



Healthy London  
Partnership

# Developing Asthma Networks using the Severe Asthma CQUIN

Dr Louise Fleming

#AskAboutAsthma: Vision into Reality



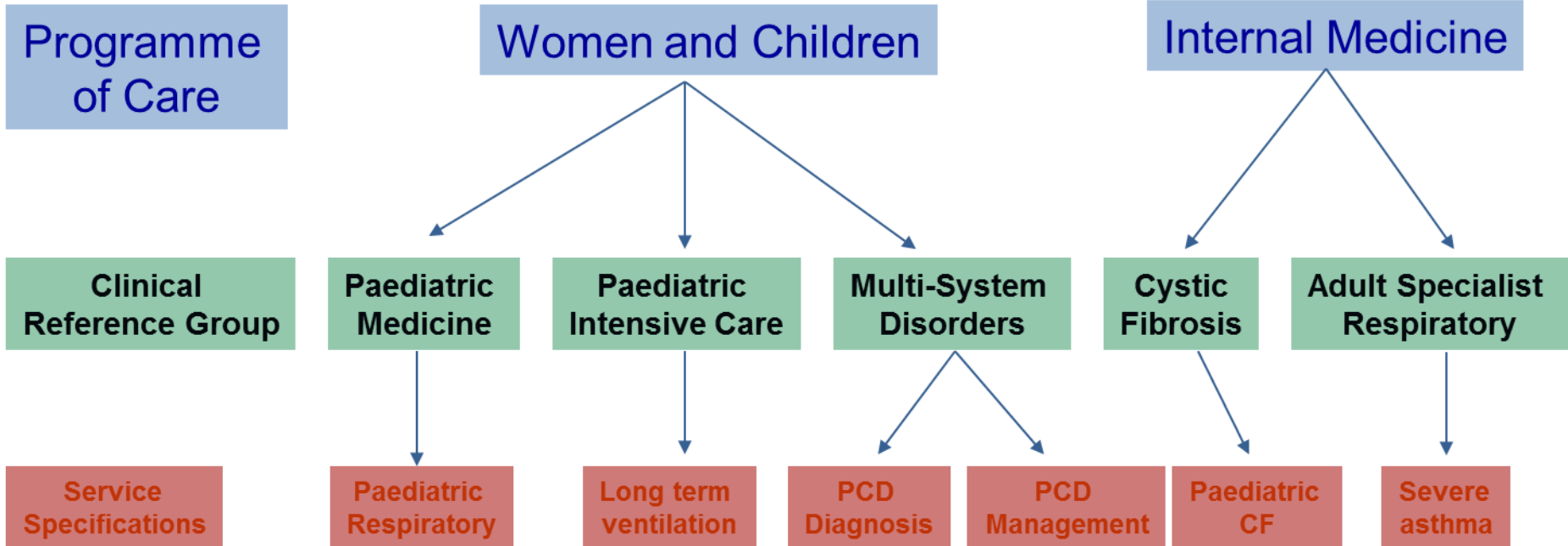
Royal Brompton & Harefield **NHS**  
NHS Foundation Trust

Imperial College  
London

# Overview

1. Background
2. CQUIN
3. Future developments

# Commissioning



Severe asthma  
Sleep and NIV  
Bronchiectasis  
Orphan diseases

# Tertiary Severe Asthma

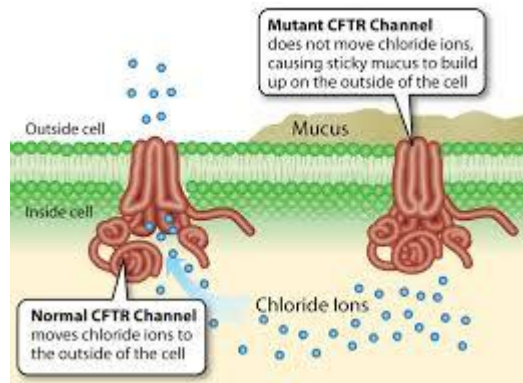
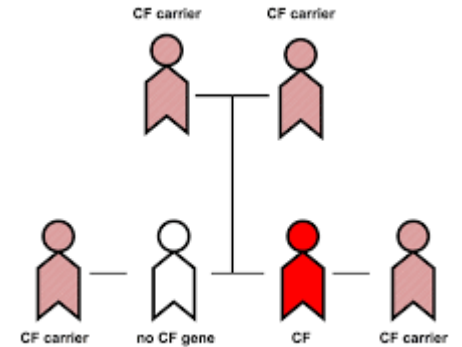
- Service specification:

***“Difficult to control asthma: 1°→2°→3°→2° shared care and acute admissions. Majority of cases looked after in 1° or 2° care. Difficult asthma e.g. stage 3 or 4 but still symptomatic esp. if high dose inhaled corticosteroids, and all stage 5 (aged 5+ yrs) or stage 4 (<5 yrs) as per SIGN/BTS 2011 guideline.”***

# Problems with Current Model

- Definition of severe asthma
- Very little detail as to what service should be provided
- In some areas very there isn't a clearly defined service (in others too many)
- The value of referring to a specialist team is unclear
- Transition

# CF as an Exemplar



# Adult Severe Asthma

## A Network-Based Approach for Specialised Severe Asthma Services

*A proposal to support specialised commissioning  
for adult severe asthma services*

*Sent to NHS England on 14 July 2014*

### List of Contributors:

<i>Midlands</i>		
Dr Ruth Green, University Hospitals of Leicester NHS Trust	Dr Rob Niven, University Hospital of South Manchester NHS Foundation Trust	
Dr Tim Harrison, Nottingham University Hospitals NHS Trust	Dr Dorothy Ryan, University Hospital of South Manchester NHS Foundation Trust	
Dr Adel NHS Fou	<i>Northern Ireland</i>	of
Dr Domi Universi	Professor Liam Heaney, Queens University, Belfast	on
<i>London</i>		
Dr Runa Mr Hasa Trust	<i>Asthma UK</i>	
Dr Simo NHS Tru	Sophie Cramb, Policy Officer	
Dr Andy Brompto Foundat	Emily Humphreys, Head of Policy and Public Affairs	lation
Professe Universi	Deborah Waddell, Lead Clinical Advisor	sity lation
<i>North</i>		
Dr John Hospital	Dr Samantha Walker, Executive Director, Research and Policy and Deputy Chief Executive	NHS
Dr Ian C Hospital		
Dr Stepl Teaching Hospital Foundation trusts	Val Hudson, person with severe asthma	of
Dr Bernard Higgins, Newcastle upon Tyne NHS Foundation Trust		ures
Dr Jaymin Morjaria, Hull and East Yorkshire Hospitals NHS Trust	Dr Daniel Menzies, NHS Wales	
	<i>Scotland</i>	
	Professor Neil Thomson, University of Glasgow and Gartnavel General Hospital	

# Adult Severe Asthma Service

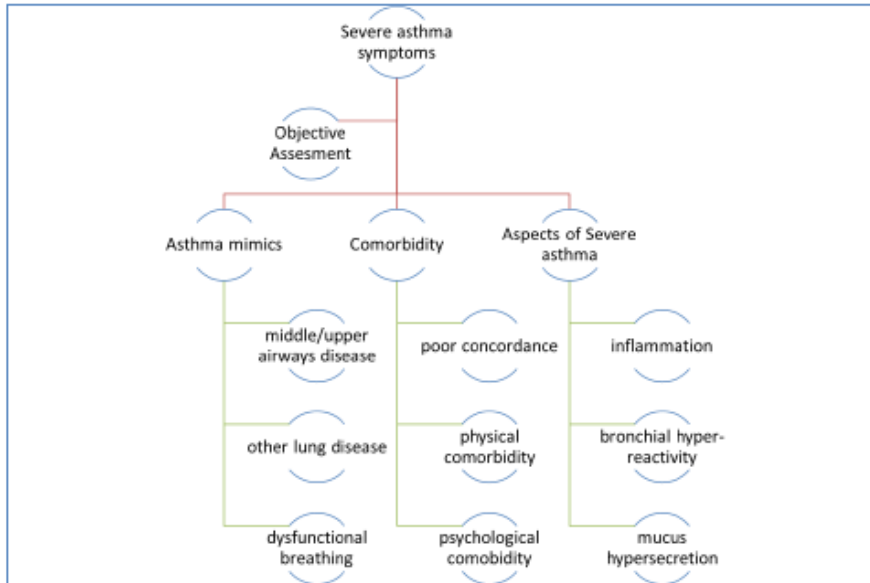
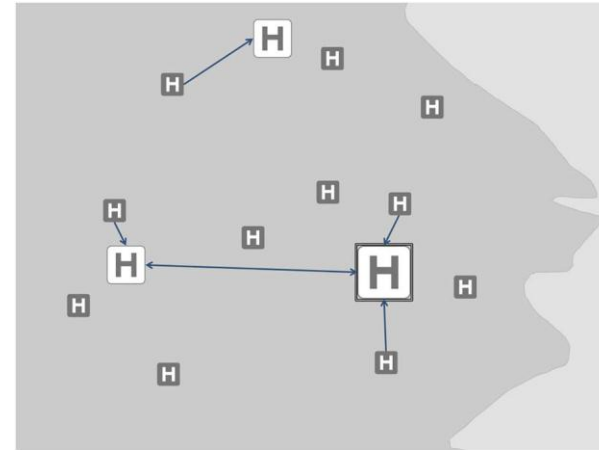


Figure 1: Example of the complex severe asthma pathway which needs to be addressed in specialist severe asthma clinics.



Hub and Network Model

The Difficult Asthma Patient

S3 The uk's largest severe asthma multidisciplinary team meeting: experience from the first 18 months

D Ryan<sup>1</sup>, R Niven<sup>1</sup>, H Burhan<sup>2</sup>, J Corless<sup>3</sup>, S Diver<sup>1</sup>, S Fowler<sup>1</sup>, D Menzies<sup>4</sup>, R O'Driscoll<sup>5</sup>, S Scott<sup>6</sup>, N Sehgal<sup>7</sup>, A Vyas<sup>8</sup>, D Allen<sup>7</sup>, J Blakey<sup>9</sup>, B Kane<sup>3</sup>

Author affiliations



Chest clinic



OPINION

Specialised commissioning for severe asthma: oxymoron or opportunity?

Binita Kane,<sup>1</sup> Sophie Cramb,<sup>2</sup> Val Hudson,<sup>2</sup> Louise Fleming,<sup>3</sup> Clare Murray,<sup>4</sup> John D Blakey<sup>5,6</sup>



WONT SOMEBODY PLEASE THINK OF THE CHILDREN!

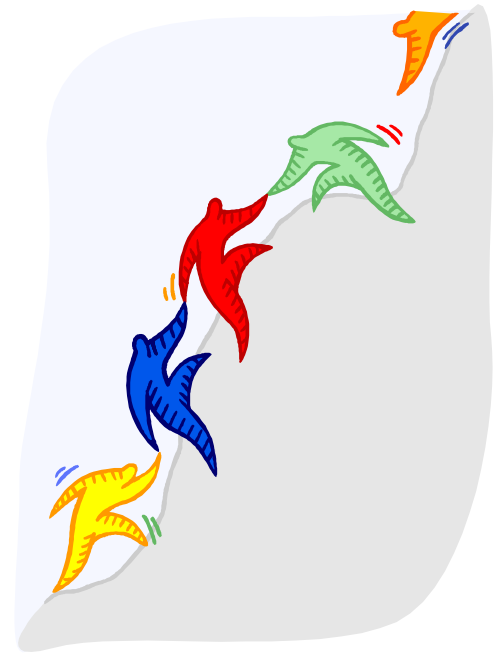


# National Network

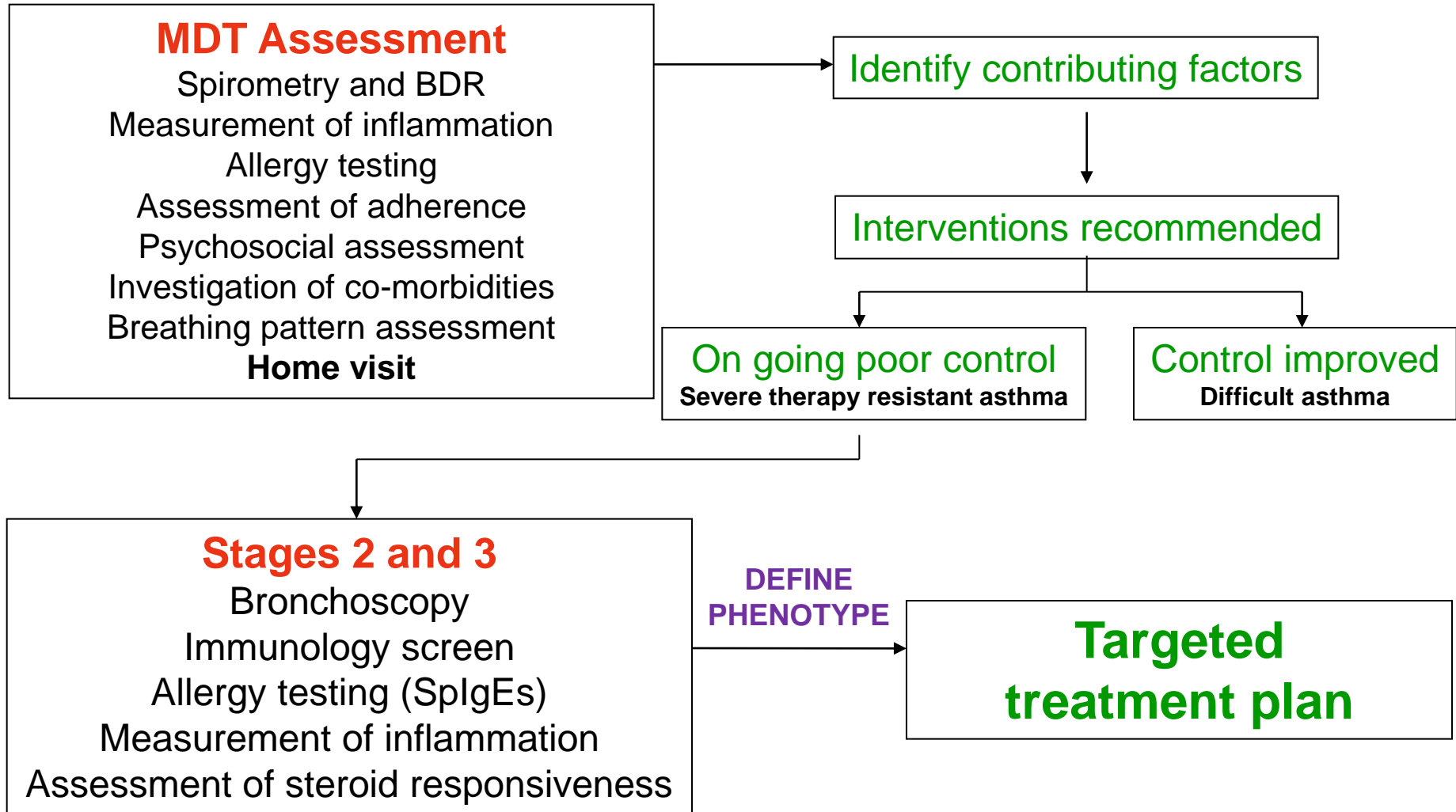
- Unified approach to the MDT assessment of children with PSA
- Ensure children are referred to appropriate services
- Understand more about clinical characteristics of children with PSA
- Identify children for future studies

# Members of the Team

- Children's asthma nurse specialists
- Respiratory Paediatrician
- Psychologist
- Physiotherapist
- Safe guarding nurse
- Social Worker
- Allergist, dietician



# Structured Assessment



# The importance of nurse-led home visits in the assessment of children with problematic asthma

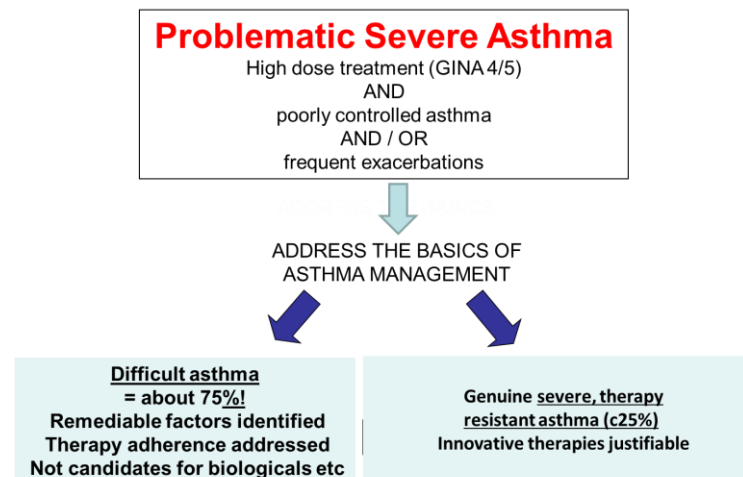
M Bracken,<sup>1</sup> L Fleming,<sup>2</sup> P Hall,<sup>1</sup> N Van Stiphout,<sup>1</sup> C Bossley,<sup>1</sup> E Biggart,<sup>1</sup> N M Wilson,<sup>1</sup> A Bush<sup>1</sup>

Eur Respir J 2012; 40: 264–278  
DOI: 10.1183/09031936.00209511  
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## LETTERS

### Long-term effectiveness of a staged assessment for paediatric problematic severe asthma



# UK Paediatric Difficult Asthma Network Registry

## Welcome to the UK Paediatric Difficult Asthma Network Registry

Over 1 million children in the UK are diagnosed with asthma. Most of these are well controlled however some continue to have frequent symptoms and asthma attacks despite high intensity treatment – these children have problematic severe asthma (PSA). This has a significant impact on their quality of life and represents a significant burden to the NHS. At present we do not know how many children there are in the UK with PSA and whether they are being assessed appropriately.

The aim of this registry is to help us to understand more about the clinical characteristics of these children and ensure that they receive the appropriate multi-disciplinary assessment. It will enable us to track clinical progress. It will also help us to identify children with severe therapy resistant asthma and enable the development of targeted treatment.

### Dr Louise Fleming

*Clinical Senior Lecturer Imperial College, London and  
Honorary Consultant Respiratory Paediatrician, Royal Brompton  
Hospital*

#### Web Registry Powered by Dendrite Clinical Systems Ltd



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Please [click here](#) for access to the  
**demonstration** registry.

LOGIN

REGISTER

# National CQUIN 2016 - 17

- 2016-17: assessment of children and young people with problematic severe asthma
- Dedicated MDT (Respiratory Paediatrician, CNS, physiotherapist and psychologist)
- MDT assessment within 16 weeks
- Data entered on national registry

# Local CQUIN 2017 - 18

- In addition to the 12 weeks MDT assessment:
- Establish a hub and spoke network model
  - Establish a network of care working alongside primary and secondary care
  - Clear information about who is responsible
  - Describe and develop care pathways
- Establish a clinical network between specialist centres
  - Share learning
  - Develop guidelines and protocols
  - Research and academic opportunities

# Key Features of a Hub and Spoke Model

- Designated regional severe asthma centres: hubs
- Hubs undertake the MDT assessment
- Act as gatekeepers for expensive drugs and interventions (for example initiation of treatments such as omalizumab)
- Each secondary care centre (spoke) has a clearly defined regional severe asthma service (hub) and clearly defined referral criteria and pathways
- Regional MDTs (or “virtual” MDTs) held between the hub and each of its spokes
- Patients repatriated to the spokes once issues contributing to poor control have been addressed and /or they have been established on an appropriate treatment
- Process for revaluation
- Spokes act as a hub for primary / community care



# Mapping the Network

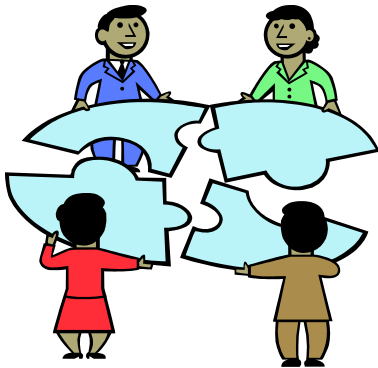
- 3 centres eligible for the CQUIN (RBH, KCH, GOSH)
- Other tertiary centres in London (SGH, RLH, GSTT)
- Current referral pathways to DA service don't necessarily follow other tertiary respiratory referrals
- Benchmarking exercise (understand what is currently available, current referral pathways, members of MDT in each centre, number of referrals)

# Referral Guidelines

- Children with asthma under consideration for other biological agent such as omalizumab, other monoclonal antibody or immunosuppressive treatment
- Children prescribed maintenance corticosteroids
- Children with poor control despite high dose treatment (Step 4/5)
- Other considerations:
  - Diagnostic uncertainty
  - Complex psychosocial / safeguarding issues
  - Dysfunctional breathing
  - Enrolment in clinical studies

# Work in Progress....

- Improved networks involving primary, secondary, tertiary and community care in London
- More robust referral pathways including transition
- National service specification for paediatric severe asthma?



**Thank you**