

# Progress, Paediatrics and Protocols

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West Hampshire CCG

Progress

# Solutions...

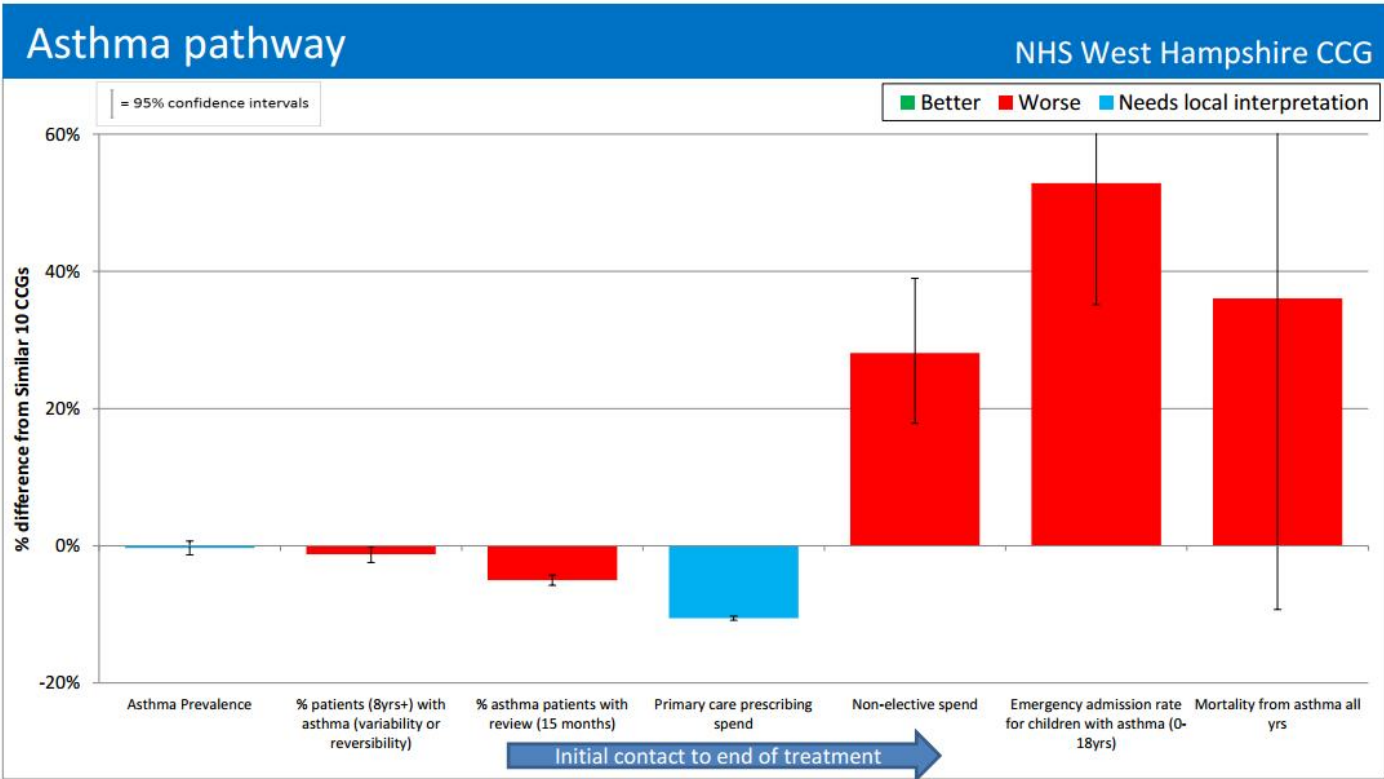
- **CQUIN – discharge bundle (including personal action plan), specialist review, immediate management**
- Specialist nurse - Asthma friendly schools (visit), training, reviews
- **Practice – targeting at risk asthmatics, Asthma Audit Tool**
- Education – ‘The Patient with Asthma’ – BMJ Learning
- ‘Enhanced’ annual reviews in primary care
- **Ambulance service (nebulisations)**
- **Review all those who have an ED attendance/OOH exacerbation.**
- Review all obese (BMI > 30) patients with asthma

# Update

- **CQUIN – discharge bundle (including personal action plan), specialist review, immediate management**
  - Acute contract
- **Practice – targeting at risk asthmatics, Asthma Audit Tool**
  - Medicines Management Optimisation Scheme (SABA > 15/year, LABA with no ICS)
- **Education – ‘The Patient with Asthma’ – BMJ Learning**
  - Asthma guidelines and education events
- **Ambulance service (nebulisations)**
  - 48 in WHCCG that were treated on scene or left at home, all of whom had salbutamol. (395 total treated over 1 year)
  - Two surgeries each had 3 patients (different age bands)
  - 12 were aged 55+ (? Asthma therefore) but there spread over all age ranges.
  - Ongoing discussions to notify practices (electronically / phone call from treating clinician)
- **Review all those who have an ED attendance/OOH exacerbation.**
  - Discussion with acute trusts to see if counter can be put on discharge summaries

Paediatrics

# Commissioning for Value: Pathways on a page (Nov 2014)

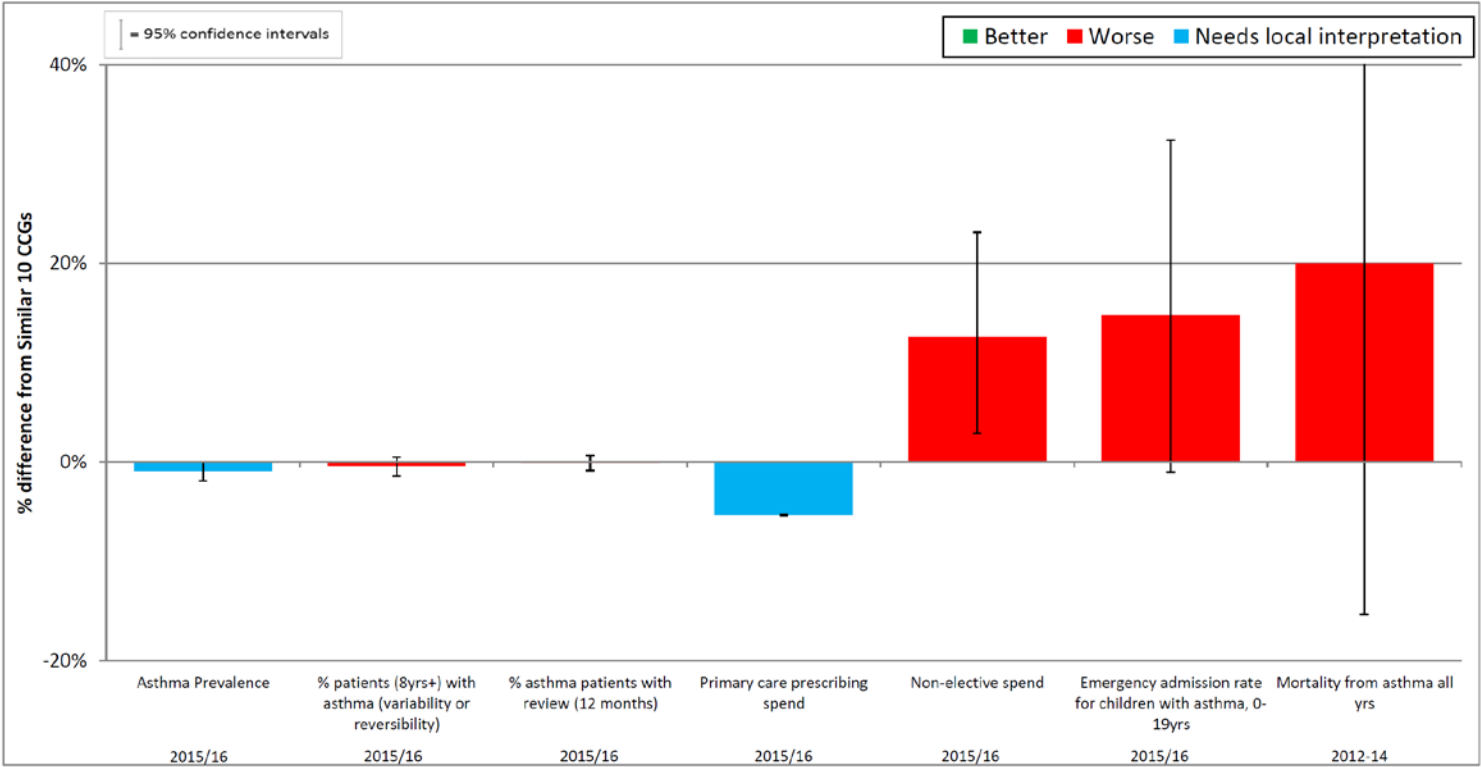


NICE guidance:  
<http://pathways.nice.org.uk/pathways/asthma>



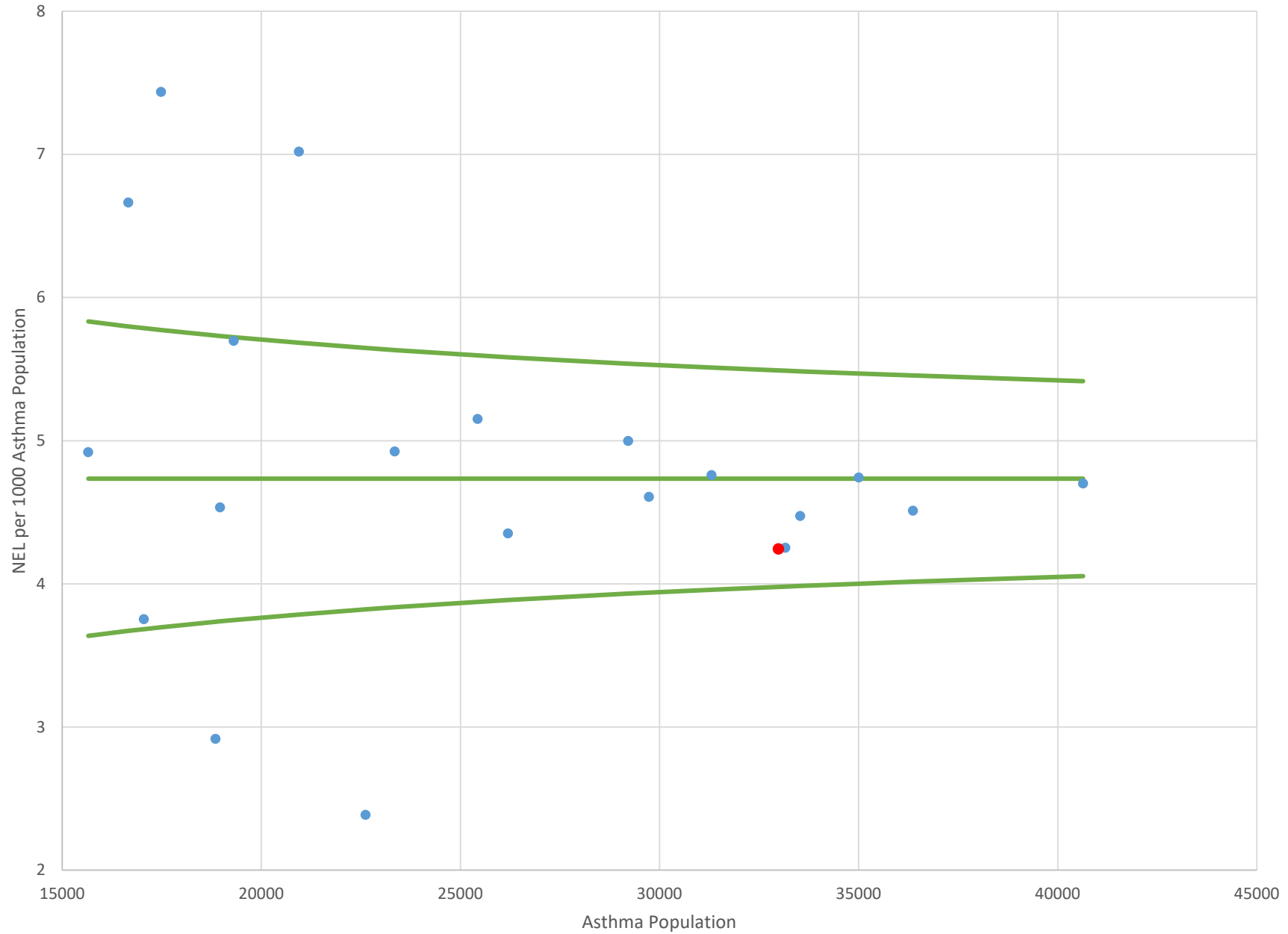
# Commissioning for Value Where to Look pack (Jan 2017)

## Asthma pathway



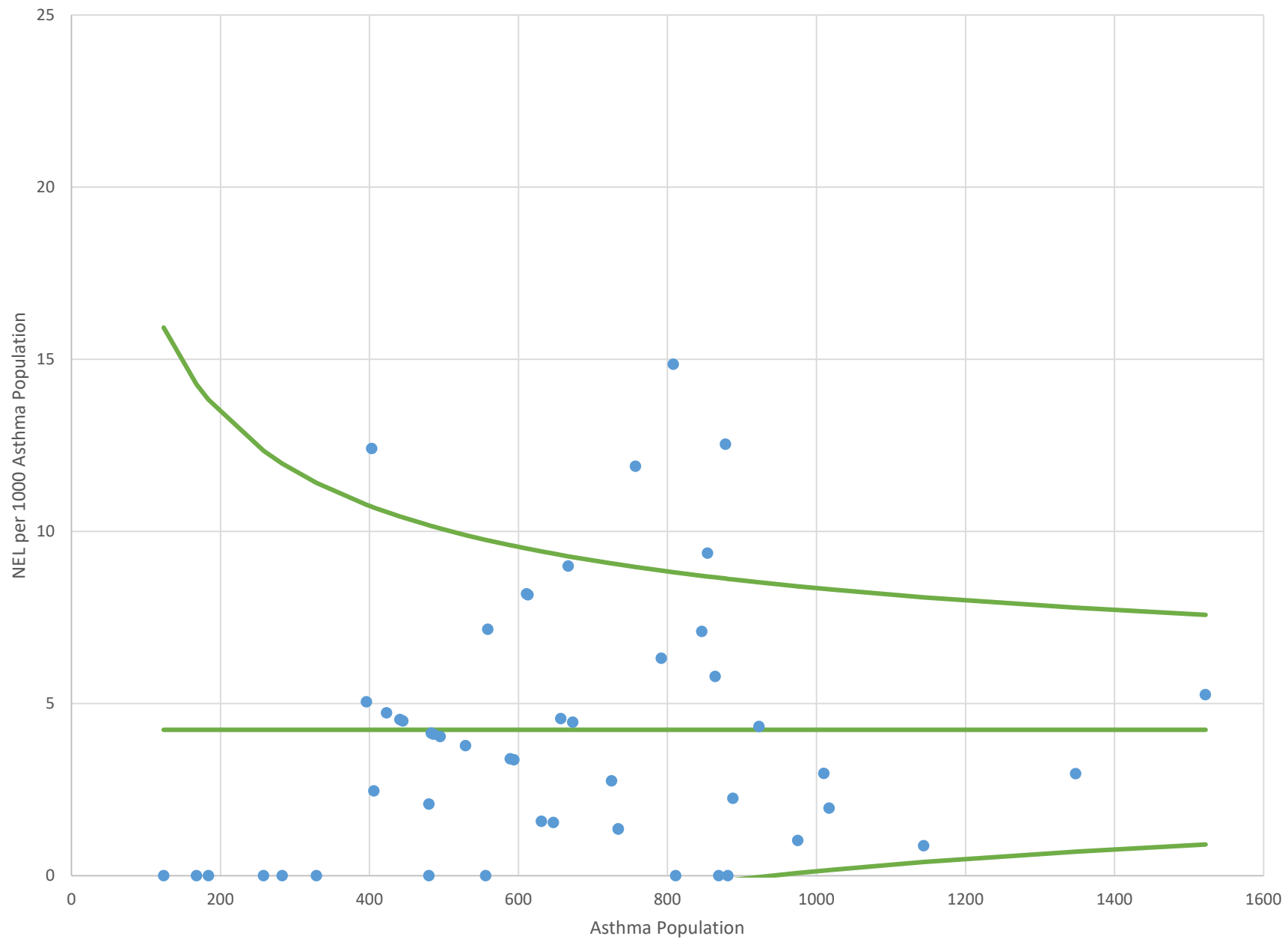
NICE guidance:  
<http://pathways.nice.org.uk/pathways/asthma>  
 PRIMIS Toolkit:  
<http://www.nottingham.ac.uk/primis/tools-audits/tools-audits/asthma.aspx>

Comparator CCG NEL (0-19) for Asthma 2013-14

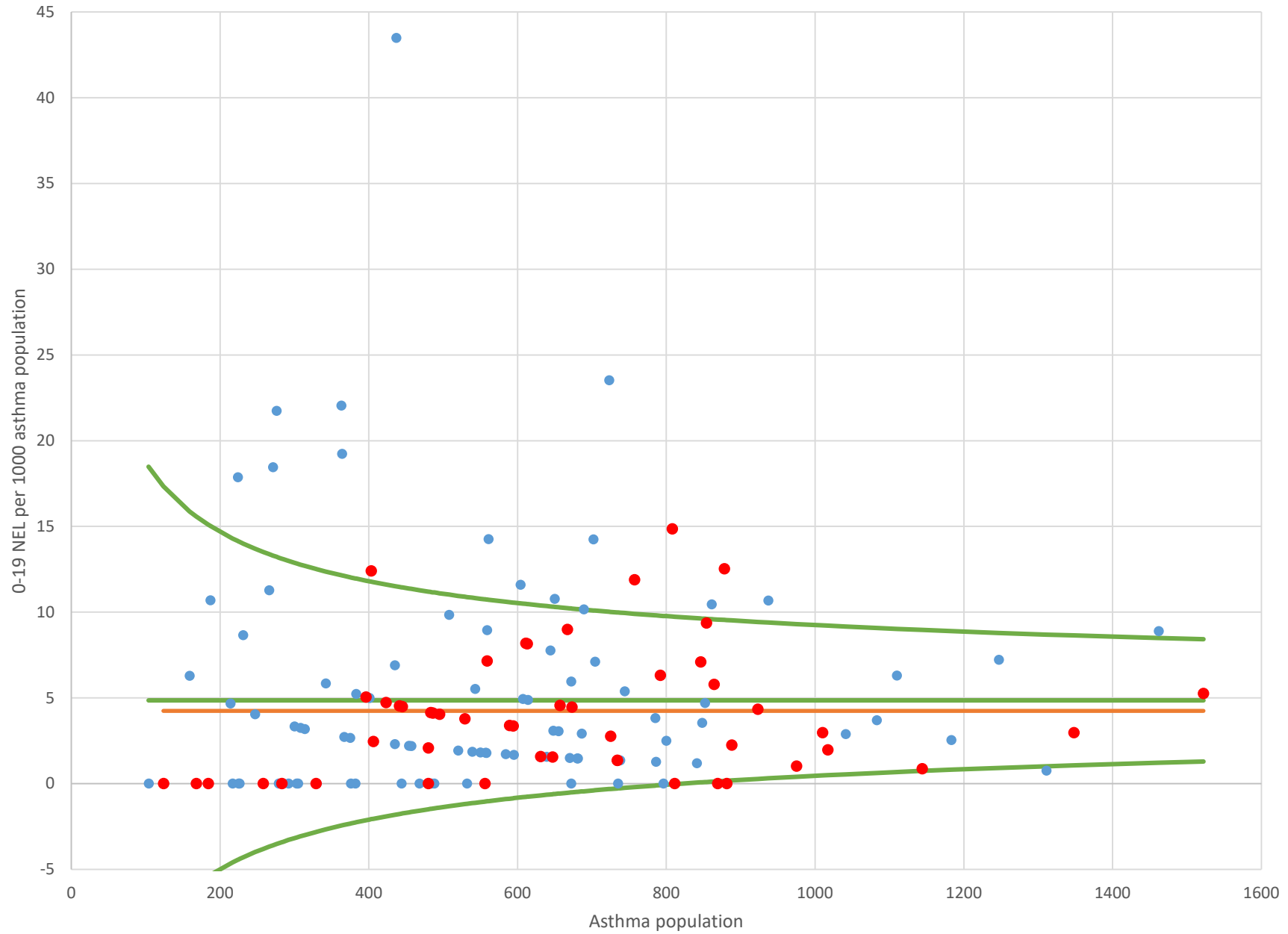




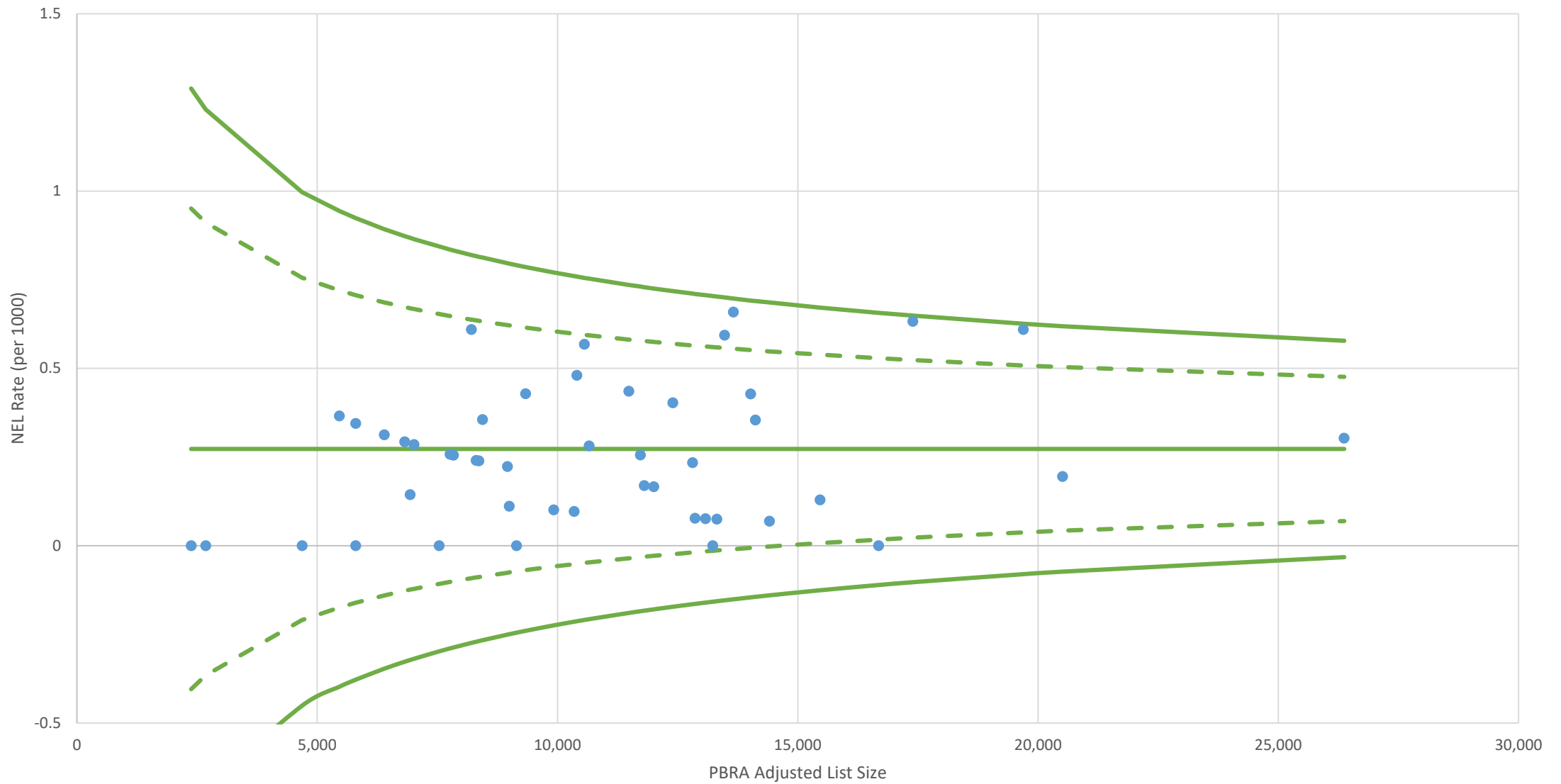
WHCCG Asthma NEL (0-19) 2013-14



Hampshire 5 Asthma NEL (0-19) 2013-14



WHCCG Asthma NEL (0-19) Admissions 2013-4 (by total list size)



# Child Health Clinical Indicator Summary February 2016



## Child Health Clinical Indicator Summary February 2016

<b>Children and young people with long term conditions</b>	England	Wessex	NHS Dorset CCG	NHS Fareham and Gosport CCG	NHS Isle of Wight CCG	NHS North East Hampshire and Farnham CCG	NHS North Hampshire CCG	NHS Portsmouth CCG	NHS South Eastern Hampshire CCG	NHS Southampton CCG	NHS West Hampshire CCG
Hospital admissions for asthma (under 19 years)	195.7	178.1	211.7	121.5	144.6	85.6	262.6	207.9	140.1	188.4	165.3
Duration of hospital stay for asthma (under 19 years)	1.2	1.2	1.2	1.1	0.7	1.3	1.7	0.7	1.0	0.9	1.4

Crude rate of emergency admissions for children with asthma, per 100,000 population aged 0-18 years, 2013/14

# Wessex v. Comparators

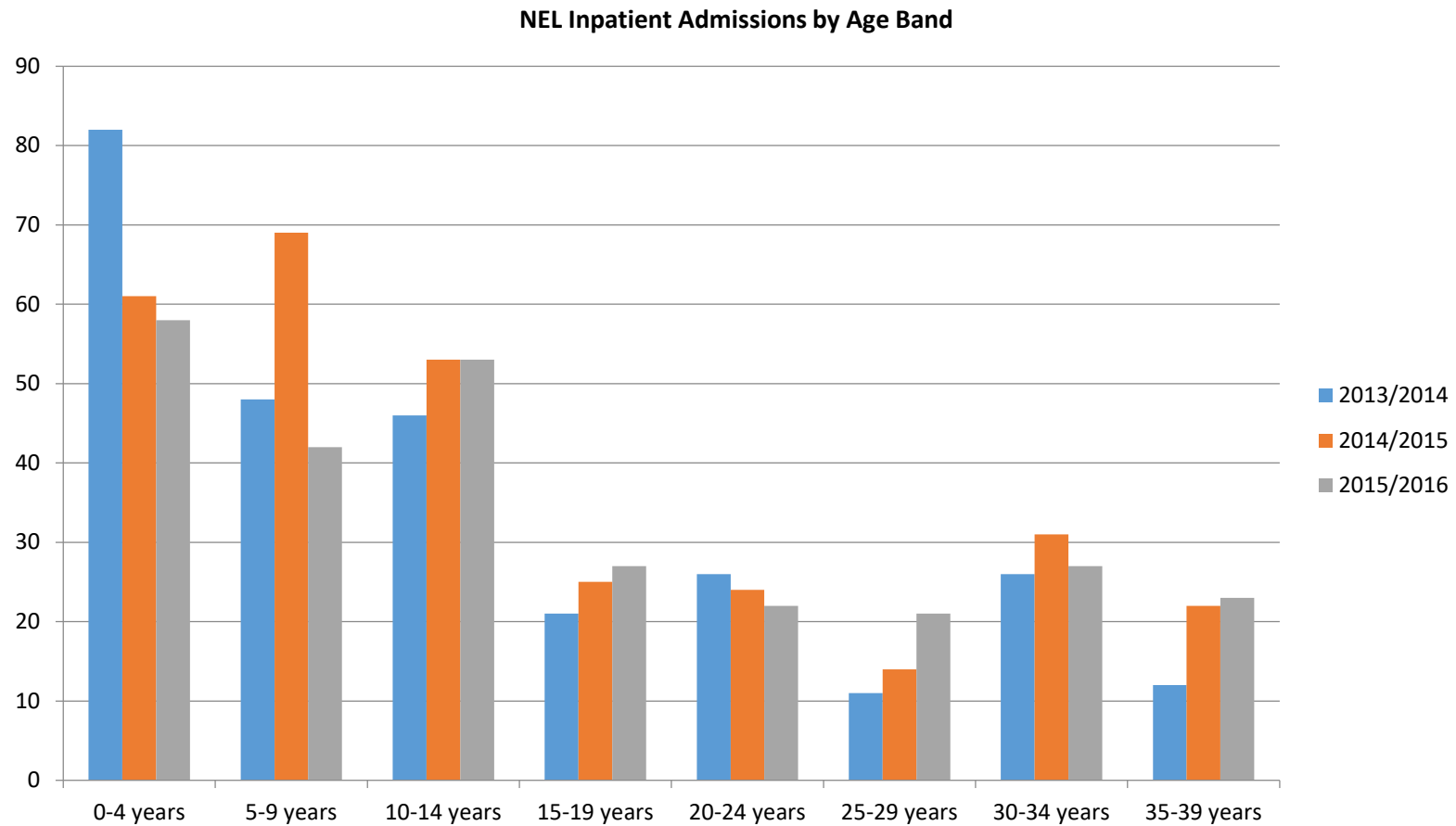
## Wessex CCGs

	Dorset								
	WH CCG	CCGF	F&G CCG	IOW CCG	NEHF CCG	NH CCG	Portsmouth CCG	SEH CCG	SC CCG
	11A	11J	10K	10L	99M	10J	10R	10V	10X
2010/11	170.7	189.2	129.9	105.1	161.1	357.0	280.3	178.8	203.0
2011/12	169.5	200.7	96.0	149.6	96.1	244.2	185.0	93.4	193.6
2012/13	238.4	188.9	130.9	92.2	171.6	280.8	220.8	133.4	201.8
2013/14	165.3	211.7	121.5	144.6	85.6	262.6	207.9	140.1	188.4
2014/15	180.8	176.8	136.0	71.2	133.5	238.0	200.1	142.4	168.3

## 10 Similar CCGs

	WH CCG	Glouceste rshire CCG	Coastal West Sussex CCG	Wiltshire CCG	Ipswich & East Suffolk CCG	Somerset CCG	East & North Hertfordshire CCG	Mid Essex CCG	Kernow CCG	East Leicestershire & Rutland CCG	South Worcestershire CCG
	11A	11M	09G	99N	06L	11X	06K	06Q	11N	03W	05T
2010/11	170.7	124.8	185.8	124.7	153.2	157.8	92.1	116	211.8	127.2	144.9
2011/12	169.5	139.5	180	115.9	147.6	165.8	107.3	127.8	154.6	77.9	117.4
2012/13	238.4	155.8	239.5	133.7	183.6	186.6	121	128.9	155.5	100.6	154.6
2013/14	165.3	144.1	156.4	136.6	161.5	144.8	116.9	140.9	150	81.7	103.1
2014/15	180.8	140.87	155.04	109.8	166.0	106.52	122.11	133.07	161.9	85.37	162.63

# NEL By Age



# NEL By Diagnosis

## Emergency Inpatient Admissions by Primary Diagnosis

Primary Diagnosis	Financial Year		
	2013/2014	2014/2015	2015/2016
<b>Wheeze</b>	<b>321</b>	<b>392</b>	<b>388</b>
B349 - Viral infection, unspecified	302	372	368
R062 - Wheezing	19	20	20
<b>Asthma</b>	<b>187</b>	<b>201</b>	<b>177</b>
J450 - Predominantly allergic asthma	80	30	17
J458 - Mixed asthma		1	
J459 - Asthma, unspecified	94	139	139
J46X - Status asthmaticus	13	31	21
<b>Grand Total</b>	<b>508</b>	<b>593</b>	<b>565</b>

# BTS National Paediatric Asthma Audit Summary Report

- Positive areas highlighted in the audit include the following:
  - Medical care of children with acute wheezing and asthma continues to be highly efficient and effective.
  - Most children receive appropriate 'first line' rescue treatment and care.
  - Hospital stays are short – more than seven in ten children were in hospital for one day or less - with a substantial proportion receiving care entirely within the emergency department.



# BTS National Paediatric Asthma Audit Summary Report

- Key areas of concern highlighted in the audit include the following:
  - Exposure to environmental tobacco smoke (ETS) was reported in nearly a third (32%) of children. Not reported in approximately 40% cases.
  - Most aspects of discharge from hospital are less than optimal with fewer than six in ten (56%) children and families/carers being given a personal asthma action plan. Furthermore, only four in ten (42%) of children were reported to have had their asthma inhaler technique assessed.
  - Contrary to national guidance, only 24% of families/carers and their children were advised to visit their GP within two working days after discharge from hospital.

# BTS National Paediatric Asthma Audit Summary Report

## **National Improvement Objectives:**

1. Demonstrate an improvement in the proportion of children who are recorded to have been given a written asthma action plan (Target in 2 years: 95%)
2. Demonstrate an improvement in the proportion of children with follow up arranged with their GP within two working days of discharge (Target in 2 years: 95%)
3. Demonstrate a reduction in the use of CXRs in children with wheezing/asthma (Target in 2 years: 15%)
4. Demonstrate an improvement in the proportion of children who have exposure to tobacco smoke documented within the medical record (Target in 2 years: 80%)

**Timeframe: to be achieved by the time of local re-audit in 2017/18**

# What should we be focusing on...

- ?? Education – action plans, diagnosis, review
- ?? Commissioning
- ?? Public health (smoking)

Protocols (Guidelines)

# WHCCG Asthma Guidelines

## Adult Asthma Inhaler Guide

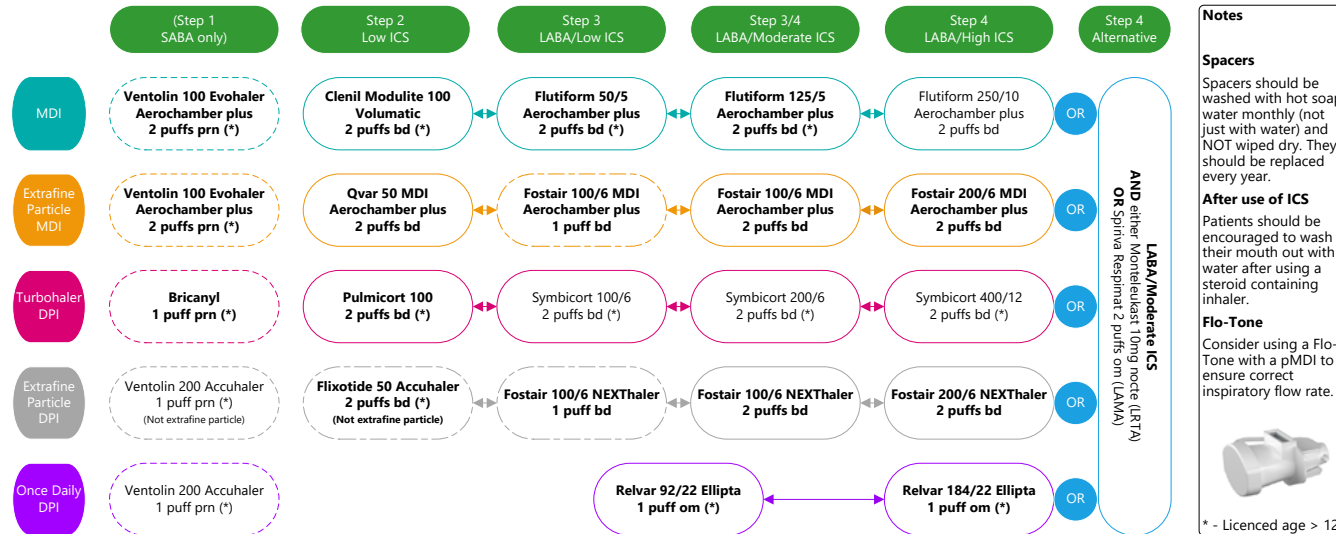
NHS  
West Hampshire  
Clinical Commissioning Group

**Inhaler Choice**

**SELECTING AN INHALER THE PATIENT CAN AND WILL USE IS CRITICAL**  
**Check ability to generate appropriate inspiratory flow using an In-Check device (on Turbohaler and pMDI settings)**

**DPI** – DEEP, FORCEFUL, LONG technique. Consider ability to generate inspiratory flow for reliever medication during an exacerbation. Ideally breath hold 10s after inhalation.  
**pMDI** – GENTLE, SLOW, LONG technique. Use a spacer unless technique consistently excellent. If cannot inspire for 5 sec and hold then use tidal breathing technique (5 normal 'tidal' breaths per actuation into spacer v. one larger breath). Always actuate one puff at a time into the spacer and minimise delay between actuation and inhalation.

**pMDI** – requires hand strength to depress, some have dose counter (Flutiform), may need re-priming after non-use.  
**Turbohaler** – minimal grip needed (can get additional base gripper), lactose taste, dose counter.  
**Elipta** – minimal dexterity, no taste, dose counter, actuated every time opened (wasted), 6/52 shelf life, don't block vents.



**Other treatment considerations**

- Refer all uncontrolled step 4 patients to secondary care
- Consider referral for weight loss and smoking cessation
- Consider (SMART) regimes – using Fostair 100/6 or Symbicort 100/6 or 200/6 – using one inhaler as a preventer and reliever at step 4
- Step down after 6 months of stability
- Only patients with very mild and intermittent symptoms should be step 1
- Treat any associated rhinitis or reflux (use Hull Cough Hypersensitivity Questionnaire > 13/70)
- Screen for dysfunctional breathing (use Nijmegen Questionnaire > 23/60)
- Treat vitamin D deficiency

**All need a written personal action plan**  
**All inhalers should be prescribed by BRAND**

\* - Licenced age > 12

# DPI v. MDI

## Inhaler Choice

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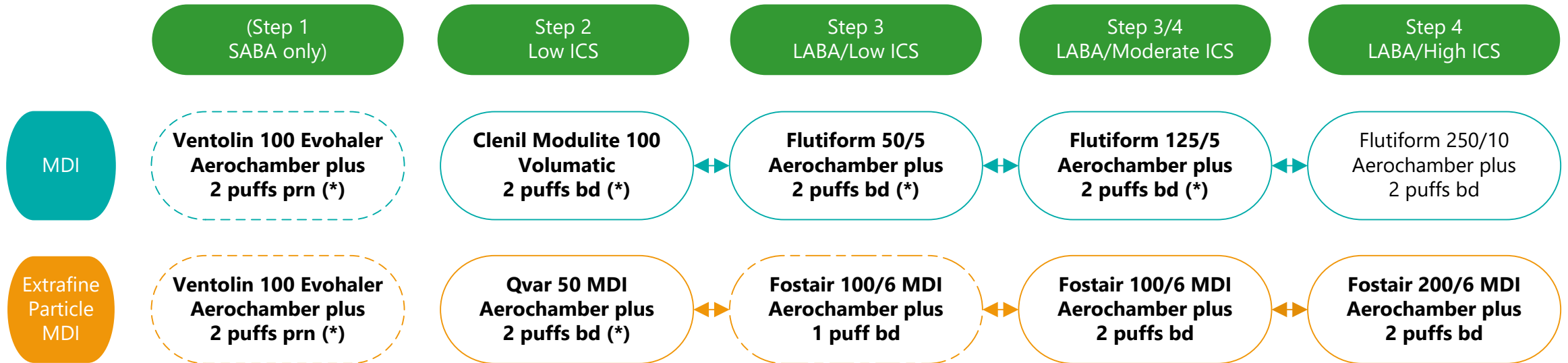
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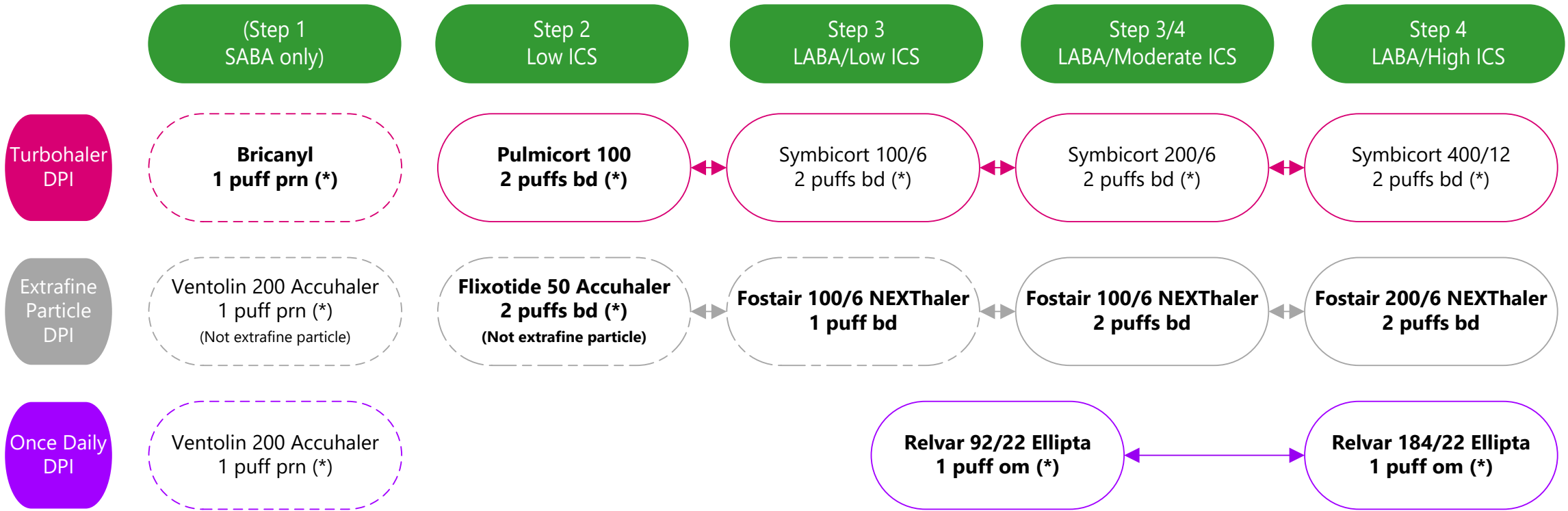
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# MDI



# DPI





# Other treatment options

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- **All need a written personal action plan**
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## Notes

### Spacers

Spacers should be washed with hot soapy water monthly (not just with water) and NOT wiped dry. They should be replaced every year.

### After use of ICS

Patients should be encouraged to wash their mouth out with water after using a steroid containing inhaler.

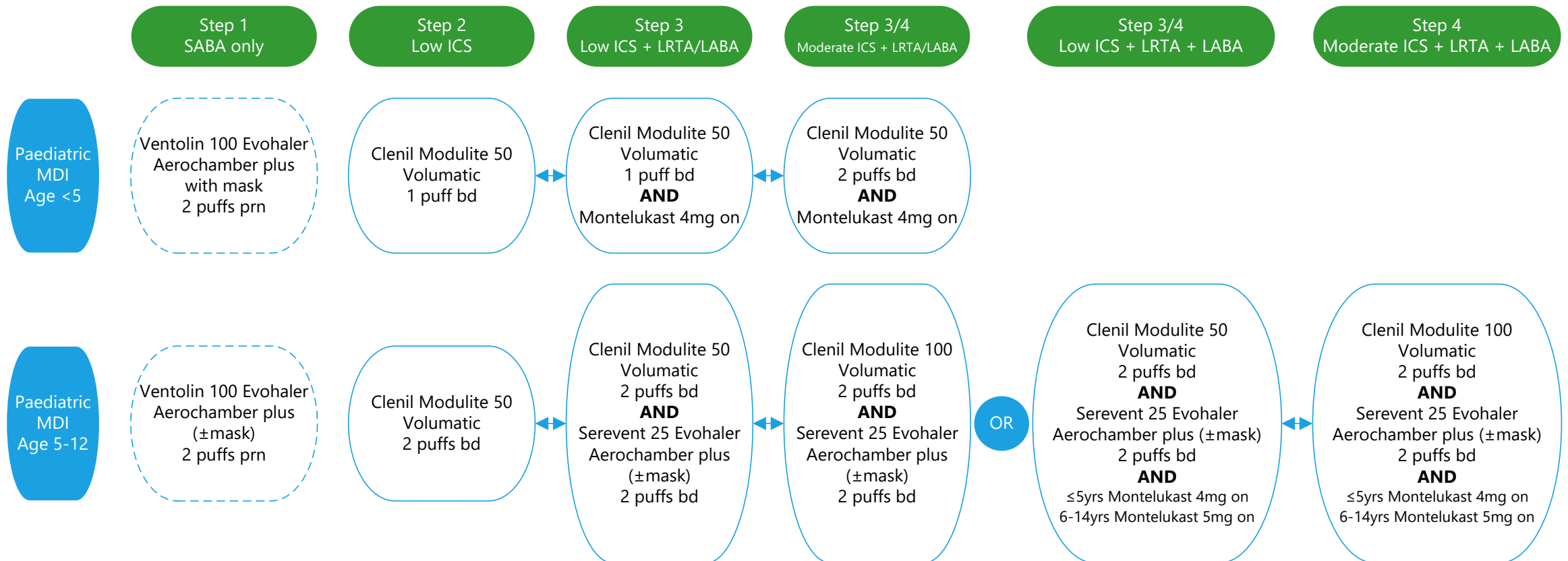
### Flo-Tone

Consider using a Flo-Tone with a pMDI to ensure correct inspiratory flow rate.

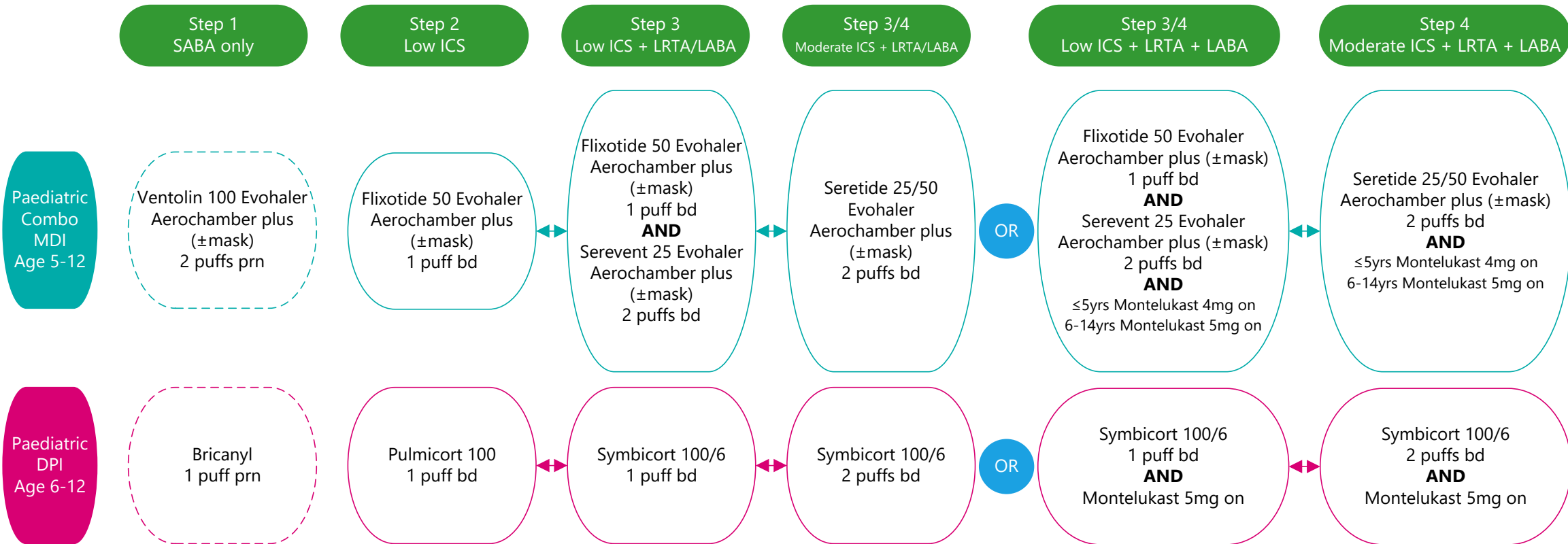


\* - Licenced age > 12

# Draft WHCCG asthma guidelines for children



# Draft WHCCG asthma guidelines for children



# Summary

- We are making progress
- What should we be looking at for paediatric asthma?
- Guidelines - ? Wessex wide