

Primary Care Standards: Managing Asthma in Children & Young People

Greater Manchester, Lancashire & South Cumbria

### Partners involved: Asthma Special Interest Group – members including: Primary, Secondary and Tertiary Care Clinicians, commissioners, third sector etc.

# Background

Over a million children in the UK are currently receiving treatment for asthma. Many children with asthma have poor control of their condition, often as a consequence of poor compliance with therapy. This may lead to exacerbations of the condition and hospital admissions.

As outlined by Public Health England via the Child Health Profiles, admissions due to Asthma for children and young people (0-19 years) remains significantly higher than the England average across Greater Manchester & Lancashire.

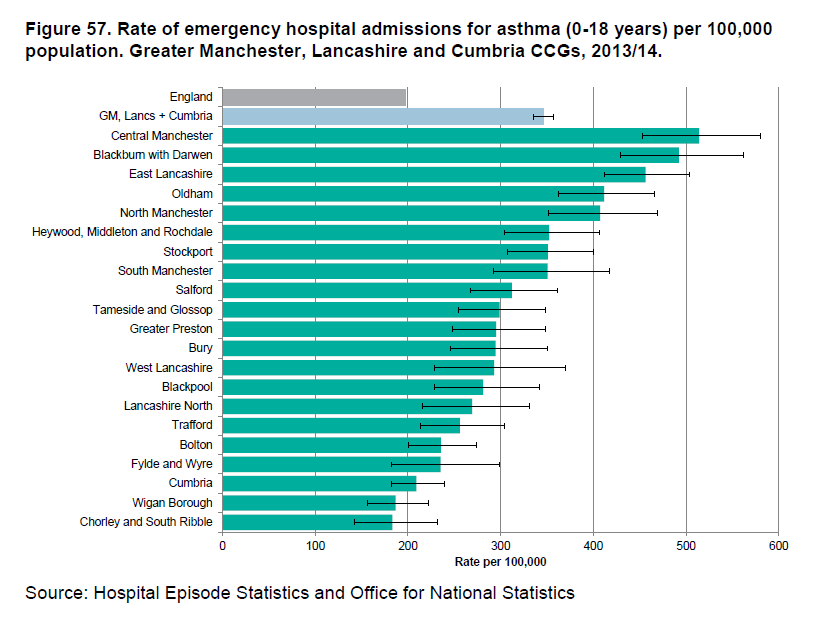


Figure 57 shows the admission rates for CCGs in Greater Manchester, Lancashire and Cumbria. The rates for Chorley and South Ribble, Wigan Borough, Cumbria, and Fylde and Wyre are not significantly different to the England average, but the remaining 16 CCG areas have rates that are significantly worse.

No CCG has a rate which falls below the median national rate, while 16 CCGs (76% of the 21 Greater Manchester, Lancashire and Cumbria CCGs) have rates that are within the highest 25% in England. A number of CCG areas have emergency hospital admission rates for asthma among children aged 0-18 years that are among the very highest (10%) nationally: Central Manchester (211th out of 211 CCGs), Blackburn with Darwen (210th), East Lancashire (209th), Oldham (208th), North Manchester (207th), Heywood, Middleton and Rochdale (201st), Stockport (200th), South Manchester (199th), Salford (193rd) and Tameside and Glossop (191st).

The aim of asthma care is to control symptoms and enable people to lead a normal life. Emergency admissions indicate a loss of control of the condition, and many of these could be avoided through early identification and effective and proactive management the condition. The goal of treatment is for patients to be free of symptoms, and able to lead a normal, active life.

A plethora of evidence suggests that up to 90% of all asthma admissions are preventable through better management in primary care.

# What happened?

The Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network (SCN) was established to promote effective collaboration across traditional and organisational boundaries to facilitate and enable health professions to work in partnership with the public, patients and carers to ensure the best use of resources, facilities, knowledge and experience.

Following extensive consultation with our stakeholders the Children & Young People’s (CYP) Asthma Special Interest Group was established focused on improving outcomes for children and young people with asthma.

Under the clinical leadership of Dr Kathryn Bibby, GP with Special Interest in Paediatrics, the group has drawn together a suite of minimum standards aimed at reducing variation in care and improving outcomes across all aspects of asthma care (0-19yrs) in primary, secondary and community care.

# What was the outcome?

This document draws together national best evidence and clinical consensus to set the minimum standards for care delivered to children and young people with asthma in Primary Care.

# Next Steps

NHS England Greater Manchester Area Team has already begun to implement some of the standards and the SCN is currently working with commissioners to develop a plan to support full implementation.

The working group is also in the process of developing standards following the same format for the Emergency Department and all areas of secondary care both inpatient and outpatient

**What was learnt?**

Success was driven by dynamic clinical leaders who came together to drive this agenda forward. Using national guidelines the current best evidence was brought together into an easy use document to be used by clinicians and commissioners alike setting SMART standards with clearly identified rationale, measures, and benefits

Working across a large footprint with so many stakeholders it can be challenging to ensure wide clinical consensus. In order to overcome this, the SCN undertook extensive clinical and commissioner consultation across many professional groups.

# Top tips

The standards do require a change to current working practices and therefore it is essential to include Primary Care commissioning in the working group from the outset to ensure full engagement in the process

# Who should people contact for further information?

For further information please contact: [**Julia.charnock@nhs.net**](mailto:Julia.charnock@nhs.net)