



**Greater Manchester
and Eastern Cheshire**
Strategic Clinical Networks

Greater Manchester Children & Young People's Asthma Programme

Afia Ali – Project Manager

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Part of Greater Manchester
Integrated Care Partnership



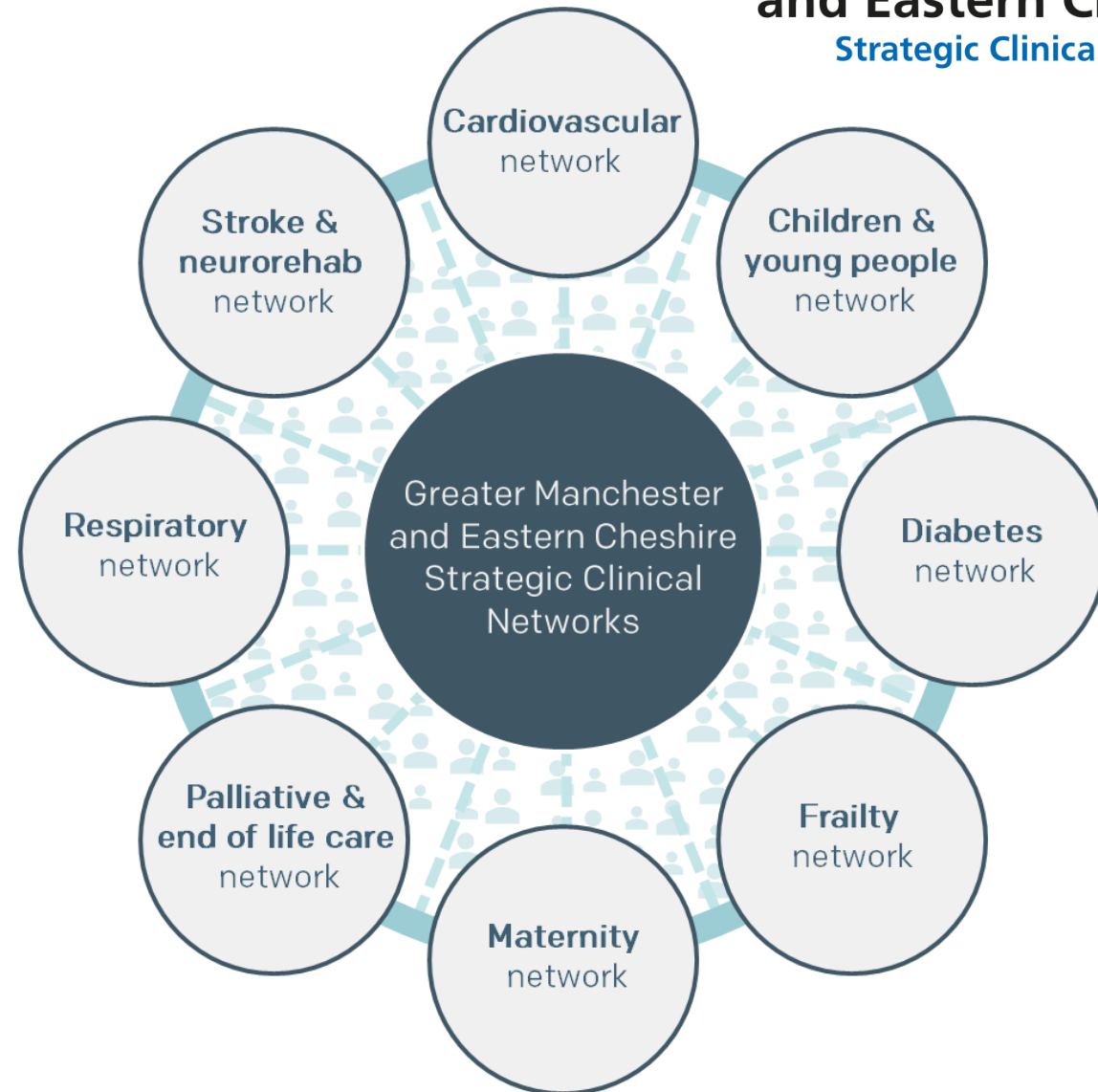
Who are we?

We are a collection of clinical networks that are led by clinicians.

We have a proven track record of leading successful improvements in the region.

We are part of the Chief Medical Officer team within NHS Greater Manchester Integrated Care.

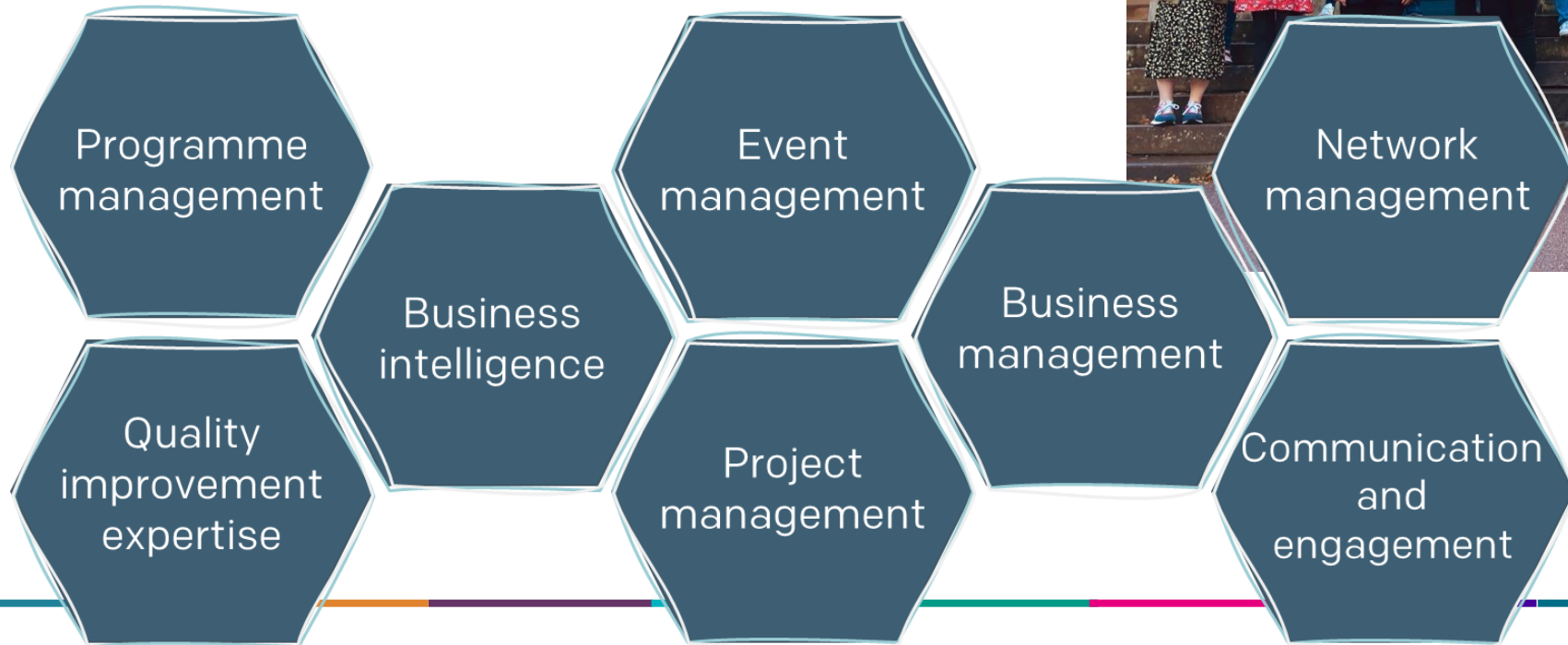
We are proud to be part of the Greater Manchester Integrated Care Partnership.



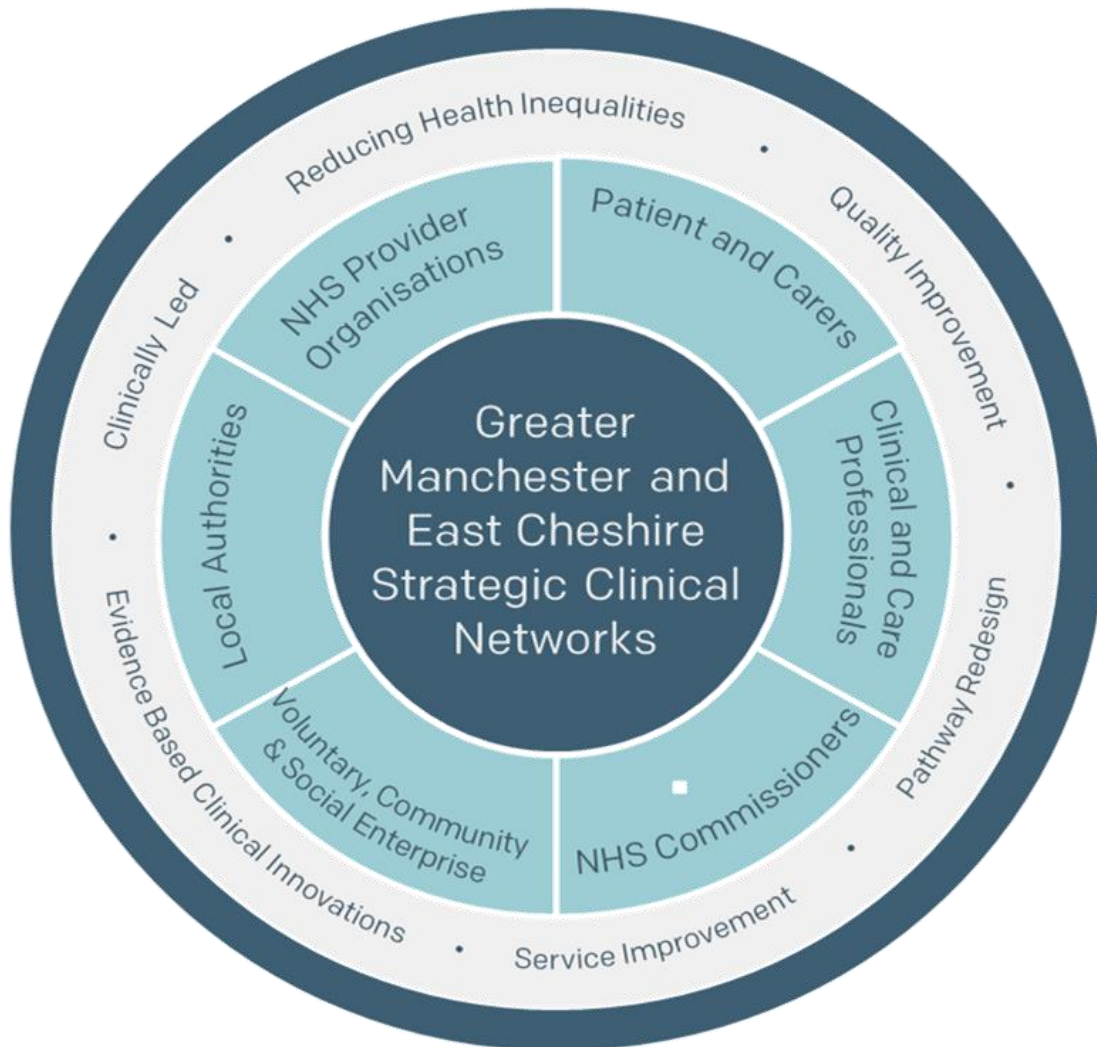
Our team

Our core team facilitate the networks. Working closely with our clinical leads we ensure that initiatives are delivered successfully.

We provide the following support functions across all the networks:



Our aim



Our vision is for the health and wellbeing of local people and the care they receive to be comparable with the best in the world.

We work to:

1. Improve the quality of services across the region;
2. Improve health and wellbeing outcomes for local people;
3. Address unwarranted variations in care.

We do this through the development of guidelines, policy, strategy and pathway changes.

Our approach

The qualities that make us unique can be described under 4 main categories:

We are
**led by
clinicians**

Each network is led by clinicians who work in local services. Change is embraced and embedded as a result of their leadership.

We have
expertise

Our core team have years of experience in health and care. They are experts in quality improvement and pathway redesign work.

We
collaborate

Relationships are important to us. We work with people from across health and care, local people, carers and the voluntary sector.

We can be
candid

We offer an independent clinical voice within the health and care system. We recommend change that will improve the lives of local people, carers and staff using our honest broker approach.

National Bundle of Care for Children and Young People with Asthma



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[NHS England » National bundle of care for children and young people with asthma](#)

NHS England and NHS Improvement's ambition is to reduce avoidable harm to children and young people with asthma and improve their quality of life. This will be achieved by taking a whole system approach to asthma management that includes addressing environmental triggers, a comprehensive education programme, promoting personalised care, effective preventative medicine, and improved accuracy of diagnosis.

NHS England and Improvement have been working with key stakeholders, including young people and their families, to develop a National Bundle of Care for Children and Young People with Asthma to support local systems with the management of asthma care. The programme sets out the blueprint of evidence-based interventions to help children, young people, families, and carers, to control and reduce the risk of asthma attacks and to prevent avoidable harm. The bundle outlines key standards in the care of CYP with asthma throughout every stage of the patient pathway.

NHS Long Term Plan

www.longtermplan.nhs.uk

#NHSLongTermPlan



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Obesity

- In 2016, 23% of 4-5 year olds and 34% of 10-11 year olds were overweight or obese and 4% of 10-11 year olds had severe obesity
- **2.5 million children in England are overweight or obese – with 1.22 million significantly obese** and eligible for treatment according to NICE guidance

Asthma

- The UK has one of the **highest prevalence, emergency admission and death rates for childhood asthma** in Europe, despite a slight fall in unplanned admission rates for asthma from 256 to 185 per 100,000 population between 2006/7 and 2016/17 in England

Hospital / ED admissions

- In England, children and young people make up **26% of all emergency department attendances** and are the most likely age-group to attend emergency inappropriately. We know around 30-50% of ED attendances **could be managed in integrated care services** linking primary and community care with paediatric expertise.

Epilepsy

- Epilepsy is the **most common significant neurological disorder** in children under the age of 19: more than one in 220 have epilepsy (approximately 63,400).
- The total costs of admissions attributable to paediatric epilepsy in 2016-17 was £18.4m.

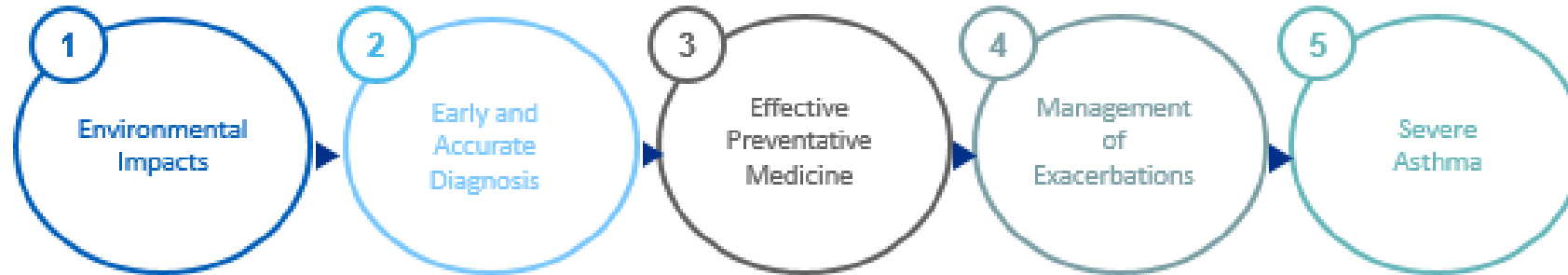
Diabetes

- **31,500 children and young people under the age of 19 have diabetes** in the UK, with 95% having Type 1 diabetes.
- **Rise in obesity may result in more Type 2 diabetes** in the long term

Infant mortality

- **60% of child deaths occur during the first year of life**, and 70% of those are in the neonatal period (within the first month of life). **Without action, UK infant mortality rates could be 140% higher** than other comparable countries by 2030

The National Bundle of Care will focus on improving these components of the asthma pathway



Considerations for components

- Parental smoking
- Housing
- Air Pollution

Jonathan Grigg

- Primary care
- Secondary Care
- Tertiary Care

Ian Sinha

- Self management
- Primary Care & 111
- Secondary Care

Will Carrol

- Self management
- Apps/peakflow
- Primary Care & 111
- Secondary Care
- PICU

Satish Rao

- Service Specification
- New Therapies
- Research & Development

Louise Fleming

These themes will run as threads throughout the components:

- Asthma competencies, training and education needs (Jen Townshend & Oliver Anglin)
 - Data and digital elements (Mark Levy)

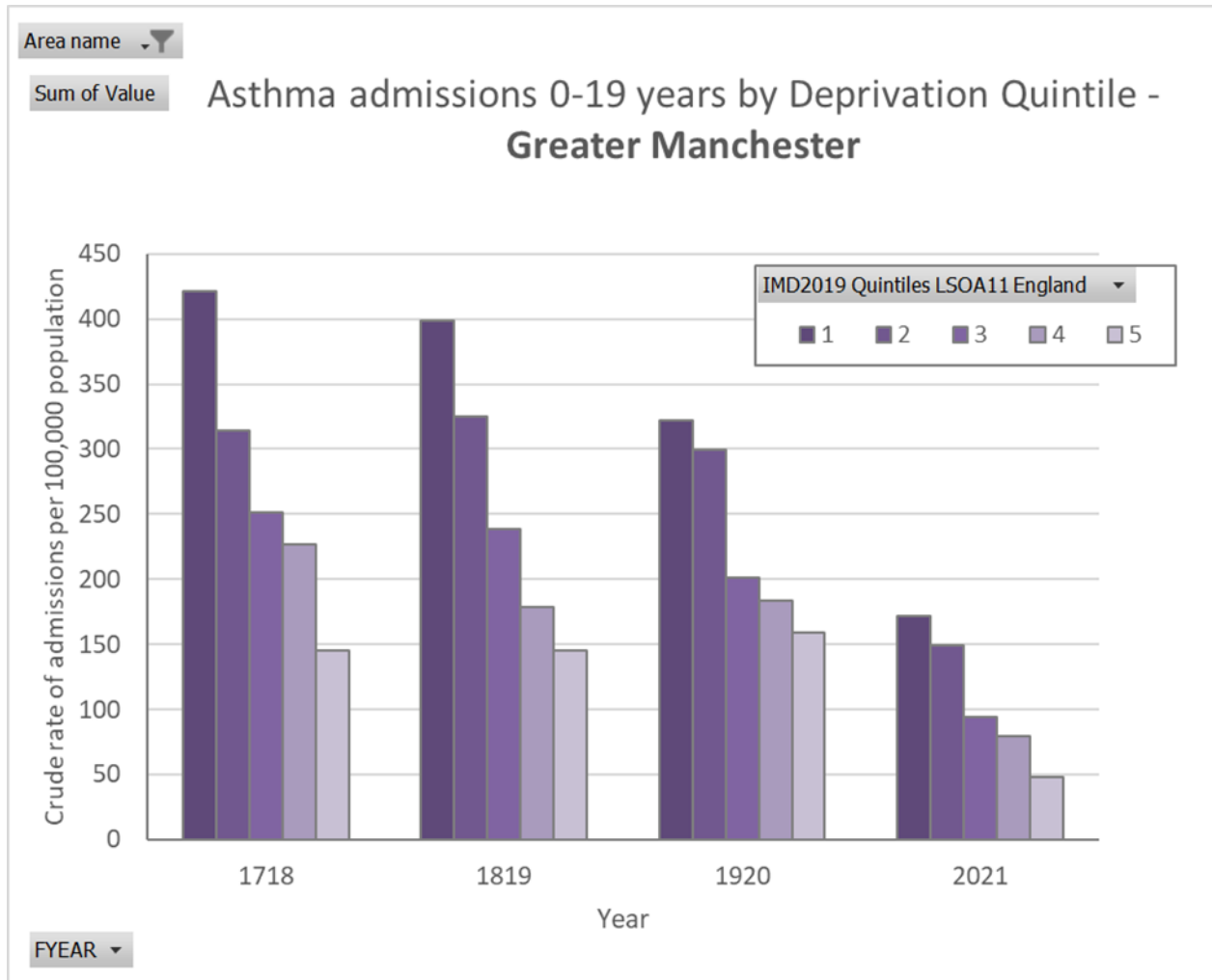
National Bundle of Care for CYP with Asthma: Summary of Actions

Component of Patient Pathway	National Actions/Enablers	System Action
Organisation of Care	The CYP Transformation Programme has disseminated funding to local systems to make improvements in asthma care.	Integrated Care Systems should have a named lead with asthma expertise who is responsible and accountable for the dissemination and implementation of asthma standards and good asthma practice which includes CYP.
Environmental Impacts	The Asthma Competencies, Training, and Education Needs national working group have developed capabilities that include enabling conversations with patients around mitigating the risks of air pollution, indoor air quality and smoking. NHSE/I have signposted ICS leads to existing tools that will enable staff to do this.	All healthcare professionals working with CYP with expected or diagnosed asthma should understand the dangers of air pollution, indoor air quality and parental smoking and ensure they discuss these risks and potential mitigation strategies with them. Integrated care systems should ensure staff are equipped with the tools that will enable them to do this.
Early and Accurate Diagnosis	NHSE/I have been working with NICE, and other arms lengths bodies. Existing guidance is available, and we are working with organisations on their forthcoming updates.	The diagnosis of asthma in CYP should be based on clinical features of a comprehensive history and when a diagnosis of asthma is made in CYP, this should be recorded in the notes and coded accordingly. Diagnostic hubs should be used to support diagnoses.
Effective Preventative Medicine	An example of a PAAP and asthma review template can be found in the resource pack associated with this document.	All CYP with asthma should have a Personalised Asthma Action Plan. Prescription of inhaler medication should include the appropriate device and education. Inhaler technique should be reviewed and graded, and regular asthma reviews should be conducted.

Continued

Component of Patient Pathway	National Actions/Enablers	System Action
Managing Exacerbations	Providers of care should follow current guidance on minimum standards, the Managing Exacerbations working group will develop National Standards prior to final publication of the Bundle.	All providers of emergency and urgent care should adhere to minimum standards of assessment, treatment, referral, discharge planning and follow-up
Severe Asthma	The Severe Asthma national working group has developed standards for CYP severe asthma services, these can be found in the resource pack, section 5.	Each ICS should ensure that CYP with severe or difficult to treat asthma should have access to a severe or difficult to treat asthma service.
Data and Digital	The national data and digital working group have proposed a minimum asthma dataset that will feed into a National CYP asthma dashboard. See appendix 2 for more detail on the dashboard and dataset.	ICS leads for CYP asthma should use the reports from the CYP Asthma dashboard to benchmark their services against national averages and use this information to make targeted improvements in asthma services.
Asthma Competencies and Training and Education Needs	A 5-level tiered framework for anyone involved in the care of CYP with asthma has been developed. See the resource pack, section 7 for full framework. We are working with professional bodies and royal colleges to align the capabilities with other established frameworks and to determine their future ownership as well as the required accreditation for training partners.	All people involved in the management of CYP with asthma should be trained to the appropriate level depending on their role. Tier 2 training for example is currently supported by Health Education England through their e-learning for health platform. ICS' will be held to account to ensure their CYP asthma workforce have met the required levels of training.

Health Inequalities and Asthma



The North West was the second most deprived region in England in 2019. There is a significant inequality in asthma admissions by the level of local deprivation.

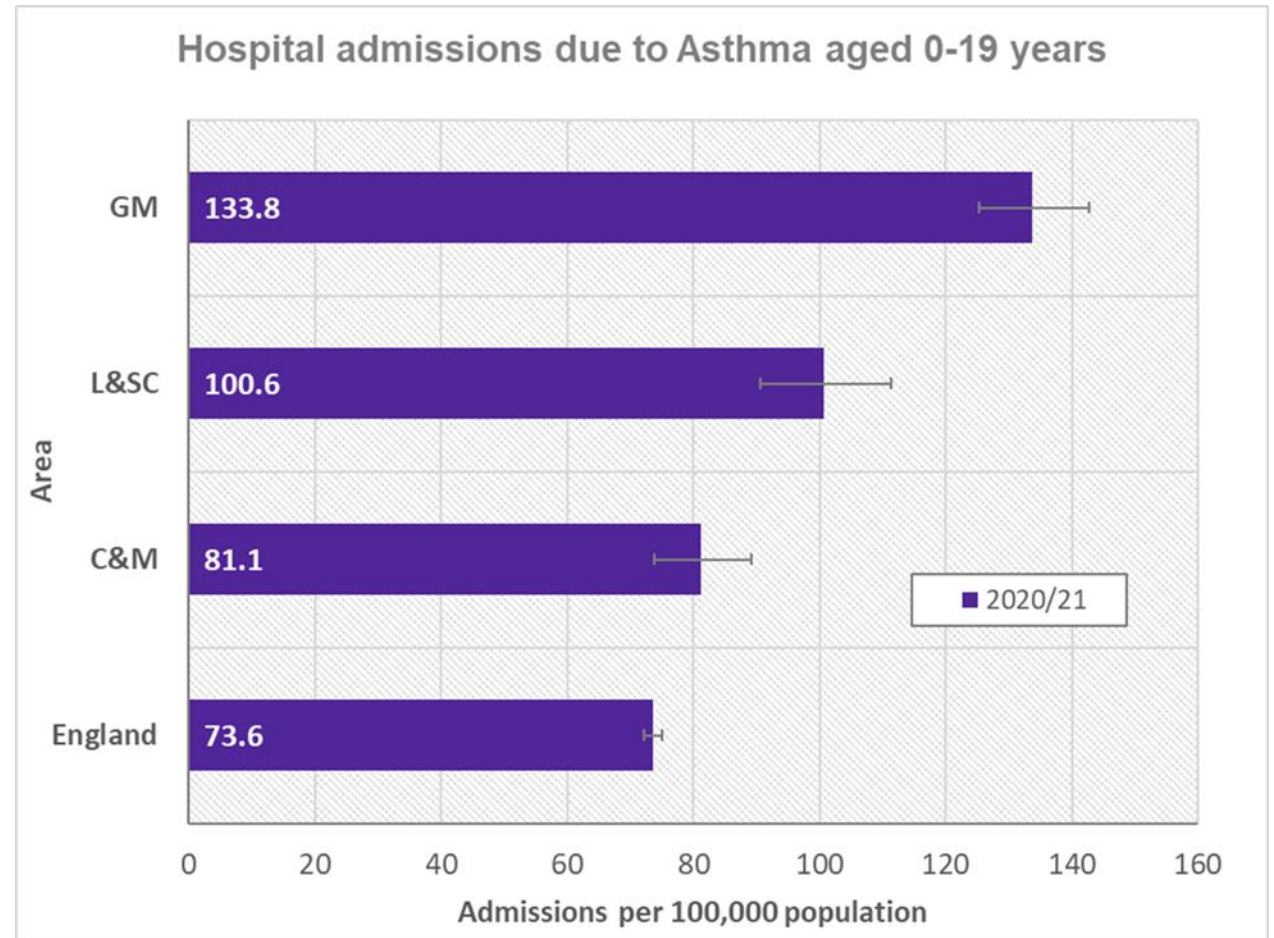
Nationally in 2019/20, the rate of admissions for patients living in the most deprived quintile of areas was 2.4 times higher than for those living in the least deprived quintile (235.1 and 98.1 per 100,000 respectively).

In GM, child poverty rates are higher than the national average and wider determinants such as air pollution, low income families, living in poor quality housing, increase in smoking prevalence within the family and a lack of asthma education have contributed to the increase in hospital admissions/attendance in areas of high deprivation across GM.

Asthma Admissions by ICS

Admissions due to asthma 0-19 are persistently higher in GM than other NW ICS and England overall.

In 2020/21, hospital admissions due to asthma in the North West were the highest in Greater Manchester. The rate of 133.8 admissions per 100,000 was almost twice the national average. Hospital admissions due to asthma in 2019/20 were the highest in ages 5-9 and 10-14.



Clinical Leads



Dr Kalpesh Dixit, GMEC SCN Children's Asthma Clinical Advisor
and Consultant Paediatrician

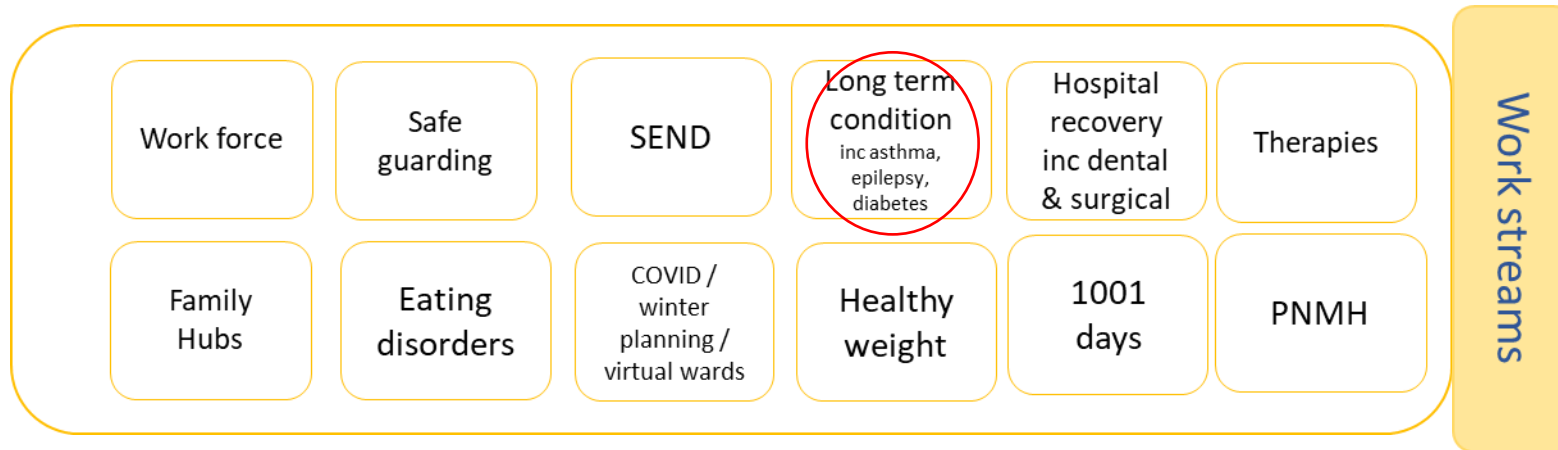
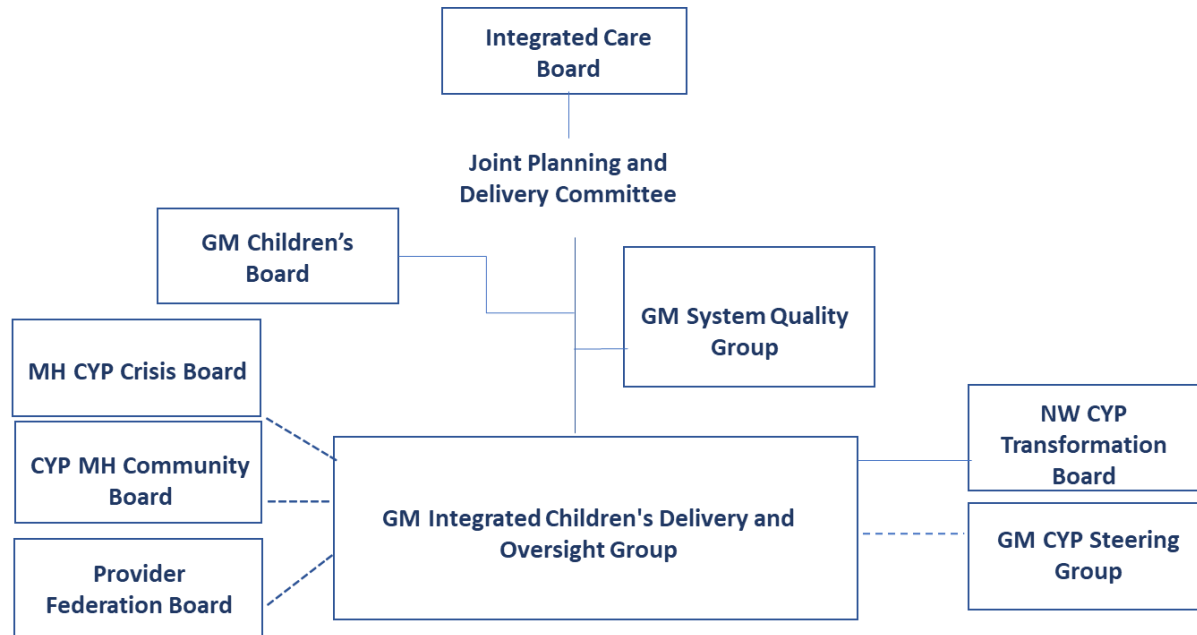
Dr Clare Murray - Professor and Honorary Consultant in Paediatric Respiratory Medicine at RMCH, will lead on the Severe Asthma Project

Jane Beckett – Team Leader, Children's Asthma Service, Manchester Local Care Organisation, will lead on the Training, Education and Capabilities Project

The two project identified align with national priorities and workstreams in developing a severe asthma registry and network and ensuring there is access to CYP asthma training for health and non health professionals.



Draft GM CYP Governance



What we are doing in Greater Manchester

- Following the launch of the National Asthma Bundle of Care, we established the Greater Manchester CYP Asthma Network. Membership includes stakeholders such as health commissioners and providers, education colleagues, housing, population health, YFNW and voluntary sector.
- Appointed ICS Clinical Advisor – Dr Kalpesh Dixit

Priorities identified for 2022/23

- Implementation of the Asthma Friendly School Programme Pilot - Manchester LCO in collaboration with MFT have been appointed to deliver on the pilot over the next 18 months.
 - Development and adoption of Peer Mentor Network across GM. This will be managed by Youth Focus North West and will be implemented simultaneously with the AFS pilot.
 - GM Asthma App – Tiny Medical have now been commissioned by NHSE and NHSX to roll out the asthma app which will be available across all areas of GM. The new version of the app will be launched in September 2022. GM will move onto Level 2, which means integrating the app with GP systems (using NHS Login)
 - Developing specification for GM Asthma Diagnostic Hubs with recommendations for adoption by Community Diagnostic Centres (CDCs) and/ or CYP commissioners.
 - Standardisation of clinical pathways.
 - Training and education competencies for all CYP workers (clinical and non-clinical). Support with training and education requirements across organisations e.g. schools, social care, youth work
 - Standardised escalation policy for social housing landlords re. property improvements
 - Selection criteria for social housing- mapping exercise and standardised criteria to include CYP with asthma
 - Development of smoking/ asthma resources specifically for CYP and their families.
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Asthma Friendly School Project



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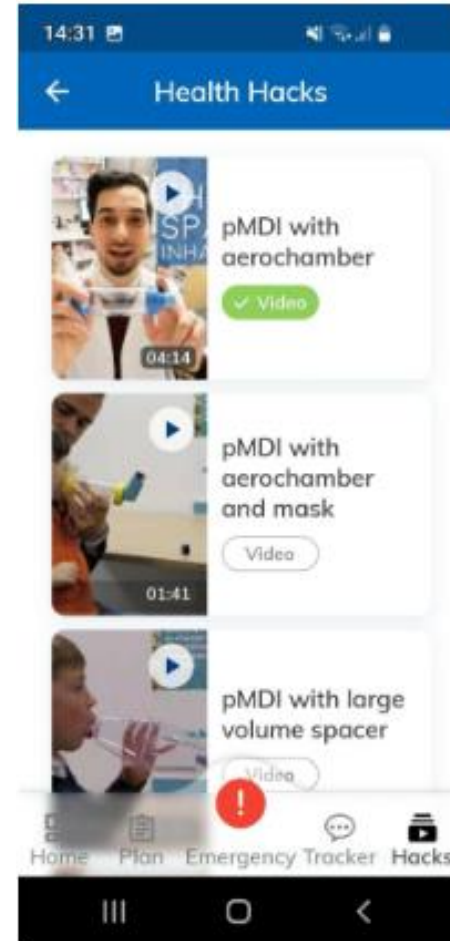
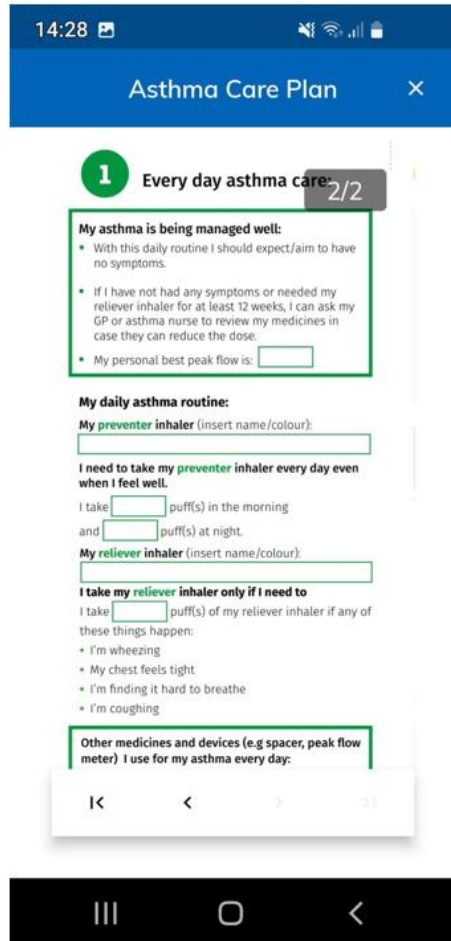
Joint RMCH and MLCO bid submitted for Manchester – with sign up from Manchester City Council (MCC) Education and MCC Public Health

Data Analysis and School Identification

- Asthma related A&E attendance, asthma admissions profiles across all schools for previous 2 years.
- Highest figures across schools collated to a shortlist of 15 primaries and 2 secondaries.
- List to be refined further by MCC Education colleagues before inviting schools to participate and final list chosen

Primary/ Secondary	Pupils	Ward	A&E (last 2 years)	Asthma admissions last 2 years	School Attendance 21/22
Primary	642	M19	34	5	92.8%
Secondary	434	M19	10	1	94.4%
Secondary	1072	M8	16	2	92% (all through school)
Primary	419	M8	11	3	92% (all through school)
Primary	461	M8	14	4	94.5%
Primary	486	M8	25	6	94%
Primary	680	M8	21	1	94.8%
Secondary	1231	M9	18	2	92.5%
Primary	429	M9	12	4	93.8

Asthma App – Tiny Medical



<https://www.youtube.com/watch?v=gzWiqcdHWpc>

The National Capability Framework for the care of CYP with asthma

[Asthma \(Children and young people\) - elearning for healthcare \(e-lfh.org.uk\)](https://e-lfh.org.uk/Asthma-Children-and-young-people)

This framework has been developed to allow individuals, employers, and integrated care systems to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma.

The framework is aimed at both health and non-healthcare professionals across all aspects of a child's life, including childcare providers, education providers, uniformed services, sports coaches, social services and health care workers

[National-Capabilities-Framework-3.pdf \(e-lfh.org.uk\)](https://e-lfh.org.uk/National-Capabilities-Framework-3.pdf)

NHS
Health Education England

The National Capabilities Framework for Professionals who care for Children and Young People with Asthma

Supporting excellent asthma care for all children and young people

©NHS England. The review date of the framework is August 2024.

beat asthma | PCRS | **ASTHMA** CLANG LUK | **Royal College of Nursing**

www.hee.nhs.uk We work with partners to plan, recruit, educate and train the health workforce.

Summary of the Tiers

Who is this Framework for?

- It is aimed at both health and non-healthcare professionals who may encounter a child or young person with asthma and includes childcare providers, those working in education, uniformed services, sports coaches, social services, local government, health care workers.

The Framework Tiers

- The framework is divided into 5 'tiers'. A tier describes the level of care a person may be expected to deliver to a child or young person with asthma.
- The more involved the care, the higher the level of tier. The tiers are not profession specific, but rather describe a level of asthma care an individual may deliver to a child or young person.
- Individuals should look at their own role and choose the tier most appropriate to the care they deliver.

The Framework Capabilities

- At each tier, there is a set of 10 asthma capabilities, each with an agreed set of learning outcomes relevant to that tier.
- The capabilities outline the minimum knowledge and skills any individual must possess to safely carry out their role in caring for a child or young person with asthma

It is assumed that for healthcare professionals undertaking the training they will already have appropriate training and skills relevant in the care of children and young people.

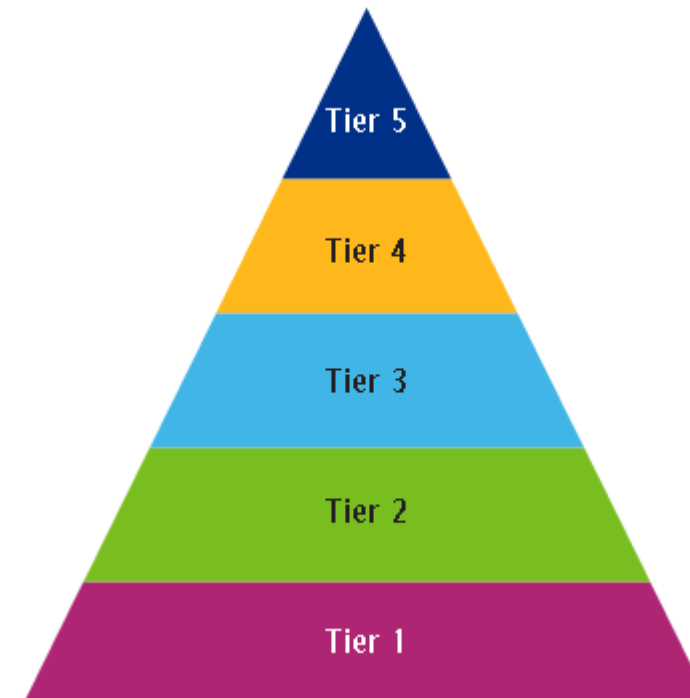
These courses are to provide additional training specifically relating to asthma and should sit alongside appropriate frameworks of training, supervision and mentoring as required.

Individuals working at tiers 4 and 5 may choose to complete a portfolio of evidence instead. Training programmes are intended to supplement existing professional training



CYP Asthma Capability Framework Tiers

Tier	Level of care	Example profession	Knowledge and skills
1	Signposting	<ul style="list-style-type: none"> Social care Education staff Childcare providers Leaders of children's clubs GP receptionists Health Care Assistants 	<p>Basic awareness of asthma, its management, inhaler use and basic modifiable risk factors.</p> <p>Able to signpost families to resources.</p>
2	Supporting prescribed care	<ul style="list-style-type: none"> Practice, School, Community and ward nurses Health visitors Community pharmacist AHPs Ambulance staff 	<p>Greater understanding of the principles of asthma management and able to deliver prescribed care both routinely and in an emergency.</p> <p>Able to view asthma as a chronic condition and identify risk factors for poor control</p>
3	Assessment and prescribing of care	<ul style="list-style-type: none"> General Practitioners Emergency department doctors Paediatricians Doctors in training Nurses with a special interest Clinical pharmacist 	<p>Able to diagnose, assess and manage acute and chronic asthma.</p> <p>Able to address the factors that contribute to poor control</p>
4	Assessment and prescribing for the more difficult to treat asthmas	<ul style="list-style-type: none"> Paediatricians with special interest Advanced nurse practitioners 	<p>In depth knowledge of asthma and the differentials and able to diagnose, assess and manage the more difficult to treat asthmatic.</p> <p>Able to work with wider teams to support all aspects of management and transition</p>
5	Managing the difficult and severe asthmas	<ul style="list-style-type: none"> Tertiary paediatrician AHP member of the asthma MDT 	<p>Specialist knowledge and skills to diagnose, assess and manage the most severe and difficult to treat asthmatics</p>



Menti Meter Questions

Go to **www.menti.com** and
use the code **8379 8725**



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