



**Healthy London  
Partnership**



**North West London**  
Whole Systems Integrated Care

# **North West London CYP asthma meeting**

Supported by and delivering for:



Public Health  
England



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**MAYOR OF LONDON**

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

Imperial College Healthcare

NHS Trust



# Asthma Big Room

A focus on quality improvement

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# Introduction

- Background
- The asthma big room
  - What is the big room?
  - How did it come about?
  - What has the big room been doing?
- Next steps
- Get involved



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# Asthma big room

*“Improve the recognition and management of asthma and wheeze in children and young people in North West London through the delivery of consistent, high quality, person-centred care”*

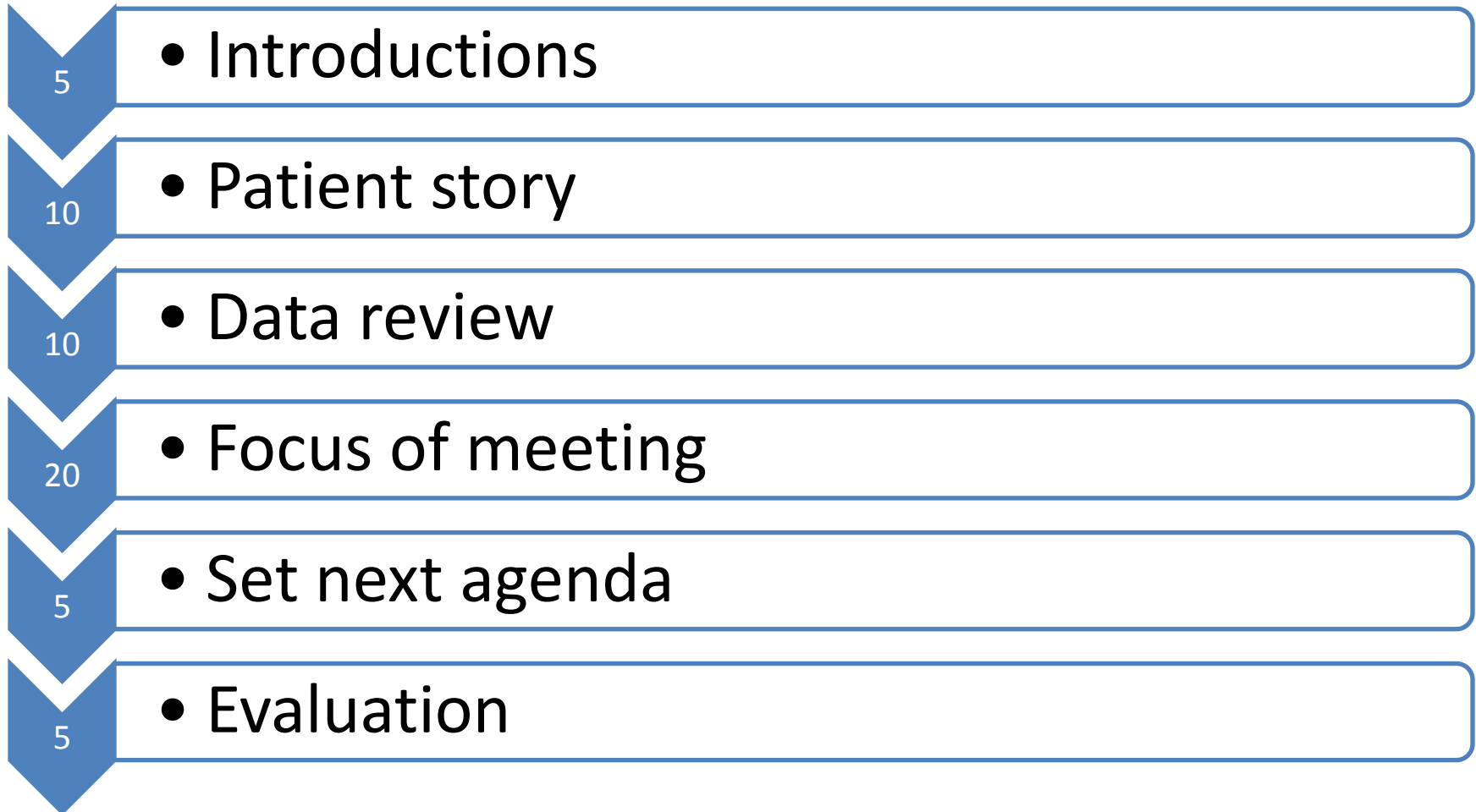


# The Big Room<sup>4</sup>

- Based on 'oobeya process' (Toyota)
- Weekly MDT meeting with flat hierarchy
- Central aim provides a common vision
- Rapid decision-making and scaling of small tests of change



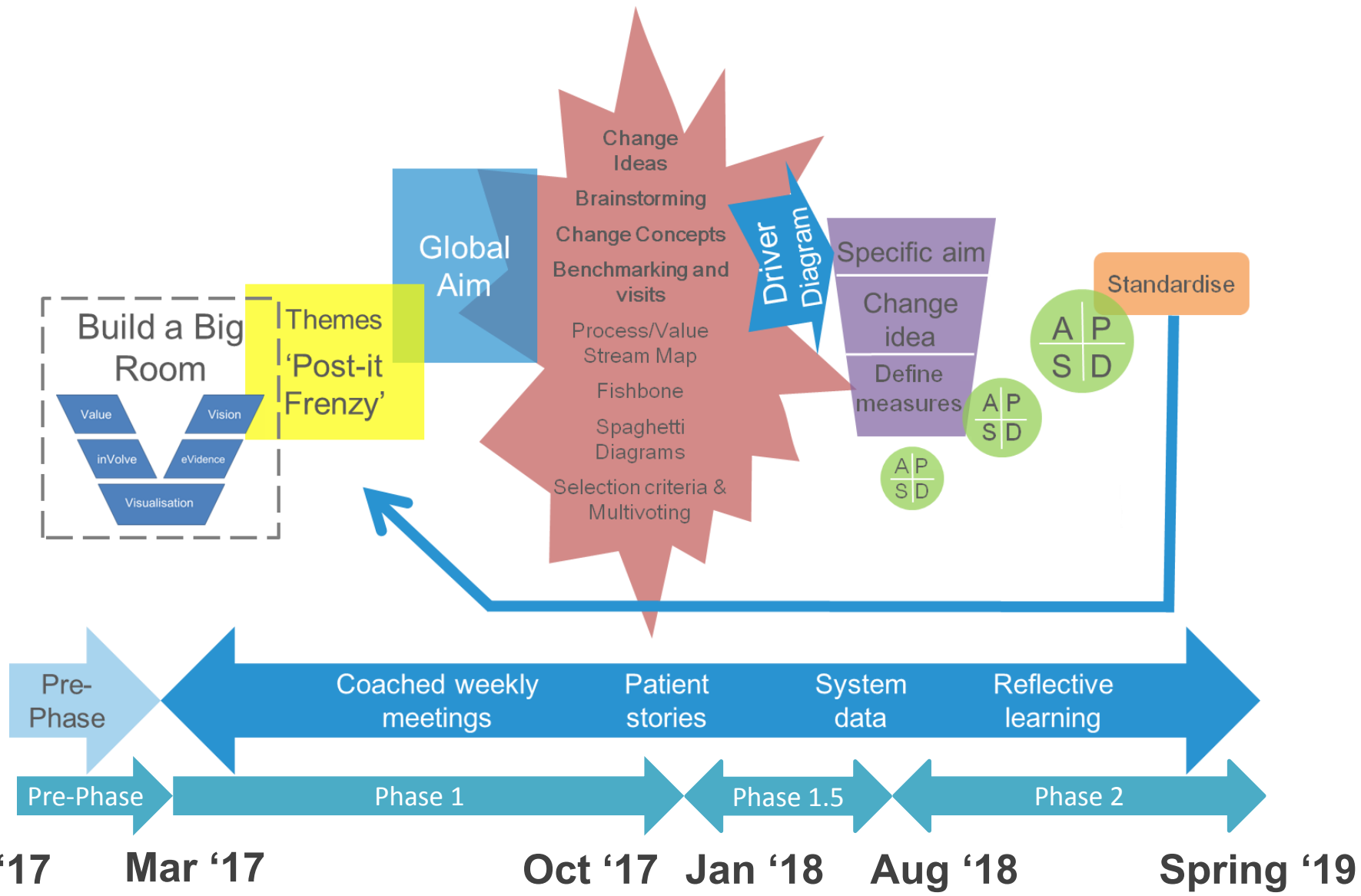
# Big Room structure







# How did the big room come about?<sup>4</sup>



# Where does the big room focus?



## Aim

## Primary Drivers

## Secondary Drivers

Improve the recognition & management of asthma and wheeze in children and young people in North West London, through the delivery of consistent, high quality, person-centred care

Patient, Parent & Carer Education & Awareness

Professional Education & Learning

Culture of Continuous Improvement

Population & Pathway Approaches to Care

Face-to-face patient, parent & carer education

Wheeze & asthma care plans (patient & parent held)

Itchy, sneezy, wheezy resources & education programmes

Asthma Action day

Signposting and developing websites & Apps (existing & new)

Group education sessions

PATCH team education at home

Optimising use of electronic versions of Asthma/ Wheeze Management Plans

Education packages (eg Foundations of Wheezy Care)

Itchy, sneezy, wheezy (training programme, asthma care network etc)

Healthy London Partnership Toolkit

Case-based learning in CC4C Child Health GP Hubs

Learning from incidence reporting, Datix & pharmacy patterns of use

Education Programme for Schools

Big Room (structure, rhythm) at the heart of improvement

Articulation of asthma/wheeze care pathway as a series of care processes

Well defined measures; use of time series data

BTS, NICE and other audits

Use of standardised, consistent, structured data & language

Engagement of staff, patients, parents & families

Feedback from patients (FFT, Picker & others)

Agreed consistent format for asthma management plan

Agreed best practice pathways for wheeze & asthma

Cerner-based registry of patients with wheeze & asthma

Whole Systems asthma dashboard (pan-NWL)

Care Information Exchange to enable care coordination across pathways

Case hunting through CC4C Child Health GP Hubs

Whole population segmentation

GIS, Pollution & Pollen mapping

# Electronic asthma plan

## My Asthma Plan

This plan was created at Imperial College Healthcare NHS Trust on 16-DEC-2018.  
Your asthma plan tells you when to take your asthma medicines.  
And what to do when your asthma gets worse.

Name:

NHS#

DOB:

### 1 My daily asthma medicines

- My preventer inhaler is: **Beclometasone**  
Its colour is: **Brown**  
The type of inhaler is: **100mcg MDI + Spacer**  
Every day, even if I feel well, I use my preventer inhaler in the morning - **1 puff(s)**  
and at night - **1 puff(s)**
- Other asthma medicines I take every day:
- My reliever inhaler is: **Salbutamol**  
Its colour is: **Blue**  
The type of inhaler is: **MDI + Spacer**
- When I wheeze or cough, or my chest hurts or it's hard to breathe, I take **10 puff(s)** of my reliever inhaler.
- My best peak flow is:

#### Does doing sport make it hard to breathe?

If so, I need to take **6 to 10 puffs** of my reliever inhaler (usually blue) beforehand.

### 2 When my asthma gets worse

#### I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than

#### If my asthma gets worse, I should:

Keep taking my preventer medicines as normal  
And also take **10 puffs** of the blue reliever inhaler every four hours.

If I'm not getting any better doing this, I should see my doctor or asthma nurse today.

**Remember to use my inhaler with a spacer (if I have one).**

## My Asthma Plan

### 3 When I have an asthma attack

#### I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't walk or talk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than

#### When I have an asthma attack, I should:

**Sit up** - don't lie down. Try to be calm.

Take one puff of my reliever inhaler **every 30 to 60 seconds** up to a total of 10 puffs.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance, I should take another **10 puffs** of my blue reliever inhaler.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

#### My asthma triggers:

Viral colds

#### I need to see my asthma nurse every six months

Date I got my asthma plan:  
16/12/18

My next asthma review is due in:  
72 hrs

#### Doctor/asthma nurse contact details:

Name:

Phone:

Make sure you have your reliever inhaler (usually blue) with you.  
You might need it if you come into contact with things that make your asthma worse.

#### Parents - Get the most from your child's action plan

Make it easy to you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile, if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school and those who look after your child (a printout or photo).

Talk to your hospital doctor about how to access an on-line copy of your action plan through the Care Information Exchange (CIE).

You and your parents can get your questions answered:

Call our friendly expert nurses  
**0300 222 5800**

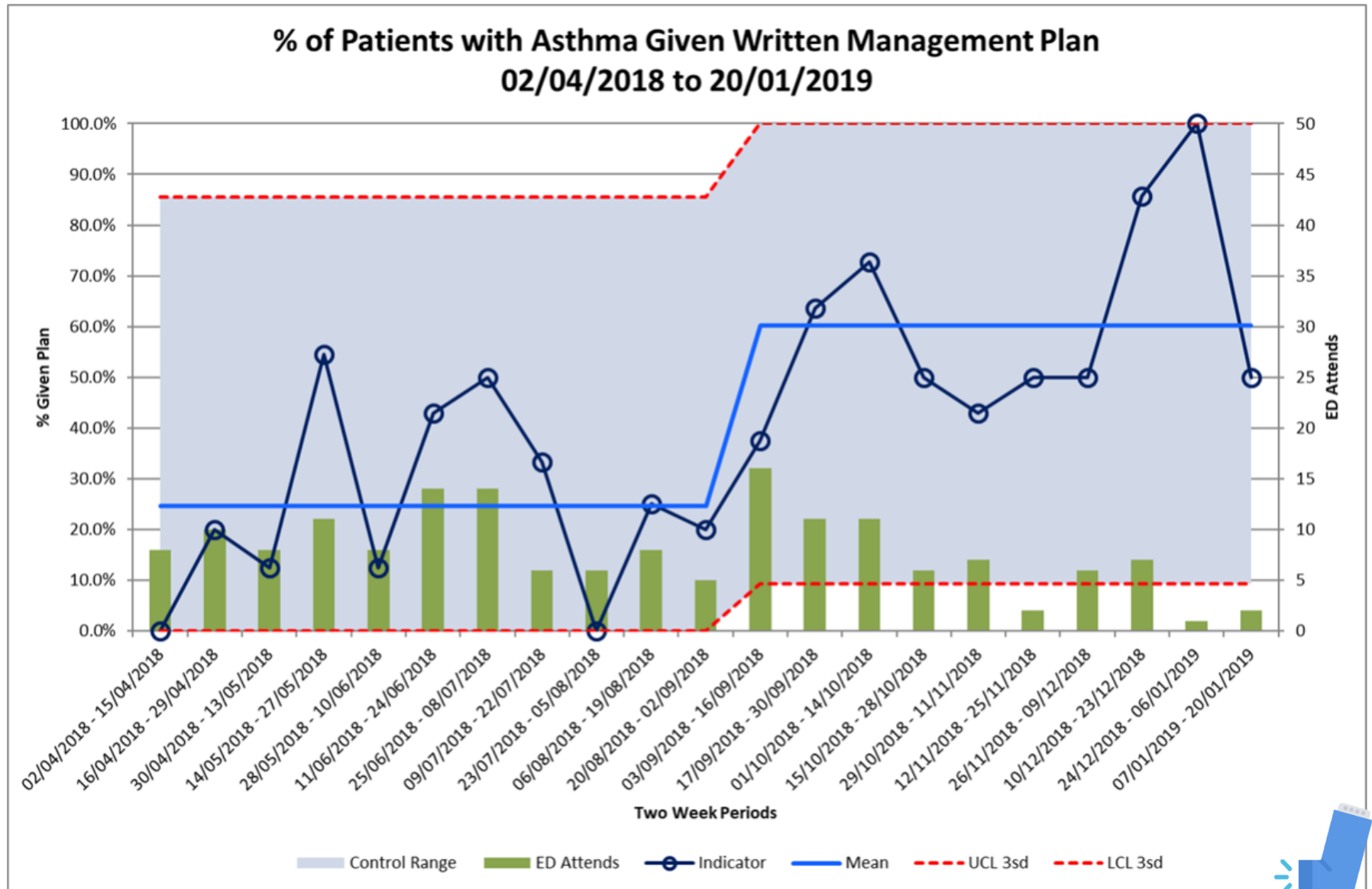
(Mon - Thurs, 9am - 5pm)

Get information, tips and ideas

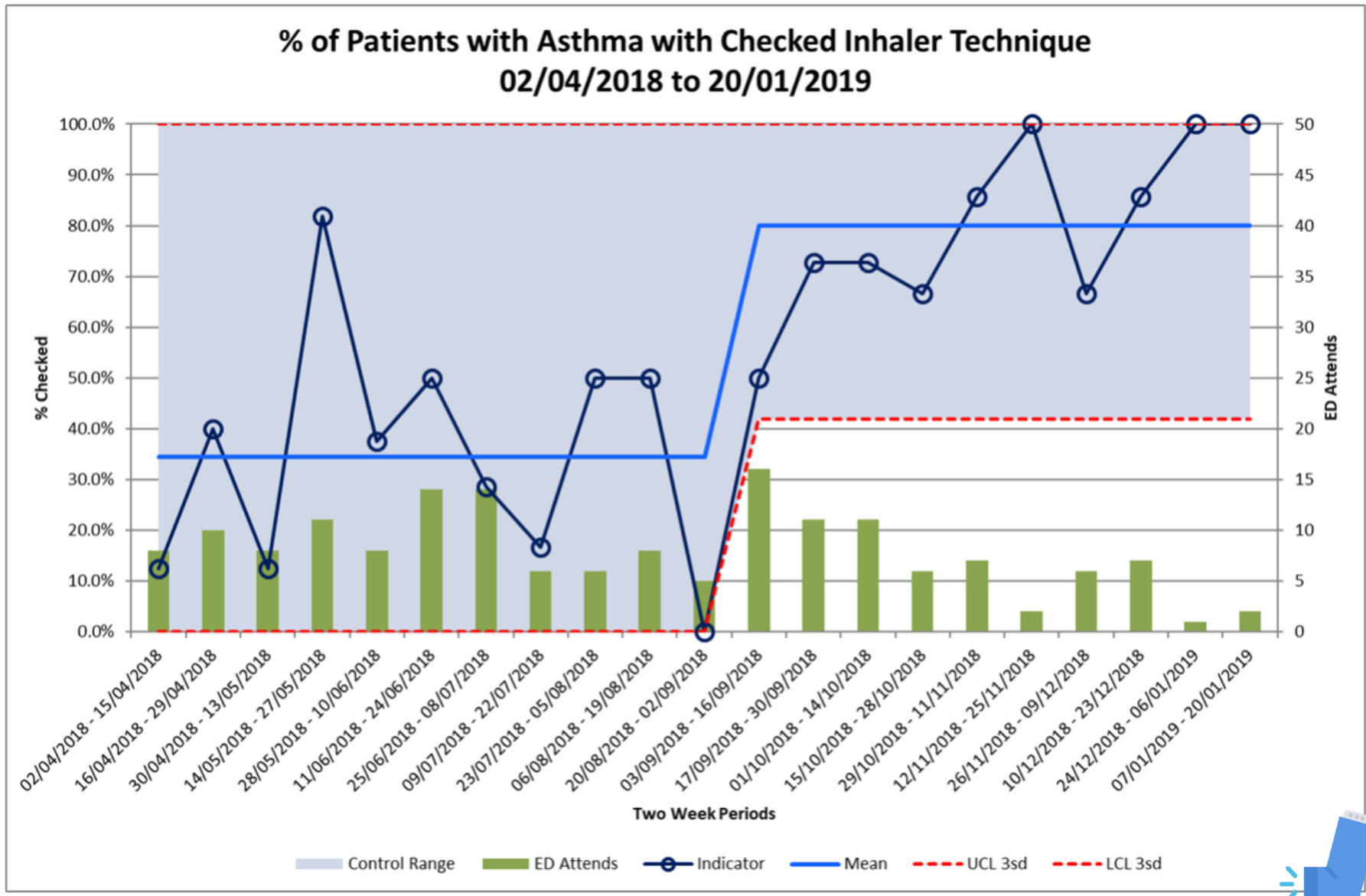
[www.asthma.org.uk](http://www.asthma.org.uk)



# SPC charts

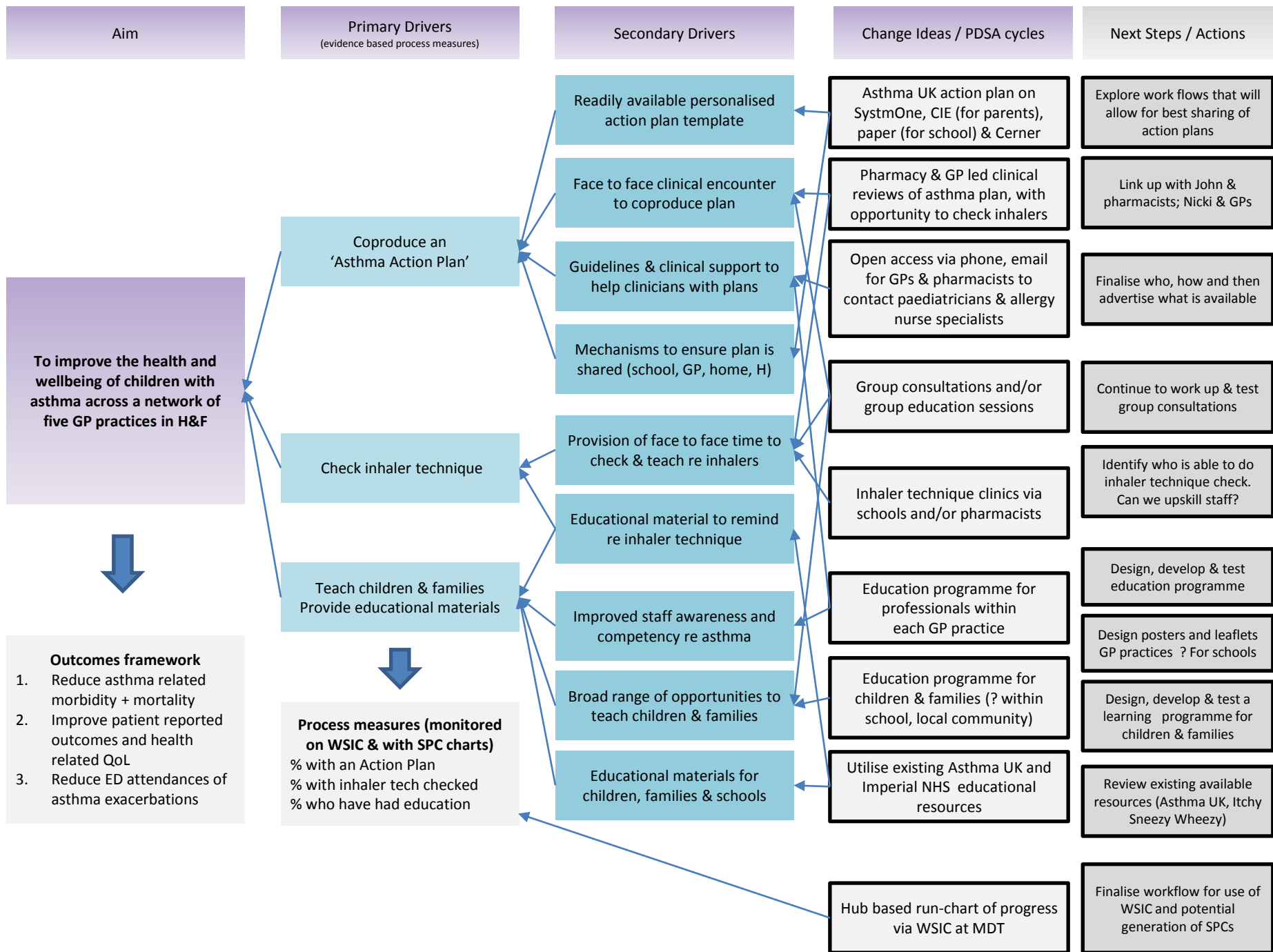


# SPC charts



# Where next?







# Get involved

- Come along to an asthma big room  
[e.mcgeorge@nhs.net](mailto:e.mcgeorge@nhs.net) or [adam.smith9@nhs.net](mailto:adam.smith9@nhs.net)
- Start your own big room  
Contact Imperial Flow Coaching Academy  
[imperial.flowcoaching@nhs.net](mailto:imperial.flowcoaching@nhs.net)



# References

- 1. Royal College of Physicians; Healthcare Quality Improvement Partnership. Why asthma still kills. The National Review of Asthma Deaths (NRAD). 2014.
- 2. Asthma UK. Falling through the gaps: why more people need basic asthma care. 2017.
- 3. NHS Improvement. Lung: National Improvement Projects. 2012.
- 4. The Health Foundation. Improving patient flow. 2013.

