

#AskAboutAsthma webinar: how nurses are transforming CYP asthma

Chaired by:

Pippa Hall, Lead Nurse, Children's Clinical Nurse Specialist Team in
Respiratory Care, Royal Brompton Hospital

Housekeeping



Attendees are automatically muted with camera switched off during the webinar.



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 after the webinar with the slides.

Agenda

#AskAboutAsthma webinar: how nurses are transforming CYP asthma

Tuesday 13 September 2023 1:00 – 2:00pm

[Click here to join the meeting](#)

Topic	Speaker
Chair: Pippa Hall Lead Nurse, Children's Clinical Nurse Specialist Team in Respiratory Care Royal Brompton Hospital	
Group Consultations in schools	Tori Hadaway Community Children Specialist Asthma Nurse, Tower Hamlets
Asthma Practitioner Pilot, North-East London	Laura King Clinical Nurse Specialist for CYP Asthma & Senior Asthma Practitioner, North East London ICB
MART	Alison Summerfield Paediatric Nurse Consultant - Asthma Senior Delivery Project Manager, North West London ICB
Q & A	All

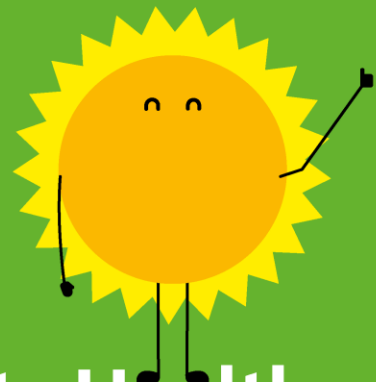
Group Consultations in schools

Tori Hadaway

Community Children Specialist Asthma
Nurse



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Young Barts Health



Group consultations: Together, patients are stronger



Group consultations are a way for primary care practices to bring together individuals for support with long-term conditions, helping them to better manage their own health and share their experiences and learning (NHS England 2023)



Why Group Consultations?

Clinician Benefits:

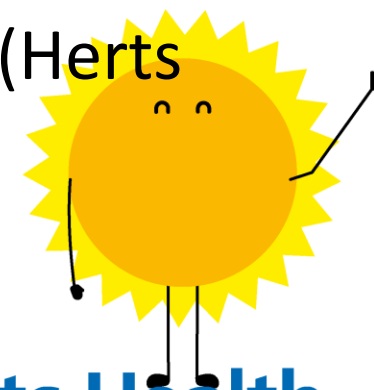
- Better use of CNS time- 66% gain in CNS time by providing group consultations vs 1:1 appointments (Marote 2020).
- Clinicians find group consultations more energising- less repetition, more time to spend explaining/ discussing what is important for the patient (Herts Valley 2019)
- Efficiency- Not having to provide the same education on repeat.
- Improved nurse wellbeing (Marote 2020)



Why Group Consultations?

Patient benefits:

- Better engagement- 31% reduction in missed appointments (Marote 2020)
- More time with the clinician
- Patients able to support and learn from each other (Bexley 2015)
- Community support- friendships formed between parents and the CYP (Bexley 2015)
- Efficiency- Not having to provide the same education on repeat. (Herts Valley 2019)



Engagement session



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Checking my
child's asthma
in school

Increase
awareness
in schools

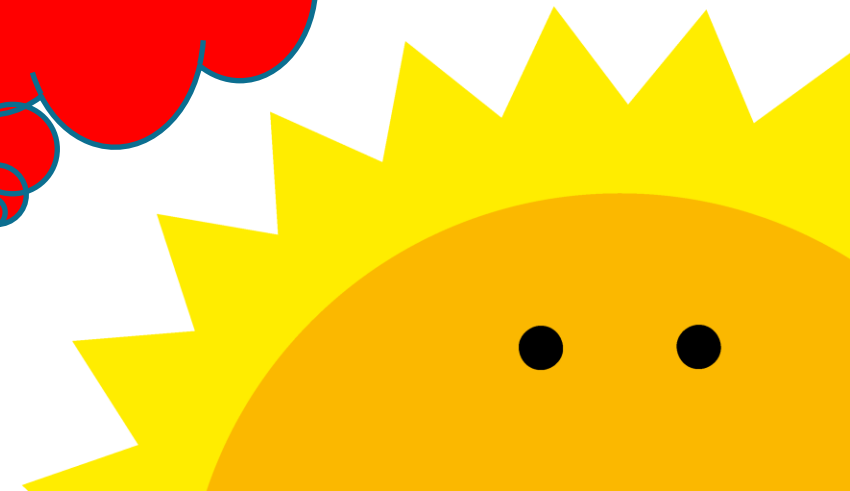
Prefer not
in school
hours

More
intervention
in school

More
frequent
appointment
s

More
**community-
based clinics**

Young Barts Health



Group Consultations

- School engaged into the Group consultations pilot - 10 primary schools
- Discussion around what was expected from school and the process.
- Poster advertising the session and invite letters sent by school.
- School to provide location, ICT facilities and translation support.
- Calender invite with all the resources and expectations sent to schools.
- School sent a list of all children with asthma and wheeze on their registry.



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Results: Pre questionnaire



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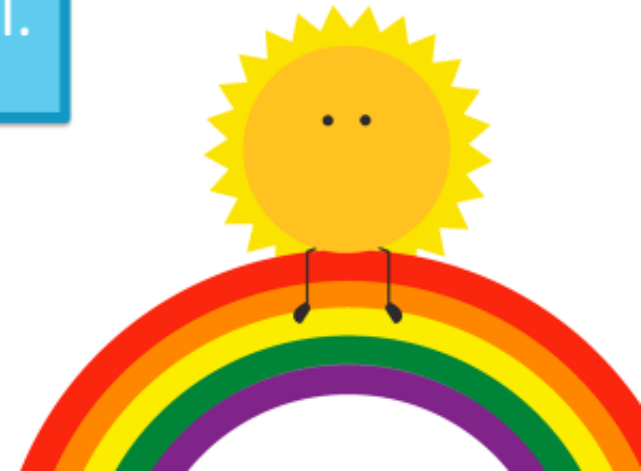
Most recognized symptoms of *acute* attack. Symptoms of poor control (exercise limitation / sleep disturbance) under recognized.

Not using personalized action plan or had never seen before.

Not using preventer *and* using more reliever

Escalation of care to health care professional.

**Young
Barts
Health**



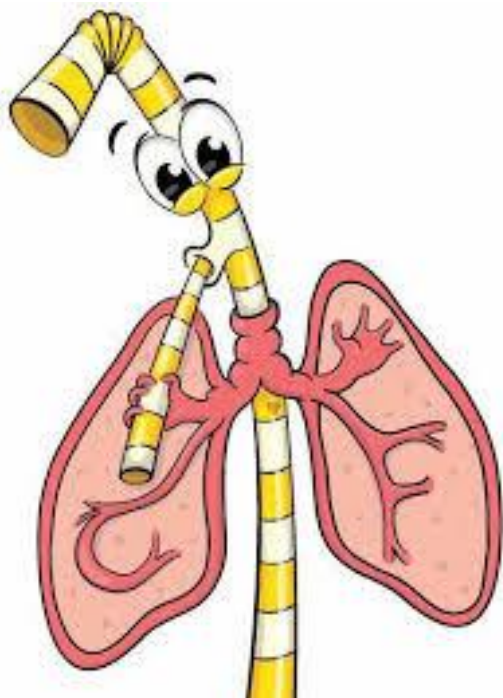
Group Consultation

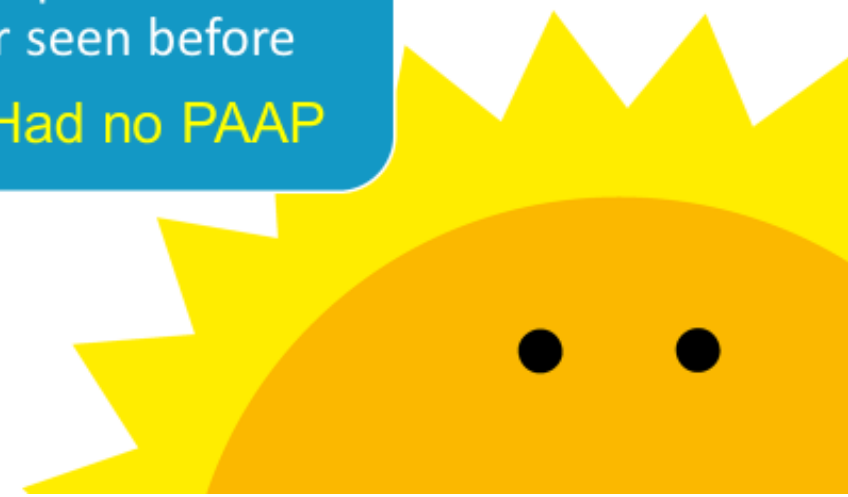
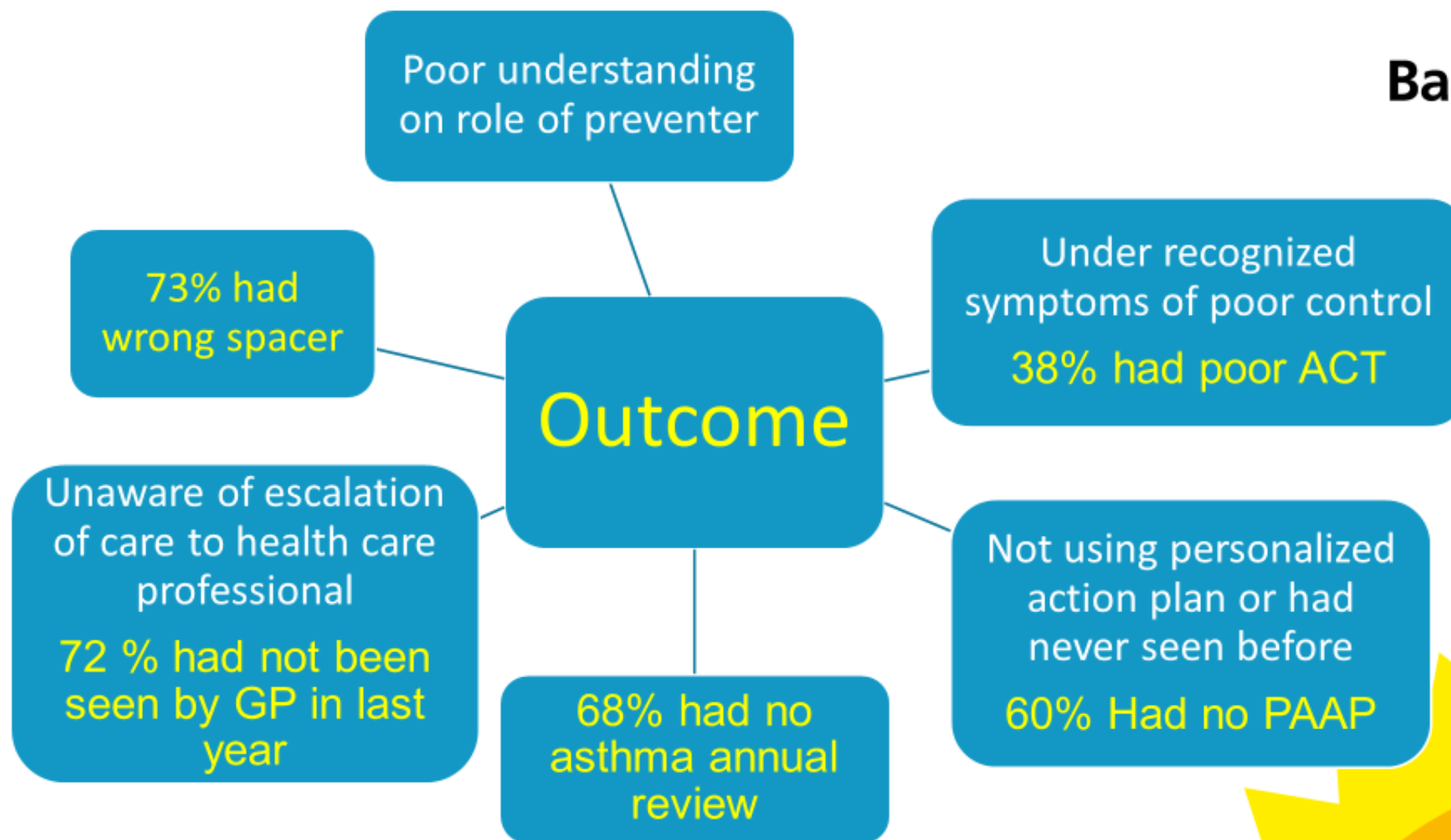
- Pre and Post Questionnaire were carried out to assess knowledge of the group
- Worry Cloud to identify CYP worries about asthma
- Interaction Training session
- Group discussion, questions and peer to peer support
- ACT to identify poor asthma control
- Information leaflet and certificates

Afraid of
having an
asthma
attack

Not being
able to
exercise

Stopping
breathin
g



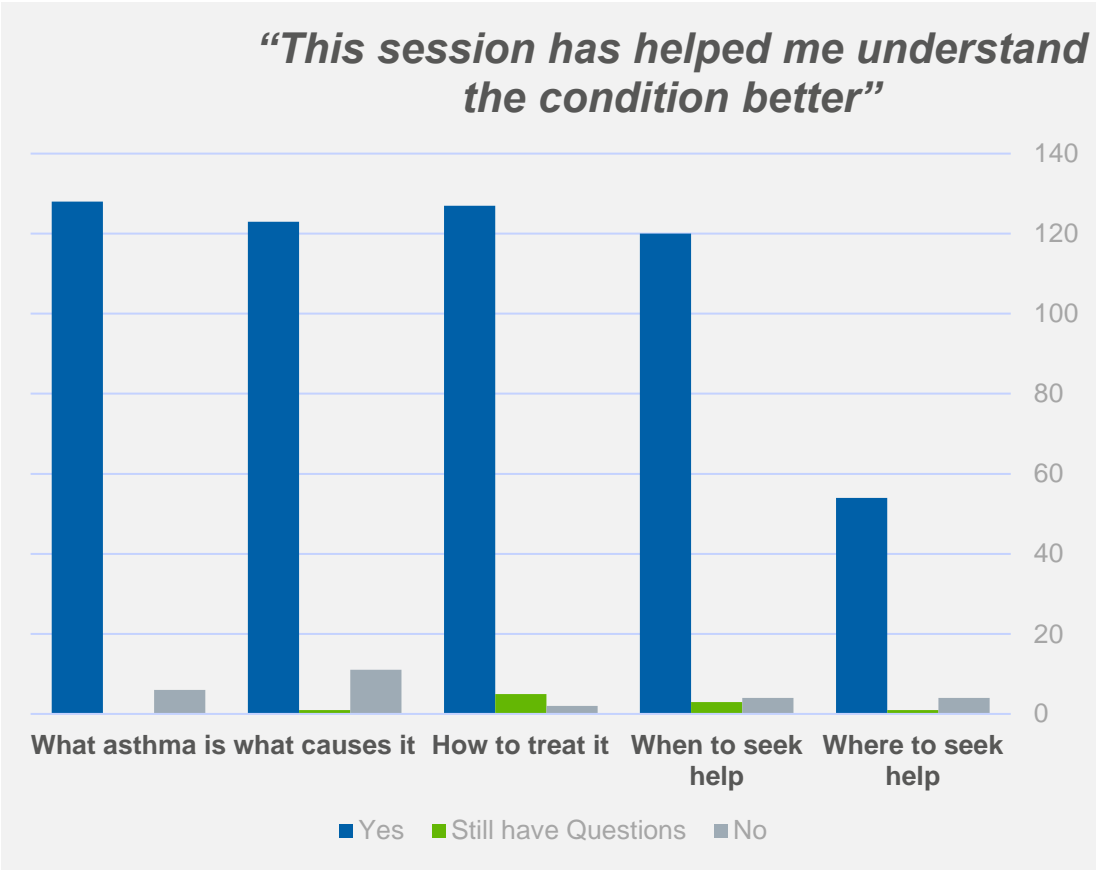


Feedback



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Increase in understanding and confidence to manage wheeze and highly recommended



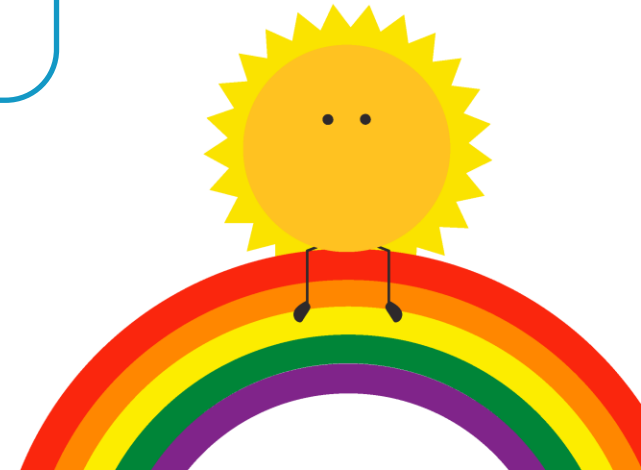
Specialist Asthma Clinic

1

- 63% had stable ACT
- Improved knowledge and improved usage of ICS

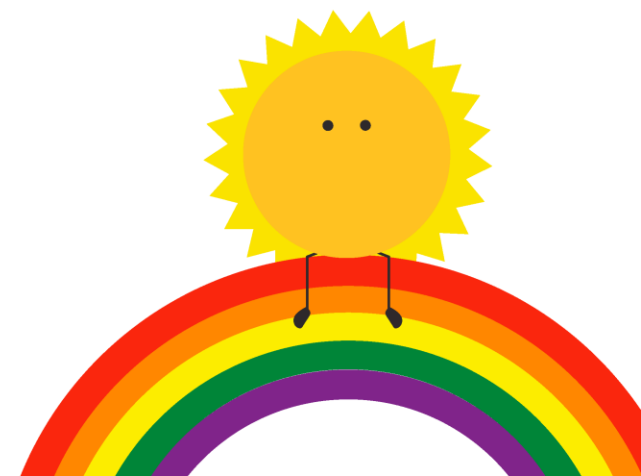
2

- 37% had poor ACT



Barriers

- Getting schools involved
- Some schools more productive than others in getting parents involved
- Getting hold of the children's details or incorrect info
- Large groups



Service Developments

- Developed guidance on Asthma friendly schools and Tool Kit
- Working on getting all schools to be Asthma friendly
- Standard asthma plan
- Training for school staff
- Newsletters improved communication with schools
- Funding for Atopy Service



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Free

Emergency Asthma/Wheeze Action Plan

THINK

- Are they coughing, wheezing, finding it hard to breathe.
- Have they slept, unable to get up or sat?
- Do they need their inhaler?
- Do you need to call for an ambulance?
- REMEMBER!** Stay with the child at all times.

WHAT TO DO IN AN ASTHMA ATTACK

 Under 5

 Over 5

 Teens

INTERVIEW

- How long and how often does...
- What time of day does it happen?
- Ask someone with a blue and black inhaler and spacer, administer inhaler and note the time and improve things.
- Do you need to call for an ambulance?

MEDICINE

- Shake blue inhaler and place in spacer, spray one puff and take 10 breaths.
- Use spacer if 5 years or younger.
- Do you need to call an ambulance?
- If symptoms are not resolved contact the General Practitioner or call 999. If it is happening frequently, contact the Community Child Specialist asthma team.
- www.asthmaactionplan.co.uk

EMERGENCY 999

- If not breathing or unable to speak, call 999 and request an ambulance.
- Write time of calling 999, child's position.
- If ambulance takes longer than 15 minutes repeat medicine steps.

ANAPHYLAXIS

- Do they have an adrenaline pen?
- If it is not in use, it may be possible to have an adrenaline treatment causing anaphylaxis in the clinic.
- If it should, follow their allergy management plan and report.
- Call ambulance, administer adrenaline. **DO NOT FEED OR DRINK**

Parent Consent: _____ Child Name: _____

(Write the names please, please give your child their initials and/or initials on pen, or in the school/health setting) (You may wish to keep a second identical action plan.)

Signature: _____ Date of signature: _____

Healthy
London
Partnership

Asthma
Friendly School

We

are working towards
being an Asthma
Friendly School!

Name of Asthma Nurse

Tori Hadaway

Date Nominated

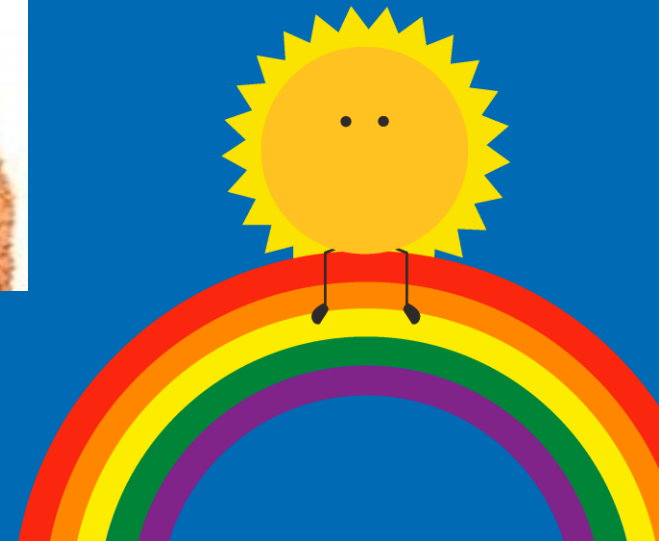
Thank you for listening



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Any questions

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Learning from the CYP asthma pilot in North East London

Laura King

Clinical Nurse Specialist CYP Asthma & Senior Asthma
Practitioner for NE London

Who are we?

The North-East London team for the NHSE Asthma Practitioner Pilot.

We are a Respiratory Physiotherapist & Clinical Nurse Specialist from Young Barts Health

Working closely with our asthma teams in each Borough, our network colleagues and teams in:

Primary, Secondary & Tertiary Care teams

Universal Services – 0-19 teams, HVs, School Nursing, Special School Nursing

Education – primary, secondary, special schools and PRU

Healthy Schools

Social Services

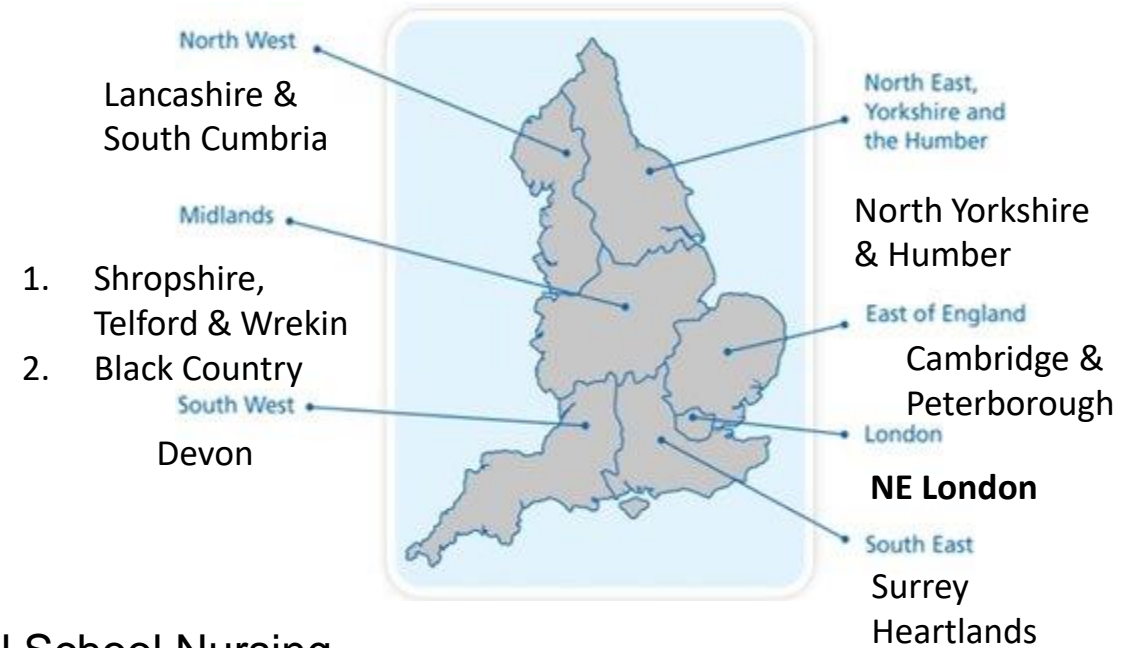
Housing

Public Health

Air Quality network

Youth Workers

Local & national networks – Community of Practice & LALIG, NPRANG, A+L UK HCP Council



Where are we?

7 Boroughs

49 PCNs (+ unallocated)

283 practices

6 Secondary Care Hospitals

1 Tertiary Centre

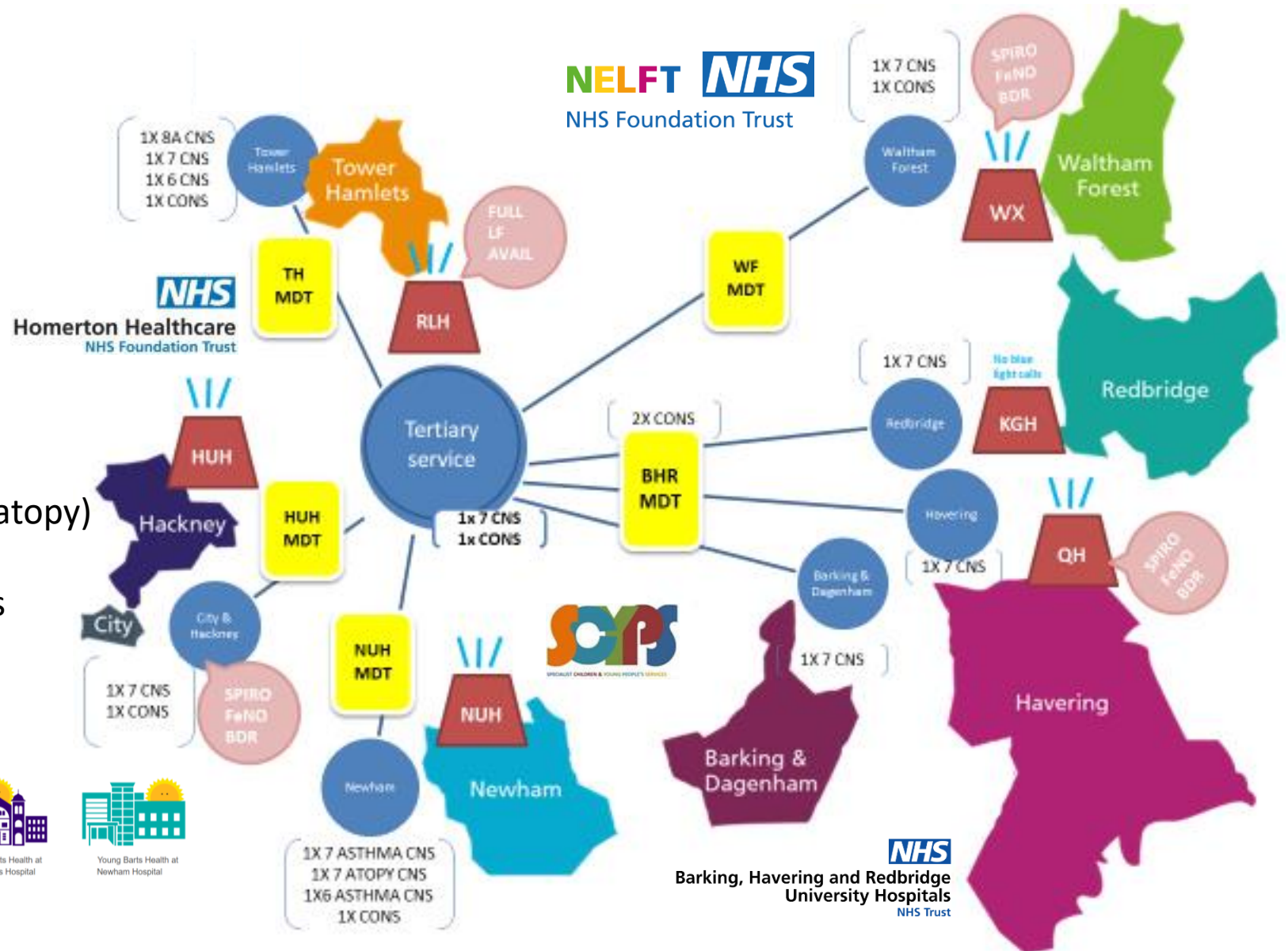
3 Trusts

6 Hospitals

11 Clinical Nurse Specialists (asthma / atopy)

8 General Paediatricians

2 Consultant Respiratory Paediatricians
(& wider team)



Pilot Aims

This is an NHSE Pilot running for 20 months, from February 2023 to October 2024.

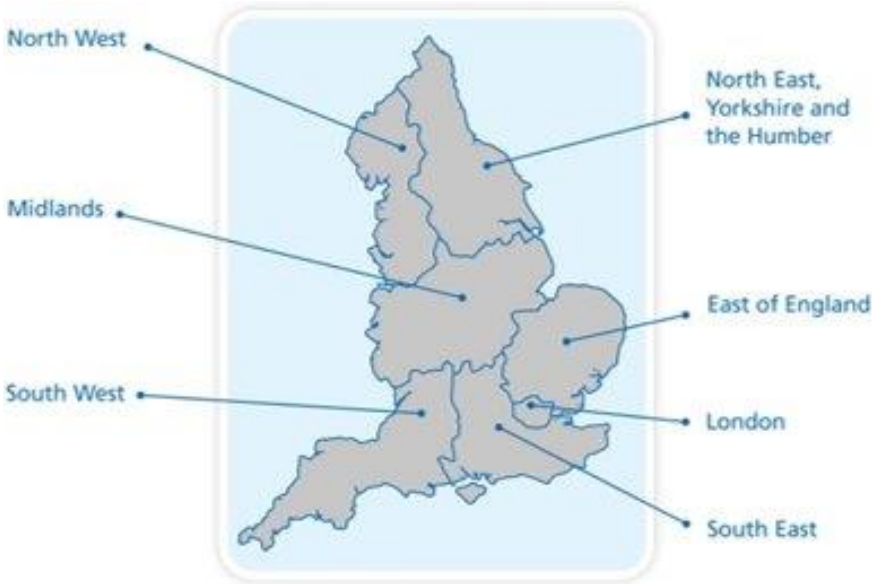
Establish partnerships across the ICS both vertically through healthcare and horizontally with other arm’s length bodies including education, local authorities and social services.
Through this pilot the postholder should connect with other ICS lead practitioners to share knowledge, learning and best practice.

Identify areas where asthma outcomes are poorest and establish the reasons for this, working with teams to improve access to CYP asthma training to ensure all healthcare professionals who come into contact with a CYP with asthma are trained to the appropriate level.

Develop clear diagnostic pathways, considering the role that Community Diagnostic Centres might play in this.

Lead on identification of CYP at most risk of exacerbations and manage their care appropriately.

Region	Integrated Care System
North West	Lancashire and South Cumbria
North East and Yorkshire	North Yorkshire and Humber
Midlands	1. Shropshire, Telford and Wrekin 2. Black Country
East of England	Cambridge and Peterborough
London	North East London
South East	Surrey Heartlands
South West	Devon



Pilot Objectives

Accurate and early diagnosis

- Diagnostic hubs workstream
- Collaborative working with primary care clinics using new search strategy

Effective preventative medicine

- Supporting primary care in diagnosing and managing asthma through training & support
- Upskilling clinics with primary care clinicians
- Asthma and Allergy Friendly Schools
- Accessible information project

Severe asthma

- Service pathways from primary-secondary – tertiary (& back again)

Environmental impacts

- Air quality pharmacy project
- Collaboration with Asthma+Lung UK

Managing exacerbations

- Safe discharge
- 48 hour review mapping cross-NEL
- CDOP workstream & acuity mapping

Training & Education

- Promotion of & embedding Tier Training into Place / Trust educational platforms
- CATQR sessions at Barts sites
- Webinars running in two boroughs with good uptake

It's #AskAboutAsthma week

This annual campaign aligns with the peak for asthma attacks for the year (week 38)

This year, we are focusing on safe discharge across the whole network, with this taking the lead in each patch with our #AskAboutAsthma campaign.

Patch asthma teams are focusing on training and upskilling all our teams including:

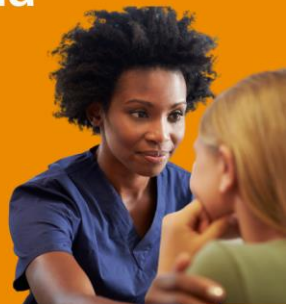
- Training events
- Teaching in acute areas – 10 @ 10, ED & ward “trolley dash”
- NEL is well represented in the schedule – nursing webinars, primary care days

Comms in each area will include the #AskAboutAsthma information, timetable and the new resources for all to use.



For #AskAboutAsthma 2023, we are widening our view of young people's asthma

#AskAboutAsthma
11-17 September 2023



North East London CYP Asthma Network

Clinical projects

- **Safe use of salbutamol rollout**
Consistent safe discharge across NEL from week 38
- **48 hour/post attack reviews**
Scoping complete, workstreams being implemented
Projects underway in 3 boroughs to level up the offer
- **Group consultations**
Tower Hamlets schools based – starting in September
Clinic based groups running at BHRUT and Newham
- **Development of asthma pathways**
Escalation and de-escalation pathways
- **Air quality**
Completion of educational animated videos in 13 different languages
Newham community pharmacy project
Barts air quality clinic underway
- **NEL asthma CNS educational videos**
Accessible information bid submitted for resource pack including 13 languages, SEN friendly & easy-read materials

Education/Training

- **Primary care webinars**
Led by asthma practitioners across all 7 boroughs
- **Upskilling primary care clinicians**
Joint clinics with asthma practitioners
Shadowing days with Asthma CNS
HEE funded project in Newham completed
- **Tier training**
Promotion of whole-practice training to tier 1 & 2, adding to educational platform for ease of access
Asthma practitioners promoting tier 3 training & accredited training materials/sessions planned
Within acute trusts (exploring study days/workshops) and to be added to educational platform
- **Child Death Overview Panel workstream**
Acuity mapping continues
- **2 CNS starting non-medical prescribing**

Workforce

- **Recruitment of NEL Asthma Practitioners**
Focus of implementing deliverables within national bundle of care
- **Tertiary CNS recruited to cover secondment**
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- **Successful bid for network air quality role**
- **Asthma Friendly Schools Co-ordinator role**
Bid approved, awaiting recruitment to one year fixed-term role.

2022/23 Priorities and future plans:

- **Diagnostics hubs**
- **Asthma and allergy friendly schools**
- **48-hour review workstream**



Safe Discharge Workstream

Safe use of Salbutamol

Pan-NEL decision to scrap the weaning regime – implemented in all acute Trusts with good engagement.

Training has been rolled out to all staff groups, led by the patch asthma teams.

Shared patient resource

Single patient information booklet in place across tertiary, secondary and rolling out to primary care.

Resource compiled following a task & finish group. Themes, narrative, wording & content guided by this forum. Patient & team feedback collected.

Booklet covers:

- Flow chart guiding response during attack / post discharge
- Advice & signposting for assessing the child / young person
- Information – What is asthma, what is wheeze, how & why medications work, peak flow
- Triggers, Stop smoking advice / signposting, Air Quality & avoiding air pollution

Safe Discharge Workstream

Standardised resources

We are using the A+L UK PAAP, along with the Barts Health / NEL patient booklet on discharge. QR code poster & dual sided leaflet also offered for those who prefer no / paperlight resources.



My asthma triggers
List the things that make your asthma worse so you can try to avoid or treat them.

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- 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 their school

Learn more about what to do during an asthma attack asthma.org.uk/child-asthma-attacks

ASTHMA QUESTIONS?
Parents and carers ask our respiratory nurse specialists
Call 0300 222 5800
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(Monday-Friday, 9am-5pm over 16 only)

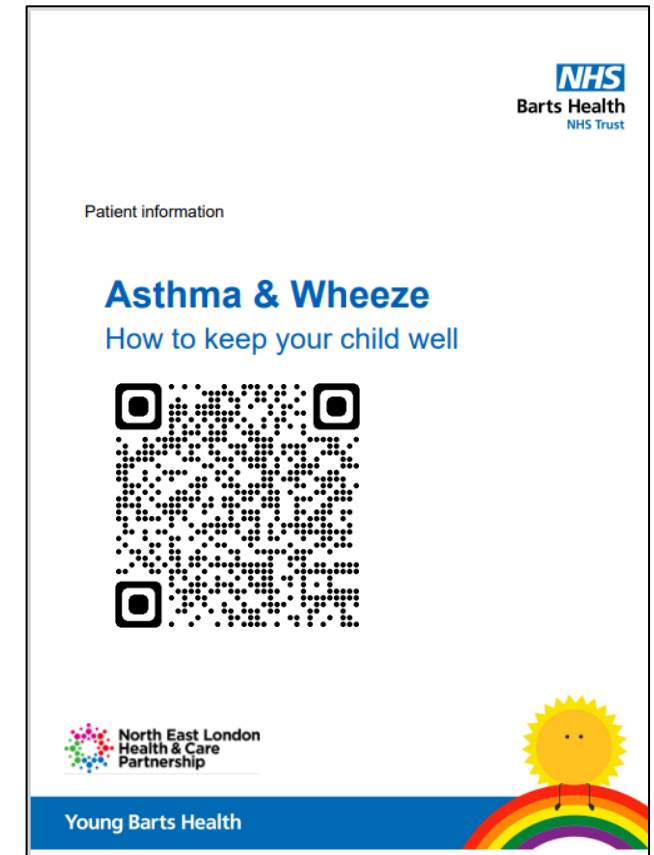
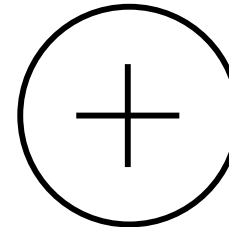
ASTHMA+ LUNG UK

CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:


Last reviewed and updated 2021; next review 2026





NHS
Barts Health
NHS Trust

Patient information

Asthma & Wheeze
How to keep your child well




North East London
Health & Care
Partnership


Young Barts Health

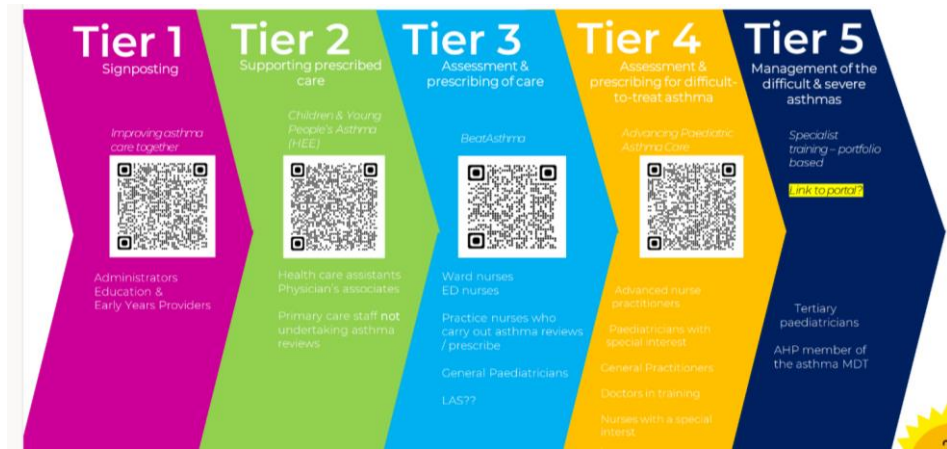
Asthma / Allergy Friendly Schools

- **Well established in Newham**
 - Re-accreditation process managed by school nursing team
- **Relaunch of initiative in Tower Hamlets**
 - Relunched in March 2023
 - Working on school engagement to increase numbers of schools achieving full Asthma Friendly Schools Status
- **Successful application for health inequalities funding in Barking & Dagenham, Havering and Redbridge (BHR)**
 - **Asthma Friendly School Co-ordinator**
 - 0.5 WTE x3 (B&D, Havering and Redbridge)
 - Band 5
 - Administrative / co-ordination role (clinical oversight from NEL asthma practitioner)
 - To kick-start AFS work across BHR
- **Initial meetings around AFS implementation in Waltham Forest**
 - Engaged with public health, school nursing team, Asthma CNS
 - Will attend Headteacher forum
- **Exploring Asthma Friendly Schools pilot scheme in City and Hackney**

Primary Care Engagement

CYP Asthma Webinars

- Implemented with assistance from Training Hub Leads across all boroughs
- Aimed at Primary Care clinical staff (pharmacists, practice nurses, GPs, HCAs)
- 1 hour long
- **Great uptake so far – extra webinars added due to high demand**
- Opportunity to promote:
 - **Tier training**
 - **Joint clinics**
 - EMIS searches as a risk stratification tool
 - Ask About Asthma #AAA
- Aim to run 2-3 sessions in each borough quarterly



Tier Training

- Promotion of Tier training **AT EVERY OPPORTUNITY**
- Tiers 1-3 are free
 - Schools/non-clinical staff
 - Tier 1
 - Primary Care
 - Tier 2 or 3 if 'special interest'
 - Secondary Care
 - Tier 3 or 4 if 'specialist CYP asthma'
 - Tertiary Care
 - Tier 4 or 5 depending on role
- **Accredited training**
- Numbers/uptake nationally monitored and reported on dashboard

181*
trained
since
June 2023

Primary Care Engagement – Clinics

Priority patches / PCNs / practices identified through multi-pronged searches.

Tabulated ECLIPSE data, QoF, LIS & prescribing data for baseline – search strategy changed July 23

Aims of collaborative clinics:

- Supporting casefinding through discussion & data searches
- Active discussion of cases, collaborative consultation
- Case discussion, clinical supervision, sharing of resources & tools

Criteria:

- Practice has taken up tier training – aim for whole practice training
Non-clinical staff Tier 1, Clinical staff Tier 2 (suggest those in leading roles undertake Tier 3)
- Clinics to be joint – asthma practitioners supporting practice clinician
- Face-to-face clinic with slots for case discussion

In areas with workstreams / research already running we aim to support recruitment to these



Primary Care Engagement – Clinics

Supporting key objectives

Timely diagnosis, effective preventative medicine, use of tools & resources, education.

Supporting effective use of data searches to safety net clinical work

- checking patients have a coded diagnosis, have been reviewed, have a PAAP, monitor medication use

Name: _____ Date: _____

Asthma Control Test™

Please note: Any data captured in this form will not be passed on to any third party. It will only be used by your healthcare professional.

Asthma is a common and treatable disease which can impact heavily on quality of life. Medical experts now agree that the level of asthma control is a key feature when determining the best asthma treatment required.

Why take the Asthma Control Test™?

The Asthma Control Test has been conceived by medical asthma experts and scientifically tested on hundreds of asthmatic sufferers. It provides asthma sufferers and their doctors and nurses with a useful score which will help them determine the level of treatment required. Your healthcare professional may ask you additional questions during a consultation.

Are you in control of your asthma? Or is your asthma in control of you? Here's how to find out

Step 1: Read each question below carefully, circle your score and write it in the box.

Step 2: Add up each of your five scores to get your total Asthma Control Test™ score.

Step 3: Use the score guide to learn how well you are controlling your asthma.

Q1 During the last 4 weeks, how much of the time has your asthma kept you from getting as much done at work, school or home?

All of the time 1 Most of the time 2 Some of the time 3 A little of the time 4 None of the time 5

Q2 During the last 4 weeks, how often have you had shortness of breath?

More than once a day 1 Once a day 2 3-4 times a week 3 1-2 times a week 4 Not at all 5

Q3 During the last 4 weeks, how often have your asthma symptoms (sneezing, coughing, shortness of breath, chest tightness or pain) woken you up at night or earlier than usual in the morning?

4 or more times a week 1 2-3 nights a week 2 Once a week 3 Once or twice 4 Not at all 5

Q4 During the last 4 weeks, how often have you used your rescue inhaler or reliever medication (such as Salbutamol)?

2 or more times a day 1 1-2 times a day 2 3-5 times a week 3 Once a week or less 4 Not at all 5

Q5 How would you rate your asthma control during the last 4 weeks?

Not controlled 1 Poorly controlled 2 Somewhat controlled 3 Well controlled 4 Completely controlled 5

Total Score _____

What does your score mean?

Score: BETWEEN 20-25 - ON TARGET

- YOUR ASTHMA APPEARS TO HAVE BEEN UNDER CONTROL OVER THE LAST 4 WEEKS.
- HOWEVER, IF YOU ARE EXPERIENCING ANY PROBLEMS WITH YOUR ASTHMA, YOU SHOULD SEE YOUR HEALTHCARE PROFESSIONAL (E.G. DOCTOR, NURSE, PHARMACIST).

Score: BETWEEN 16-19 - OFF TARGET

- YOUR ASTHMA SYMPTOMS MAY NOT BE AS WELL CONTROLLED AS THEY COULD BE.
- THERE MAY BE MORE YOU OR YOUR HEALTHCARE PROFESSIONAL (E.G. DOCTOR, NURSE, PHARMACIST) COULD DO TO HELP CONTROL YOUR ASTHMA SYMPTOMS.

Score: 15 OR LESS - OFF TARGET

- YOUR ASTHMA HAS NOT BEEN CONTROLLED DURING THE PAST 4 WEEKS.
- MAKE AN APPOINTMENT WITH YOUR HEALTHCARE PROFESSIONAL (E.G. DOCTOR, NURSE, PHARMACIST) STRAIGHT AWAY TO DISCUSS WHAT ACTION IS NEEDED.

References: 1. GLOBAL INITIATIVE FOR ASTHMA (GINA). GLOBAL STRATEGY FOR ASTHMA MANAGEMENT & PREVENTION 2017. 2019/10/03/03/10/16 4085702 January 2018.

My asthma triggers

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Name and date: _____


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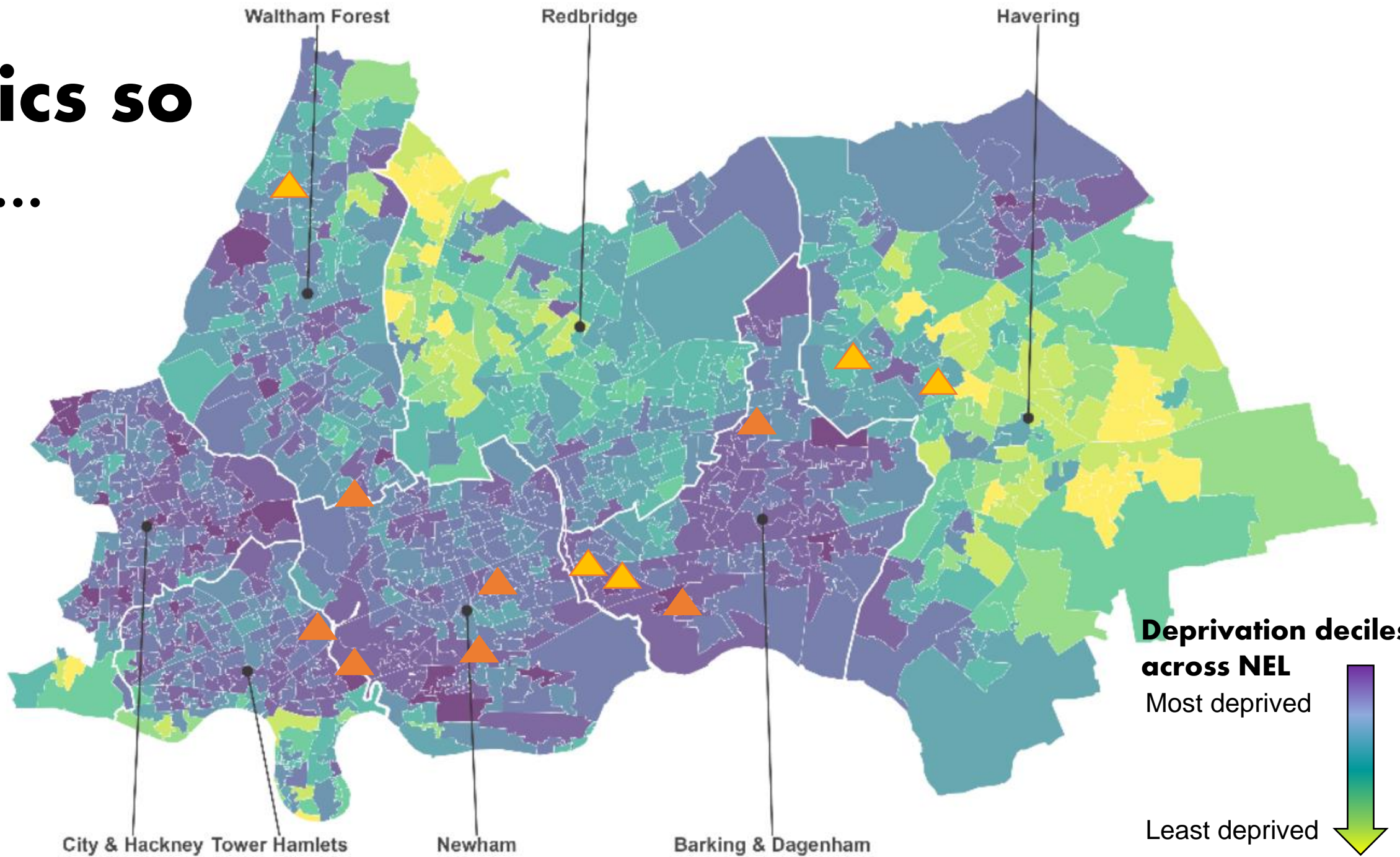


North East London Health & Care Partnership

Young Barts Health



Clinics so far ...



Empowering & upskilling

Our chosen model favours supportive work, with an emphasis on sustainability of intervention.

We offer enhanced support and teaching, along with support in casefinding, leading to the offer to undertake joint upskilling clinics.

We have undertaken a borough-based project in Newham with HEE funding which focused on upskilling key clinicians in priority practices.



Where are we?

- 7 months into a 20 month pilot
- Established workstreams for each practitioner
- Looking forward to large-scale change

Lessons learned so far

- The value of the network
- Interoperability of each workstream
- Translating guidelines & mandated activity into the real world is a challenge.
- Change takes time, but also resources!

North East London CYP Asthma Network

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NWL CYP Asthma Network #AskAboutAsthma

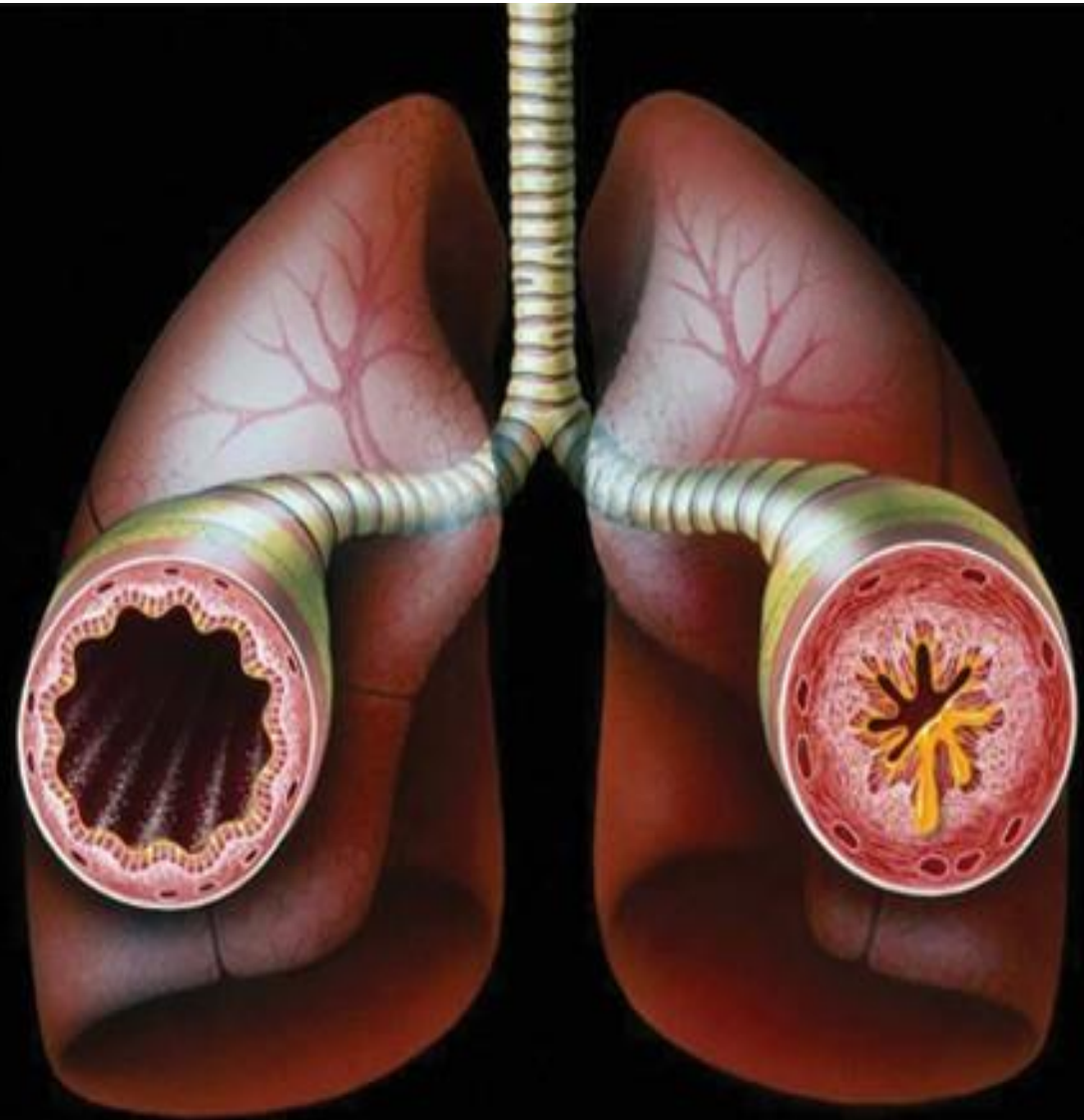
“Widening our View”



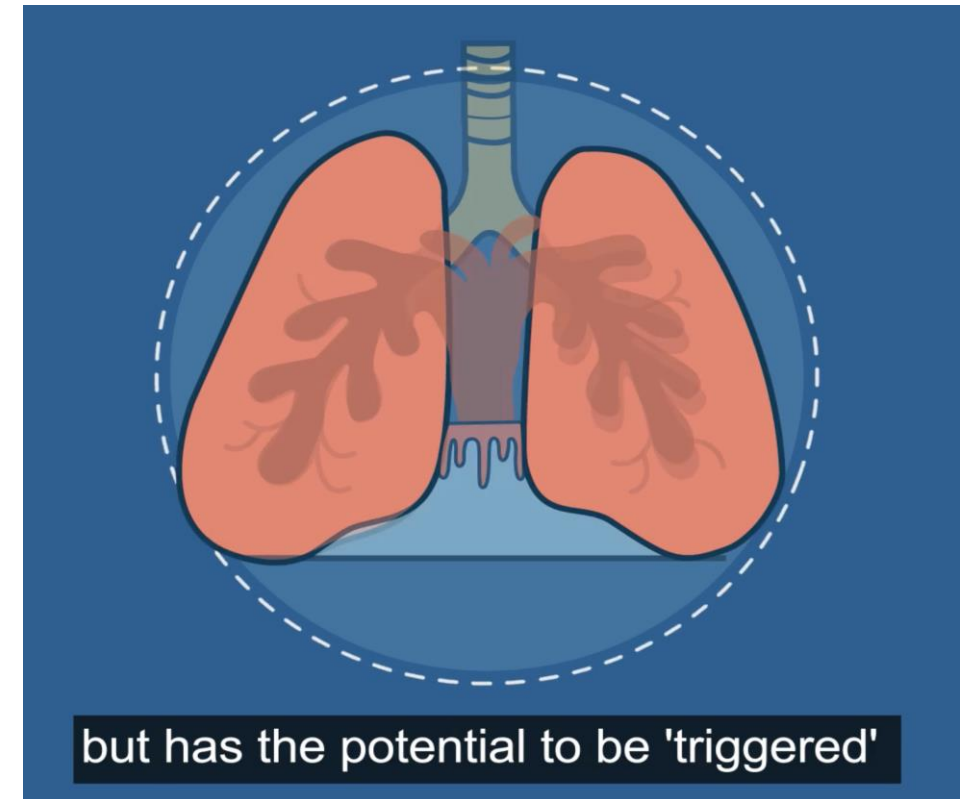
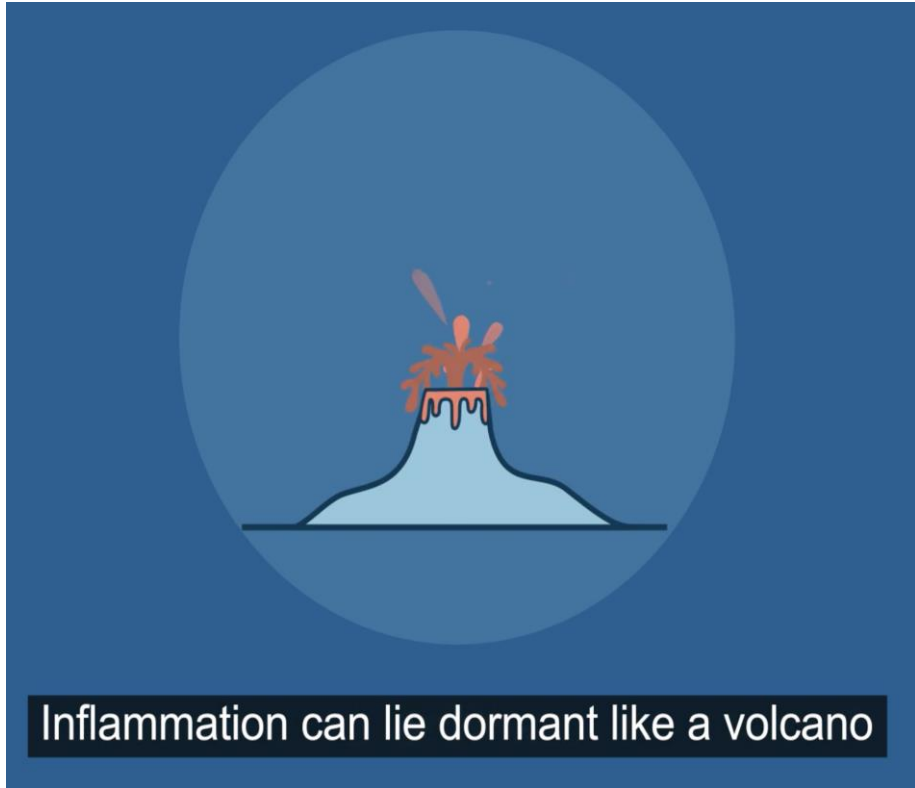
Alison Summerfield (alison.summerfield@nhs.net)
Paediatric Nurse Consultant - Asthma Senior Delivery Project Manager



A reminder....
Asthma is an
Inflammatory
condition.



Inflammation needs effective treatment....



Prescribing Data

April 2023

(Greener Respiratory Prescribing Data Pack)

In asthma 83% of SABAs prescribed go to patients using > 3 inhalers per year

People with asthma who use 3 or more SABA inhalers per year have twice the risk of a severe asthma attack

70% of the total carbon footprint of inhaler devices in the UK is represented by SABAs

Simple Steps, Joint decisions, Agreed plans

Simple & uncomplicated Inhaler regimes

Optimisation of treatment

“Joint” decision making with options

Adherence – opportunities for change / improving outcomes

Reducing the carbon footprint.....

- GINA – Step 1
- Medical Research Institute of New Zealand – Professor R Beasley



• Proud to be celebrating the 30th year of GINA •

MART

- **MHRA approval of combination asthma inhaler:**

Symbicort for people with mild asthma April 2023

evidence based, which shows people with mild asthma could be prescribed a Symbicort inhaler, without needing to be prescribed a separate reliever and a preventer inhaler **first**.

- Maintenance And Reliever Treatment (MART)
- Anti Inflammatory Reliever Therapy (AIR)
- Symbicort is a 2-in-1 treatment used for both prevention and relief of symptoms
- Licensed 12 years +

MART 12-17 years – SYMBICORT 100/6

Asthma, maintenance and reliever therapy for Symbicort 100/6 Turbohaler®

By inhalation of powder

Child 12–17 years

Maintenance 2 puffs daily in 1–2 divided doses;

1 puff as required for relief of symptoms, increased if necessary up to 6 puffs as required, max. 8 puffs per day;

(up to 12 puffs daily can be used for a limited time but medical assessment is recommended).



MART 12-17 years – SYMBICORT 200/6

Asthma, maintenance and reliever therapy for Symbicort 200/6 Turbohaler®

By inhalation of powder

Child 12–17 years

Maintenance 2 puffs daily in 1–2 divided doses, increased if necessary to 2 puffs twice daily;

1 puff as required for relief of symptoms, increased if necessary up to 6 puffs a required, max. 8 puffs per day;
(up to 12 puffs daily can be used for a limited time but medical assessment is recommended).



Why MART?

- Can be used as a reliever treatment in isolation
- Can be used as a preventer & anti-inflammatory reliever
- Risks of using a short acting B2 Agonist as long-term treatment gradually increases the severity of asthma overreliance during exacerbations
- ICS – good at “turning off” or reversing the asthma inflammatory process
- In NZ in adolescents & adults – patients on SABA alone have switched to “AIR” throughout primary care
- Mild – moderate asthma - **50%** reduction in severe exacerbations
- Severe asthma – switch to AIR – reduces the risk of severe attack by a 1/3.

Case Study

- 12 year old girl
- Asthma
- Allergic rhinitis
- Multiple food allergies
- Atopic eczema
- ACT Score 19/25
- FEV1 1.42 (with 32 % reversibility after BDR)
- FeNo 23ppb
- Frequent use of SABA & 4 course of oral steroids in previous 6 months
- Seretide 125/25 2 puffs BD via spacer - ** adherence**
- Low mood – “fed up” with burden of atopic disease;

New Regime of Treatment

- Switched to MART
- Symbicort 200/6 2 puffs BD for preventer & reliever treatment
- Home visit
- Referral to tertiary service for atopic eczema
- School visit
- **Clinic Appointment – 2 months later:-**
 - No further courses of oral steroids
 - FEV1 1.86 (no BDR reversibility)
 - Adherence good – no “reliever” doses of MART required to date;
 - ACT Score 23/25
 - Overall control much better & “happier”

Widening our View – MART Considerations

- Inhaler technique
- Asthma management at school – it's very different....
- Potential to reduce the significant number of SABAs being utilised per patient
- Potential to reduce hospitalisations and exacerbations of asthma
- New Zealand data demonstrates significant reductions in asthma exacerbations and hospitalisations in adolescents & adults 12 years plus with both mild and more severe asthma on “AIR” therapy;
- Study led by Dr Louise Fleming at RBH for C&YP with Asthma <12years due to start January 2024

NWL CYP Asthma Network #AskAboutAsthma

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