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# Asthma Service Checklist for hospital and primary care

1. An integrated care pathway for asthma that encompasses all healthcare settings, so that the child/young person’s journey is supported by good communication between professionals who are aware of the role of other parties and all are working to best practice as outlined in the London asthma standards and the British/ Sign asthma guidelines
2. Good understanding of the burden of asthma in children and young people locally to provide a sound basis for a local asthma strategy to improve outcomes – prevalence rates, outcomes in primary and secondary care, deaths, days missed off school
3. All children and young people with suspected asthma have access to a professional who is appropriately trained in performing diagnostic level spirometry or other appropriate tests, and the basis upon which the diagnosis of asthma was made is recorded and appropriately coded in the clinical records
4. A lead health professional for asthma in each setting who co-ordinates services in accordance with the London Asthma Standards and local care pathways
5. At least one practice nurse in every practice is trained in managing asthma (ie holds a recognised certificate of competence e.g. an asthma diploma) and has experience in supporting children with long term conditions
6. Routine use of personalised asthma action plans for all children and young people with asthma – developed by professionals in collaboration with patients and their families, who are competent in the skills required to support young patients in self management
7. Regular reviews of all children and young people with asthma, at least annually and definitely after any need for urgent healthcare in any part of the healthcare system . Review should also consider pre seasonal triggers (grass/pollen) and September spike
8. Primary care practices can demonstrate that they are providing asthma care in line with the London Asthma standards and Quality Standard from NICE.
9. Audits of medication in primary care are undertaken to ensure that medication is being optimised and in line with the latest guidelines
10. A system for stratifying children and young people with asthma according to risk, (include red flags here ie mental health, psychosocial issues, non-compliance, unplanned attendances) so that appropriate interventions are available to those at higher risk of acute attacks, and high cost care
11. High quality Information sources (e.g. Asthma UK, and British Lung Foundation materials/websites and healthy London Partnership toolkit) are made available to all children and young people with asthma (and their families) at diagnosis and regular review to encourage understanding of asthma and support self care
12. Systematic approach to help parents of children and young people with asthma to quit smoking, both in routine consultations and as part of treatment of an acute episode
13. Young people with asthma are warned of the detrimental effect that smoking can have on their lungs, and of the potential for reduced efficacy of inhaled steroid treatment, and that support is actively offered to quit
14. A named lead for respiratory emergencies in children and young people in emergency departments is responsible for ensuring that appropriate emergency care is given, including review of background asthma control and ensuring appropriate follow up
15. Children and young people admitted to hospital for asthma have a structured review with a member of the paediatric respiratory team before discharge.
16. Robust systems of communication and follow-up are in place (preferably electronic) for those with asthma who have received care in out-of hours services, ambulances, hospitals, walk-in centres or other urgent health care settings, and follow up in primary care is in line with the NICE Asthma Quality Standard
17. Schools are providing an environment where children and young people with asthma feel supported, because an asthma school policy is in place, the school holds a register of pupils with asthma, and staff are receiving training on asthma so that they can ensure immediate access to appropriate medication and support a pupil in the event that their condition deteriorates
18. Hospital services operate a systematic approach to the transition of young people with asthma to adult services, as a joint initiative between paediatric and adult asthma services, this needs to include flexible appointments to fit in with schooling
19. Specialist services for people with severe / difficult –to-control asthma are available and accessible to patients who need a comprehensive multidisciplinary approach to asthma care
20. Monitoring and audit arrangements are in place to ensure all levels of care are available and delivered according to the London asthma standards

Adapted from Primary Care Commissioning [Designing and commissioning services for children and young people with asthma: a good practice guide](http://www.pcc-cic.org.uk/sites/default/files/articles/attachments/asthma_e-guide_child_1-8-13.pdf) (2013)

# Structure - Criteria Secondary care

**Essential requirements**

Doctors with experience and training in paediatric asthma or access to advice from a colleagues who has

Nurses with experience and training in paediatric asthma or access to advice from someone who has

Trained personnel and calibrated equipment to measure height and weight.

Height and weight plotted on a centile chart.

Facilities and trained personnel to measure and interpret lung function tests in children over 5 years of age.

Access to radiology diagnostic services.

A child-friendly environment.

Provision for procedures in structure of care, including audit.

Educational, training, demonstration and monitoring materials and equipment.

A register of asthma patients.

**Structure - desirable requirements**

Access to allergy and additional respiratory diagnostic services.

Access to paediatric endocrine and growth specialists

Access to specialist paediatric pharmacist.

Access to specialist paediatric physiotherapist

Educational, training, demonstration and monitoring materials and equipment.

**Process - essential requirements**

System of appointments and structured recall. Adequate information technology infrastructure.

Guidelines and facilities to treat/stabilise and follow up acute episodes of asthma.

Effective community, primary and secondary care interface.

Regular team discussion regarding difficult-to-manage asthma patients.

Individual written management plans.

Guidelines and facilities to treat/stabilise and follow up acute episodes of asthma.

**Process - desirable requirements**

Clinic able to participate in research activities.

**Outcome**

Ongoing audit process by primary care team as part of clinical governance.