# Developing an outreach paediatric asthma clinic with Primary Care Practices

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# Session plan

- Background to community clinics
- Target areas for clinics
- Initial pilot
- Community based (Intermediary Care) clinics
- What next?

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1. Pressure upon hospital outpatient space
2. The patients you need to see the most, can struggle to attend appointments in hospital
3. Primary & Secondary don't talk to each other!

# Pilot outreach paediatric clinic

- No perceived need for a satellite **allergy** clinic due to lack of pressure on inpatient facilities
- However, CCG very keen to address asthma care
- National Bundle of Care for CYP with Asthma has placed pressure on CCG to improve care
- Hospital keen to move towards implementing aspects of the NHS Long Term Plan

# Local background information

- 16000 Bristol Children's Hospital admissions between 2016-2020
- 75% of ED admissions are avoidable
- Adolescents are 2.5x more likely to be admitted with asthma if live in an area of high deprivation
  - Reduced educational attainment in caregivers is associated with higher admissions
- Failure in asthma management leads to :
  - increased school absence results in poor performance and 'paid by the hour' employment widening the income gap
  - reduction in exercise due to school absence and lack of exercise promotes obesity
  - Ultimate increased financial burden on the NHS

# Potential benefits of community clinics

- Targeting deprived areas directly aids disadvantaged families
- Reduces health inequalities for children with asthma
- Literature identifies community interventions to bring positive results
- Joint working results in Joint Learning, and upskilling of Primary Care team
- Reduces inappropriate referrals
- Identifies alternative diagnoses for some children
- Improves identification of individuals with severe, difficult asthma who might benefit from Biologics

# Funding for the project

**1. Successful AHSN bid 2021-22**

(Pathway Transformation Fund call for biologics for severe asthma)


- Part of developing a severe asthma service
- £42K to backfill B8C for 10 months with a Band 6 nurse, admin support and 0.25 consultant PA

**2. National Asthma CYP transformation project** makes asthma care a current priority

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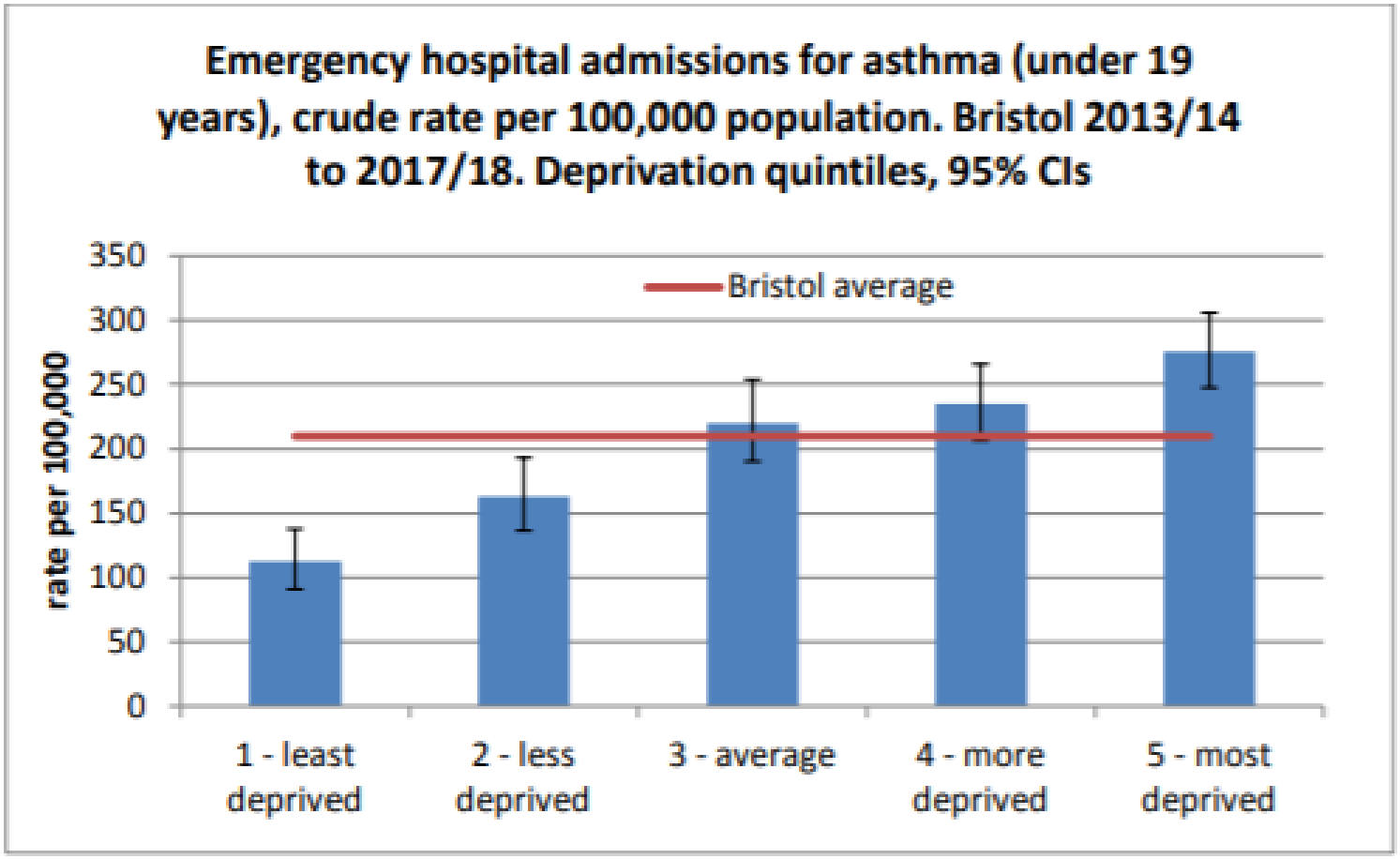
# Target areas for clinics

- Asthma Heatmaps
  - Identify areas of high prescribing rates of
    1. Salbutamol (Ventolin) reliever medication
    2. Oral steroid courses

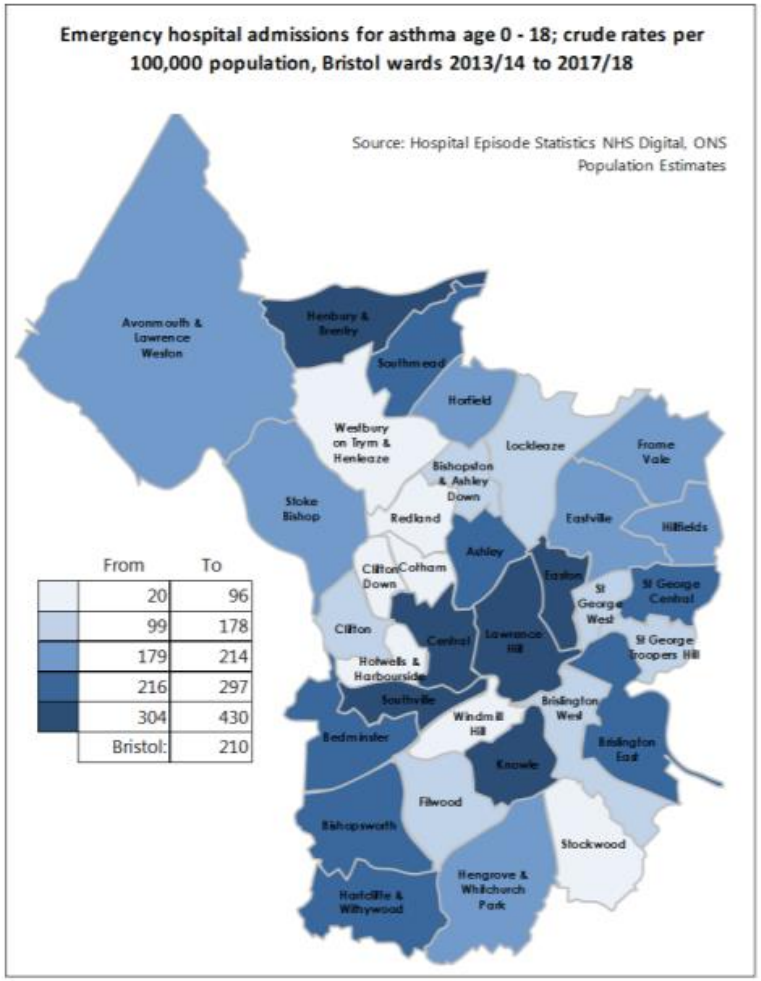
    *(NB Data was for adults)*

Both indicative of high prevalence of poorly-controlled asthma




*Hospital Episodes Statistics via NHS Digital, Bristol Public Health Knowledge Service.*

# Child emergency asthma admissions by ward, 2019




*Hospital Episodes Statistics via NHS Digital, Bristol Public Health Knowledge Service, September 2019*

When Knowle West was first conceived it was seen by many as the future of housing. Dubbed “the five thousand island forest” by the workers who built it, the estate is sited on a hill surrounded by wild green space, and comprises one hundred streets, five thousand homes, and twelve thousand people.



The Premier shop in Newquay Road, Knowle (Image: James Beck/Freelance)

NEWS | FOOTBALL | CELEBS

# City's most antisocial street where 'yobs throw digestive biscuits at fat people'

A shopkeeper in Newquay Road, Knowle West, Bristol, said he has called Avon and Somerset Police 600 times in six months because of the youths

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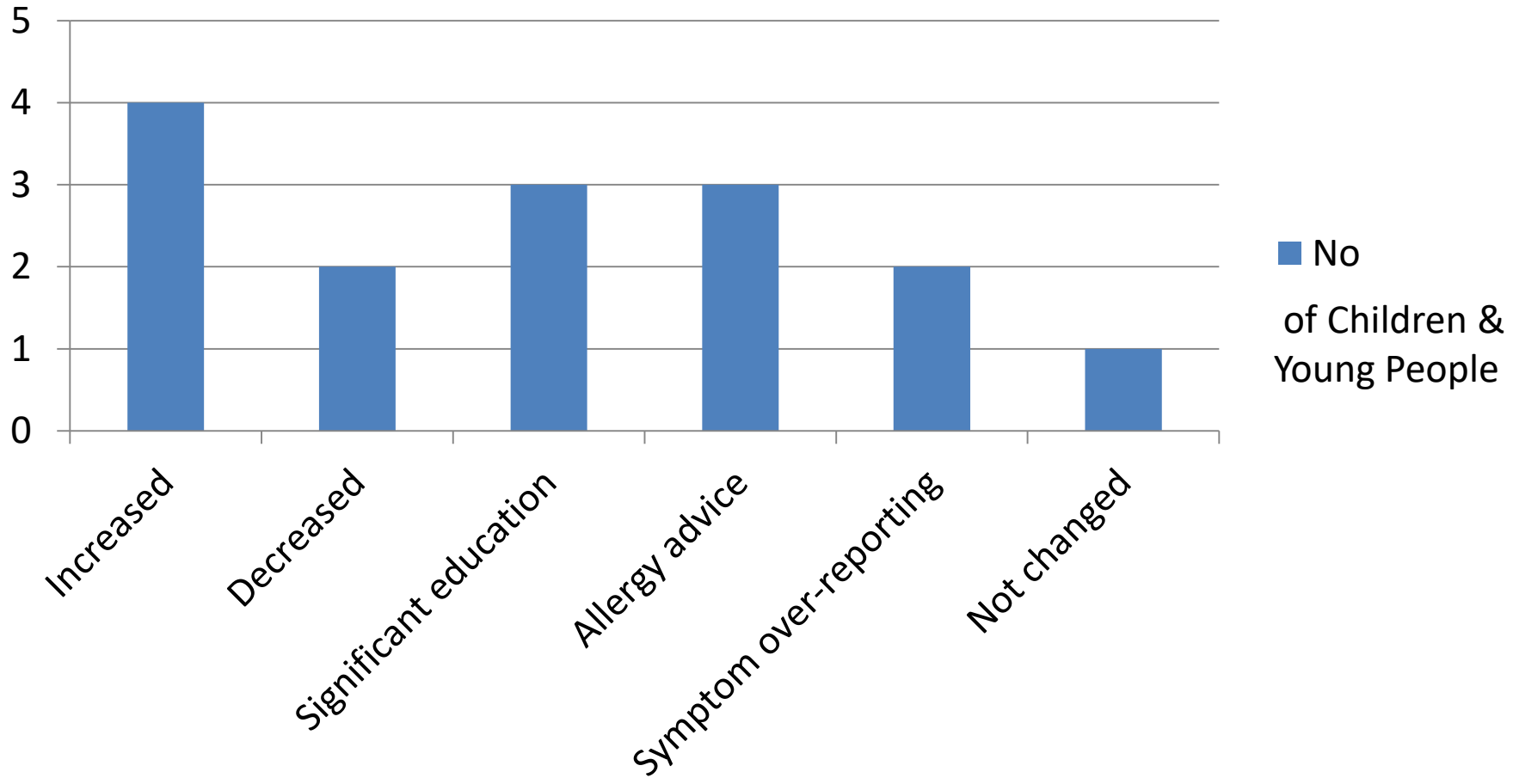
# **Pilot:** GP Surgery no. 1

- Joint monthly clinic with BRHC Consultant Nurse and a Practice Nurse
- GP notes, BRHC notes + prescription history reviewed prior to appointment
- 30 min appointments
- Targets difficult asthmatics (to reduce need for referral to BRHC), identified on basis of excessive SABA and OCS use
- Offer review, education, spirometry, FENO monitoring, allergy advice, treatment optimisation, next steps plan in case of future deterioration
- Opportunity for follow up in a future clinic
- Structured clinic appointment letter targeted at the family to reinforce the education and plan from the consultation

# Early outcomes (n=12)

## Nov 2020 – March 2021



# Case Study 1

## Maternally exaggerated illness

- 9 yo girl; Seretide 125 4 puffs bd, LTRA, SABA.
- 8 SABA in last year; No steroids or acute attendances
- HDU admission aged 3 for pneumonia
- Multiple GP visits resulting in escalating ICS doses
- No description of clear asthma symptoms
- CED via paramedics for chest pain but observations normal
- Normal lung function; no airway inflammation
- Halved medication, plan to review in 8 weeks and further reduce. All practice staff made aware
- Full review of healthcare attendances reveals frequent over-reporting of symptoms

# Case Study 2

## Improved liaison with Primary Care

- 10 yo girl with difficult asthma, under BRHC review
- Last hospital review had been with mum (poor English)
- 4 CED visits, 2 overnight admissions in last year
- Reported 6 courses of OCS in last 12 months
  - (with 3 in last 3 months)
- Changed to Relvar 182/22
- In GP clinic attended with Dad; taking both Relvar 182 + Seretide 125 2pbd
- GP records only identified 1 course of Pred, not 3
- Over-reporting / misinterpretation resulting in overtreatment

# Identified common factors

- **Prescribing related factors**
  - Need to prevent over-prescribing;
  - Appears to be a temptation to add in extra medications when symptoms are reported, even in poor adherence
  - Multiple medications on repeat prescription (+ >1 for each repeat)
  - SABA best on variable repeat
  - ***Adherence Adherence Adherence***

- **Referring on**

  - asthma care largely nurse-led, nurses rarely refer on
- **Family education**
  - Poor understanding of how medications work
- **Reinforce what you have covered**
  - Summary letter aimed at family rather than GP

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# **Pilot 1:** Community clinic

- 3 clinics at a Children's Centre in a deprived area over 2.5 days in March 2022
- Only 10 days notice before clinic set up as final approval had been delayed by CCG
- 33 referrals from 14 surgeries (some were too late)
  - 26 children had appointments
  - 5 DNA
  - 4 cancelled due to COVID
  - 17 seen

# **Pilot 1:** Community clinic

- Targets difficult asthmatics (to reduce need for referral to BRHC), identified on basis of excessive SABA and OCS use

- Half of referrals were for diagnostic testing, notably FeNO

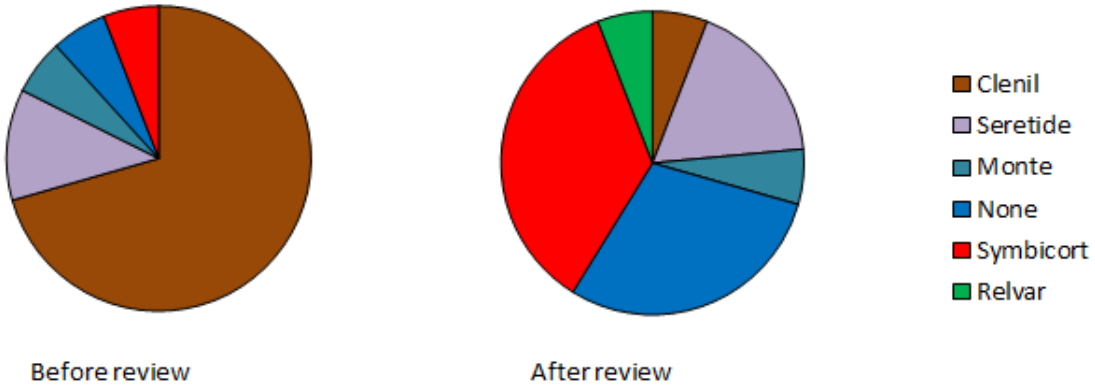
| Referral reason | No of children |
|---|---|
| Viral induced wheeze (consideration of prophylaxis) | 1 |
| Referred for poor control | 8 |
| Referred for diagnostic spirometry | 8 |


STUDIO
Fire door keep shut
FIRE
ALARM
TEST
FRIDAYS
ASTHMA CLINIC
PLEASE TAKE A SEAT UNTIL CALLED
MANY THANKS
CONFIDENTIAL GROUPS TAKE PLACE IN THIS ROOM, PLEASE DOUBLE CHECK BEFORE ENTERING
PLEASE KEEP A SAFE DISTANCE OF 2 METRES

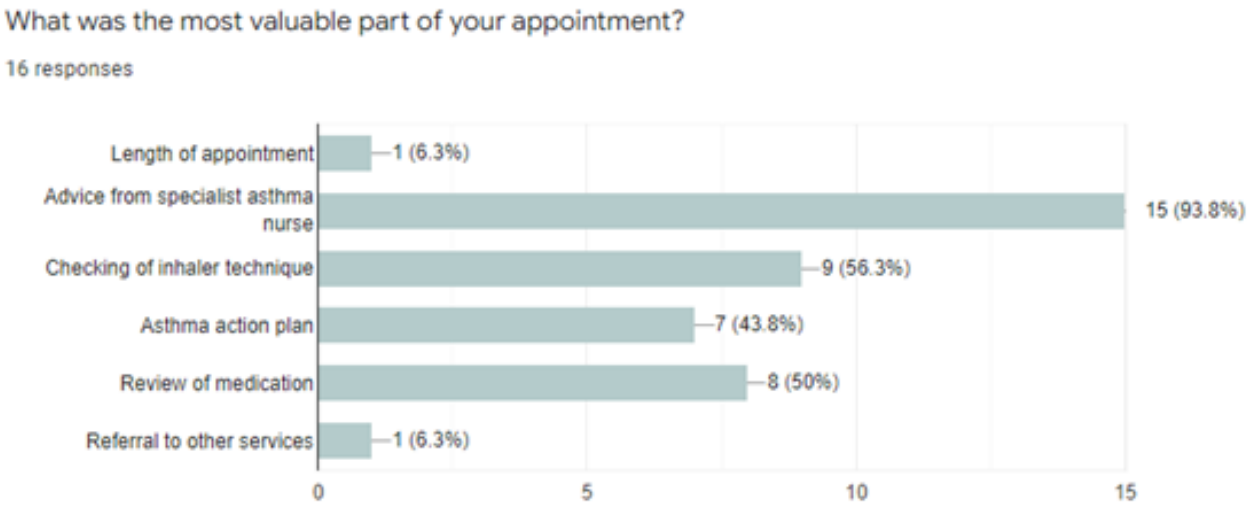
# Treatment outcomes

| | |
|---|---|
| **Treatment discontinued** | **4** |
| **Treatment decreased but not stopped** | 0 |
| **No changes made** | 3 |
| **Treatment increased** | 10 |

**Asthma prophylaxis before and after clinic visit**



# Family feedback



# Referrer feedback

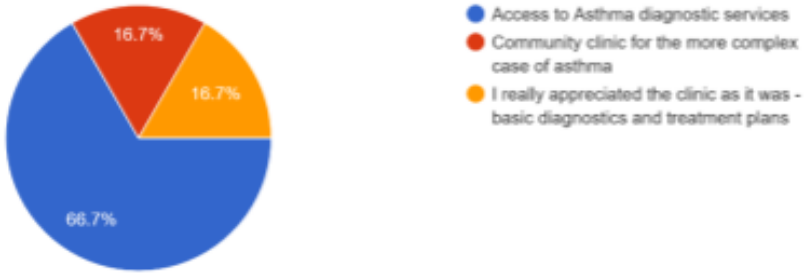
4. If you have had an opportunity to review the clinic letter, what do you feel was the most beneficial part of the appointment?

6 responses

| |
|---|
| The test that was offered in the clinic |
| very informative of what was done & plan going forward-all relevant |
| The access to spirometry and FeNo testing at the appointments. |
| Yes really helpful |
| getting a treatment plan or diagnosis for our frequently seen patients |
| yes helped confirm diagnosis |

5. If we were to pilot the clinic again in the future- what would be most useful to you?

6 responses



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# Where we are now

- 6 practices currently involved
- Still trying to engage more
- A DNA isn't a always a wasted appointment as it provides an opportunity to plan the next steps for that child
- Consider replicating for Food Allergy (funding issue)
- Current asthma CYP transformation intervention has funding attached (2 PAs per week for ICS Asthma Lead)
- Community (Intermediary) Care Clinic Pilot 2 to run from September

# Community Pilot 2

- NHSE Funding £46000
- Community clinic to run 2 days per week
  - 1 Consultant nurse
  - 1 Practice nurse
  - Admin support
  - Consumables
  - Estate
- Function as both a diagnostic hub & to provide management support to CYP poorly controlled asthma
  - FeNO, Spirometry, PAAPs, education, advice, allergy advice, allergy skin prick testing
- Located in heatmap hot spots

# The future

- How do we achieve sustainability?
- How do we share learning?
  - MDT webinar (PCN or locality level)
  - Regular recorded teaching – possible MiniTeach?
  - Asthma Child Management Kit
  - Asthma Advice & Guidance via ERS

- Expand pilot to other specialities in line with NHS Long Term Plan
- Improve joined up working with the community


SILENT

# Any suggestions for the future are welcome!


Thank you