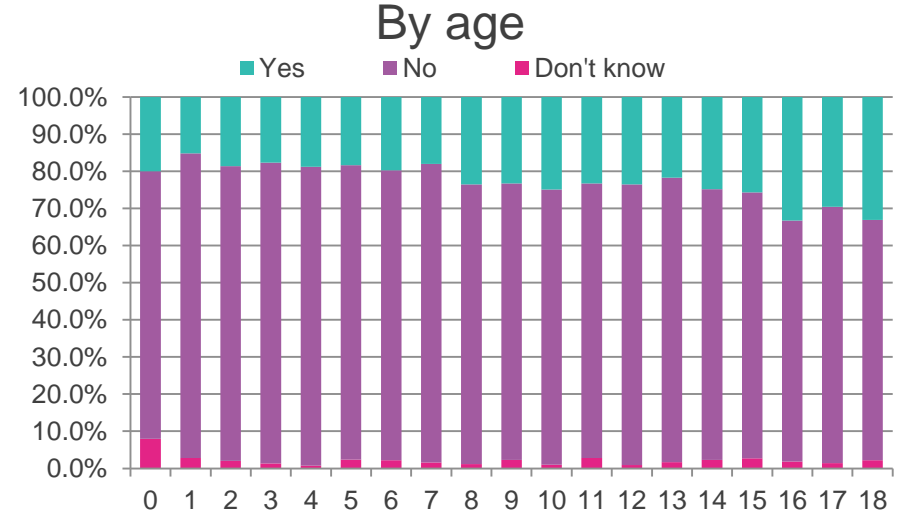
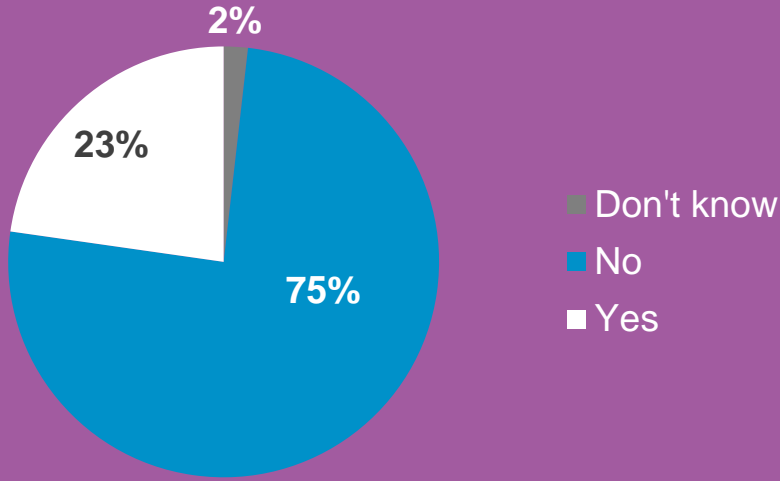


By borough



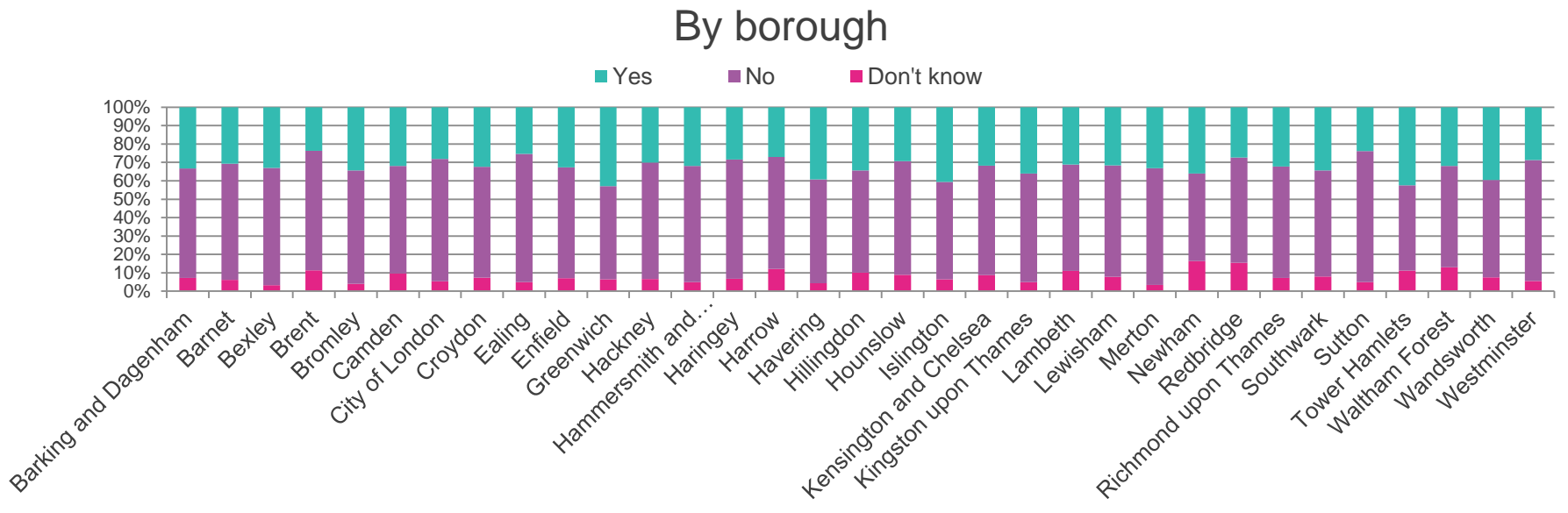
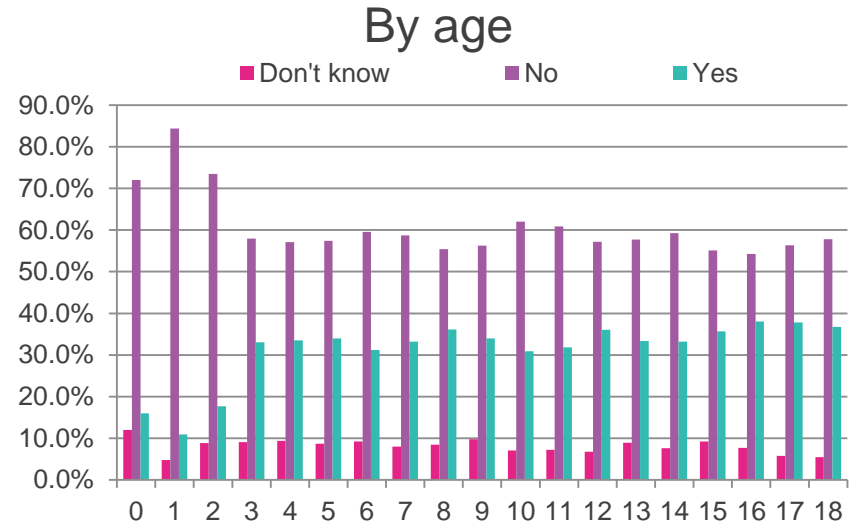
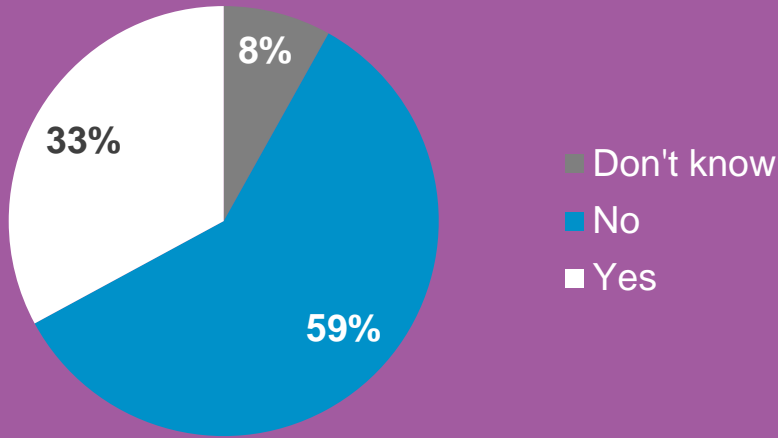
Question 5

Does the child or young person live with someone who smokes?



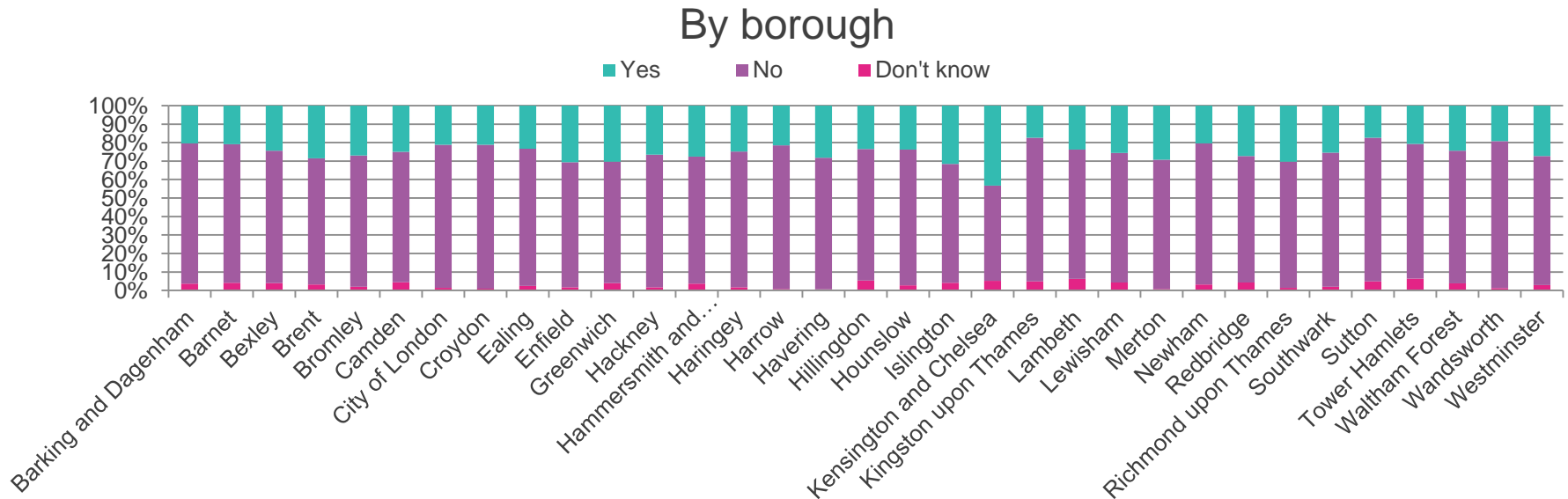
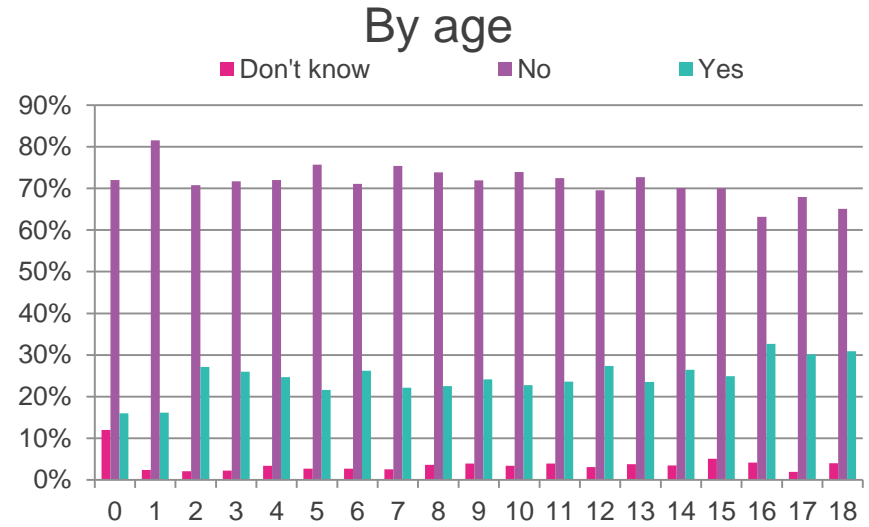
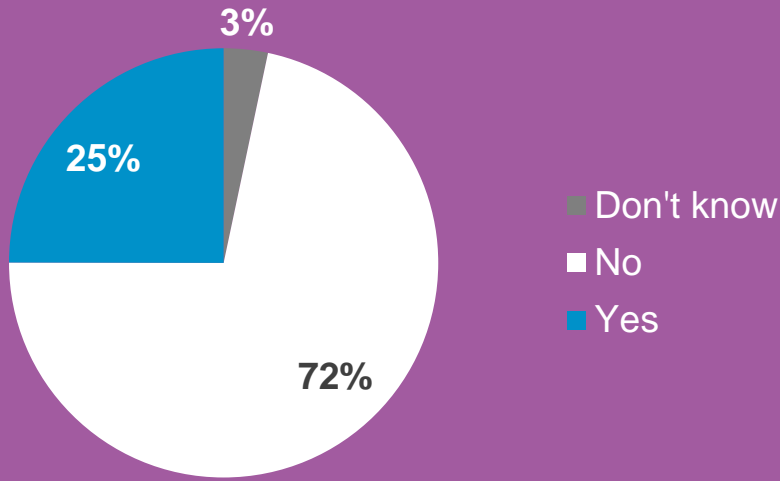
Question 6

Did you the child and young person have a flu vaccination last year?



Question 7

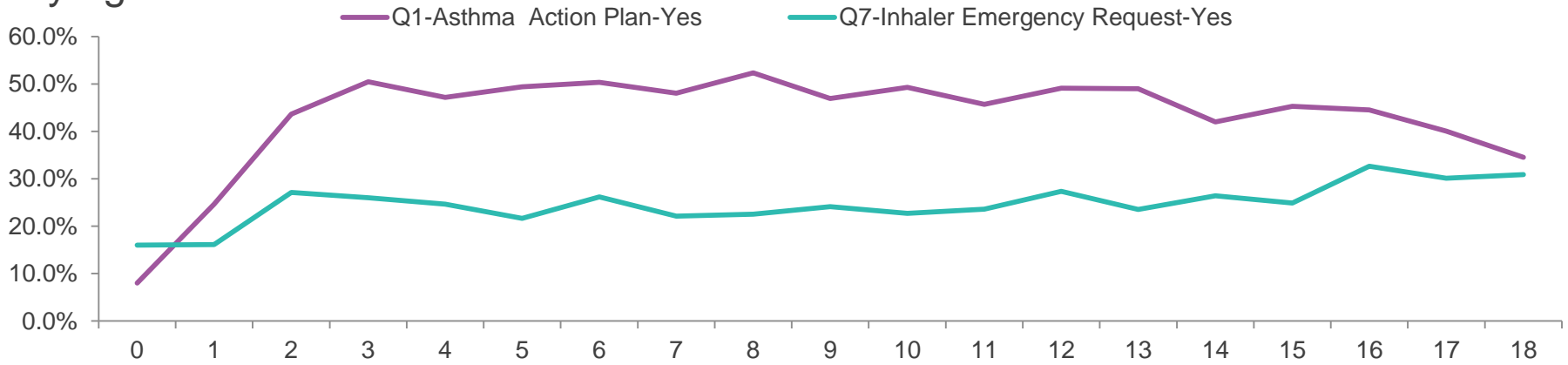
In the last 12 months, has the child or young person had to make an emergency request for an inhaler from any healthcare provider (Walk-in Centre, GP, out-of-hours service, pharmacy or A&E)?



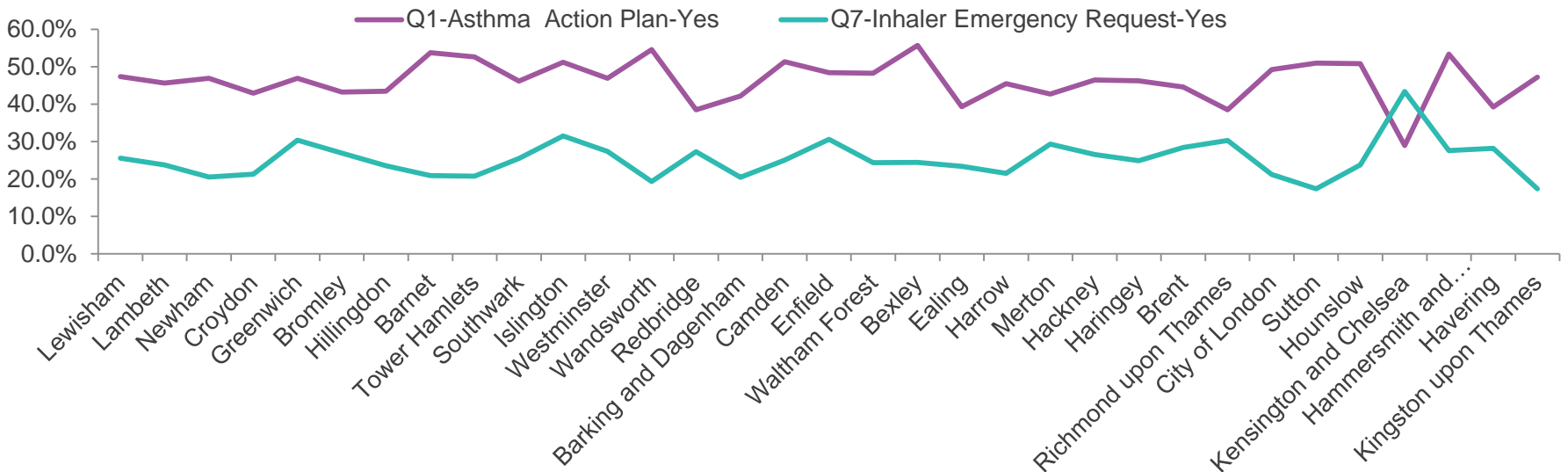
Comparing questions 1 and 7

Does having an asthma action plan relate to an emergency inhaler request?

By age



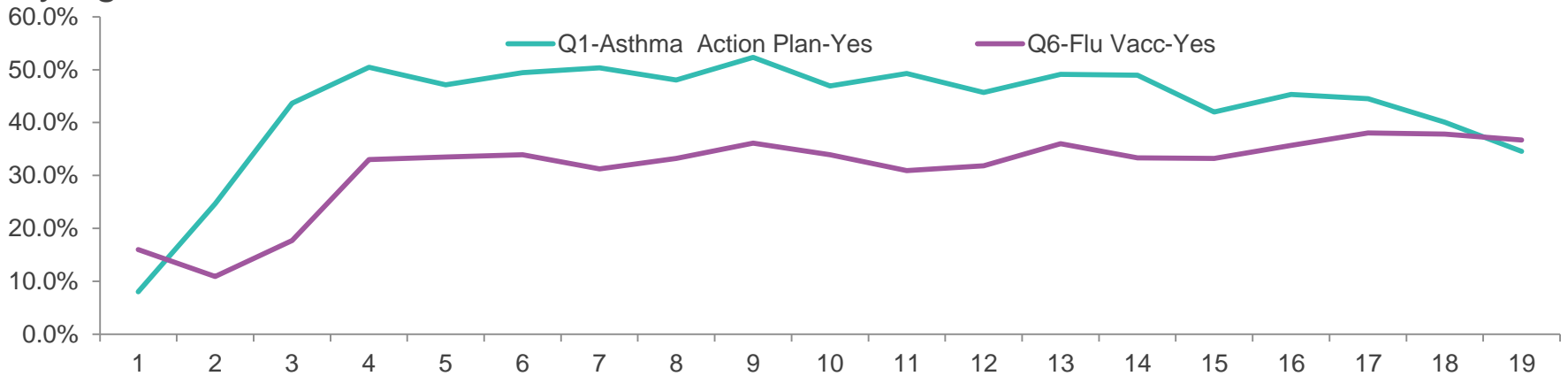
By borough



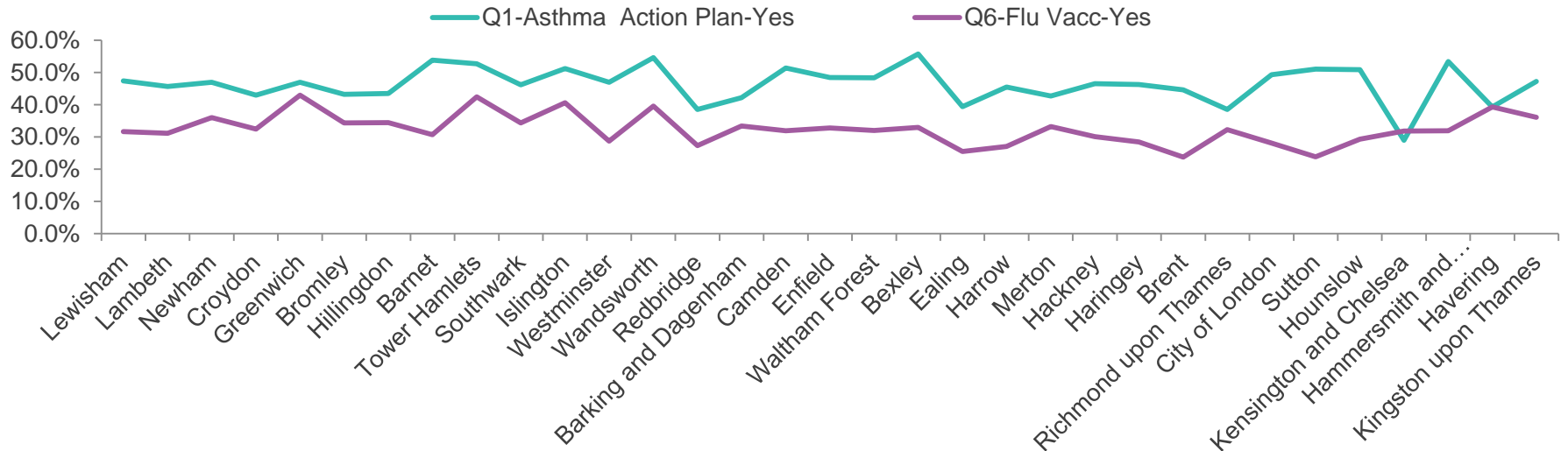
Comparing questions 1 and 6

Does having an asthma action plan relate to having a flu vaccination?

By age



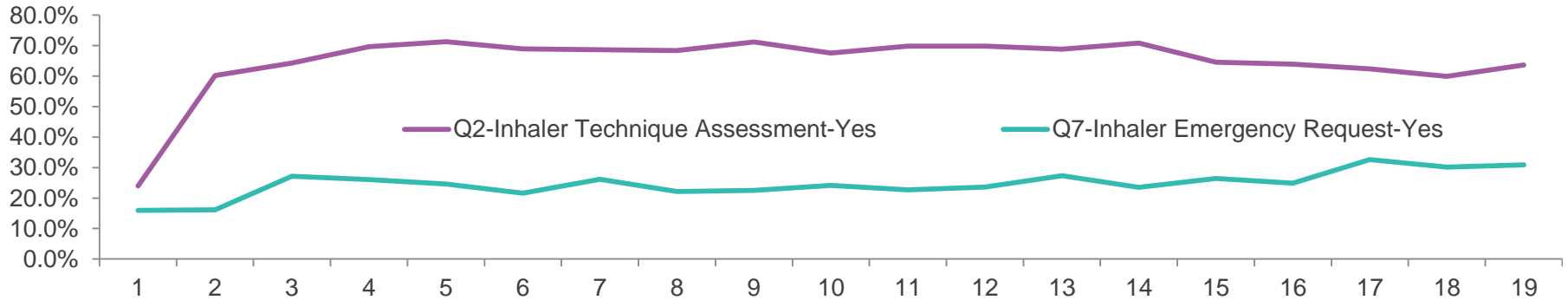
By borough



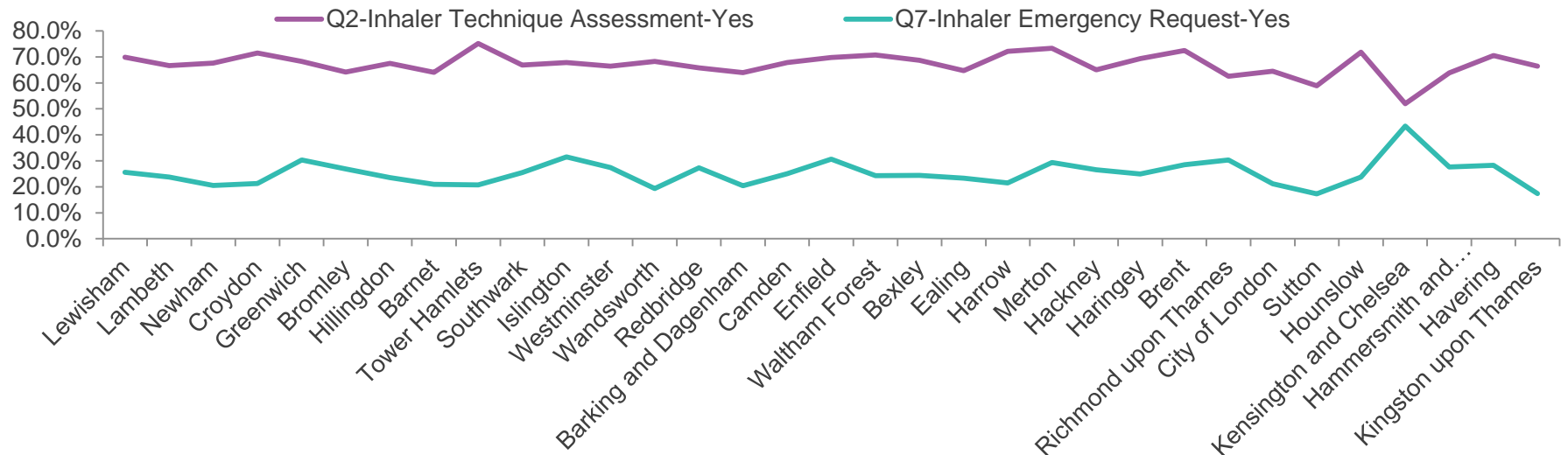
Comparing questions 2 and 7

Does having a recent inhaler technique assessment relate to making an emergency request for an inhaler?

By age



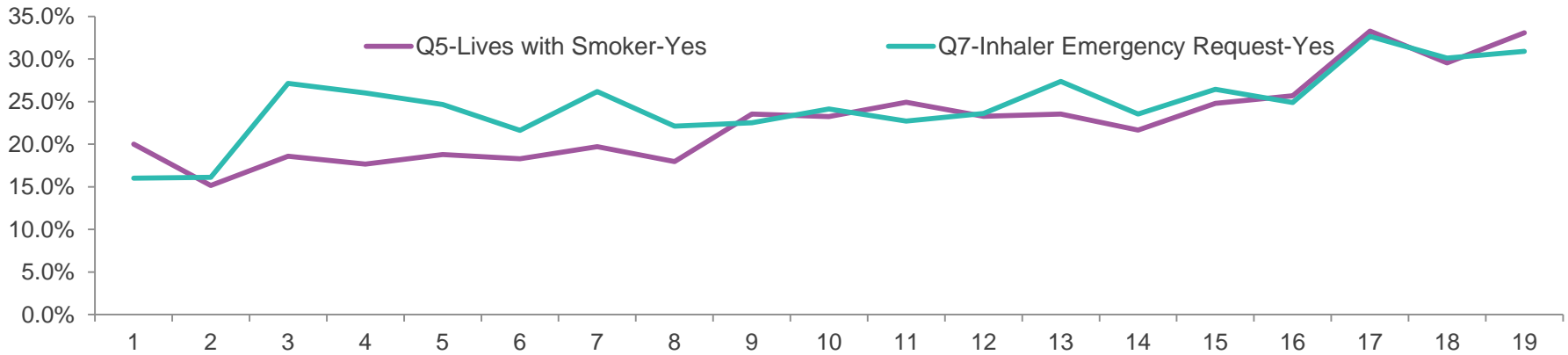
By borough



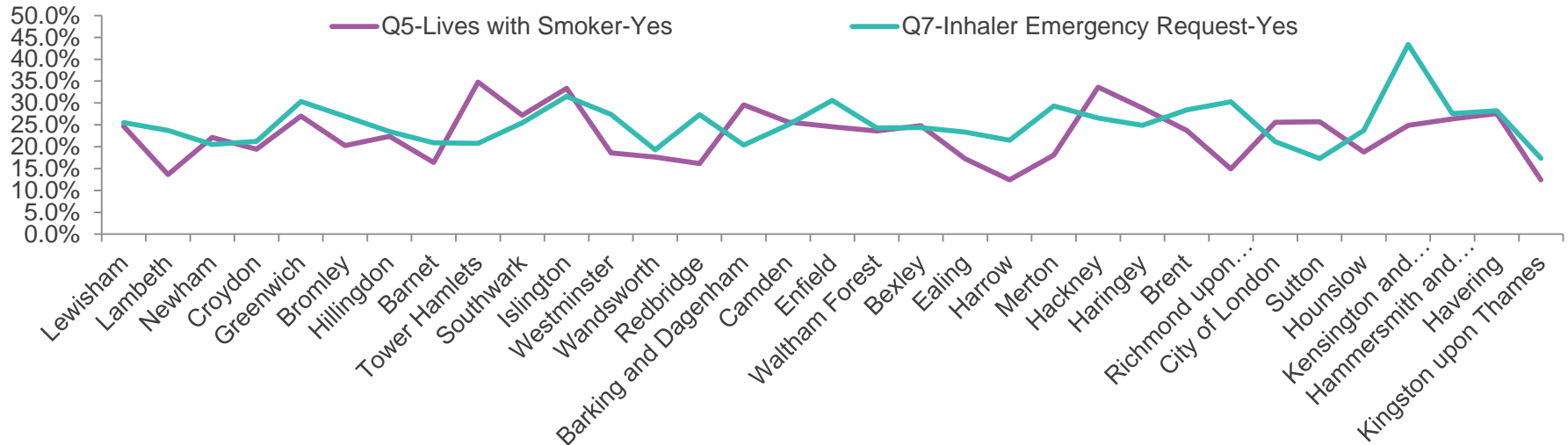
Comparing questions 5 and 7

Does living with a smoker relate to child and young person making an emergency request for an inhaler?

By age



By borough



04

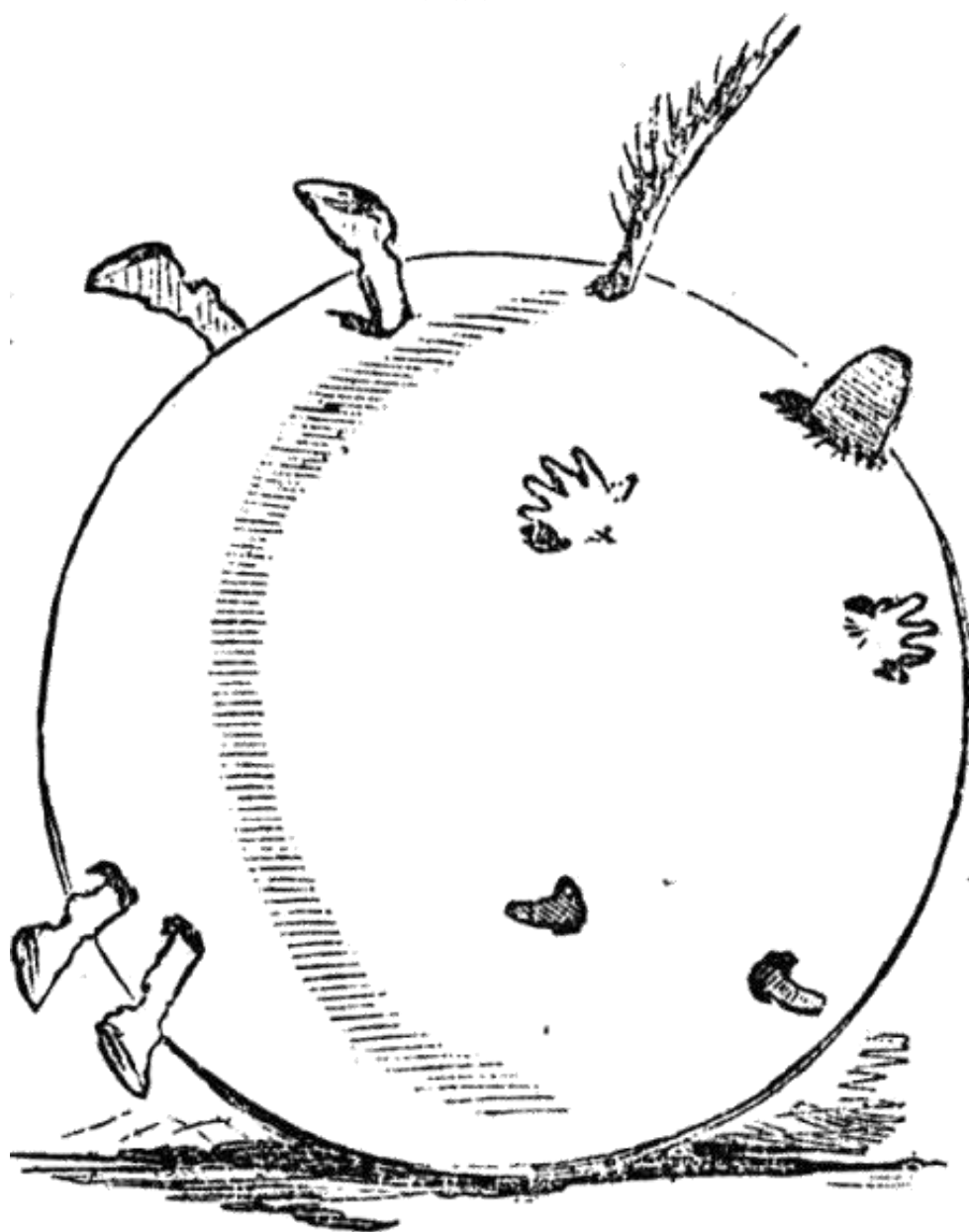
Next steps

Further analysis and sharing results

- Significantly more analysis of data – age, borough
- Established a collaborative of 8 CCGs to develop commissioning asthma management services from pharmacies in 2016
- CCG commissioners pack: CYP, Out of hospital care & urgent care
- Qualitative analysis of the audit format – future audits
- Dissemination strategy
- School nurses/schools /pharmacies “buddy” project across London



Next steps





Thank you!

Sara Nelson RGN MSc Qni

Programme Lead, Children and
Young People's Transformation
Programme

Healthy London Partnership

Bromley CCG
Governing Body Nurse

Sara.Nelson@nhs.net

07960 046611

Donal Markey MRPharmS MPH

Pharmaceutical Advisor, Healthy
London Partnership

Pharmacy Advisor
NHS England London Region

Chair, Pharmacy CYP Asthma
Steering group

Donal.Markey@nhs.net

07796934519