

Commissioning and delivering an integrated approach to asthma

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Hillingdon Children's Asthma Service

How did we get here
What have we learned
Conclusions



Existing service (Pre Summer 2015)

2 respiratory nurse specialists (inc. allergy and CF)

1 consultant (1 resp clinic per week)

4 nurse led clinics (hospital)

Home visits

Training (Hospital/ schools)

January 2015



(Thanks to Christine Falzon)

Initial objectives

Move paediatric asthma outpatients into the community

Reduce unscheduled asthma attendances

Deliver paediatric asthma training across the borough


First steps

Stakeholder meetings

Baseline assessment

Business case for pilot service

June 2015

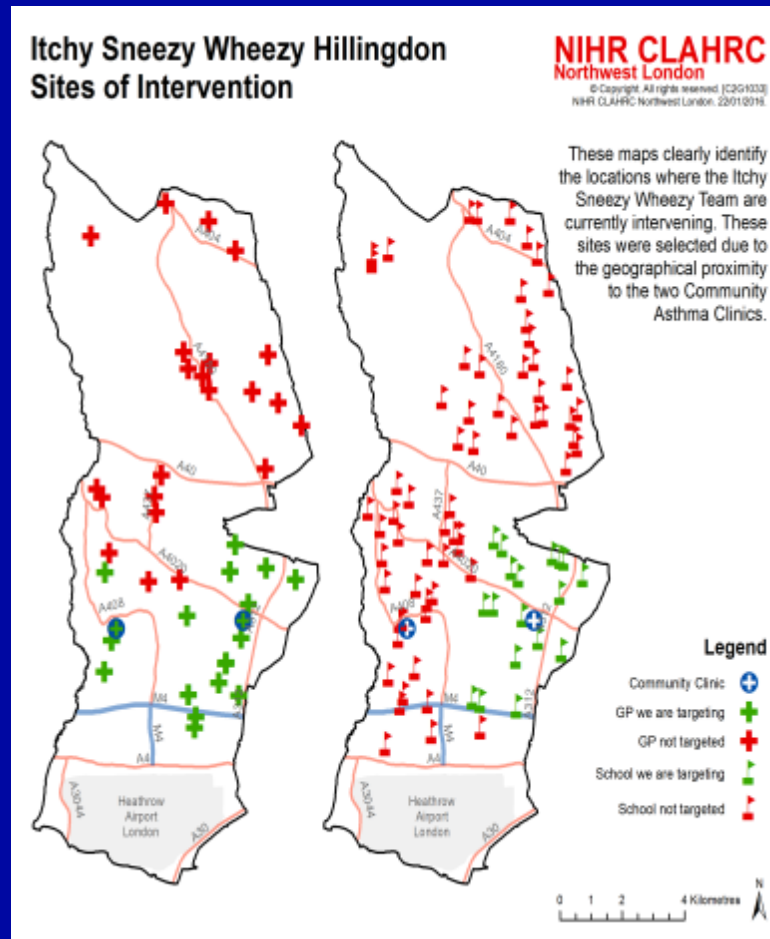
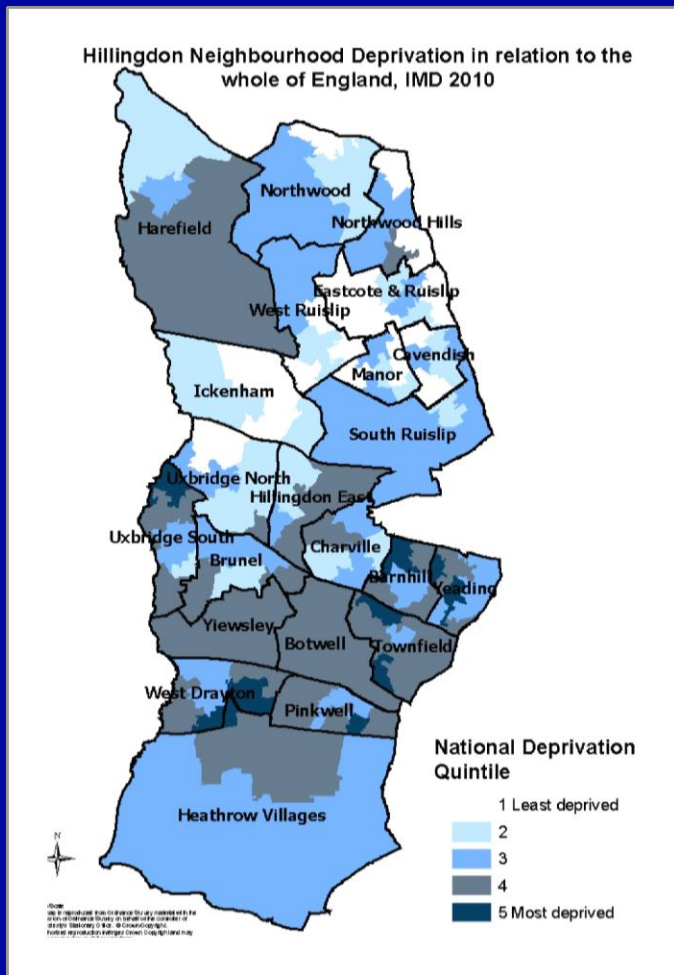


**London asthma standards
for children and young
people**

**Driving consistency in outcomes for
children and young people across the
capital**

Focus on quality argument

Pilot study – established July 2015

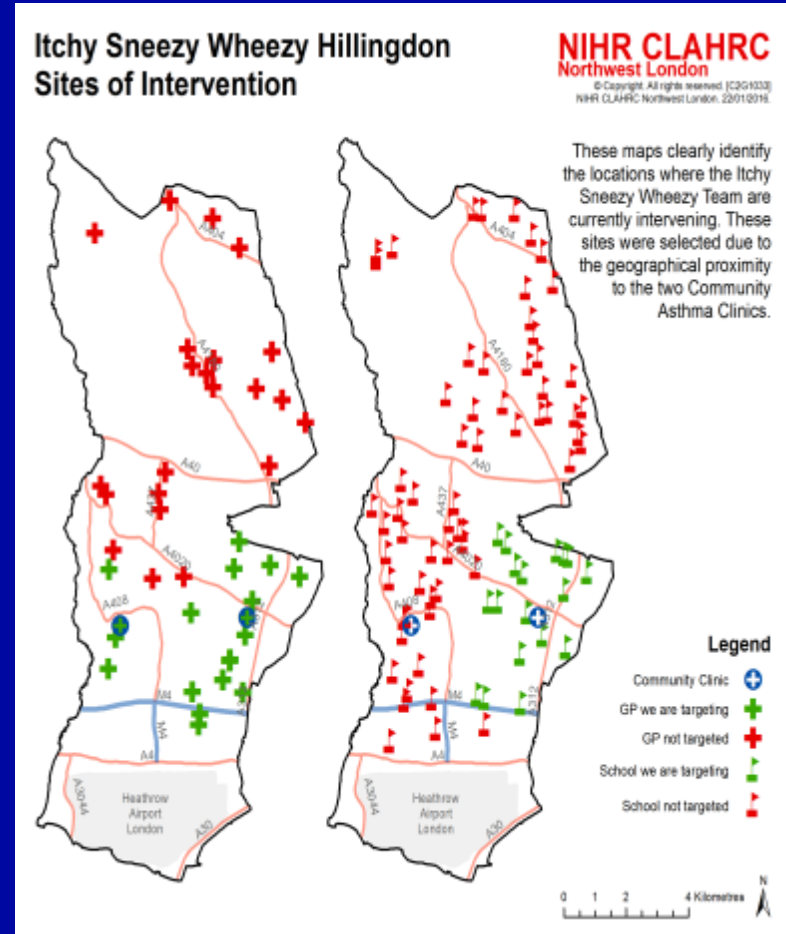


Pilot study – community clinics

Two nurse-led clinics per week

7 patients/ 30 minute slots

- New primary care referrals
- Secondary care follow up
- Open invite for training



Clinic feedback

“We get everything we need out of it. I feel as confident going to our community appointment as I did coming to the hospital appointments.”

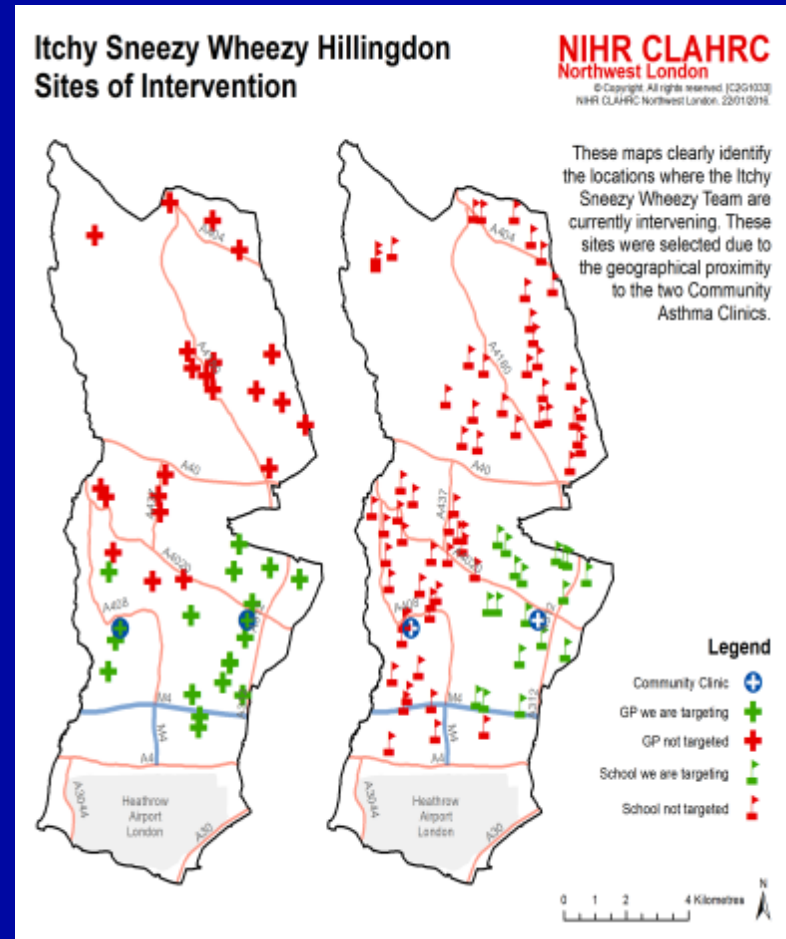
“Love that. It’s great.”

“...they’re great. She’s not missed a day off school. The hospital appointment is generally from 2pm, so you miss the school day. I don’t mind coming to hospital but I prefer it in the community because you’re seeing the right person in the best place.”



Pilot study - Schools

Monthly school liaison
Better communication & relationships
Increased number of school nurses taking asthma lead role & undertaking the asthma diploma



Pilot study - training

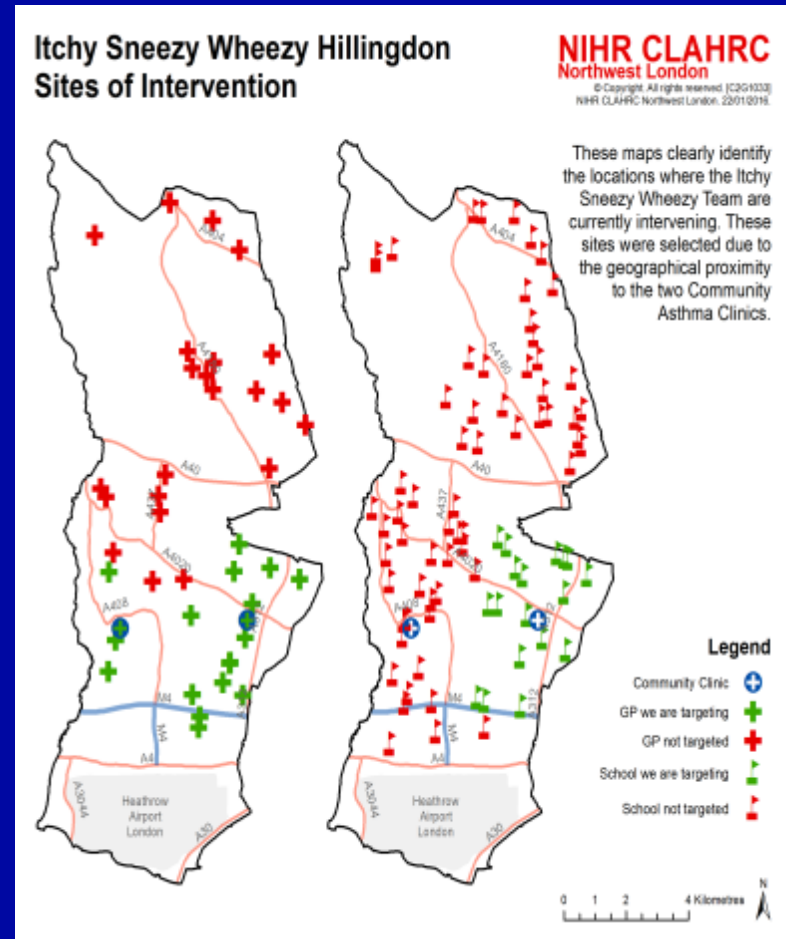
20 GP Surgeries

20 Schools

In house training

Workshops

School group sessions (families)



Focus groups

Older teenagers with a history of severe asthma who had previously attended the hospital based service

Key messages

- CYP value seeing the same, skilled professional for asthma management and advice
- More time in review clinics
- Not just a 'peak flow check'
- Would like peer support systems in schools established

Case studies

FB DOB 10/06/2010

Presented with acute wheeze out of hours to THH and was admitted to Peter Pan ward. No previous hospital admissions.

- Using frequent salbutamol (daily) for the last month
- Nocturnal cough and wheeze with exertion
- Already on clenil inhaler but never had an asthma review
- Eczema poorly controlled and possible food allergy (egg/ peanut)

Reviewed by asthma nurse on the ward on morning of admission, clenil dose increased, inhaler technique checked and management plan given.

Brought back to community clinic 4 weeks later

- Symptoms under control
- Further education in clinic
- One follow up appointment then discharged back to primary care

Case studies

AW DOB 15/10/2003

Referred by school nurse because of frequent salbutamol use at school and poor inhaler technique. Missing classes in school because of inhaler use.

Seen in Townfield clinic

- Diagnosis of asthma confirmed on history
- Lots of education and training
- Found to be using seretide and clenil, so seretide stopped
- Education about inhaler use
- Symptom diary given

Reviewed once in clinic - rarely using inhaler

Spoke to school nurse and no further concerns

Data

Clinic Activity

(27/07/2015-02/03/2017)

450 consultations (240 children)

- 41 GP referrals
- 70 Ward follow ups
- 27 PAU follow ups
- 7 A&E referrals
- 6 School nurse referrals
- 1 Health Visitor referral
- 69 moved from hospital outpatients
- 5 consultant referrals
- 14 Allergy clinic referrals

Education & Training

75 Teaching Sessions

- 541 professionals
- 2 large ISW workshops
- 17 Asthma/Allergy workshops
- 3 GP in-house training sessions
- 25 professionals joined clinics
- 29 group/individual teaching sessions

Patient Feedback

- 76% of patients/parents prefer community clinics to hospital clinics

Hospital Activity

(01/09/2015-28/2/2017)

- 31% Increase of ward inpatients reviewed before discharge by paediatric respiratory team

Focus Groups

- Group 1 = 11yr-17yrs
- Group 2 = 8yrs -13yrs (including parents)
- Group 3 = Parents of children with VIW

Asthma Clinical Network Group

- Asthma leads meeting
- Parents/patients representatives involved

School Group Sessions

- First school group session held
- 5 CYP aged 11-15yrs attended with 2 parents

Asthma pathway

Business case approved June 2017

Emphasis on *quality*

- Patient experience
- Meeting London Asthma Standards
- Education and training

(Thanks to Judith Mace, Sukeina Kassam, Katrina Watson)

June 2017 – Fully commissioned service

2 respiratory nurse specialists (inc. allergy and CF)

1 nurse led clinic remains in hospital (out of borough)

1 consultant (1 resp clinic per week)

+ 2 integrated asthma nurse specialists + admin support

4 nurse led clinics moved into primary care

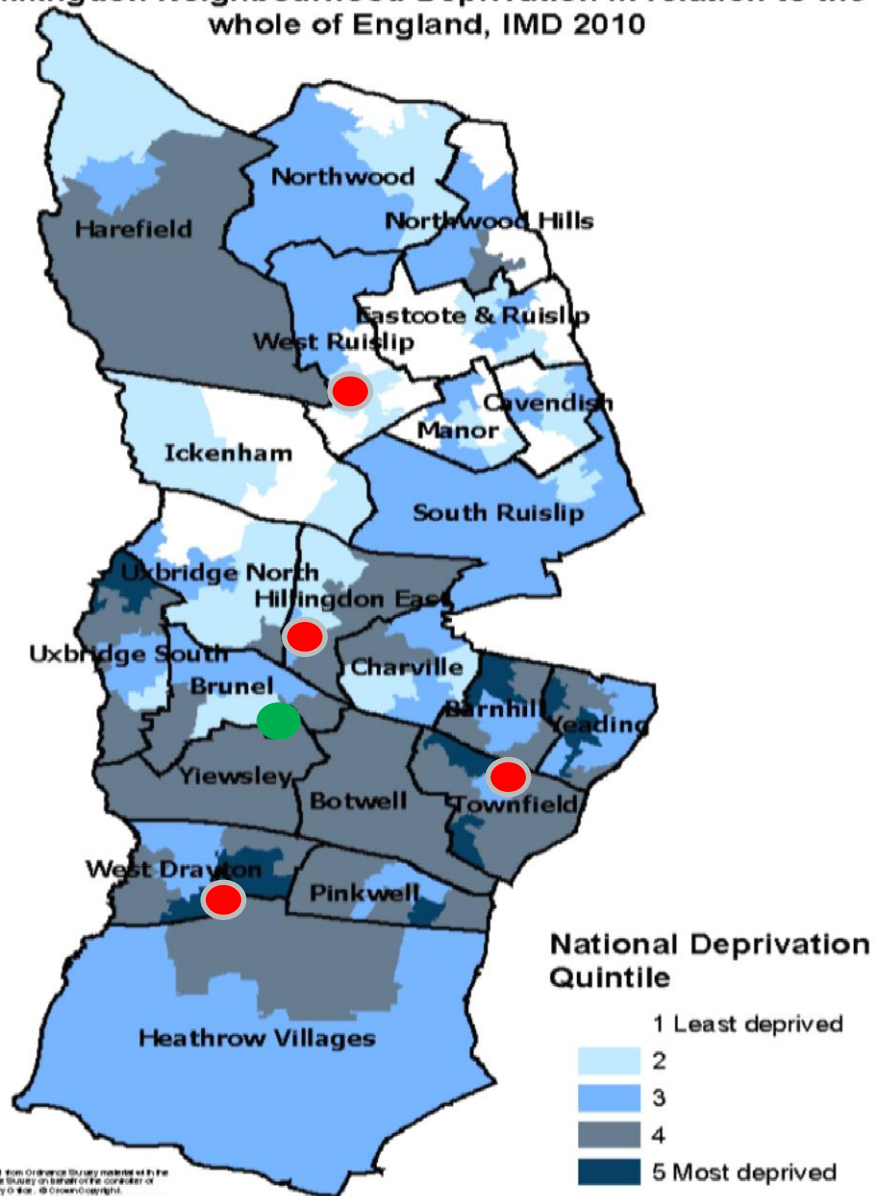
Governance, guidelines and pathways

Enhanced primary care and schools service

Focus groups/ patient involvement

Training +++

Hillingdon Neighbourhood Deprivation in relation to the whole of England, IMD 2010



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Paediatric Asthma Pathway

New presentation of possible asthma/preschool wheeze to primary care (Non-acute)

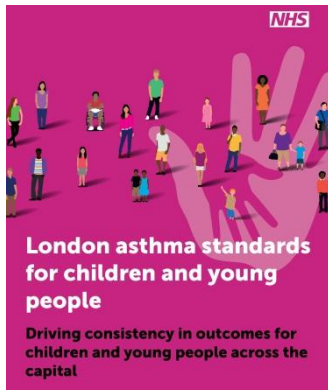
Acute asthma presenting to

- School
- Primary care (GP practice)
- Urgent Care Centre
- Hospital

School Asthma liaison & training

Community Paediatric Asthma clinic pathway

Governance structure



Pathway underpinned by the London Asthma Standards for Children and Young People published July 2015 to which all references relate.

<https://www.myhealth.london.nhs.uk/system/files/London%20asthma%20standards.pdf>

Hillingdon Children's Asthma Service

When to refer

- Age > 1 year with asthma and preschool wheeze
- When the diagnosis is in doubt
- Treatment not working/ repeat acute attendances
- Not responding to Step 3 treatment
- Parental, child or doctor concern

What we provide

- Diagnosis/ Education/ Training
- Community based
- 30 mins per appointment
- CPD for GPs/ practice nurses
- **No tariff** – CCG Funded service

Hospital Clinics

Consultant led – Friday morning
Nurse-led – Friday morning

Nurse led Community Clinics

High Street Practice, Yiewsley, Wednesday pm
Townfield Surgery, Hayes, Thursday am
Wood Lane Medical Centre, Ruislip, Thursday pm
Oakland Medical Centre, Hillingdon, Friday pm

Meet the team

Alison Summerfield, Senior Respiratory nurse specialist
SJ Stock, Stevie Strutton, Lucy Wallace
Respiratory Nurse Specialists
Dr Stephen Goldring, Paediatric Consultant

Referrals through ERS

To contact us

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'Total football' approach to integrated care



“Attackers could play as defenders and defenders as attackers. Everyone could play everywhere.”

Johann Cruyff

Joint working with local borough – Ealing



Local NW asthma nurse group

1st meeting Monday 27th Nov



Conclusions

Positives/ factors in success

Respiratory nurse specialists – precious resource

Flexible approach

Rigor with data collection (CLAHRC)

Patient/ family engagement (CLAHRC)

London Asthma Standards

Challenges

Fathoming the 'CCG'

Building relationships with primary care

Facilities for children in primary care

A business case is not a thesis

Any questions?

Alison Summerfield

SJ Stock

Stevie Strutton

Lucy Wallace

Stephen Goldring

Senior Respiratory nurse specialist

Respiratory Nurse Specialists

Respiratory Nurse Specialists

Respiratory Nurse Specialists

Paediatric Consultant

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