



**Healthy London  
Partnership**



# North West London CYP asthma meeting

Supported by and delivering for:



Public Health  
England



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**MAYOR OF LONDON**

London's NHS organisations include all of London's CCGs, NHS England and Health Education England

# 01

# Welcome

Dr David Finch, NW London Medical Director  
(London Region), NHS England



## CYP represent a third of our country

1.7 million children have **long term conditions**, (asthma, epilepsy and diabetes), England lags behind international comparators in important aspects of child health.

## Primary Care Networks

GP practices - 30-50,000 people - funded to work together to extend the range of local services - integrated teams of GPs, community health and social care staff

## Long term conditions

2019/20 clinical networks will be rolled out to ensure we improve the quality of care for children with long-term conditions such as asthma, epilepsy and diabetes.

## Paediatric Networks

Paediatric networks, which will involve hospitals, NHS staff and patients and their families, will ensure that there is a coordinated approach to critical care and surgical services, enabling children and young people to access specialised and non-specialised services in times of urgent, emergency and planned need

# Why do we need to do this?



News > London

## Bow School staff 'failed' pupil Nasar Ahmed who died after allergic reaction in detention, say boy's parents

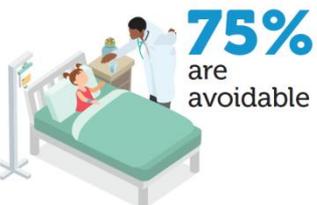
CHRIS BAYNES | Friday 12 May 2017 12:33 | 11 comments

3000 LAS calls a year



The Ella Roberta story

**4,255** unplanned hospital admissions per year for children and young people with asthma



<https://app.box.com/s/h0sfrmdczgcu9tk3fuweryugb2ghi7a>

**170** children and young people with asthma admitted to intensive care every year



Doctors missed 11 chances to treat boy, nine, before he died of asthma, coroner hears

Inquest into death of Michael Urieli hears boy died five days after being discharged from hospital for second time



Michael Urieli collapsed in the early hours of 25 August and never regained consciousness. Photograph: Family



# The system needs to learn and create a legacy for these CYP

## Missed opportunities

- No co-ordinating record, or analysis of frequency
- No appreciation of underlying severity or risk factors or deteriorating nature of their conditions
- No single clinician with overall responsibility
- No coherent management plan or PAAP
- Not referred to specialist respiratory paediatrician
- Assessment and management of condition not in accordance with BTS/SIGN guidelines or NICE Quality standards
- No effective communication between primary and secondary care
- Excess salbutamol (reliever) prescriptions and the presence of a home nebuliser, failure to collect preventer inhalers
- Failure to recognise on-going and future risks

# London Programme: Transforming the whole system through improved co-ordinated care, ambitions and standards for asthma care in CYP

Support across the system to improve asthma care, reduce mortality, morbidity and admissions

<https://www.healthylondon.org/children-and-young-people/london-asthma-toolkit>

## Ambitions

Each organisation (primary and community care, acute care, pharmacy, schools) will have a clear named lead who will be responsible and accountable for asthma (which includes children) and the delivery of the following:

**As a child with asthma:**

**PROACTIVE CARE**

- I should have access to a named set of professionals working in a network.
- I will be supported to manage my own asthma so I am able to lead a life free from symptoms.
- I will grow up in an environment that has clean air that is free from fire.
- I will have access to an environment that is rich with opportunities to exercise.

**ACCESSIBLE CARE**

- I will have my diagnosis and severity of asthma established quickly.
- I will have greatest access to my inhaler device and other medicines and asthma care and advice everywhere I go.
- I will have access to immediate medical care, advice and medicines in an emergency.
- I will have access to high quality, evidence based care whenever I need it.

**CO-ORDINATED CARE**

- My care and I will know how to manage my asthma with the help of a written asthma management plan.
- I will have a regular structured review.
- I will have a package of care which meets all my needs including my educational health and well-being.
- I will expect all professionals involved in my care will share relevant information to ensure my care is evidence.
- I will move safely into adult services when I grow up.

## Standards



**NHS**

**London asthma standards for children and young people**

**Driving consistency in outcomes for children and young people across the capital**

Revised January 2018

## Online Asthma Toolkit

**RC GP** Royal College of General Practitioners

This toolkit is endorsed by the Royal College of General Practitioners (RCGP) and the Royal College of Physicians (RCGP).

- Parents and carers
- Pharmacy
- Primary and community care
- Commissioners
- Hospital care
- Acknowledgements and references
- Watch
- Schools

**NHS England** **LONDON COUNCILS** **Public Health England**

*“The London asthma standards for children and young people have been reviewed and published as a **NICE Shared Learning example**”.*