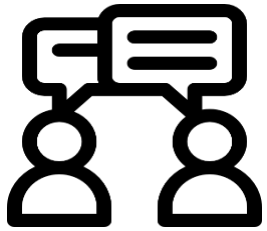
#AskAboutAsthma 2022: How nurses can help address health inequalities in asthma care

Babies, Children and Young People's Transformation – London Region

Chair: Tori Hadaway
Community Children's Specialist Asthma Nurse, Bart's Health NHS Trust

Joining instructions and Teams etiquette

Use the mute button and camera off when you join the call or when others are talking



Use the group chat feature to ask questions and please like any questions that you would like answered.

This session is being recorded. A link will be available on the HLP website with any slides

#AskAboutAsthma 2022 – nursing webinar

4th October 2022, 12:30 – 13:30

How nurses can help address health inequalities in asthma care

Topic	Speaker
Chair: Tori Hadaway Community Children Specialist Asthma Nurse, Bart's Health NHS Trust	
CYP asthma transformation @PCN level: optimising access and outcomes	**Beverley Bostock** • Advanced Nurse Practitioner, Gloucestershire • PCN Nurse Lead, Herefordshire • Asthma Lead Association of Respiratory Nurse Specialists
Removing salbutamol weaning plans	**Nina Somerville and Ashira Simmons** • Evelina London Asthma Nurse Specialists
Asthma Clinics in Schools	**Gina Eyles** • Children's Asthma Nurse Specialist, *One*Norwich Practices

CYP asthma transformation @PCN level: Optimising access and outcomes

Beverley Bostock RGN MSc MA QN

Advanced Nurse Practitioner, Gloucestershire

PCN Nurse Lead, Herefordshire

Asthma Lead Association of Respiratory Nurse Specialists

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Aim in a nutshell

- To take an ICS/ICB-based approach to improving asthma diagnosis, management and outcomes for children and young people (CYP) with asthma
- To granulate that into individual PCNs and practices
- Develop knowledge and understanding of the challenges and opportunities in CYP asthma locally
- Collaborate and co-ordinate across primary, secondary and tertiary care across Hereford and Worcester

What did we need to do?

- Asthma care pathway & discharge
- Diagnostics
- Environmental issues and housing
- General practice, early years and schools
- Coding issues
- Training for the wider workforce
- Feedback from CYP & families
- Transition from CYP to adult care


RESOURCES

What we've done

- Ensured there's a named asthma lead for CYP in every practice – with training offered to all, following a training needs analysis
- Set up a working group across primary, secondary and tertiary care with nurses, GPs, pharmacists and consultant input
- Considered the pathway from primary to secondary care including referral processes for suspected severe asthma
- Identified the importance of working with early years and school settings to ensure a co-ordinated approach
- Included access to smoking cessation services for CYP and parents

What else we've done

- Considered the green agenda – holistically e.g., air pollution
- Appointed 2 nurses to lead on the CYP project – home visits post ED visit +/- admission
- Oversight by a clinical nurse specialist to co-ordinate the service
  - *Reviews*
  - *Provision/review of PAAPs*
  - *Inhaler technique*
  - *Medicines review*
  - *Referrals*

What next?

Develop a suite of resources for the extended team including paramedics, out of hours, ED & hospital which adhere to minimum standards of care and include:

- Annual reviews
- PAAPs
- Diagnosis
- Follow-up procedures
- Prescription of age-appropriate inhalers, devices & education.

- Develop a digital hub of info, resources & tools for children & families to support self-management including:
  - Improved awareness about what asthma is & potential severity
  - Symptoms that should warrant review by a healthcare professional
  - Inhaler technique
  - Information on how to manage asthma with regards to air pollution, triggers and seasons

And audit!

- The situation now
- How things change
- Admissions, ED attendances, SABA use, inhaler device choices
- Access to structured reviews by suitably competent clinicians in primary and secondary care
- Early follow up with appropriate intervention

In summary

- CYP asthma is a priority area for investment – in every sense
- We have secured resources and commitment to make change happen
- Collaborative working from stakeholders will maximise engagement and optimise outcomes
- Enthusiasm, mutual respect and support for colleagues who are key to success
- Beverley.bostock@nhs.net

Removing salbutamol weaning plans

Ashira Simmons, Fiona Henley & Nina Somerville

Evelina London Asthma Nurse Specialists

AskAboutAsthma 2022

Who we are & what we do

Patch Children's Community Nursing Team

Primary care based intervention aiming to support children with asthma closer to home. The further aim is to prevent hospital attendance and ensure children have asthma management followed as per guidance

Single Point of Access Asthma Triage

- Referral made simpler
- Triaged by trained professionals
- Seen in the right clinic, at the right time and with the right team

Evelina London Hospital Asthma Nurses

Nurse specialists for Tertiary Respiratory service and review children & young people admitted to wards/HDU/PICU with asthma

Objectives

- Rationale for the change
- How we changed practice locally
- Challenges
- Next steps

Rationale for the change

- Historically weaning plans were used to expedite discharges home, give families the confidence to manage at home and standardise salbutamol administration.
- Our previous weaning plan equated to **164 puffs** salbutamol, not including medication given in hospital.

This has led to…

- Routine use of salbutamol when asymptomatic
- Poor recognition of symptoms and deterioration
- Overreliance on short acting reliever medication and less focus on chronic symptoms

Post-attack/discharge plan

You/your child should now be improving as a result of the steroid medication you/they have been given. The need for salbutamol (the blue reliever inhaler, used with a spacer) should be reducing.

- You/your child should take the **preventer medication as prescribed** by the health professional, according to your asthma plan.
- Take the blue reliever inhaler **as needed** if you/your child has any symptoms (these include wheeze, chest tightness, shortness of breath, cough and difficulty breathing). Give 2 puffs, one at time and wait 2 minutes, repeat if necessary until you have given up to 6 puffs. The symptoms should have disappeared. **The effects should last for at least 4 hours**.
- **If you/your child need(s) the blue reliever inhaler more than every four hours, your/your child's asthma attack is not controlled and you need to take emergency action now. Take up to 10 puffs and seek urgent medical attention either by arranging an urgent appointment with your GP or if this is not possible by attending the Emergency Department.**
- **If you/your child is having difficulty breathing not relieved by 10 puffs of salbutamol or is requiring repeated doses of 10 puffs you should call 999.**
- You/your child should have a post-attack review with either your GP or asthma nurse to check you/your child are getting better within 48 hours. Please contact your GP surgery to arrange this.
- You will need to ensure that you/your child have a follow up appointment arranged either with your GP or in the asthma clinic within the next 4 weeks for a full asthma review.

What we did

Key stakeholders

- All asthma services involved (community, secondary & tertiary)
- Asthma champions in ED & ward
- Trust clinical guideline updated

Communication

- Ward & ED were prepped the change was coming and guidelines would be updated
- The message was kept consistent across all services & for families
- Feedback if referrals indicated weaning plan used

Education

- Regular education from hospital asthma CNS team to ED & ward
- Primary care updated via primary care network teaching & other community teams updated

Challenges

- Huge change in practice for both professionals and families
- The word ‘weaning’
- Getting the message right
- Home monitoring being more accessible
- Rotating staff/Locums
- Other areas still using weaning plans

Next steps

Evaluation

- Full review of data and publication
- Focus groups with professionals and families

Education/communication

- Ongoing teaching for new starters and clinical area updates
- Wider communication with primary care

Thank you

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Asthma Clinics in Schools

Addressing inequalities in childhood asthma: a pilot to improve accessibility to asthma services by holding reviews in schools in deprived areas of Norwich.

Asthma and poverty: National picture

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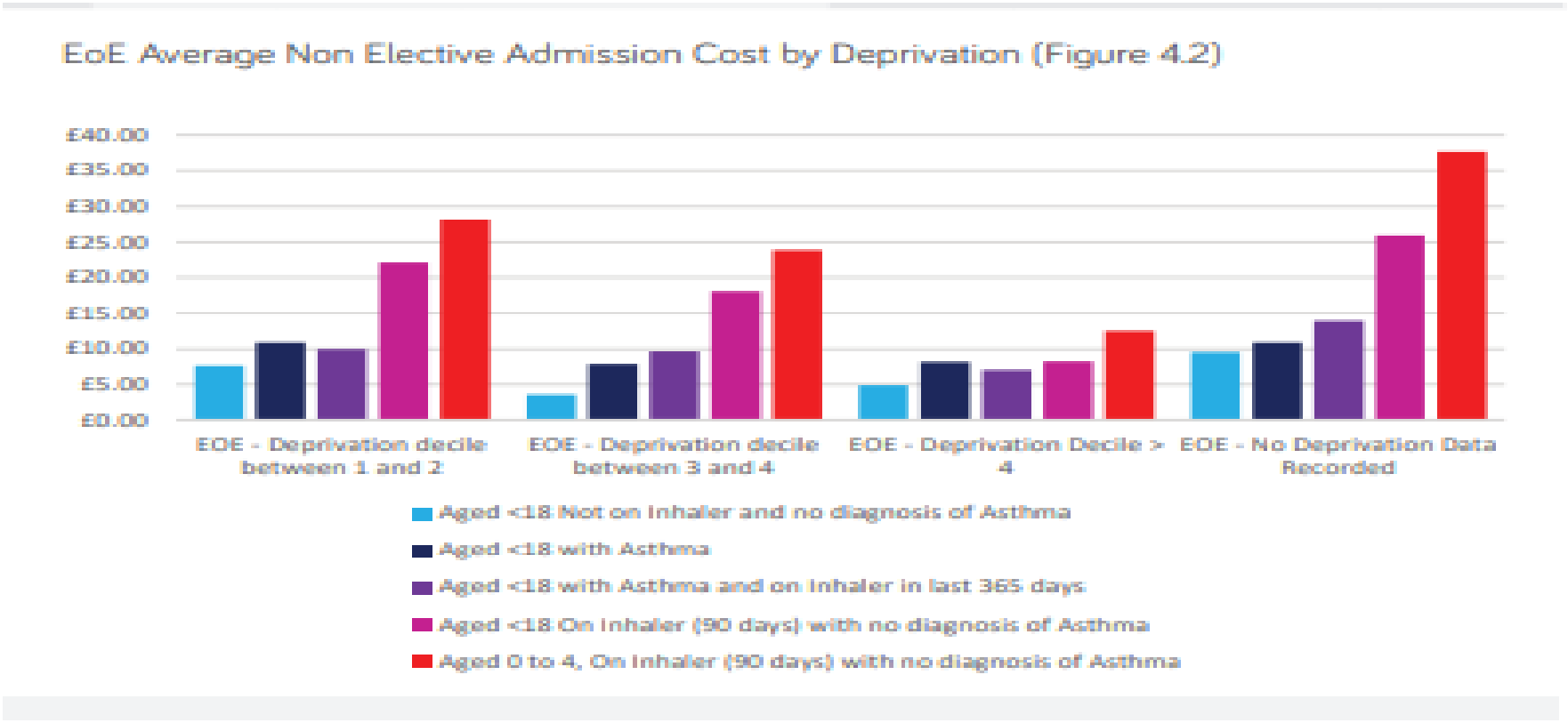
- Emergency admissions for asthma in children and young people are strongly associated with deprivation with significantly higher hospital admissions in poorer families**.** **https://www.asthma.org.uk/support-us/campaigns/publications/inequality/**

- Children from deprived areas less likely to attend preventative asthma reviews https://thorax.bmj.com/content/70/Suppl_3/A202.2

- If we can get hospital admission levels from the most deprived decile to match the least deprived we could save the NHS 8.5million a year in England alone. https://www.nuffieldtrust.org.uk/research/admissions-of-inequality-emergency-hospital-use-for-children-and-young-people

East of England Health of the Nation, 2022, Norfolk and Waveney

Deprivation Decile and Asthma hospital admissions



Self-management including provision of a written asthma action plan and supported by regular medical review, almost halves the risk of hospitalisation, (Pinnock, 2015).

Levy, 2021 notes, “Sadly, despite the NRAD report highlighting ongoing preventable factors for asthma deaths, the UK’s poor record of childhood asthma care persists with many examples of preventable asthma attacks and preventable childhood asthma deaths”.

If we address these factors we can reduce the risk of death.

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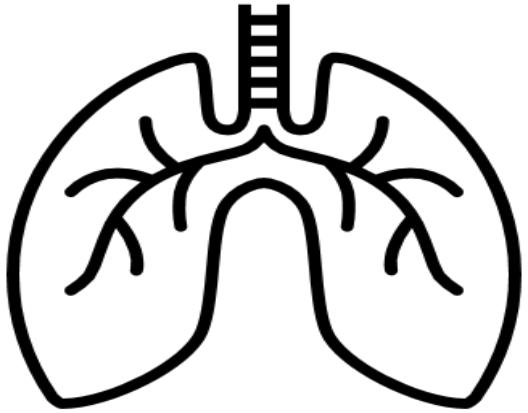
SCHOOL REPORT:

"Could do better "



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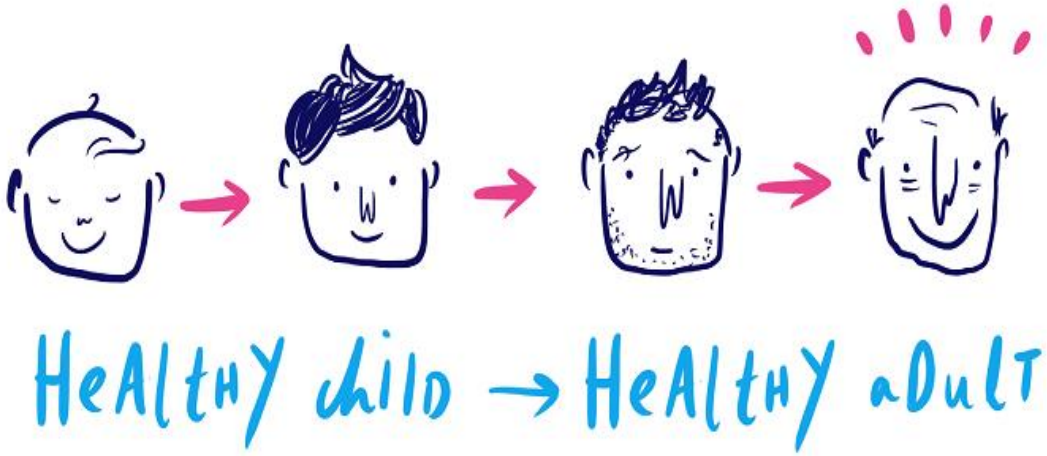
Impact of Covid-19 on asthma care:

246,000 children most at risk of having an asthma attack haven't had an annual review face to face and are missing out on life saving care.

(Asthma and Lung UK, 2021).

Getting it right now:

- “would support children and young people and their families to engage in and **establish lifelong healthy behaviours**” (Nuffield Trust, 2017) .



Feedback from children / young people and parents

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"*We need more help at school to feel safe and supported with our asthma care…"*

Asthma – RCPCH – State of Child Health, 2020.

"*School should be more aware of asthma ….no one could help when my son had an attack*" (parent at first school attended).

Asthma in Schools Project.

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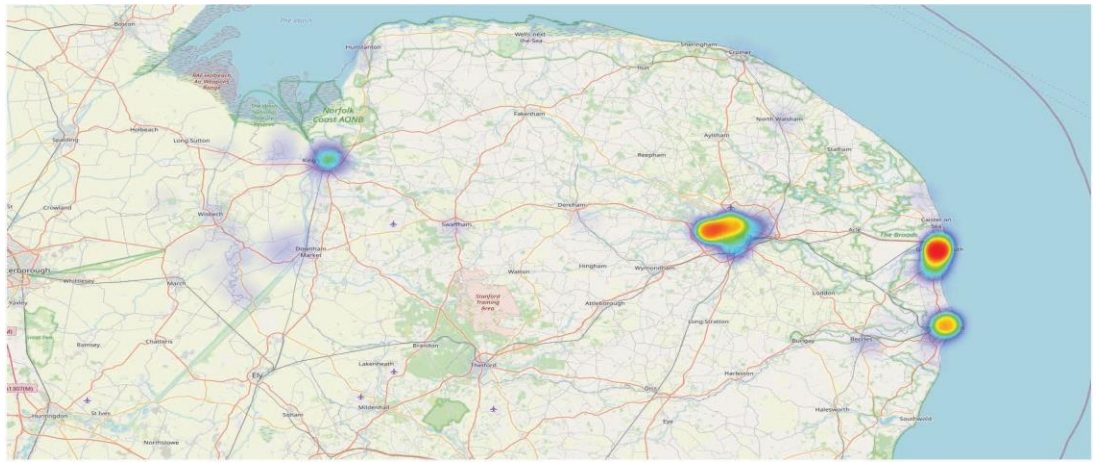
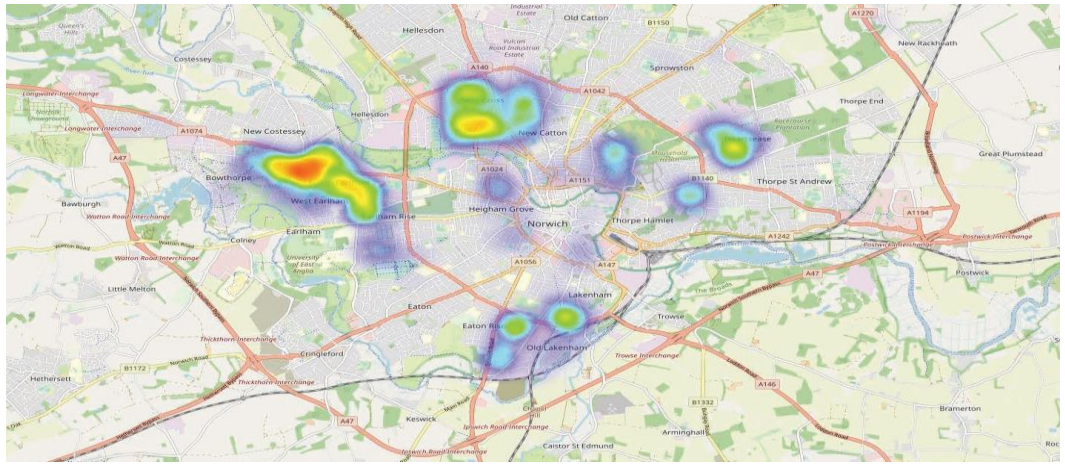
Deprivation Deciles 1 & 2 Heat Map

Relative prevalence of children aged under 18 with asthma or that are on an inhaler in high levels of deprivation (deprivation deciles 1 and 2) in Norfolk & Waveney. (**Health of the Nation East of England, April 2022**).





Lowest density of postcodes in deprivation deciles 1 and 2.

Highest density of postcodes in deprivation deciles 1 and 2

Aims:

- Promote **<u>accessibility</u>** to asthma clinics by holding them in schools in more deprived areas of Norwich.
- Educate families on the importance of annual asthma reviews
- Promote prevention of attacks through skilled self management/ medicine optimisation.

1. **A personal asthma action plan (shared with school)**

2. **Ensure inhaler technique effective**

3. **An asthma review at least every year**

4. **Training staff in schools** Pupils report feeling anxious that staff not sufficient understanding of asthma.

(Also consider air pollution, smoking cessation and obesity support).

Process:

Process approved by Kafico

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Nurse contacts primary/ secondary school

Letter/ email sent from school to families

Consent obtained for nurse to access health records. Appointment arranged

Nurse obtains access to SystemOne. Notes reviewed.

Clinic held at school with patient and family. SystemOne records updated. Referrals if appropriate. PAAP for school and family. Care returns to GP surgery.

Staff training (future plans, each school has asthma policy and has asthma friendly accreditation)

Initial response when school contacted parents

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Very pleased as mum feels appointments at GP tricky

Great idea as difficult to get into GP surgery

Usually attends the GP but can’t remember the last time they went because of Covid restrictions.

Time since last asthma review:

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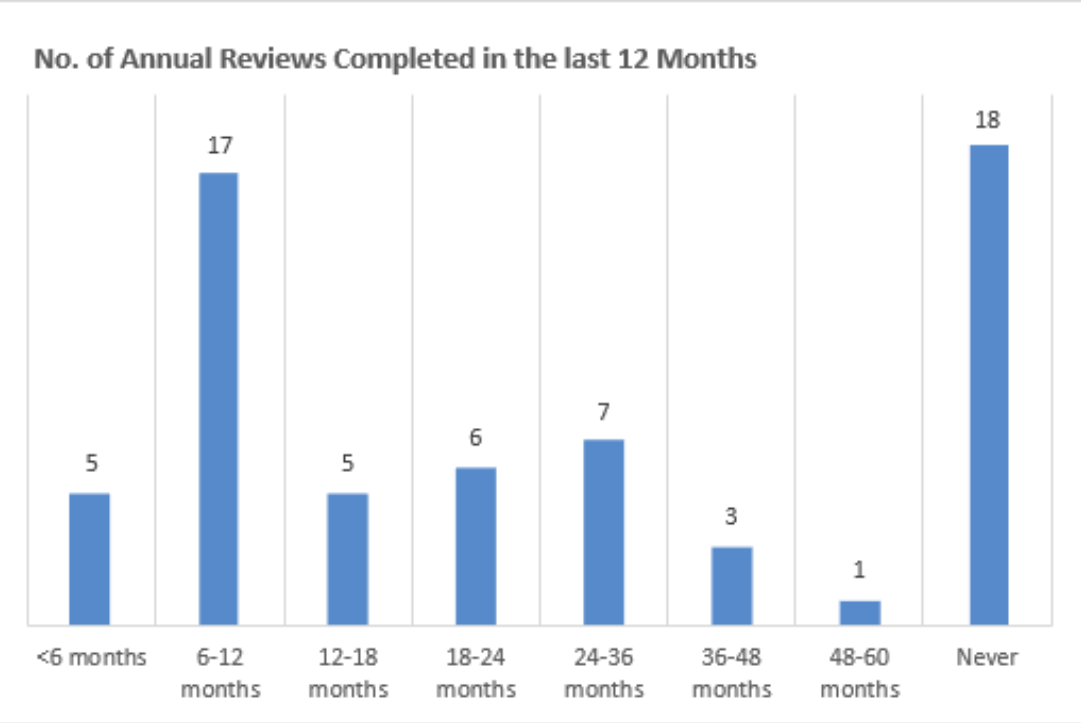

- 35% had a review in the last year, with a further
- 35% having a review in the past 12 months to 5 years.
- Of note, 29% had never had an asthma review.

Schools improve accessibility in deprived areas:

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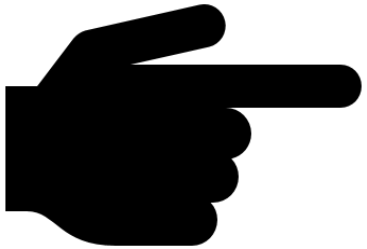

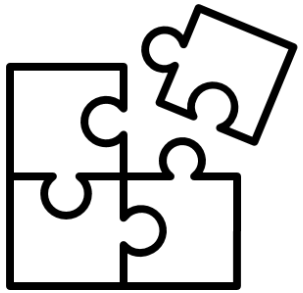

- Almost two thirds of the families that attended school reviews had not had an asthma review at their GP surgery in the past year (despite reminders), or they had not been invited to the surgery at all.
- Large volume (25% of families that attended) with some degree of safeguarding input chose to access reviews through school.
- Holding reviews in schools appears to improve accessibility and therefore significantly increase uptake. This is in deprived areas, where uptake in asthma reviews is especially challenging.
- Other advantages: tackles digital poverty and cost of travel.

Annual reviews, asthma diagnosis levels and asthma control: The lack of annual review invites coincides with a lack of Diagnosis

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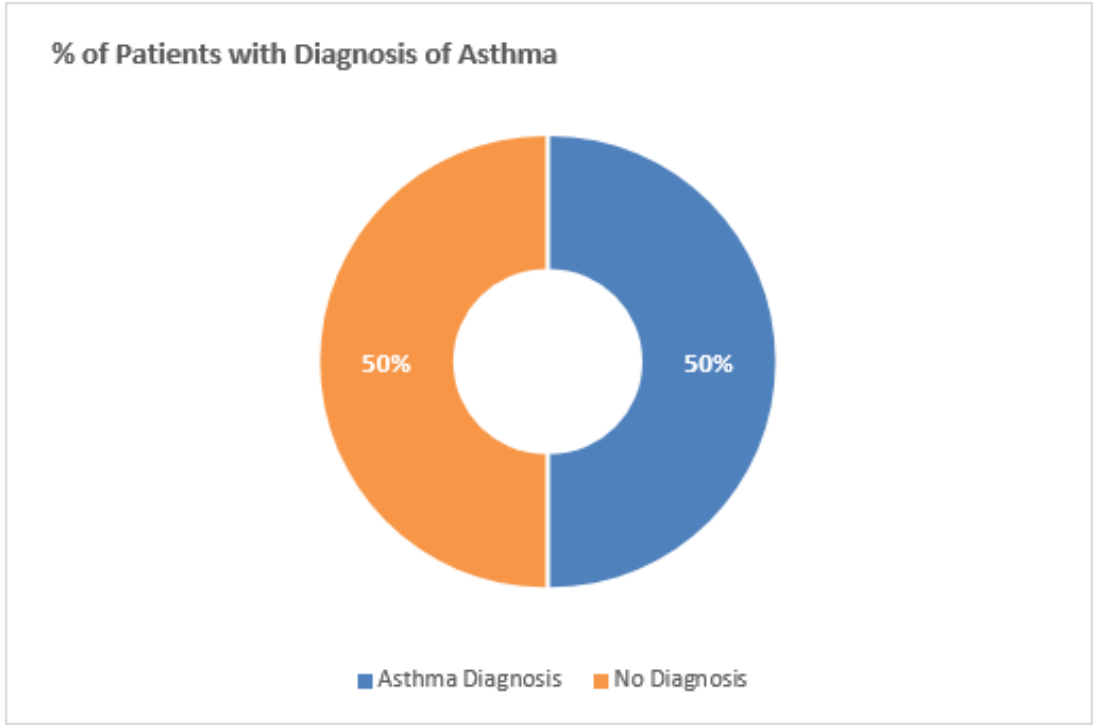
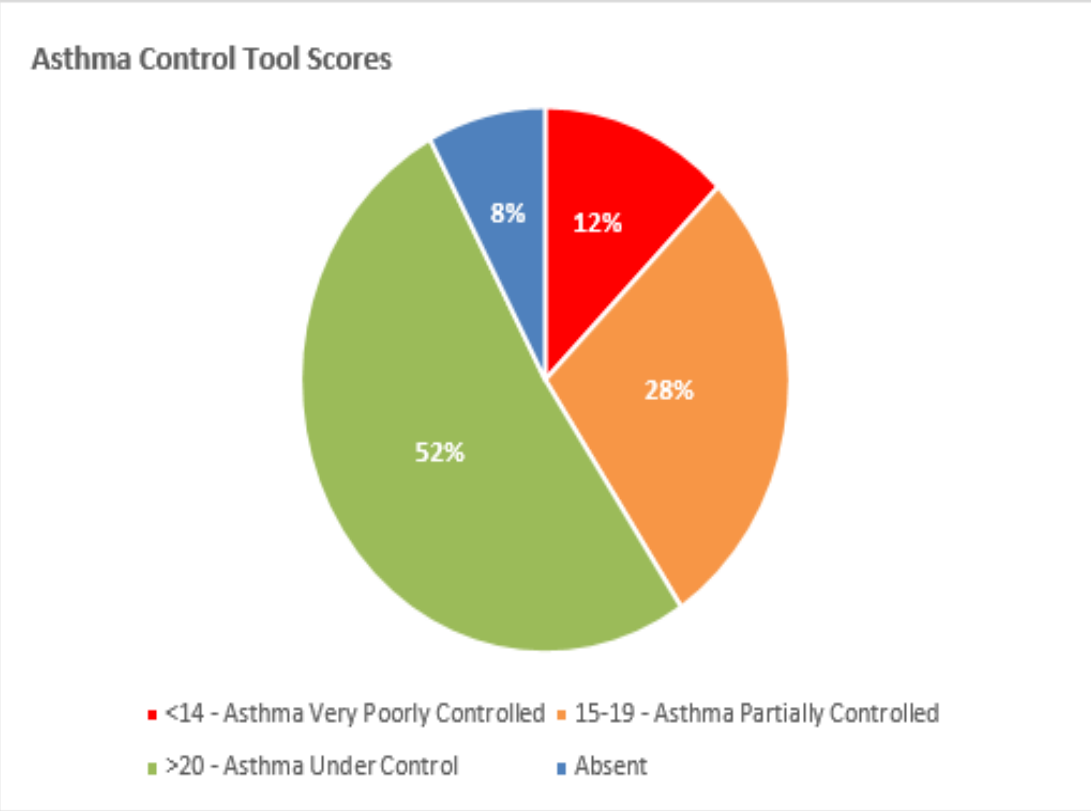
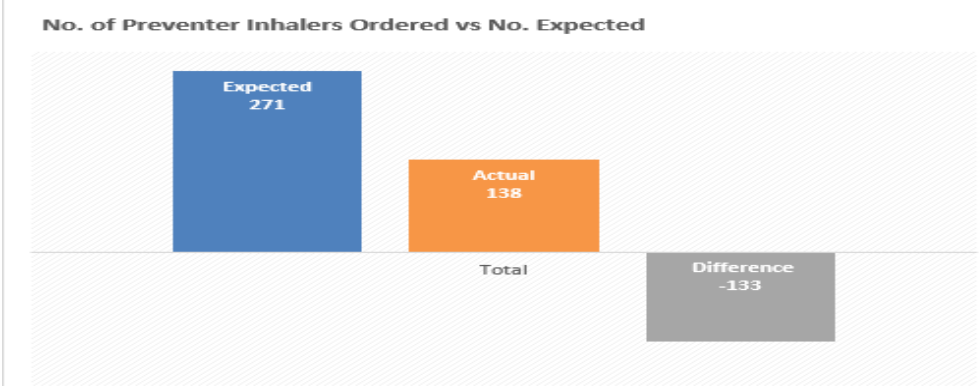


- 50 % did not have a diagnosis (but were prescribed asthma medications)
- Huge implications in terms of asthma codes not being generated and therefore impacts on care provided.

Asthma Control poor in half the children reviewed.

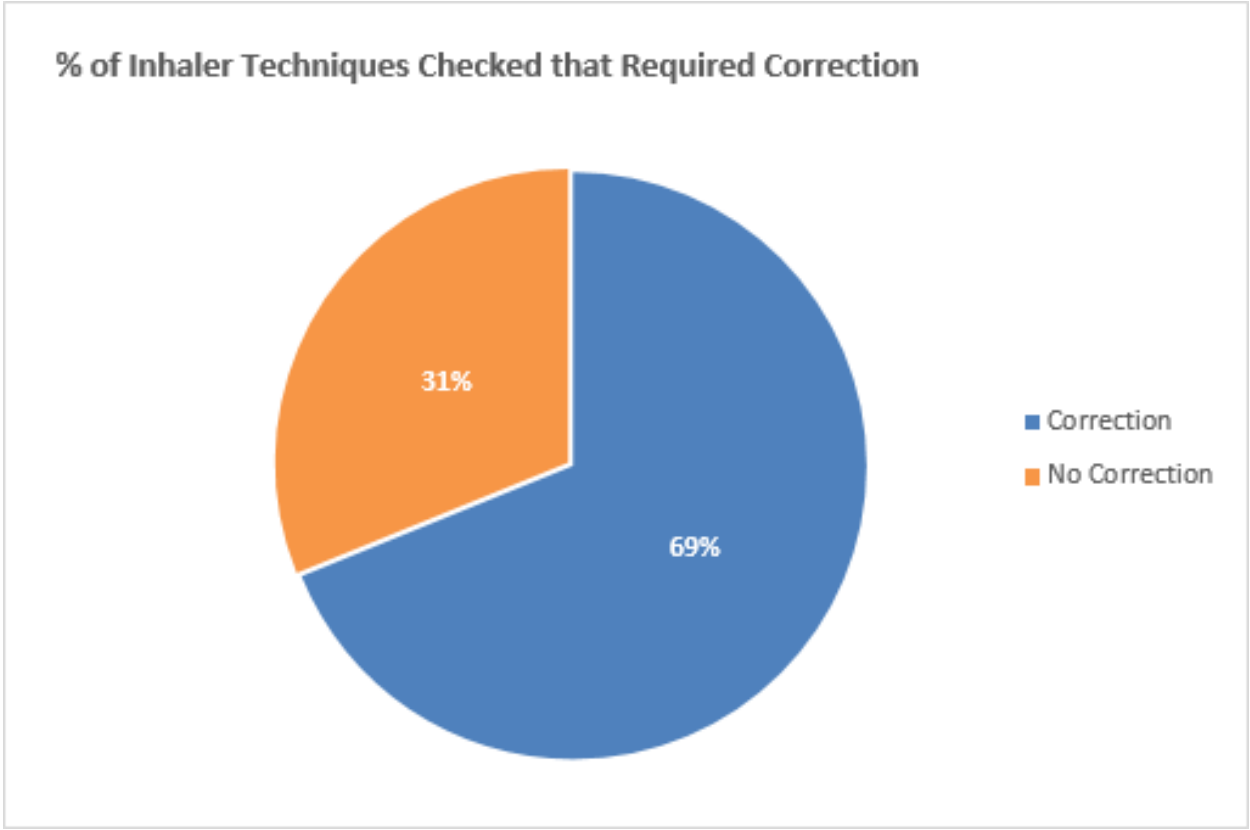


Only half the pupils reviewed had their asthma under control. This related to worryingly excessive SABA use in some children with 20% having 4 or more inhalers per year, (sometimes up to 12 or 13 reliever inhalers per year).
In addition, only half the prescribed preventor inhalers were requested:



School clinics, inhaler technique checks:

As clinics were face to face, 100% of children reviewed had their inhaler technique checked. 69% needed correction.



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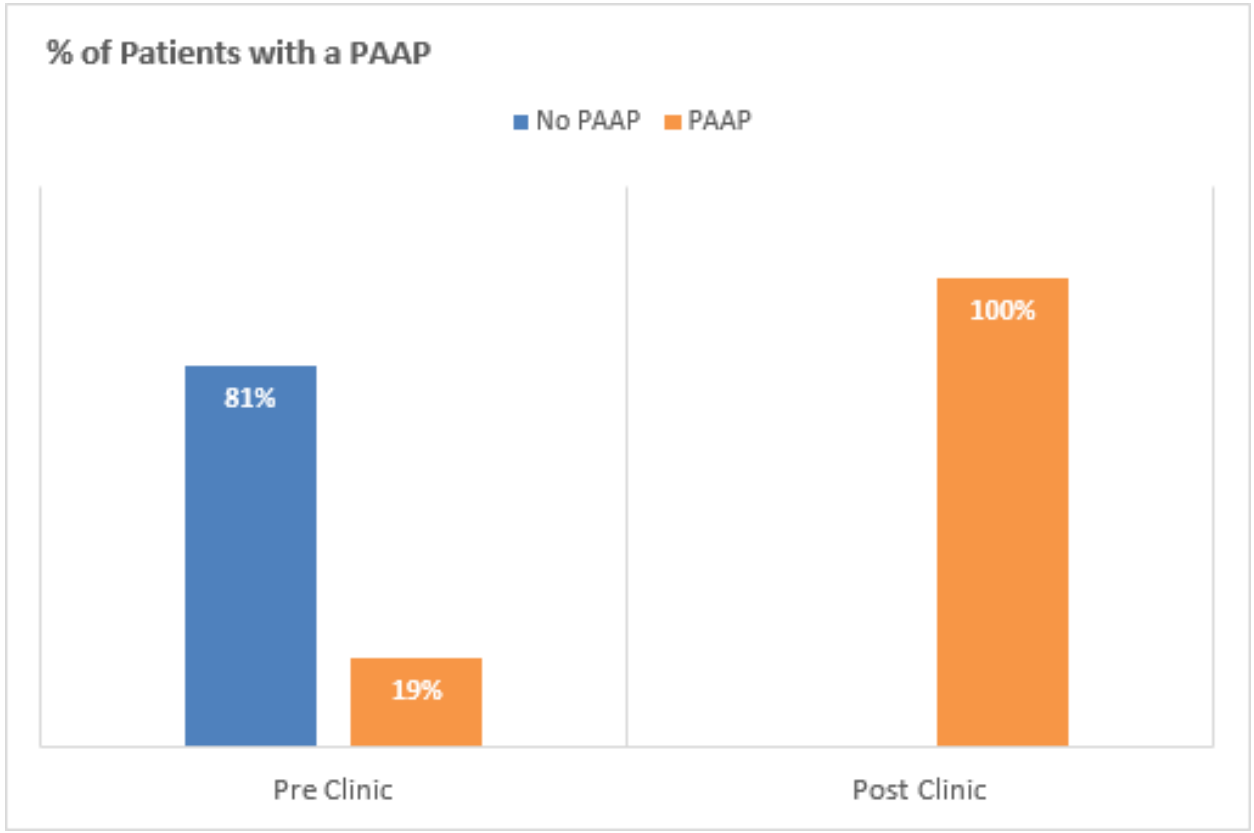
% of patients with a PAAP

NRAD recommendation that all children should have a personal asthma action plan. Research suggests annual reviews and a personal asthma action plan (PAAP) half the incidence of hospitalization. Pre asthma in schools clinics, 81% did not have an asthma plan. Following reviews in schools, 100% of those reviewed had a PAAP.



Other issues that became apparent were that only 53% of children had their own reliever inhaler at school, and 69% of children did not have the appropriate spacer at school, (eg not at all, or frequently incorrect size: infant spacer for a 9 year old etc!).

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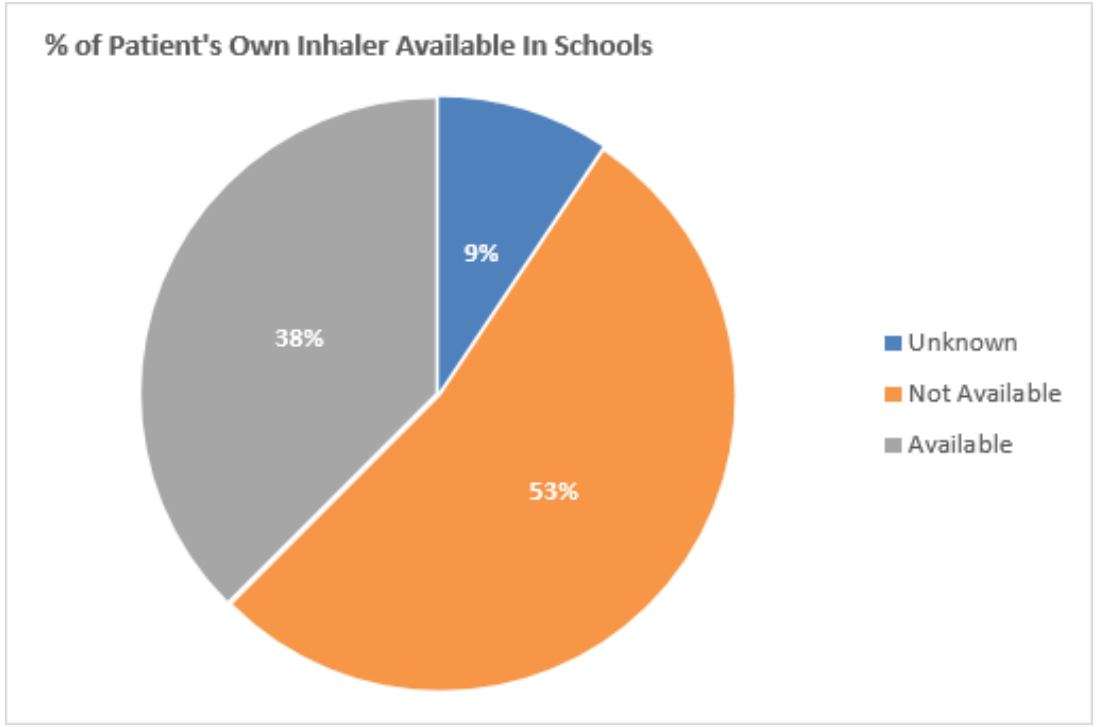

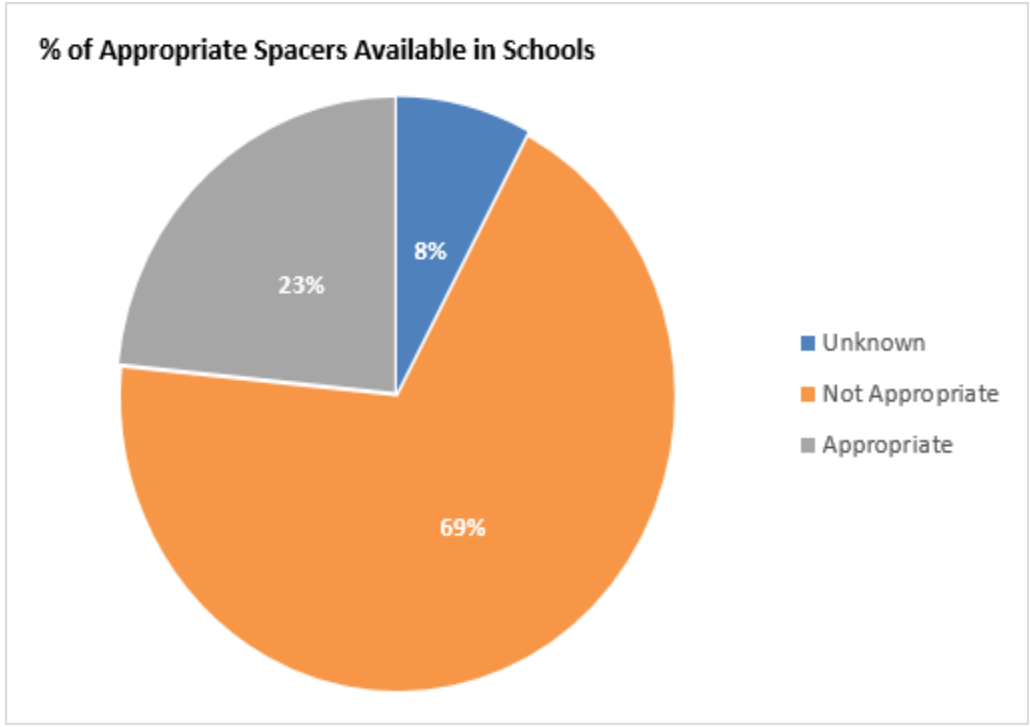

Training Staff

- **Unmet needs among school staff identified**:
- A near miss, (“thank goodness you’re here”, “terrified about asthma”) it became apparent that school staff receive minimal training on asthma despite being responsible for 2-3 children per class with asthma.
- Therefore, asthma training became an additional key role, either face to face or through e-learning “Tier 1 Children and Young People's Transformation Programme e-learning” https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together
- Long term, the aim will be to develop “asthma friendly schools” (including those with complex needs pupils) and writing a county wide asthma school policy. https://www.healthylondon.org/resource/london-asthma-toolkit/schools/asthma-friendly-schools/
- . Guidance on the use of emergency salbutamol inhalers in schools (2015) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- https://www.healthylondon.org/wp-content/uploads/2021/03/Supply-of-Salbutamol-Inhalers-to-Schools-Pharmacy-Guide-2020-.pdf

Feedback from school

- “We were thrilled with how it went and the feedback from parents have been 100% positive. One parent even commented that it has changed his life already as his breathing is so much better now you have reviewed him and have it his asthma properly managed…….I would be VERY keen to repeat this next autumn term, so if this continues could we please be involved.”

Parent comments

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"I think having this appointment is brilliant and gives a fantastic opportunity to talk to somebody about my child's asthma after not being able to visit the doctors for so long. The lady we saw was amazing and really explained everything clearly and in depth. We all have a much better understanding"

"I have had asthma for 8 years myself and learnt loads today which didn't know. At all the reviews I had not been told why to take the brown inhaler"

"This has been great as I had a lot of trouble getting an asthma nurse and getting any help when I really needed it. There was a month wait!"

"Myself and my son have both learnt so much today. Its good to do together and learn together. So helpful and I haven't had all explained before like this. Very happy"

"My child used to refuse to use their spacer, but now they know why, they use it"

Parental knowledge improvement

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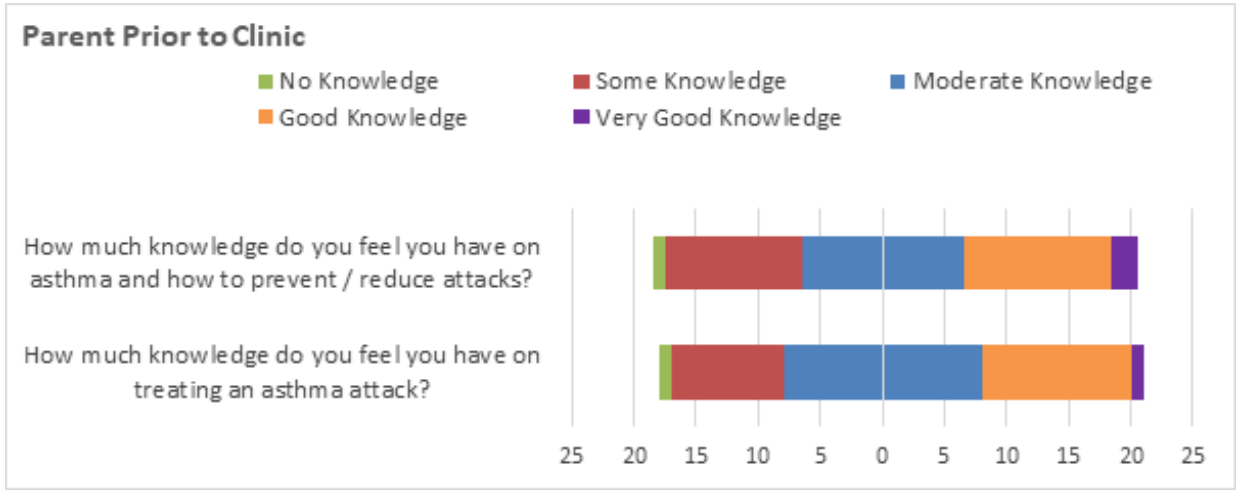

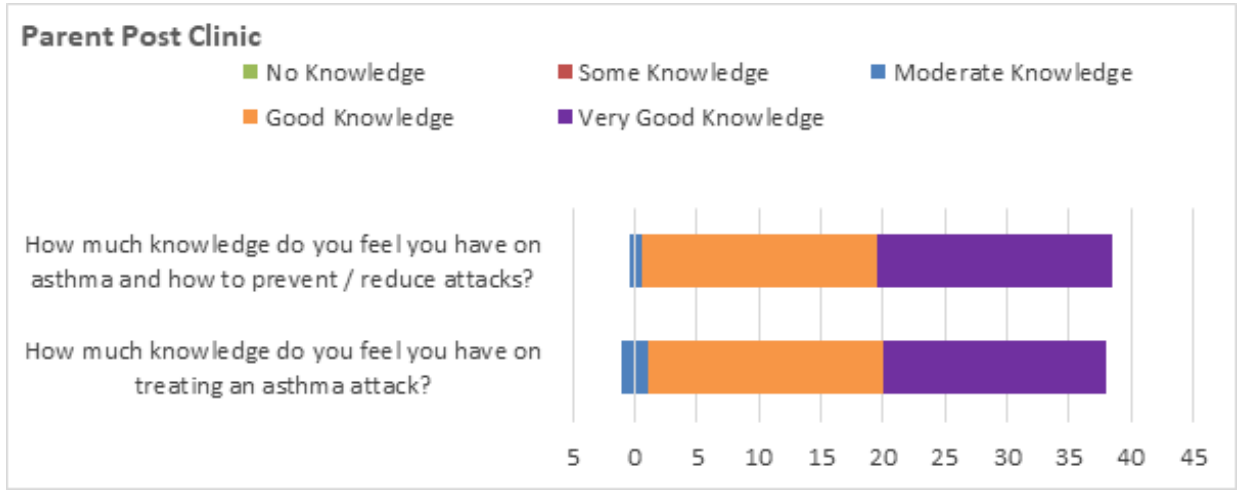

Asthma National Bundle

https://www.england.nhs.uk/publication/national-bundle-of-care-for-children-and-young-people-with-asthma/

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EI 3 - ICS' should ensure they are linked with schools where education around asthma shouldalso be provided. ICS' should consider influencing education bodies to make all schools	**ICS leads should develop ajoint policy between healthcare and local authorities for the improvement of asthma care in primary and secondary schools.** **ICS' should support training for staff in education as well as students and parents**	**CYP asthma training capabilities framework (resource pack section 6)and associated training courses** **Absenteeism data due to asthma collected on the CYP asthma dashboard** **for schools**	**A directory of updated asthma leads availableto all organisations.** **Absences due to asthma are recorded on the dashboard andthe number of days absent should reducefavourably as systemsbecome more established.**

Challenges

- Covid, clinics cancelled by school, due to high levels, and nurse cancelling due to covid.
- Access to medical records limited by consent from families.
- School contact those on the asthma register. Some of these families respond and agree to nurse accessing notes and attending clinics. Some families still don’t respond (e.g. haven’t seen the email from the school, etc). Success of how many children attend very reliant on schools capacity to chase up on families, reminders etc.

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10 schools involved so far.

Overwhelmingly positive, feedback from families and schools.

ICBs have agreed to expand project to cover all of Norfolk and to extend for a further year

Future Directions: Deprivation Deciles 1 & 2 Heat Map

Relative prevalence of children aged under 18 with asthma or that are on an inhaler in high levels ofdeprivation (deprivation deciles 1 and 2) in Norfolk & Waveney. (**Health of the Nation East of England, April 2022**).

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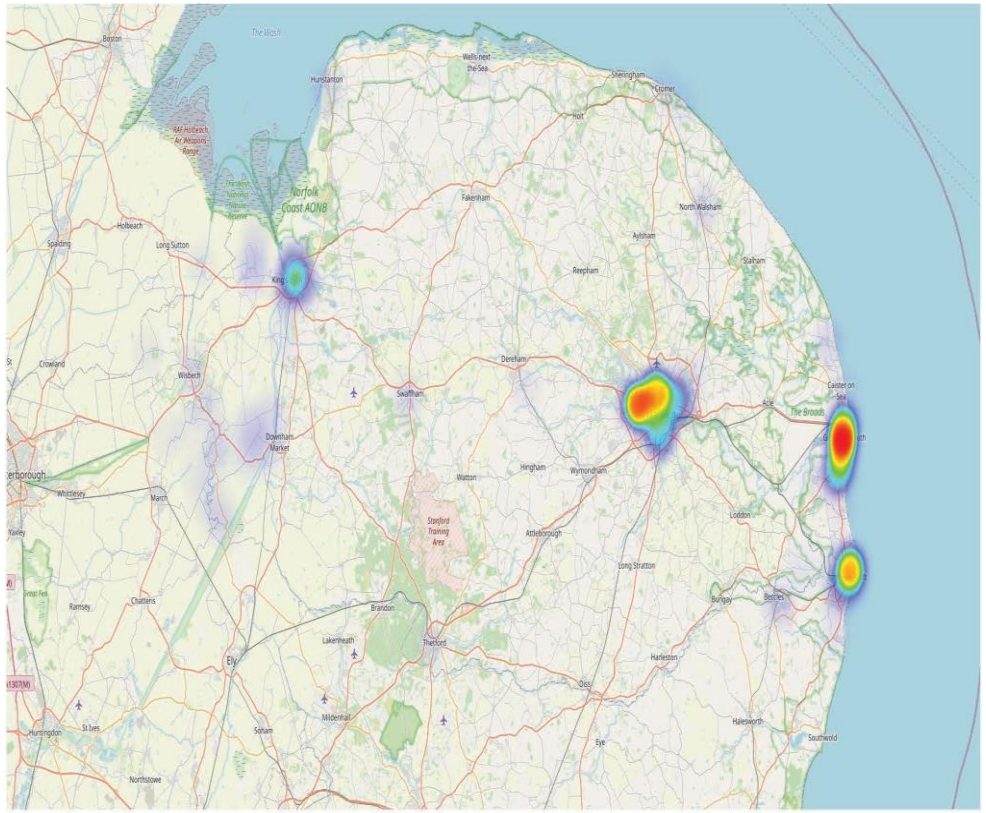
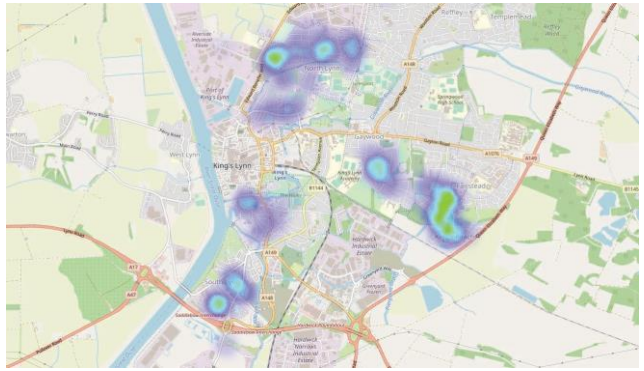
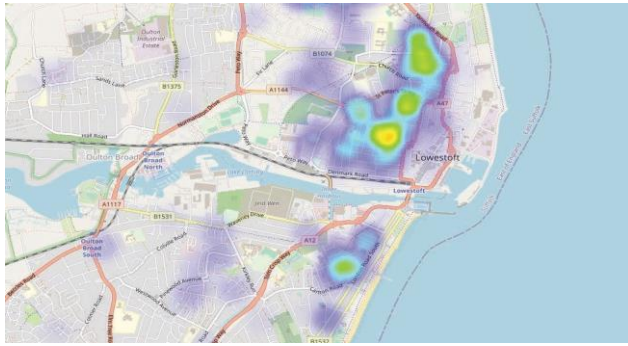




King's Lynn

Great Yarmouth



Lowestoft

Lowest density of postcodes in deprivation deciles 1 and 2 → Highest density of postcodes in deprivation deciles 1 and 2

Further developments Id like to pursue :

- Transition (? Ready Steady Go)
- Complex needs schools
- Asthma friendly schools / asthma policy across Norfolk
- Environmental health

One child…

- “Can you tell me when you use your inhaler?”
- “When my ears are sore”

Questions?