In November 2008, we published a national report on Asthma Services for Children and Young People. We made two recommendations:

1. Co-ordinating care – person-centred, safe and effective care for every patient, every time depends on a consistent approach across the whole NHS board so that everyone is aware of diagnosis, treatment and care plans. NHS boards need to coordinate planning and management of their asthma services.

2. Improving care – NHS boards need to work with others to develop information systems that support data collection, measurement and sharing of key information to improve asthma care, particularly for children at risk of severe asthma attacks.

We gave a commitment to report on progress in 2011 against these recommendations. This presentation outlines the progress made.
IMPROVING CARE

The issue

Children and young people using asthma services will access many different teams in healthcare and local authorities. Unless NHS boards take a consistent approach to providing care, there is a risk that different parts of the service will not collaborate effectively which makes it difficult to improve services. In 2008, almost half (47%) of NHS boards had set up a multidisciplinary group to provide coordinated focus although most of these were at an early stage of development.

The progress we’ve made

In 2011 to date, 79% (11/14) NHS boards now have a multidisciplinary group to oversee asthma services for children/young people. Membership of the multidisciplinary group is varied and includes primary care (GPs and practice nurses), secondary care (hospital teams), emergency care (NHS24, A&E and ambulance services, children and young people, education and voluntary groups such as Asthma UK (Scotland).

Key message

All NHS boards need to take a consistent approach to providing asthma care and services. In smaller Boards this may not need to be a multidisciplinary group.
IMPROVING CARE

The issue

The multidisciplinary coordinating groups provide a focus for developing diagnosis, treatment and care protocols, for supporting implementation of these; and for reviewing data about their effectiveness. In 2008, no NHSScotland board had developed these protocols.

The progress we’ve made

In 2011, 5/14 (36%) of NHS boards reported that they have developed these protocols. Others now have the focus to do so in their multidisciplinary groups.

Key message

All NHS boards need to develop care protocols, implement these and monitor their effectiveness.
IMPROVING CARE

The issue

The standards ask for a simple dataset based on evidence to improve care and outcomes. For example, the number of children with a diagnosis of asthma, the number of emergency and unscheduled contacts and the use of inhaled steroids.

In 2008, up-to-date electronic records of children and young people with a diagnosis of asthma were held within primary care at an individual GP practice level. However, these data were not gathered centrally to enable NHS boards to use the information to improve the quality of treatment and care. These records do not routinely record high risk of deterioration and NHS boards cannot plan their care and reduce the risk of emergency and unscheduled contact.
CO-ORDINATING CARE

The progress we’ve made

Developing a register which records the number of children/young people who have asthma is a continuing challenge. So far, only 2/14 NHS boards have achieved this.

9/14 NHS boards have access to the Quality and Outcomes Framework data held by GP practices. However, this data does not provide an age breakdown of asthma patients.

NHS boards reported difficulty in accessing patient data due to the devolved nature of asthma care, lack of IT resource and lack of staff resource.

12/14 (86%) of NHS boards now record the number of children/young people admitted to hospital with asthma symptoms and all NHS boards record data on the number of children/young people admitted or transferred to intensive care. This is an important step forward as care for this vulnerable group of children can now be better planned and the risk of emergency admission reduced.
IMPROVING AND CO-ORDINATING CARE

Examples of NHS board improvements

**NHS Fife**
A respiratory management clinical network has developed an asthma resource pack based on SIGN guidelines. The pack includes materials to support diagnosis, development of structured reviews and management of children/young people diagnosed with asthma.

A high level patient care pathway has been introduced for children and young people diagnosed with asthma. A detailed care pathway is being developed which will include a shared care protocol.

**NHS Dumfries & Galloway**
GPs are being visited and asked to use a standard paediatric asthma action plan and information booklet across the NHS board region.
IMPROVING AND CO-ORDINATING CARE

**NHS Grampian**
The children’s asthma action group has become a formal sub group of the managed clinical network. This has opened up additional resources for the group.

**NHS Shetland**
Paediatric nurses undertake reviews of children and young people diagnosed with asthma who are registered at the health centre.

**NHS Lothian**
A clinic has been provided in secondary care for the administration of the flu vaccine for children with an egg allergy.

**NHS Ayrshire & Arran**
A review has been undertaken of inhaled steroid doses.