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| **Title of Project** | ***Itchy Sneezy Wheezy*** |
| **Organisations involved in project** | West London (WL), Central London (CL) and Hammersmith & Fulham (H&F) Clinical Commissioning Groups (CCG’s). This was initially funded by the NIHR CLAHRC. Now extending to all NW London and other UK regions |
| **Aims** | Improve the health outcomes for children with common allergic conditions including eczema, asthma, hayfever, food allergies and anaphylaxis. |
| **Rationale** | **Local Healthcare analysis**  The 2011 JSNA showed wide variation in the diagnostic prevalence for asthma ranging from 5-15% in adjacent general practices (expected 20%-25%)1. Practices with the lowest diagnostic rates had higher rates of emergency admissions with respiratory and allergic conditions. Costs for hospital related admissions had been steadily rising prior to introduction of this programme:  Costs(£) of asthma and allergy related hospital admissions for each then PCT over 3 years:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | PCT | 2008/09 | 2009/10 | 2010/11 | Grand Total | | H+F | 558,691 | 608,902 | 631,084 | 1,798,677 | | K+C | 418,469 | 414,499 | 463,043 | 1,296,011 | | Westminster | 614,179 | 574,338 | 650,354 | 1,838,871 | | *Grand Total* | *1,591,339* | *1,597,739* | *1,744,481* | *4,933,559* | |
| **Development** | **To raise awareness and recognition of allergic disorders and their management:**  **To develop a multidisciplinary education and training programme**  Aimed to improve clinical competences of primary and community providers to recognise and manage allergic conditions. common  **Improved Clinical service provision: quality of care accessibility and cost effectiveness**  To provide experiential practice within the training programme and provide a cost effective, accessible clinical service outside the hospital setting.  **Integration without structural change**  To create opportunities for professionals to work more closely together sharing knowledge and skills.  **Improve patient experience and patient public involvement**  To involve parents and patients in shaping the services and by the application of the allergy specific PREM which we developed to monitor the implementation project. |
| **What did we do?** | **Quality Improvement** **Methodology**: using evidence based tools supported by CLARHRC and NIHR.  **Project board**: bringing together a broad cross section of representation across the local service providers, carers, young people, patient representatives and charitable organisations.  **Patient engagement:** service users and carers integral in developing this new model of service delivery to affect change locally.  **Training and Development**  A 12 month rolling programme of training using:  Educational workshops  multidisciplinary audience  wide variety of settings (community health centres, schools, GP practices and hospital)  theoretical and practical components  Online resources on our website: [www.itchysneezywheezy.co.uk](http://www.itchysneezywheezy.co.uk) incorporating educational slide packages, practical video demonstrations, care plans and patient reported experience measures.  **Multidisciplinary clinics outside the hospital setting** across the 3 CCG’s.  MDT Consultant led clinics with nurse and dietician in community settings,  Nurse and dietician led clinics  Nurse led clinics in baby clinics with health visitors  **Professional network** **development**.  Networking between professionals from primary care, community and secondary and tertiary providers |
| **Challenges**  **Top Tips** | Convincing commissioners and getting buy-in from all stake-holders  Accessing linked data in order to track patients through the services from primary care, 111, A&E, hospital out-patients and admissions.  Acquiring sufficient data to produce robust health/ economic evidence of efficacy. |
| **Outcomes** | **Clinical activity: (Table 1-5)**  144multidisciplinary clinics outside the hospital setting (Consultant, nurse led with dietician, nurse led with Health visitors)  612children and their families seen.  Two thirds of children had 2 or more allergic conditions  Two thirds of children had skin prick testing  One third of families had dietician advice, mostly on food avoidance  All parents given a written management plan, education and training on the treatment for their child  **Training and development: ( Table 6)**  44 sessions provided and 324 professionals trained  Increased professional confidence as measured by questionnaire scores pre and post training, (p<0.0001) overall with breakdown by disease; competence more difficult to assess other than by monitoring health outcomes.  Asthma diagnosis (p<0.05) and treatment (p<0.01)  Allergic rhinitis diagnosis (p<0.0001) and treatment (p<0.0001)  Food allergy diagnosis (p<0.0001) and treatment (p<0.0001)  Eczema diagnosis (p<0.05) and treatment (p<0.001).  Better recognition of allergic disease and complexity8  **Impact on unscheduled care: (Table 7)**  **13% reduction** in children attending St Mary’s Accident and Emergency Department with asthma, respiratory and allergic conditions when compared to 2012.  Reduced asthma admissions in tri borough compared to outer boroughs and in contrast to the national trends in asthma admissions  **27% reduction** in emergency admissions compared to a 5% reduction in adjacent CCGs not involved.  **Patient experience**  Development of validated patient experience measures in paediatric allergic conditions  98% parents reported high or very high levels of patient satisfaction with the service they received using a validated Patient Reported Experience Measure  **GP feedback**  “I have found the paediatric allergy service very useful.  I have only referred one patient so far that I can recall but she was seen quickly and I believe her parents were happy with the service.  I think it would be a shame to lose this service.”  “Great for patients and a very useful resource. Feedback from patients uniformly positive. Clear management plans for us to follow. Would have liked to integrate more on patient management and for GP education.”  “My experience of the service has been very positive. Patients get a prompt response, we get a report that is informative and helpful and parents are very positive about how helpful they find the service. So only good things to say. I have had no negative feedback.”  “This service is a welcome addition to the increasingly complex primary care world. It is an extra benefit to patients that it takes place in the community, in a setting familiar to families and far less anonymous than a hospital outpatient setting.”  “The service we host at Paddington green health centre is run by pleasant, efficient and responsive team of doctors and nurses from the chest and allergy Paeds department of St Marys/ Imperial .We can liaise easily regarding patients too.”  “I have only had positive feedback from patients parents and children to endorse my experience of referring to the service.”  “Overall this is a well set up service, which will leave a gap if it was to be closed down . This would be a backward step in the running of the health service as needed in today .I have no idea of the cost efficiency in running this service but do know that not all measures of quality and good service can be measured in numbers .” |
| **Benefits** | **Quality:**  The service has provided high quality allergy care in the community and has been one of the first in the country to improved access in the community to allergy diagnosis. It has delivered early intervention for allergic conditions which are the commonest cause long term health conditions in paediatrics reducing the need for emergency and unscheduled care. Patients and carers have been involved from inception in the service development. Feedback from stakeholders has been positive. Patient experience measures of those seen in the community are equivalent to that of patients seen in the tertiary level clinics.  **Cost effectiveness**  Reduced cost of consultant led clinics (£17 per patient) £263 vs £290 in community vs OPD  What we have now developed is a more cost effective nurse led model. This still enables liaison between primary, secondary, tertiary and community services whilst allowing more patients to be seen and treated closer to home.  Savings in reduction of A+E attendances and emergency admissions currently undergoing expert health/economic evaluation but rough estimates suggest savings of £400,000**Integration of care**:  Earlier and easier access to specialist advice has led to earlier intervention and delivered improved outcomes and standards of care.  **Role of the specialist nurse:**  This role has been key in the development of all aspect of the service and creating the networks across the care providers (community based school nursing, health visiting and children’s community nursing with the secondary and tertiary care staff) In the longer term this could be used to develop community practice as well as individual professional development |
| **Sustainability** | To sustain this service a meaningful commitment from the community provider is need. If care is to be moved downstream successfully. Resource should be focussed on staff developed to enhance clinical outcomes of health visitor and school health reviews for example. |
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**References:**

Joint Strategic Needs Assessment for Kensington and Chelsea, Hammersmith and Fulham and Westminster 2011

Why asthma still kills, The Nation Review of Asthma Deaths (NRAD), Confidential Enquiry Report May 2014, Health Quality Improvement Partnership, Royal College of Physicians

Health and Social Care Information Centre: Provisional Monthly Hospital Episode Statistics for Admitted Patient Care, Outpatients and Accident and Emergency Data - April 2013 to February 2014. Published 3rd June 2014 <http://www.hscic.gov.uk/catalogue/PUB14196>

Punekar, Y. Sheikh, A. (2009) Establishing the sequential progression of multiple allergic diagnoses in the UK birth cohort using the general practice research database, *Clinical Exp Allergy* 39(12) pp 1889-1895

Levy, M. Walker, S. Woods, A, Sheikh, A. (2009) Service evaluation of a UK primary care based allergy clinic: quality improvement report, *Primary Care Respiratory Journal* (18)4, pp 313-319

Ellis, J. Rafi, I. Smith, H. Sheikh. A. (2013) Identifying current training provision and future training needs in allergy available for UK general practice trainees: national cross-sectional survey of General Practitioner Specialist Training programme directors, *Primary Care Respiratory Journal* (22) 1 pp 19-22

Hazeldine M, Worth A, Levy ML, Sheikh A. Follow-up survey of general practitioners' perceptions of UK allergy services. *Prim Care Respir J* 2010;19(1):84-86.

“Itchy-Sneezy-Wheezy” Survey 2013: Comparison of GP referral reasons to diagnoses on first allergy clinic letters.(Authors: S. Taha, N. Patel, C. Gore)