Respiratory Illness in Childhood: Better Care for Better Outcomes

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This report has been written for the Thames Valley Children and Maternity Steering Group to provide an overview of the value and benefits of the project across the Thames Valley and Milton Keynes. Commissioners, practice staff, patients and those with interest in childhood respiratory illness will benefit from understanding the work undertaken and reflecting on the recommendations herein.

**Recommendations:**

1. The adoption and routine use of personalised asthma management plans for every child diagnosed with asthma in all CCG areas across Thames Valley.

2. That all CCGs in Thames Valley:
   a. Undertake an audit of every GP practice to establish the uptake of personalised asthma management plans in under 19’s diagnosed with asthma
   b. Monitor the impact on outcomes for children/young people and their families including identifying trends in how this impacts on the level of asthma emergency admission rates.
   c. Undertake a review of the patient’s perspective on the benefits they experienced as a result of using the personalised asthma management plans in managing their condition and consider whether findings might provide an evidence base to support the need for an Asthma QOF.
   d. Incorporate the personalised asthma management plans onto GP practice systems using the template and the learning from the Slough CCG model as the foundation for doing that.

3. That the analysis and findings from the Slough CCG pilot of the Puffell online platform in supporting and educating patients to self-manage their condition be used to inform the decision about the potential to roll out adoption of Puffell across the whole of Thames Valley.
Respiratory Illness in Childhood – Better Care for Better Outcomes

Context - National and TVSCN
Reducing emergency admissions was ranked as a priority by the National Clinical Directors for Children and the TV CCGs. It is acknowledged that a lot of good work through the NHS Institute has already been done to reduce emergency admissions and it was agreed following stakeholder engagement to focus on one long term condition. This project therefore focused on childhood asthma and wheeze, with the aim to improve its management. Nationally the majority of the other SCNs also made the decision to focus on improving the management of childhood asthma and established a National SCN Asthma group with NHS England.

The data from CHIMAT for 2011/12 showed that in Thames Valley and Milton Keynes there was variation in emergency admissions for asthma for under-19s. This variation was higher in Buckinghamshire, Berkshire East and Milton Keynes although they still fall below the English average.

If the Berkshire East, Bucks and Milton Keynes admission rates were similar to those for Berkshire West and Oxon, it is reasonable to assume that cost could be reduced.

Table 1: Potential cost savings (updated and based on 2013/14 Asthma emergency admissions)
Source: CHIMAT, Disease Management Information Toolkit, August 2015

<table>
<thead>
<tr>
<th>CCG</th>
<th>Admissions per 100,000 population aged 0-18</th>
<th>The best performing 25% ion UK</th>
<th>Potential cost savings per 100,000 population aged 0-18</th>
<th>Potential total cost savings - total approximate figure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Aylesbury Vale</td>
<td>159</td>
<td>£ 33,207</td>
<td>£ 15,478</td>
<td></td>
</tr>
<tr>
<td>NHS Bracknell and Ascot</td>
<td>82</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Chiltern</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Milton Keynes</td>
<td>228</td>
<td>£ 78,868</td>
<td>£ 53,656</td>
<td></td>
</tr>
<tr>
<td>NHS Newbury and District</td>
<td>86</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS North and West Reading</td>
<td>94</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Oxfordshire</td>
<td>137</td>
<td>£ 19,010</td>
<td>£ 28,942</td>
<td></td>
</tr>
<tr>
<td>NHS Slough</td>
<td>208</td>
<td>£ 65,579</td>
<td>£ 25,887</td>
<td></td>
</tr>
<tr>
<td>NHS South Reading</td>
<td>169</td>
<td>£ 40,075</td>
<td>£ 10,989</td>
<td></td>
</tr>
<tr>
<td>NHS Windsor, Ascot and Maidenhead</td>
<td>53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Wokingham</td>
<td>78</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total savings</td>
<td>£ 236,738</td>
<td></td>
<td>£ 134,861</td>
<td></td>
</tr>
</tbody>
</table>

Admission per 100,000 population for Thames Valley including MK (TVSCN) is 132
Admission per 100,000 population for the best performing 25% is 108.5
The cost per admission is the tariff for non-elective spell is £661

An estimated 5.4 million people in the UK are currently receiving treatment for asthma; 1.1 million children and 4.3 million adults. This gives an estimated prevalence of 9 in 100 adults and 8 in 100 children. The UK has one of the highest

- 3 -
prevalence rates of asthma symptoms in children worldwide. In 2009 there were approximately 1100 deaths from asthma in the UK, 40% of which were in people under 75. It has been estimated that as many as 90% of deaths from asthma are preventable. (Available from www.asthma.org.uk/news-centre/facts-for-journalists online; accessed 24 May 2012).

Asthma UK conducted a ‘Compare your care’ survey in 2013 which revealed that only 1 in 4 people with asthma had been given an asthma action plan yet data shows that patients who use an asthma action plan are 4 times less likely to have an attack that requires emergency hospital treatment.

This project therefore aimed to improve the management of asthma and included in this is the management of viral wheeze and bronchiolitis, with a significant focus on the diagnosis and management of under-5 wheezing. It is not possible to diagnose asthma in the under-5s.

**Scope of the Project**

The Thames Valley SCN agreed to appoint a GP facilitator for 2 sessions a month (4 hours per session) in each county to cover Oxfordshire, Buckinghamshire, Berkshire, and Milton Keynes over a 12 month period. During this 12 month period a series of workshops were staged to update GPs in each county on current NICE guidance on the management of asthma, inhaler technique and the introduction of asthma management plans for each child diagnosed with asthma. Asthma nurses in the community/ Practise nurses and school nurses were also included. The workshop was run by the GP facilitator with a secondary care physician. The project linked with Asthma UK and used their template for asthma management plans.

The aim of the GP facilitator project was;

- To aid the full implementation of NICE QS25 Quality standards for asthma (Issued Feb 2013)
- To aid the implementation of British Guidelines on the management of asthma (BTS/SIGN)
- Specific emphasis on self-management education and personalised action plans in children and young people
- To encourage use of management strategies for recurrent viral wheeze in young children.

Although the driver for this initiative was data on variability in admission rates for childhood asthma, it was considered very important that the project should have a general focus on quality and outcome improvement and not focus specifically and explicitly on reducing admission rates.

**Building Awareness and Gaining Engagement**

This work encouraged extensive engagement with CCGs to identify respiratory and paediatric leads. A wide range of stakeholders were invited including practice
nurses and GPs. It was important to understand work already undertaken in each CCG for childhood asthma and liaise with the CCG Children’s Lead. Through these respiratory events in Thames Valley a total of 511 contacts have been trained across a total of 149 GP practices. Since the events all attendees, all GP practices and all CCGs have had access to the TVSCN website for additional resources.

Table 2: Engagement activity

<table>
<thead>
<tr>
<th>Type of programme</th>
<th>CCG area</th>
<th>Number of GP Practices in CCG</th>
<th>No of GP practices that attended</th>
<th>Proportion of GP practices that attended</th>
<th>No of GPs that attended</th>
<th>No of nurses that attended</th>
<th>Other that attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma &amp; Respiratory illness (half-day)</td>
<td>Buckinghamshire: Aylesbury Vale &amp; Chiltern</td>
<td>59</td>
<td>32</td>
<td>54%</td>
<td>23</td>
<td>29</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Milton Keynes</td>
<td>28</td>
<td>25</td>
<td>89%</td>
<td>47</td>
<td>41</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Slough</td>
<td>16</td>
<td>16</td>
<td>100%</td>
<td>91</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Oxfordshire</td>
<td>81</td>
<td>42</td>
<td>52%</td>
<td>27</td>
<td>32</td>
<td>5</td>
</tr>
<tr>
<td>Protective Learning Time session (1 hour)</td>
<td>Bracknell</td>
<td>15</td>
<td>15</td>
<td>100%</td>
<td>52</td>
<td>36</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>WAM</td>
<td>19</td>
<td>19</td>
<td>100%</td>
<td>62</td>
<td>25</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>218</td>
<td>149</td>
<td>68%</td>
<td>302</td>
<td>194</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 3: Engagement by staff group

<table>
<thead>
<tr>
<th>CCG area</th>
<th>Total attendees</th>
<th>No of GPs that attended</th>
<th>No of nurses that attended</th>
<th>Other that attended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buckinghamshire: Aylesbury Vale &amp; Chiltern</td>
<td>56</td>
<td>41%</td>
<td>52%</td>
<td>7%</td>
</tr>
<tr>
<td>Milton Keynes</td>
<td>89</td>
<td>53%</td>
<td>46%</td>
<td>1%</td>
</tr>
<tr>
<td>Slough</td>
<td>125</td>
<td>73%</td>
<td>25%</td>
<td>2%</td>
</tr>
<tr>
<td>Oxfordshire</td>
<td>64</td>
<td>42%</td>
<td>50%</td>
<td>8%</td>
</tr>
<tr>
<td>Bracknell</td>
<td>89</td>
<td>58%</td>
<td>40%</td>
<td>1%</td>
</tr>
<tr>
<td>WAM</td>
<td>88</td>
<td>70%</td>
<td>28%</td>
<td>1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>511</td>
<td>59%</td>
<td>38%</td>
<td>3%</td>
</tr>
</tbody>
</table>
Rationale for the GP Facilitator Role

Previous work in the Thames Valley Cancer Network has demonstrated the value of GP’s delivering peer awareness raising and educational sessions to support and develop the knowledge and understanding of their Primary Care colleagues - see Appendix 3 for further details and evaluation of this work.

The aim was both to design and provide educational materials around childhood respiratory care that could be delivered at CCG–wide meetings (aiming to attract doctors and nurses with a respiratory interest) and also provided on memory sticks or online so that participants were enabled and encouraged to use these materials for in-practice educational meetings.

This was best facilitated by practicing GPs with a paediatric respiratory interest, which combines an authoritative command of the clinical evidence with current real world experience in the delivery of care in a general practice setting.

What is the GP Facilitator aiming to achieve and how?

The overall aim of the project was to raise awareness, knowledge and understanding of asthma management in children and young people and increase the use/uptake of the personalised asthma management planning in GP Practices across the Thames Valley and Milton Keynes. The GP Facilitator therefore set up and ran the respiratory sessions with input from a Respiratory Nurse specialist and a Paediatrician. As far as possible these were aligned with Practice protected learning times although this was not always possible.

Key Supporting Resources:
- Local care pathways,
- PCRS UK opinion sheets on diagnosis of asthma in children, management of asthma in children,
- Asthma UK self-management materials,
- Flyers for E4H training courses,
- Video clip on spacer use for treating acute wheeze,
- NICE asthma quality standard, BTS/SIGN guideline,
- Good Practice Guide for commissioning.

Structure of Training and Outcomes

The training materials were originally developed by the GP Facilitator with input and involvement from a Consultant Paediatrician, the Clinical Director from Thames Valley Strategic Clinical Network and two respiratory nurse specialists.

All the training materials are available to view on the TVSCN website at http://tvscn.nhs.uk/networks/maternity-and-childrens/network/children/respiratory-illness-childhood/
The website also contains advice on how to organise and structure large group meetings along the lines of the meetings already run in Thames Valley. These materials are available to other networks and localities and have attracted interest from outside the Thames Valley area.

The materials include suggested Read Codes for key quality markers in childhood asthma care. All the materials for running in-practice meetings were provided to the participants on memory sticks and online at http://tvscn.nhs.uk/networks/maternity-and-childrens/children/respiratory-illness-childhood/

Examples of the programme and evaluation feedback used for the events are attached (See Appendix 4 and 5).

In Bucks the main event was a half-day session held in Aylesbury in November 2014 with participation of the Aylesbury Vale CCG Maternity and Child Health Lead and by a keen local pharmacist with a respiratory interest. The meeting was well attended and received excellent feedback.

The Milton Keynes event took place in February 2015 and was attended by GPs, trainee GPs and practice nurses from almost all of the GP practices in Milton Keynes as well as school nurses from several schools. The meeting was attended by the majority of GP practices and received very positive feedback from all attendees. Evaluation noted an increased confidence in the diagnosis and management of childhood wheeze at the end of the protected learning time.

In Slough two protected learning times meetings with a childhood asthma focus were facilitated and led by a GP Facilitator.

The first Asthma Event was in June 2014. This was conducted in the form of 3 workshops that covered the main topics of Asthma – Acute Management, Chronic Management and Inhaler technique. The guidelines on the Acute Management were distributed to all Practices.

At the second of these meetings, in February 2015, the GP Facilitator contributed to a session on respiratory diagnosis in children, and attention was drawn to the suite of materials for in-practice meetings available to participants on memory sticks prepared by TVSCN and online.

The main clinical topics covered in the second Asthma event were Diagnosis in Primary Care and Difficult Asthma. An update on the Asthma Project was also given to the GPs.

Both events were attended by all GP practices and received positive feedback.

These events in Slough formed part of a larger Asthma project for Slough CCG. (See Appendix 6 - Asthma Care- Making a difference through focused communication and monitoring)
In **Oxford** - A half day meeting following the Aylesbury/ Milton Keynes model was run in May 2015, with the involvement of a Consultant Paediatrician from the John Radcliffe Hospital, a Respiratory Nurse Specialist, a respiratory lead and also a Maternity and Child Health Lead from Oxfordshire CCG.

In **Bracknell** the asthma session formed part of a protected learning time session dedicated to respiratory illness. The session was delivered by a secondary care Paediatric Consultant from Frimley Health/Wexham Park Hospital. All GP practices were represented.

In **Windsor and Maidenhead** the asthma session was delivered by the GP Facilitator as part of a protected learning time session which covered a variety of local priority topics. All GP practices were represented. The educational resources normally provided in the form of a memory stick have been uploaded onto the ‘Go to WAM forum’ which has recently been launched by WAM CCG as a resource repository for clinicians.

Overall the events have been very well attended and have received very positive feedback. Those that were part of a protected learning programme tended to have a better and broader GP practice attendance with a GP, a practice nurse or both representing the majority of practices.

Feedback for the half-day educational events in Oxfordshire, Milton Keynes, Slough and Buckinghamshire which covered asthma, viral wheeze and demonstrations of inhaler technique were better evaluated than the stand alone sessions which were part of a varied programme in the protected learning time sessions for Bracknell and WAM.

**Table 4: As an Asthma & Respiratory illness (half-day)**

<table>
<thead>
<tr>
<th></th>
<th><strong>Oxfordshire CCG</strong></th>
<th><strong>Milton Keynes CCG</strong></th>
<th><strong>Slough CCG</strong></th>
<th><strong>Buckinghamshire: Aylesbury Vale &amp; Chiltern CCGs</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>on 20/05/2015</td>
<td>on 22/01/2015</td>
<td>on 25/05/2015</td>
<td>on 19/11/2014</td>
</tr>
<tr>
<td>Overall - How relevant were the sessions?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of responses</td>
<td>38</td>
<td>35</td>
<td>50</td>
<td>36</td>
</tr>
<tr>
<td>% Good/Excellent</td>
<td>100%</td>
<td>86%</td>
<td>98%</td>
<td>97%</td>
</tr>
<tr>
<td>Overall - Did the speakers hold your interest?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of responses</td>
<td>38</td>
<td>33</td>
<td>47</td>
<td>36</td>
</tr>
<tr>
<td>% Good/Excellent</td>
<td>100%</td>
<td>85%</td>
<td>96%</td>
<td>97%</td>
</tr>
</tbody>
</table>
Table 5: As part of CCG Protective Learning Time session (1 hour)

<table>
<thead>
<tr>
<th></th>
<th>Bracknell &amp; Ascot CCG</th>
<th>WAM CCG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>on 10/09/2015</td>
<td>on 15/10/2015</td>
</tr>
<tr>
<td><strong>Relevance of information</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of responses</td>
<td>68</td>
<td>35</td>
</tr>
<tr>
<td>% Good/Excellent</td>
<td>72%</td>
<td>86%</td>
</tr>
<tr>
<td><strong>Content of the presentation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of responses</td>
<td>68</td>
<td>35</td>
</tr>
<tr>
<td>% Good/Excellent</td>
<td>69%</td>
<td>80%</td>
</tr>
</tbody>
</table>

All of the educational meetings were also used to promote and demonstrate the Puffell online platform for patient and parent self-management support. The vision for the asthma and viral wheeze deck is to encourage, support and educate patients to self-manage their condition and know when and how to appropriately escalate to healthcare providers locally. This will be piloted in Slough CCG initially from early January 2016 and will be supported with a supply of printed materials such as posters for GP practice consultation rooms and printed business cards for patients. It is also planned to use the audio visual information boards in GP practice waiting areas to help promote use of the Puffell online platform.

Follow – up after the events

The educational events themselves have been a success in terms of participation and the feedback received from participants as to their relevance and educational value.

A key marker of success of the whole concept will be whether and to what extent the practices use the suggested materials for the running of in-practice educational events. A key premise of the project and key message of all the large group meetings is that the sharing of wisdom and expertise in the care of children with respiratory disease within general practice teams has enormous potential to improve quality of care and patient outcomes.

Follow-up emails were sent to all attendees from the participating practices at the Aylesbury, Milton Keynes, Slough and Oxford events asking for details of any in-practice events conducted by participants, questions asked were:

1. Please briefly let us know about any meeting or planned meeting in the practice to discuss childhood respiratory care.
2. Please describe any changes the practice has made following the November Meeting.
3. Please let us have the names of the nurse and/or doctor currently acting as respiratory lead in the practice.

Response from the four CCG areas above generally was low although on the whole positive as shown below.
38% of respondents had organised an in-house meeting to discuss respiratory care. Some examples from GP practices were quoted as follows:

- How to support best practice in schools for asthma care.
- Inhaler use and changes re treatment for COPD and audit of salbutamol use amongst Asthma patients. Childhood respiratory care is likely to be a topic of conversation when discussing inhaler use.
- Changed emphasis in coding <5s noted, and not rushing to FeNO testing
- Planned cascade to include local pharmacists
- Meeting with practice nurses to discuss PAAPs and what is available with planned general clinicians meeting

54% of those who responded had made changes to their practice. Examples from GP practices were quoted as follows:

- To provide schools with the new guidelines for emergency asthma inhalers in school and providing a checklist for inhaler and spacer device care. Added a video of correct inhaler technique from Asthma UK to their Asthma presentation given to schools.
- Volumatic spacer with child mask and ventolin mdi to the emergency cupboard.
- Started to nebulise when necessary through O2
- Discussed having steroid cards for those on high dose inhaled corticosteroids
- Reviewed the patients that had requested high numbers of salbutamol inhalers, and encouraged staff to review use of inhalers and inhaler technique prior to increasing medication when patients attended with increased symptoms. Practice protocol updated in line with guidelines and links to up to date self-management plans.
- Developed a baseline and follow on assessment form.
- Audit on all children with asthma, and those on inhalers without a code, and have reviewed quite a number.

61% of those responded had named respiratory leads in their GP practice.

It was decided to undertake a more formal evaluation to see if this would elicit a greater response. This was circulated via an email invitation to:

- Aylesbury GP practices directly from the SCN
- Milton Keynes GP practices via the CCG
- Slough CCG practices via the CCG
- Oxford CCG practices directly from the SCN

Bracknell and WAM CCG did not take part due to the way their educational session was set up, however they did undertake the confidence survey as seen in Table 5.

Unfortunately response rates to this evaluation were very low and it was therefore difficult to fully assess the real impact of the educational programme.
The evidence of in-practice educational activities following the meetings is sparse and disappointing but constitutes a challenge for the future. In-practice educational programmes are often planned out well in advance. The recurring contractual change and complexity besetting primary care and the large agenda of mandatory training requirements, together make it harder to drive any particular clinical topic to the forefront of practice educational agendas.

**Personal Asthma Action Plans**

**Promoting the use of Personal Asthma Action Plans (PAAP)** has been one of the key aims of the whole educational exercise and one of the educational presentations was specifically devoted to this topic. Specimen PAAPs are included in the online suite of materials and on the memory sticks provided to meeting participants, and hard copy examples were distributed and discussed at the meetings. The failure of a prolonged campaign by respiratory organisations nationally to have provision of a PAAP as a specific quality target in the QOF for asthma has removed this potential driver for wider use of these tools for better self-management.

**Learnings to Date**

Key Learnings from the project:

1. Leaders from within primary care can play a powerful role in attracting participation and motivating learning and the dissemination of learning for primary care professionals, and that support and involvement from respected opinion leaders from secondary care is also very important.
2. Multiprofessional cooperation in the production and dissemination of educational materials increases their impact and models the multiprofessional cooperation necessary for good patient care.
3. Securing good attendance and educational meetings around childhood respiratory care is a challenge - one which can be successfully overcome by repeated publicity to practices by all available channels.
4. Articulation of a project like this with existing initiatives under way in CCGs – in this case for example the pathways development programme of Buckinghamshire CCG - is vital to achieve synergy between different educational efforts around any particular topic, and to ensure that the key educational messages have a very close fit with pathways and policies at a local level.
5. Contact at an early stage with key players in the CCGs is necessary to achieve this.
6. It is vital to involve, liaise and cooperate with existing local respiratory education groups.
7. The availability of funding from non-pharma sources (in this case TVSCN) for educational initiatives are conducive to better attendance and a higher degree of trust by participants.
8. Involvement of community pharmacists in a project such as this is highly desirable yet can be hard to achieve.
Potential Next Steps

Evidence for impact on outcomes for a project such as this will be hard to come by, however analysis of admission rate trends in Thames Valley may be undertaken in the future to look for any evidence of downward trends as and when updated CHIMAT data becomes available. It may be possible to identify potential influences in this respect by comparing emergency admission rates between those GP practices who have or have not adopted use of the personalised asthma management plans using the CHIMAT data.

It might be possible to propose searches on GP computer databases for key Read Codes proposed as quality makers although achieving standardisation in coding practices other than in areas specified by the QOF is likely to be a challenge.

The large group meetings organised through the project have been a clear success. Success in the aim of having participants hold in-practice meetings using the educational materials developed is far less clear. Further activity to promote such meetings and capture evidence of them would be useful. However with only one of the 3 GP Facilitators still in post (in Slough CCG) this would prove challenging.

Publicising the model and the materials to other NHS areas has been worthwhile given the interest already shown, some at a national level. This will be particularly important if any evidence emerges for effectiveness at the level of outcomes – such as admission rates for childhood respiratory problems, or for success in motivating practices to use project material for in-house educational events.

Dr Craig McDonald produced a report on behalf of the Oxford Academic Health Science Network (AHSN) entitled ‘Variation In Paediatric Care in the Thames Valley’ in which both Slough and Milton Keynes CCGs were identified as outliers in emergency admission rates for asthma in the under 19’s. The report identified 3 key areas for continued work in both primary and secondary care; the need for further network-wide clinical engagement, development of evidence-based pan-regional guidelines and further educational support in the form of e-learning packages. In support of this approach the AHSN is working with Milton Keynes and Slough CCG respiratory leads to provide further educational sessions in the autumn of 2016. The AHSN will also be updating its Variation Report and will be taking forward any recommendations.

A key aim of the TVSCN project has been to increase the use/uptake of the personalised asthma management plan in GP practices across Thames Valley, it is therefore recommended that all CCG’s audit uptake of the plans in under 19s. It will also be important to understand the impact from a patient perspective on benefits in management of their condition using these plans. This activity could be strategically monitored as part of the SCN and AHSN collaborative arrangement.

Slough CCG have already committed to piloting uptake of the personalised asthma management plans by adding these onto the GP practice EMIS systems, this will be further supported by an audit of practices to establish uptake. (See Appendix 6 - Asthma Care - Making a difference through focused communication and monitoring).
Recommendations:

4. The adoption and routine use of personalised asthma management plans for every child diagnosed with asthma in all CCG areas across Thames Valley.

5. That all CCGs in Thames Valley:
   a. Undertake an audit of every GP practice to establish the uptake of personalised asthma management plans in under 19’s diagnosed with asthma
   b. Monitor the impact on outcomes for children/young people and their families including identifying trends in how this impacts on the level of asthma emergency admission rates.
   c. Undertake a review of the patient’s perspective on the benefits they experienced as a result of using the personalised asthma management plans in managing their condition and consider whether findings might provide an evidence base to support the need for an Asthma QOF.
   d. Incorporate the personalised asthma management plans onto GP practice systems using the template and the learning from the Slough CCG model as the foundation for doing that.

6. That the analysis and findings from the Slough CCG pilot of the Puffell online platform in supporting and educating patients to self-manage their condition be used to inform the decision about the potential to roll out adoption of Puffell across the whole of Thames Valley.

References


2. NICE QS25 Quality standard for asthma (Issued Feb 2013)

3. British Guideline on the Management of Asthma

Appendices
Appendix 1 – Emergency admission data for CCG areas - data for the period 2008/09-12/13 was the baseline data used as the benchmarking tool for the time period of this project.

Updated Asthma emergency admission in 2013/14 (source: CHIMAT)

<table>
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<th>Thames Valley including MK</th>
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<tr>
<td></td>
<td>2011/12</td>
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<td></td>
<td>2010/11</td>
<td>126.7</td>
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Appendix 2 – Emergency respiratory admission (age<18) by registered GP Practice

All GP practices with higher levels of emergency respiratory admissions than the England average did attend.

Total of 10 GP practices with higher levels of emergency respiratory admissions than the England average did not attend.
1 GP practice with higher levels of emergency respiratory admissions than the England average did not attend.

All GP practices with higher levels of emergency respiratory admissions than the England average did attend.
Total of 17 GP practices with higher levels of emergency respiratory admissions than the England average did not attend.
No GP practices had higher levels of emergency respiratory admissions than the England average.

All GP practices with higher levels of emergency respiratory admissions than the England average did attend.
Appendix 3 – The GP Facilitator role in addressing Domain 1 – Preventing Premature Mortality (2011)

Introduction

Thames Valley Strategic Clinical Network (TVSCN) has undertaken an evaluation of a GP Facilitator role, jointly developed with Macmillan Cancer Support. This has produced some interesting evidence which supports the positive influence that such a role can play with Primary Care colleagues.

In June 2011 Thames Valley Cancer Network appointed three Macmillan GP Facilitators (GPF’s) to cover Berkshire, Oxfordshire and Swindon/North Wiltshire; the Network was unsuccessful in recruiting to cover Buckinghamshire, which has continued to be the case, despite a number of attempts and interviews.

Each GPF provided one session per week (4 hours), though there was flexibility to do additional hours where necessary/appropriate. Over the last 2.5 years, they have provided 356 sessions.

In the original Case of Need presented to Macmillan Cancer Support, it highlighted the need for the (then) Thames Valley Cancer Network to increase engagement with Primary Care and GP’s in particular. The ambition, through GP’s talking to GP’s, was to enhance the understanding of cancer and its management within Primary Care and develop the notion of supporting delivery of cancer care in the wider healthcare community.

Evidence and Outcomes Review

A number of approaches were taken in examining the evidence to review and (hopefully) support and enhance the role of the GPF’s:

a. Review of annual reports produced by the GPF’s – this provided anecdotal evidence from GP Practices they had visited and worked with.

b. Literature review examining such roles and the notion of GP training/education by GP’s. Oxford Health Library Services provided a number of relevant and supportive articles which supported the value of education by peers, and specifically GP to GP.

c. Review of associated/relevant cancer care data – variety of general and Practice profile data reviewed and presented. Two examples illustrated below – one on bowel screening, the second on diagnosis of ovarian cancer:

There is indication in bowel screening (for which there has been national ‘Be Clear on Cancer’ campaigns) that there are a greater number of invites to bowel screening that have translated into attendance for screening in the areas covered by GPF’s.

The information presented below examines the number of Bowel Screening attendances per County as a percentage of the GP Practice populations:
As part of the ovarian campaign in the first quarter of 2013, the GPF in Swindon and North Wiltshire, worked with GP Practices and the Great Western Hospital Foundation NHS Trust on this aspect of early diagnosis. This provides an example of a particular local positive outcome from the work of a GPF. Detailed below is the increased use of Ca 125 testing in Swindon/North Wiltshire:

![Graph showing increased use of Ca 125 testing](image-url)
Next Steps

Part of the relevancy of the focus of cancer awareness and early diagnosis is that this theme is a key part of Domain 1 – Preventing Premature Mortality. Within the overall plans of NHS England, plans of Clinical Commissioning Groups (CCG) and the work-plan of the SCN, there are focused pieces of work related to Domain 1. It is true across all Networks that the GP and Primary Care in general are key in looking to preventing premature mortality.

Therefore, there would seem some logic in taking the principle of the Macmillan GP Facilitator and recruiting GP’s into similar roles within specific pieces of work in Cardiovascular, Maternity & Children’s and Mental Health. The specific projects are now evolving and GP’s with particular interests are being recruited, including in Buckinghamshire.

Steve Candler

Network Manager & Domain 1 Lead

Thames Valley Strategic Clinical Network
Appendix 4 – Event Programme Example

Respiratory Illness in Childhood – Better Care for Better Outcomes

Date: Wednesday 19th November (PTL Day)
Place: Holiday Inn Aylesbury HP22 5QT
Start time: 13.30
Finish time: 17.00

Meeting Programme

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<tr>
<th>Time</th>
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<tr>
<td>13.30</td>
<td>Introductions, Aims and Objectives</td>
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<td>13.45</td>
<td>14.00 Respiratory illness in children – variations in care</td>
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<tr>
<td>14.00</td>
<td>14.30 Diagnosis – getting it right</td>
</tr>
<tr>
<td>14.30</td>
<td>14.45 Discussion</td>
</tr>
<tr>
<td>14.45</td>
<td>15.15 Assessment and management of acute episodes</td>
</tr>
<tr>
<td>15.15</td>
<td>15.30 Discussion</td>
</tr>
<tr>
<td>15.30</td>
<td>16.00 Therapeutics – effective treatment of continuing symptoms</td>
</tr>
<tr>
<td>16.00</td>
<td>16.15 Tea and Discussion</td>
</tr>
<tr>
<td>16.15</td>
<td>16.45 Regular review and self-management plans for patient empowerment</td>
</tr>
<tr>
<td>16.45</td>
<td>17.00 Discussion</td>
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Buffet lunch provided from 12.30

The formal meeting will finish at 5pm but the facilitators will be present until 6pm for those who wish to stay for further discussion, networking and demonstration of teaching materials.

Session Facilitators

Dr Duncan Keeley has been a GP in Thame for 20 years. Before that he worked as a paediatrician in London and Zimbabwe. He has a longstanding interest in respiratory primary care and is on the Executive Committee of the Primary Care Respiratory Society UK.

Dr Craig McDonald is consultant paediatrician at Stoke Mandeville Hospital. He has a respiratory interest and trained in Oxford with the Paediatric Respiratory Team.

Jane Setchell is Lead Nurse for the Central Locality of Aylesbury Vale CCG and a Nurse Practitioner at the Cross Keys Practice. She has previous experience working in Children’s Emergency Departments.
# General Practice Respiratory and Paediatric Teams Evaluation

**Respiratory Illness in Childhood – Better Care for Better Outcome**

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<td>Speaker 5</td>
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<td>Did the speakers hold your interest?</td>
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Appendix 6 – Slough Paediatric Asthma Project

Asthma Care- Making a difference through focused communication and monitoring

Slough CCG’s asthma Project is all about improving quality and access to Childrens community respiratory services. This places the child at the heart of the asthma project that aims to deliver the highest standard of Asthma care in Slough.

The impetus for the project was initially in response to the shocking death of 2 children with asthma in Slough. Slough CCG commissioned an independent review. The review findings found no individual practice concerns, however recommended an overall review of child asthma care in Slough.

This led to the development of Asthma project by Women’s clinical working group consisting of four hardworking, dedicated female GPs. Each Clinical lead took on areas of responsibility where the Paediatric Clinical Lead carried out quality assurance. All key activities were presented at Project board meetings and signed off through CCG Board of Directors.

The project places the child at the centre of service redesign, achieving a multi-professional action plan:

Primary care specific:
- Bespoke designed practice education visits,
- Local designed paediatric asthma template with new EMIS clinical codes
- Additional practice nurse formal CPD training

Service user specific:
- Locally developed parental short film, about asthma. It’s being shown in practices, children centres and hospital departments
Integrated working Hospital, Primary care, school nurse:
- BCF funding meant the implementation of a community paediatric respiratory nurse service
- Asthma specialists led integrated educational training events
- Agreements on School nurse management of asthma action plans

The slough asthma working group main aim / purpose include:

**Asthma Working Group**
- **AIM and Purpose**
  - Improve Asthma Care
  - Secondary care, Schools, Surgeries
  - Training & Teaching
  - Reducing Hospital attendances
  - Managing Patients effectively & safely in the Community
  - Awareness in Public

**Community Asthma nurses**
Patients and health professionals will have access to specialist paediatric respiratory nurses in the community who will:
- Work across the community and hospital setting
- Perform patient reviews before discharge from hospital
- Follow up after an admission with a visit, or if a child ‘did not attend’ (DNA) a practice asthma review appointment and perform home visits
- Deliver patient and parent asthma education sessions
- Provide education and advice to GPs, community nurses and school nurses
The Clinical working group reviewed research performed by the lead GP on this activity which included existing professional, patient and parental information from a number of national bodies. With the support of the programme manager they developed a film story board for a short film on childhood asthma. The supernovas procured the supplier Nvisage to put together the screenplay. There followed a number of editing meetings before it was right. Roll-out of the films was supported by CSU. The film is currently shown in GP practices, children centres and with Children’s department at Wexham Park Hospital.

The film highlights

- How do your lungs work?
- What is asthma?
- Types of inhalers
- How to use an inhaler?
- How to clean an inhaler (spacer)?
To watch the video please go to the URL:

http://www.sloughccg.nhs.uk/long-term-conditions/asthma

Health professional Education & Training

**Practice Visits:**
The review of practice data identified criteria for a practice visit. This included:

- High emergency admissions for child asthma
- Low levels of asthma reviews completed
- High inhaler prescribing rates especially where a number of patients prescribed > 12 inhalers in a year

The lead clinicians who made up the asthma working group arranged practice visits. The approach was ‘how can we help you meet the Slough Vision’ and so the scope of the visit covered:

- Practice audit data
- Reviewing existing asthma management planning / policies
- Identification / agreement on who is the named asthma Lead – GP and / or Nurse
- British Thoracic Society guidelines / Asthma UK toolkit e.g. My asthma plans
- Improving practice nurse skill set through their completion of Health Education England (HEE) diplomas in asthma management

**Primary Care Educational sessions** – These were developed in collaboration with Hospital Clinical Specialist where the agenda covered:

- Slough asthma project
- Acute management of Asthma
- Inhaler technique
- Diagnosis: getting it right
- Difficult asthma

The two educational events were well received by over 100 attendees (GPs and nurses).
The asthma working group redesigned the existing EMIS asthma template that is used to record Asthma reviews. It was redesigned with a paediatric viewpoint with the following key upgrades to ensure the recording of:

- Diagnosis: 1J70- suspected asthma
- Post hospital discharge follow up in the community performed
- Copy of asthma management plan given to school
- Assessment of asthma triggers – in the home
- Associated factors
- Assessment of smokers in household (other than patient)
- Personalised asthma action plan (PAAP) is incorporated in the template and can now be stored in the Patient records and copies can be printed for parents and school.