

Asthma Whole System Pathway



Our Vision: Sam with asthma 1) Is able to enjoy life to the full 2) Has an asthma management plan 3) Is able to use their inhaler effectively 4) Has an asthma review at least every six months

Sam With Asthma	Whole System Approach		Engagement Opportunities	Organisational Actions
<p>Every child with asthma should have:</p> <ul style="list-style-type: none"> Named professionals Support to manage themselves Opportunities to be active and exercise Timely diagnosis Access to their inhaler at all times Access to emergency medical care, medicines and advice High quality evidence based care Asthma management plan Regular planned asthma reviews Effective information sharing between professionals <p> “What it will mean to me?”</p> <ul style="list-style-type: none"> I am able to live life to the full have a named doctor or nurse looking after my asthma I am able to manage my own asthma so that I am symptom free I recognise when my asthma is getting worse I am active and exercise regularly My asthma will be diagnosed quickly I am able to use my inhaler and medicines wherever I go I am able to access immediate medical care in an emergency I have access to high quality medical care and advice when I need it My parent/carer and I know how to manage my asthma and I have an asthma action plan I have regular planned asthma reviews I am able to access education as my teachers / childcare providers know about my asthma and how it affects me as an individual If I need to, I will transition to adult services when I get older 	<p>Wider Community</p>	<ul style="list-style-type: none"> Range of public health messages so society understands what is asthma and signs and symptoms, how to recognise an asthma attack and what to do e.g. media, GP surgery waiting rooms Appreciation by society that asthma still kills Awareness of allergy triggers Smoking Cessation Activity and exercise 	<ul style="list-style-type: none"> Active Cumbria Childcare settings Libraries Public Health Schools 0-19 Team 	<p>NHS North Cumbria Clinical Commissioning Group</p> <ul style="list-style-type: none"> Local practices provide children and young people with an asthma management plan, undertake asthma reviews and check inhaler technique Information sharing between services happens Networks of care are achieving their aims
	<p>All Children & Young People With Asthma & Their Families</p>	<ul style="list-style-type: none"> All children and young people with asthma have timely treatment for symptoms and timely diagnosis Children, young people and families are educated and empowered to self-manage their asthma There is an appreciation by patients (age appropriate) and families that asthma still kills Every child and young person with asthma has a personalised asthma management plan Every child and young person with asthma has regular asthma review with a doctor/nurse at their local GP Practice at least every six months to include training and assessment in inhaler technique Technology enabled care (Newcastle Hospitals real time app under development) All children and young people with asthma are active and exercise regularly All young people with asthma are given appropriate support and advice as they transition into adult services 	<p>Targeting children and young people and their families with asthma:</p> <ul style="list-style-type: none"> Via GP Practices Via schools Active Cumbria Pharmacies 	<p>Schools</p> <ul style="list-style-type: none"> School asthma lead Up to date school policy and register of children with asthma Management plan for each child with asthma and named contact lead within the school Emergency supply of inhalers on site Staff have been trained and know what to do in an emergency
	<p>Schools</p>	<ul style="list-style-type: none"> DfE statutory guidance “supporting pupils at school with medical conditions” DoH Guidance on the use of emergency salbutamol inhalers in schools March 2015 Ofsted - "personal development, behaviour and welfare", "make sure their safeguarding arrangements meet all statutory requirements to promote their welfare..." Register of pupils with asthma Individual health care plan for each pupil (this is not an EHCP – SEND Code of Practice 2014) or an asthma management plan from a healthcare provider who has diagnosed the condition in the child, but they can be related Training – what is asthma, signs and symptoms (every child is different) how asthma is treated, how to recognise an asthma attack, what to do, inhalers and devices Asthma champions 	<p>Targeting children and young people and their families with asthma:</p> <ul style="list-style-type: none"> Focus Groups Surveys Drop ins 	<p>GP Practices</p> <ul style="list-style-type: none"> All patients with asthma have an asthma action plan (written) Invite patients to attend asthma reviews and follow up any patient that DNA’s Check inhaler technique and train as necessary at asthma review Check patients understand how to use their medication
	<p>Public Health 5 – 19 Team</p>	<ul style="list-style-type: none"> School Reviews; looking at curriculum and policies in place, staff training regarding health issues including Asthma Asthma pathway for schools to refer to Asthma resources and information for schools to use from our website School cluster training on Asthma awareness and management within schools 	<p>Schools</p>	<ul style="list-style-type: none"> Check amount of inhaler prescribed and used Offer flu vaccinations to children, young people and their families Ask young people and their parents / carers about smoking and promote smoking cessation
	<p>Primary Care (GP & Choc)</p>	<ul style="list-style-type: none"> Education for clinicians to include the recognition of serious asthma without obvious symptoms Diagnosis Personalised asthma action plan, annual review, inhaler techniques Education – other health professionals, parents/carers/ patients Onwards referral if appropriate Review patients within 48 hours of discharge from hospital after asthma exacerbation Map of medicine 	<p>Targeting children and young people and their families with asthma:</p> <ul style="list-style-type: none"> Focus Groups Surveys Drop ins 	<p>Pharmacy</p> <ul style="list-style-type: none"> Ensure patients understand how to use their medications Promote good inhaler technique when children and young people collect their inhalers
	<p>Pharmacy</p>	<ul style="list-style-type: none"> Understanding the management of asthma Promoting good inhaler technique in children & young people Promoting effective use of appropriate spacers and devices Medication (existing and new) Highlights increasing inhaler usage Talk to local GPs and Practice Nurses about specific issues Follow up with patients Maintenance of spacers 	<p>Targeting children and young people and their families with asthma:</p> <ul style="list-style-type: none"> Questionnaires Drop ins 	<ul style="list-style-type: none"> Ask children and young people if they have an asthma management plan, and if not, suggest they see their asthma nurse and provide information on asthma plan Ask children, young people and their parents and carers if their flu vaccinations are up to date Ask young people and their parents / carers about smoking and promote smoking cessation
<p>Secondary Care</p>	<ul style="list-style-type: none"> Treatment (NICE guidelines / British guidelines on the management of asthma) Discharge to community from SSPAU with appropriate support or if necessary admit into inpatient bed Discharge Bundle (information leaflet, inhaler leaflets, peak flow leaflet, salbutamol weaning guide, personalised asthma action plan, checklists, management flow carts) Discharge summary to GP and community nurses if appropriate High quality asthma care is delivered seamlessly between primary, secondary and tertiary care Transition to adult services 	<p>Targeting children and young people who have been an inpatient and their families with asthma:</p> <ul style="list-style-type: none"> Focus groups Questionnaires 	<p>Secondary</p> <ul style="list-style-type: none"> Timely discharge to primary care 	