



# North West London CYP asthma meeting

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# 04

Itchy Sneezy Wheezy: NWL Allergy and Asthma Network - What Next?

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Imperial College Healthcare Trust



# ISW: NWL Allergy and Asthma Network - What Next?

February 27<sup>th</sup> 2019

Dr Sharon Hall







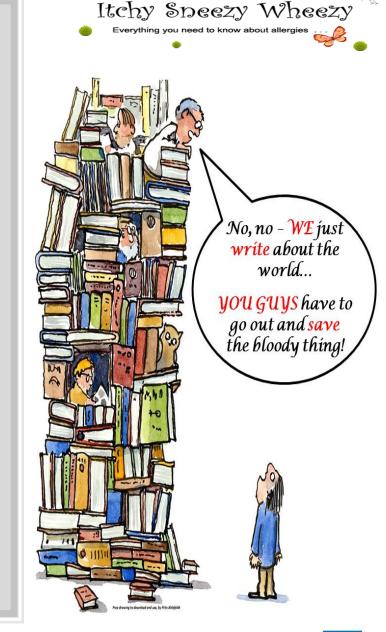
### Overview

- Background of Itchy sneezy
   Wheezy
- The NWL Regional Allergy and Asthma Network
- Clinical networks in the NHS
- Opportunities for Asthma Care in NWL London



# A view from specialist allergy services

- Specialist services overloaded with excessive waiting times for new appointments
- The ticket into specialist allergy services is food allergy and not asthma but the latter as a common co-morbidity is very badly managed
- The importance of allergy in eczema, asthma/rhinitis, gastro-intestinal symptoms is not recognised
- Few HCPs have the competence to interpret allergy test results







A view from patients and

carers **Urgent** A&E care **GP** Health visitor Pharmacist Web/ Media Social Media/Mumsnet **Complimentary Practitioner Nutritionist** Support groups **Paediatrician Dietician** Friends and Imperial College Healthcare family **Dermatologist** Gastroenterologist

**Allergist** 





### Still not meeting the unmet need

2003	RCP - Allergy: the unmet need	Highlighted postcode lottery	
2004/5	Parliamentary Health committee	Endorsed RCP report and recommendations	
2005/6	Dept. of Health response	No immediate action…more information required	
2007	Science and Technology committee (HoL)	Focus on research but accepted this was compromised by lack of service provision	
2009	Department of Health	Allergy Care Pathways Project	
2010	ROP/ROPath	Allorgy services. Still not meeting the unmet need	







# RCPCH care pathways

#### **Focus**

- 1. Anaphylaxis
- 2. Food allergy
- 3. Asthma/ Rhinitis
- 4. Eczema
- 5. Urticaria
- 6. Drug allergy
- 7. Latex allergy
- 8. Venom allergy

#### Content

- An algorithm of the stages of care of the ideal pathway
- 2. The **competences** required to deliver the ideal pathway

Each pathway has a set a core knowledge documents







# RCPCH care pathways

Initial recognition

- Initial recognition
- Consider onward referral

Confirmed diagnosis

- History is paramount!
- Competence for investigations

Management

- Written management plan
- Consider onward referral

Ongoing management

- Review diagnosis
- Review management plan

Communication

http://www.rcpch.ac.uk/allergy



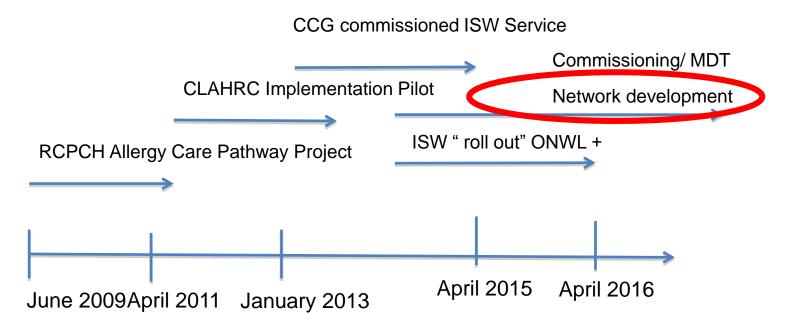


Fig. 1 Itchy Sneezy Wheezy – integrated allergy care for all children





#### Follow Our Story . . .

Please select the section you require information on by clicking the coloured boxes below:



#### **Health Professionals**

This section contains comprehensive information on allergy providing learning and clinical resources.

#### Allergy Videos

This section contains videos to help you with the management of allergy conditions

#### Public

Here you will find information to help you understand allergy





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## **Itchy Sneezy Wheezy 1**

What intervention was implemented?

Multidisciplinary allergy services in the community

Training & development

#### **Consultant-led clinics**

- + Specialist nurse
- + Paediatric dietitian

#### **Specialist nurse-led clinics**

+/- Paediatric dietitian (Consultant supported)

Specialist nurse-led drop in clinics in health visitor clinics

#### **Educational workshops**

for GPs, nurses, health visitors, consultants...

Teaching MDT clinics

Website



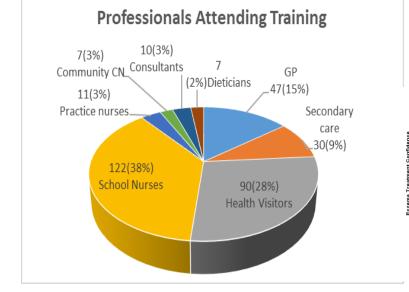
### **Educational Outcomes**

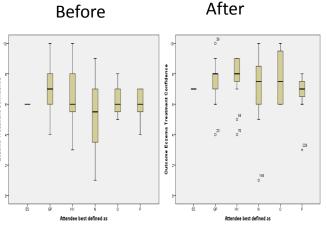
- 44 Educational sessions
  - Study days, alert to asthma, Introductory sessions
  - Asthma/Rhinitis, Food
     Allergy, Eczema
- 324 Professional Trained

Improved professional confidence

Condition	Diagno sis	Treatment
Asthma	p<0.05	p<0.01
Allergic rhinitis	p<0.0001	p<0.0001
Food Allergy	p<0.0001	p<0.0001
Eczema	p<0.05	P<0.001

#### **Eczema Treatment Confidence**





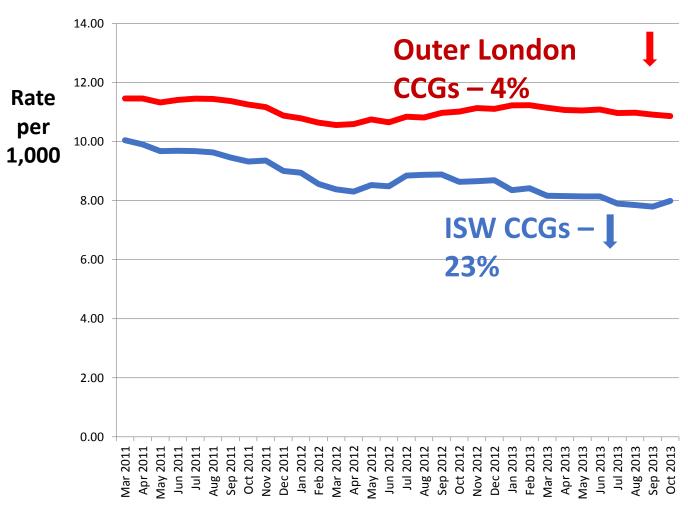


### Reduced Admissions

		Emergency admissions per 1000 population (aged 0-18)		% change in
		Baseline Apr 2010 – Mar 2011	After ISW Nov 2012 – Oct 2013	admission rate
All	INWL	11.1	8.5	-23%
Admissions	Outer	12.3	11.2	-9%
Asthma	INWL	8.3	6.1	-27%
	Outer	8.5	7.6	-11%
Food allergy	INWL	2.4	2.0	-18%
	Outer	3.4	3.4	-1%



# Paediatric emergency admissions for allergic diseases in the ISW CCGs compared with Outer London CCGs



### **Methods**



#### **Project board**

Stakeholders: Primary care, community, secondary, tertiary, commissioners, CHLAHRC, Patients, Carers, Charities

**Consultant and Asthma Care Training & Development** specialist nurse **Pathways** asthma clinics **Implementation** (outside hospital setting) **Educational Consultant + specialist** Workshops nurse + dietician **Specialist Nurse** multidisciplinary allergy asthma clinic clinics (community) **School Outreach Consultant MDT** asthma clinic (specialist **Teaching MDT Clinics** nurse+dietician **Nurse led** asthma clinics Website: Dietetic led allergy www.itchysneezywheezy.co.uk clinics





# **Itchy Sneezy Wheezy 2**

What was achieved?

Asthma pathway

**ED** care bundle

**High-risk patient referral process** 

Specialist nurse-led rapid review clinics

Training & development

**Educational workshops** 

for GPs, nurses, health visitors, consultants...

Regional allergy network

**MDT** meetings

Multidisciplinary allergy services in the hospital

**Consultant-led clinics** 

+/- Specialist nurse

+/- Paediatric dietitian

Successful CQUIN



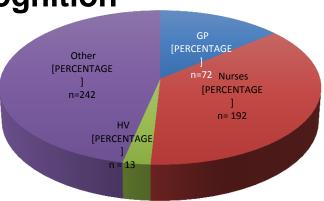
# Education and Training ISW ONWL Professionals Trained

Raised awareness and Recognition

Training Package developm

- 52 sessions

- 519 Professionals trained



**MDT Network Development** 



# NWL Regional Allergy and Asthma Network



- First allergy Network Meeting 2014
- Need for regional network to share education and learning, guidelines, innovation and progress, combining allergy and asthma and continue collaboration.
- Established as 3 half day meetings a year
- Rotating across host sites in the NWL
- Open to all MDT professionals in NWL and healthcare professionals involved in referral pathways linked from the surrounding counties
- Voluntary participation



### Current Format of Network Meetings

- Half day meeting on Friday afternoons
- 50% Allergy and 50% asthma approximately
- Agenda set by hosting site with support
- Content examples:
  - Educational topics/lectures
  - Audit presentations
  - Case presentations
  - Updates/Shared on Guidelines
  - Updates on Research



16:45 Close





North and West London Regional Paediatric Allergy and Asthma Network Meeting

Friday May 18th, 13:00-16:45 pm

St Mary's Hospital – The Wolfson Lecture Theatre Postgraduate Education Centre, The Mint Wing South Wharf Road. Paddington W2 1NY

#### Programme:

13:00	Registration and Welcome	Dr Sharon Hall
13:15	An Update on FPIES - FPIES case presentations	Dr Constantinos Kotsapa
	- Challenges in Diagnosis and Management	Dr Marta Vazquez- Ortiz
	- Weaning a child with FPIES	Anna Conrad
14:15	Case Presentation: 'To Eat or Not to eat'	Dr Thisanagayam Umasunthar
14:30	"I've read about this new treatment for food allergies Doctor"	Dr Nandinee Patel
14:45	Break	
15:00	'Approach to Managing Severe Asthma'	Dr Samatha Sonnappa
15:45	'How to spot 'Fake Research' in Allergy'	Dr Robert Boyle
16:30	AOB, dates for future meetings and Feedback	

Open to community and hospital based nurses, practices nurses, school nurses, welfare officers, general practitioners, dieticians, pharmacists, hospital doctors and trainees......

Please contact :

Sharon.hall4@nhs.net to confirm attendance



### **Participants**

- Open to all healthcare professionals
- Representation from all 8 boroughs and surrounding counties
  - Secondary care doctors
  - Trainees
  - Specialist nurses (respiratory, allergy)
  - Paediatric Nurses
  - Community Nurses
  - Dieticians
  - A&E
  - Health visitors
  - (Gp's)
- Voluntary
- No administrative support
- Certificate of attendance/ Feedback
- Developing dietetic group



### What are Networks

 "Linked groups of professionals and organisations from primary, secondary and tertiary care, working in a co-ordinated manner, unconstrained by existing and professional (and organisational) boundaries, to ensure equitable provision of high quality, clinically effective services"

The Scottish Office Department of Health, 1999 The Introduction Of Managed Clinical Networks in Scotland



### Why have networks?

- Promote uptake of evidence based practice
- Drive improvements in standards of patient care
- Engage clinicians in improved models of care
- Integration of services and multidisciplinary
- Allow for continuous working relationships across boundaries
- Improved flow of knowledge and best practice between individuals and organisation
- Improved quality and access of care for patients



### Types of Network

Bringing networks to life

#### Appendix 1 - Types of networks

Figure 1 demonstrates the continuum of network forms (courtesy of Dr Andy Mitchell, NHS London)

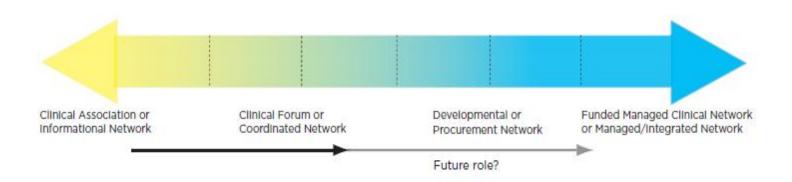


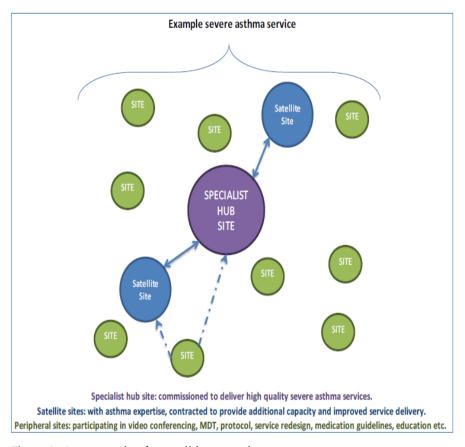
Figure 2 demonstrates how network function becomes more complex within the context of delivery of care -

Bringing Networks to Life- An RCPCH guide to implementing Clinical Network March 2012

# Functions of Different Types of Networks

#### Architecture and function of types of networks Increasing Complexity **Planning** Coordination Implementing Service Reconfiguration Strategy Service Sharing Good Clinical Process & Improvement Practice Pathway Development Performance QA & Designation Management Formal & Specification & Informal & Commissioning Contract Management Advisory Advisory & Resources Collaboration **Executive Commissioning**

# Network Arrangements – hub spoke models



dachiscomoration com

Figure 3: One example of a possible network arrangement.

# Patients Asthma Network: Understanding Who is Important and Why

Health Expectation 2015 Dec 18(6): 2595-2605

#### Health Connections Advice and Support

- Professional Health connections:
  - · GP, specialist, Pharmacists, nurses
  - Medications and diagnosis
- Personal Connection:
  - · Family and friends
  - Others with asthma/peer support
  - Physical and emotional support
  - Assistance and on-going day to day advice
- Impersonal Connections
  - · Videos, online resources, Internet, social media

#### Factors influencing who and how patients utilise multidisciplinary care

- Perception of the role of the Health care professional
- Trust in the relationship
- Convenience of the Healthcare advice
- Perception of their asthma



# What are Some of the Opportunities from a clinical Perspective?

- Linked community  $1^{o} \rightarrow 2^{o} \rightarrow 3^{o}$  clinical severe asthmanetwork
- Regional audit and benchmarking to drive change and target improvement
- Peer review clinical meetings
- Patient networks
- Opportunity to develop cohesive model of care for asthma informed by data and patient outcome across NWL



# What opportunities are there from an Educational and training Perspective?

- Better collaboration across the NWL to share training and educational material
- Shared development of educational resources for healthcare professionals and patients
- Develop IT solutions for sharing information for healthcare professionals and patients (e.g. NW allergy network, social media etc)
- Co-design asthma care with patients directed at outcomes that will matter to patients



### Overcoming Potential Challenges for Managed Clinical Networks

- Resistance to Change
  - Are we meeting needs and standards?
  - Are there equality of services?
  - Patients involvement in planning services for CYP with asthma
- Evidence for network model
  - Measuring Quality of care over time (WISIC)
  - PREM/PROM
- Funding
  - Addressing within the commissioning framework
- Governance arrangements
  - Shared vision and objectives
  - Representative Networks of all stakeholders
  - Adequate organisational governance, IT, HR and communication arrangements