Quality Improvement within the Paediatric Severe Asthma Service in Leicester

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Background

- Asthma deaths in UK amongst highest in EU
- Asthma deaths in UK increased more than 20% in five years *Asthma UK 2018*
- UK death rates 2011-2015 almost 50% higher than EU
- NRAD – Children and young people fared worse than adults with just 4% receiving 'good' overall quality of asthma care
- Key recommendation – Joint leadership on asthma improvements between adult and children *NRAD 2014*

NICE Quality Standards for Asthma *NICE 2018*

- People aged over 5 years should:
  - ✓ receive objective tests to support a diagnosis
  - ✓ have a written personalised action plan (PAAP)
  - ✓ have asthma control monitored at every review
  - ✓ those that receive hospital treatment are followed up by GP within 2 working days
  - ✓ those with severe asthma are referred to a specialist severe asthma service for assessment

Evidence

- Children who do not respond to standard therapy consume a disproportionate amount of healthcare resources, increased morbidity and mortality *Fleming 2007*
- Prevalence of severe asthma in children estimated around 4.5% *Lang 2008*
- Systemic tertiary MDT assessment led to:
  - ✓ de-escalation of treatment and improved asthma control in >50%
  - ✓ targeted therapy led to reduced morbidity, treatment costs, admissions, ad hoc use of health services and long term health benefits *Sharples 2012*

Leicester's current issues

- One PSA clinic per month (no funded psychology/physio support)
- Increasing no. of asthma referrals from primary care
- Increasing number of PSA referrals - some having to be seen in asthma research clinics
- Increased waiting times for clinics (4 mth wait for new referrals)
- General asthma pts. frequently seen in PSA clinics
- PSA follow ups only seen every 6-12 mths! (clinical risk)
- We fall short on a number of key recommendations:
  - ✓ adult difficult asthma service specifications
  - ✓ NHS National Paediatric Asthma Collaborative
  - ✓ 2016 CQUIN for difficult to control asthma in children

Our Business Plan

- Show our current asthma service is not fit for purpose – escalated onto risk register
- To develop a financially sustainable PSA service for children in East Midlands by:
  - ✓ generating higher tariff for MDT assessments and increased lung function testing capacity
  - ✓ generating income by expanding non-DA service
- Support our district hospitals in PSA
- To recruit additional staff to increase capacity 4-fold to meet national standards

MDT to support PSA service

- Consultant time for wkly PSA clinics and 3 non-DA clinics per week
- B7 severe asthma nurse plus B6 asthma nurse – Biologics clinics, nurse-led 'phenotyping' clinics, telephone clinics, audit, MDT's, budget management and in-pt support etc.
- 1.0 Admin support for MDT and database (Severe Asthma Registry)
- 0.2 Physio - treat upper airway dysfunction/breathing pattern dysfunction
- 0.2 Psychologist - Key requirement of National Service Spec.
- 1.0 Physiologist - Provide specialist pulmonary testing, bronchial challenges, cardiopulmonary testing etc.
- 0.2 Pharmacist - Assessment of response to high cost therapy, adherence monitoring, integration with community pharmacists

Implications and challenges

- In adults, severe asthma has recently been prioritised for specialised central commissioning
- There is no centralised funding/national service specification for Paediatric Severe Asthma
- Raising standards will provide more timely, high-quality and targeted care
- Service expansion will provide infrastructure for a centre of clinical excellence, sustainable for the future in line with the NHS long term plan
- Our aim is to work with regional CCG's to monitor and assess clinical and financial outcome improvements

Thank You NPRANG

Our business plan has just been approved!!