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DH Department of Health

National Service Framework for Children, Young People and Maternity Services

Asthma

Change for Children - Every Child Matters

Policy	Estates
HR/Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

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Introduction

The National Service Framework (NSF) for Children and Maternity Services will be published alongside supporting material, which includes a series of exemplar patient journeys. Whilst it is not the role of the NSF or the exemplars to provide detailed clinical discussion on individual childhood conditions or aspects of pregnancy or childbirth, exemplars illustrate some of the key themes in the NSF.

Several factors influenced the selection of exemplar conditions, for example: large numbers of children and families affected, significant cause of illness and distress, wide variability in standards of practice or service provision, and suitability for highlighting the NSF themes. Such themes include the importance of responding to the views of children and their parents, involving them in key decisions, providing early identification, diagnosis and intervention, delivering flexible, child-centred, holistic care, which is integrated between agencies and over time and is sensitive to the individual's changing needs. It is also acknowledged that not every child with the same condition will follow the same journey or have the same type or severity of condition as the one which is illustrated.

The primary audience for the exemplars is professionals from a broad range of backgrounds including education, NHS, social services and the voluntary sector (although they could also be of interest to parents and older children). The exemplars may be useful in a number of ways, for example, to:

- Highlight further references, which relate to evidence in the NSF and elsewhere, including key clinical guidelines;
- Stimulate local debate and assist multi-agency partners to re-evaluate the way they collaborate on, commission and deliver children's services, for this and other conditions, to the benefit children and their families;
- Provide an aid to examining and improving local clinical & non-clinical governance;
- Provide a multi-disciplinary training tool for staff working with children and young people to raise awareness of specific issues and stimulate discussion;
- Canvass the views of children and families on specific children's issues (eg via focus groups), provide a non-threatening mechanism to open discussion, such as good and 'not so good' aspects of the current service, and
- Provide a starting point or template for debate, prior to development of new local strategies for managing complex childhood conditions.

Children's NSF Asthma Exemplar

Assessment, diagnosis and early management

Parents ask for advice from health professionals about 'asthma-type' symptoms in child

Assessment of symptoms, examination and testing

Other diagnosis & care

Diagnosis & plan for care, assessment & review recorded

Care partnership with child and family
> asthma action plan
> agreed plan for review of care
> linking to information and patient organisations

Asthma-friendly environment
Improving indoor and outdoor air quality and reducing smoking

Child with well-controlled asthma able to do their usual home, school and social/activities.

Living with asthma
> Partner in care
> Linking to local support
> Contact for national patient groups

Action
> Shared decisions on treatment options
> Advice on lifestyle and prevention of illness
> Asthma learning and skills

Identify and address shared issues for action

Review of routine care

Review
> Child's and parents report of asthma control, care and problems
> Assessment of asthma control and use of medicines
> Assessment of growth, development and education and social well-being

Acute Illness

Child or parents notice change in asthma and respond

Assessment & care at point of first contact
> Primary care > Walk-in centre
> NHS Direct > Accident and emergency

Advice on treatment and directions for immediate review

Protocol-based care to restore asthma control and return to self-care

Referral to paediatric team

Linking care

Revise asthma action plan and agree review

Refer for further assessment and action

Communicate to other professionals dealing with child

Expert patients/parents training in self-care

Planned transition to adult services

School care
> Link with school health service
> Asthma policy in schools
> Training for school staff

Samir's Asthma

	Journey	Children's NSF Theme	Evidence/Links
Identification of Problem	> Samir, aged 4 years, has been prone to chest infections and wheezing for some time and for the last month has been having disturbed nights through coughing and wheezing. His "early years" teacher at the Children's Centre tells his mother that Samir is finding physical activity difficult, as he 'breathes noisily' and is distressed by this. The teacher suggests they take further advice and offers her support, as necessary.	Standard 3 – child centred, integrated services Standard 6 – through multi-agency co-operation between partners, ensure timely access to appropriate services	Children's Centres – Developing Integrated Services for Young Children and their Families, 2003 – to provide support for families in accessing services
Seeking Treatment	> Samir's mother decides to ask a friend's advice and his father looks on the internet for information. They also seek the advice of their local community pharmacist. > His parents decide Samir should see the GP promptly. > Samir's mother rings the GP surgery next morning and is able to book an appointment with a GP on the same day.	Standard 10 – wider health promotion role of community pharmacists Standard 1 – early identification and intervention	Existing Commitment in the Planning Framework 2005 - 2008 Access to primary care professional within 24 hours and GP within 48 hours
GP Visit 1	> The GP listens to Samir's history, examines him and asks what provokes the wheezing. Samir's mother reports that there are several factors, which cause problems. Although they are not sure what all the triggers are, the family knows that their cat causes Samir to wheeze. The GP explains that asthma is a possibility and briefly describes the condition. The GP, Samir and his mother agree to a 'trial of treatment' with an asthma inhaler and the GP explains how to use one. > The GP asks Samir and his mother to return in a week to assess his response to the prescribed medication. > The GP provides Samir and his mother with some written information about asthma and makes notes of their discussion in the GP computerised Information System. With the aid of a dummy inhaler, he shows Samir and his mother the inhaler technique which he will need to use. He also suggests to the mother that she brings Samir's Parent Held Child Record when they visit next time, so that any new information can be recorded.	Standard 3 – listening to children and their parents Standard 6 – provide children and parents with information about diagnosis & treatment Standard 3 – information about services and treatment	British Guideline on the Management of Asthma; a National Clinical Guideline. British Thoracic Society & Scottish Intercollegiate Guideline Network (SIGN), Revised edition 2004:- trial of treatment, page 6. Clinical governance requirements – good record keeping

	Journey	Children's NSF Theme	Evidence/Links
Pharmacist Visit	> Samir and his mother take the prescription to the community pharmacist, who reinforces the GP's advice on inhaler technique, gives another demonstration and answers their queries.	Standard 10 – contribution of pharmacists to the effective and safe use of medicines for children	Asthma UK advice for parents & pre-school children:- http://www.asthma.org.uk/about/resource08.php
GP Visit 2	> One week later, Samir and his parents visit the GP again. They tell the GP that the medication is helping a little. However, despite avoiding the cat, there are still some things, which are hard to identify, that make it worse. On the basis of Samir's history, the GP indicates that asthma is still the most likely diagnosis but suggests adjustment to his medication. He also suggests referral to a specialist clinic to identify other causal factors/triggers and to advise on treatment. The family agrees and the GP writes a referral letter to the clinic. > Meanwhile, the GP says that Samir should continue to avoid the cat to reduce the risk of wheezing. > The GP asks Samir's parents if either of them, or anyone who spends time with the family, is a smoker. His father says that he is a smoker and the GP advises that quitting will be beneficial for him, Samir and all the family. The GP advises on support services to help him quit smoking. > Jointly, they all agree Samir's first asthma action plan, which is written down and given to the family. The plan includes detailed information on Samir's care; which medication to take and when; how to recognise the signs of an asthma attack; when to come back to the GP if he gets worse; and what to do in an emergency. > He also reinforces that the community pharmacist is a source of additional support and advice about Samir's medication. > Samir's name is added to the practice asthma register, to ensure he is called for regular reviews. The GP writes a prescription for Samir's amended medication and records notes in the Parent Held Child Record and the GP Information System. > The GP advises the family to see him again in one month for a further review. He says that once Samir's condition has stabilised with appropriate treatment, future reviews may be carried out by the practice asthma nurse. > The GP also offers to write to the Children's Centre, to which Samir's parents consent. The parents will also contact the Children's Centre to discuss Samir's condition and his needs in relation to his asthma.	Standard 10 – review of medication Standard 1 – promoting health and well-being Standard 2 – supporting parents Standard 6 – participation in planning care & continuity of care Standard 10 – wider role of community pharmacist Standard 3 – sharing information, integrated and 'seamless' care. Co-ordinated multi-disciplinary teams	Children's NSF - Issues for Primary Care British Guideline on the Management of Asthma, 2004:- Early diagnosis NHS Smoking cessation services British Guideline on the Management of Asthma, 2004:- Individual asthma action plan GMS Contract 2004 – asthma quality indicators Clinical governance requirements British Guideline on the Management of Asthma 2004:- Regular reviews by specialist trained health professionals National Standards for day care and child minding in England 2003

	Journey	Children's NSF Theme	Evidence/Links
Pharmacist visit 2	> Samir's mother takes the GP's prescription to the community pharmacist and collects the medications. The pharmacist checks carefully that Samir and his mother understand what each one is for and also checks Samir's inhaler technique.	Standard 10 – wider role of the community pharmacist	British Guideline on Management of Asthma 2004 - Inhalers not always used to maximum benefit
Specialist Clinic	> After a range of allergen tests, the specialist clinic confirms that Samir is allergic to the house dust mite and to cats. As a result, the family is advised on ways to reduce Samir's wheezing. These include removal of the cat and strategies to reduce the population of house dust mite in the home. The positive allergy tests indicate that Samir's asthma is very likely to persist through childhood, adolescence and into adulthood. It is, therefore, imperative to use regular preventer therapy to achieve good control and maintain quality of life.	Standard 1 – early identification and diagnosis Standard 8 – children who require on-going health interventions have access to high quality care	British Guideline on Management of Asthma 2004 - Recommendation on allergen avoidance
Asthma Nurse Visit 1	> Once Samir's asthma has been confirmed and an asthma action plan is established, the GP transfers the responsibility of routine reviews to the practice nurse, who has specialist training in asthma care. > After 3 months, Samir has his first review with the asthma nurse who assesses his condition and his asthma plan. She listens to concerns, answers questions, records his height and weight and reinforces previous advice. > She also provides written information on asthma, its treatments and contact details. They discuss how to manage Samir's asthma when he starts his new school. The asthma nurse offers to write to the head teacher about Samir's asthma and the support which he will need from the school. A copy is sent to the parents.	Standard 3 – co-ordinated, child-centred care Information about services Standard 2 – support for parents Standard 10 – health support to schools	British Guideline on Management of Asthma 2004:- - individual asthma plan - benefits of monitoring - specialist support improves outcomes Asthma UK point of diagnosis pack:- Asthma & my Child, Asthma attack card, Schools guidance pack. http://www.asthma.org.uk/about/resource07.php Asthma UK (website:- www.asthma.org.uk) 'Supporting pupils with medical needs:- Good practice guide' (DfES & DoH 1996) www.teachernet.gov.uk/medical - Asthma section Health Care Plan

	Journey	Children's NSF Theme	Evidence/Links
Primary School	> The head teacher receives the letter and discusses this with Samir's class teacher. The class teacher offers to support Samir and any needs for training and advice are identified. These are discussed with the school nurse, who agrees to provide the training and support. > A meeting is arranged between the head teacher and class teacher, Samir's parents and the school nurse to discuss Samir's needs and what the school can offer. They discuss the school asthma policy in relation to medication, participation in activities and action in the event of an asthma attack. > A health care plan is drawn up with the agreement of all parties. This includes information such as when Samir should take his medication, how to seek help and what to do when it doesn't work. All staff who need to know this information are advised/trained as necessary. > Samir's parents observe that Samir does not like strenuous activity. They agree that the school will monitor how often Samir needs a puff of his inhaler before or during exercise and will let the parents know, so that his asthma plan can be reviewed and amended, as required.	Standard 6 – the ill child, continuity of care Standard 8 – long-term conditions; multi-agency support. Standard 8 – inclusiveness for children with long-term needs Standard 3 – co-ordination between partners	'Supporting pupils with medical needs:Good Practice Guide' (DfES &.DoH 1996):- www.teachernet.gov.uk/medical:- - School asthma policy - Staff training - Insurance cover - Individual Health Care Plan - What to do in an emergency Asthma UK School Pack http://www.asthma.org.uk/about/resource07.php Removing Barriers to Achievement (DfES 2004) DfES/DCMS Public Service Agreement (PSA) – increase take-up of school sports 'Supporting pupils with medical needs: Good Practice Guide' (DfES &.DoH 1996):- www.teachernet.gov.uk/medical:- Asthma and exercise
Asthma Nurse Visit 2	> Three months later Samir returns with his mother to see the nurse, assess progress and review his action plan, including medication. Samir presents his progress record and they review it together. The nurse praises Samir and his mother and suggests a few ways for further improvement. The nurse checks Samir's inhaler technique and asks questions to assess concordance with medication. > The practice nurse suggests to Samir's mother the possibility of taking the Expert Patients or Expert Parents course. The course will help Samir's parents to learn skills in self-care, some which they could pass on to Samir, as well.	Standard 3 – access, child centred care, quality Standard 2 – supporting parents Standard 10 – concordance with medication	British Guideline on the Management of Asthma 2004 - Nurse led asthma clinics - Review asthma action plan - Physical training improves cardio-pulmonary efficiency - In exercise-induced asthma, give precautionary advice Information on local contacts for the Expert Patients Programme (EPP) telephone 0845 606 6040 or visit the EPP website:- www.expertpatients.nhs.uk NHS Improvement Plan: putting people at the heart of public services, chapter 3.

	Journey	Children's NSF Theme	Evidence/Links
Regular Reviews	> Over the next few years, Samir attends regular reviews with the asthma nurse, reducing in frequency to 6 monthly, as he gets older and his condition stabilises. Now that he is old enough, he is taught how to use a peak flow meter, as a measure of his lung function. As necessary, parents and health professionals keep the school informed of any changes. At school, Samir carries his own reliever and is encouraged to use it before physical education (PE). Records show that his asthma is well-controlled and the nurse explains that it would therefore be good practice to 'step down' treatment to the lowest effective dose.	Standard 3 – integrated and co-ordinated care Standard 2 – support parents Standard 4 - transition: empowerment, self-management, and family support	British Guideline on the Management of Asthma 2004 - Regular reviews - Step down treatment The NHS Improvement Plan: putting people at the heart of public services, DoH 2004 - better disease management has positive impact on the lives of people with asthma DH PSA target – improve health outcomes for people with long-term conditions
Secondary School	> When he is 11 years old, Samir moves from primary to secondary school. The school nurse at the primary school discusses Samir's health needs with the nurse at his new school. Samir's parents also arrange to see the secondary school nurse and class teacher. > The head teacher is advised of Samir's condition. The head teacher meets with Samir and his parents to discuss his invidual needs and the school's policy on asthma. A health care plan is drawn up with the agreement of Samir, his parents, head teacher, form tutor/head of year and school nurse. Training and support is given to staff, who volunteer to assist with medication. All relevant staff are made aware of Samir's condition and know what to do in an emergency and will be kept informed of any changes, as necessary. > Teaching about safer and healthier lifestyles is an intergral part of the Personal, Social & Health Education. As Samir's class teacher has several pupils with asthma, she chooses to introduce asthma as a learning opportunity for the whole class. > Samir, now aged 12 years, says he feels better and becomes reluctant to take his medication regularly. Soon afterwards, he becomes increasingly wheezy. At his next review, the asthma nurse refers him back to the GP, who reinforces the importance of continuing his medication.	Standard 10 – medication Concordance with treatment, health support to schools	'Supporting pupils with medical needs: Good Practice Guide' (DfES &.DoH 1996):- www.teachernet.gov.uk/medical:- - School asthma policy - Staff training - Insurance cover - Individual Health Care Plan - What to do in an emergency Research report on views of children & young people about "Managing Childhood Asthma in Schools", Office of Public Services Reform (OPSR) March 2004 Framework for Personal, Social, Health Education (PSHE) & Citizenship at key stages 1 & 2 and PSHE at key stages 3 & 4. National Curriculum Handbooks; 2004 National Curriculum Authority

	Journey	Children's NSF Theme	Evidence/Links
Hospital	> Samir develops a respiratory infection. One evening he starts wheezing, has difficulty breathing and is clearly distressed. From Samir's action plan, his parents know the signs of an asthma attack and that they need to call for emergency medical assistance. The ambulance paramedics call ahead to the A&E staff and say Samir is on his way so that, on arrival, the triage process fast-tracks him to be seen immediately in paediatric A&E. > Treatment is started immediately and begins to take effect. Samir is admitted to the children's ward an hour later, where staff have been informed of the reasons for admission, via the electronic record, from the A&E dept. > The hospital has no specialist respiratory unit for children, so as Samir's condition worsens, the duty paediatrician calls the respiratory consultant-on-call at the tertiary centre for advice. > The specialist consultant then uses the videolink for a telemedicine conference so he can see and talk directly to Samir and his parents. As a result, transfer to the specialist unit is shown to be unnecessary. Samir steadily improves. He stays in hospital for 2 days and is treated according to the agreed plan. > Before discharge, a revised asthma action plan is agreed between Samir, his parents and the consultant, a follow-up appointment is booked at the outpatient clinic and a discharge letter is written to the GP, to inform him about Samir's admission to hospital.	Standard 3 – integrated care, information on services, information sharing Standard 7 – children in hospital (2003) - quality and safety - respect whole family - partners in care - sharing information - co-ordination of care Standard 3 – co-ordinated care, sharing information	British Guideline on the Management of Asthma 2004 – Asthma Action Plan "Information in the Twenty First Century" - Integrated out of hours care 'Improving the patient experience: friendly healthcare environments for children & young people' DoH 2003 Prompt triage in a child friendly environment NHS Care Records Service - access Samir's record Telemedicine links peripheral hospital to tertiary centre ICU British Guideline for the Management of Asthma 2004 - agree plans between professionals
Growing Up	> Samir is now aged 13 years. He has had several hospital admissions, usually associated with chest infections and inconsistent taking of medication. Other potential causes for relapse, such as smoking, new triggers or additional diagnoses are considered and subsequently excluded. However, he has come to all his reviews with the asthma nurse and his asthma is generally well-controlled. Health professionals continue to keep Samir updated with new information, when available, including useful website addresses. The GP explains to Samir and his mother that if he takes his medication regularly, these attacks will be reduced.	Standard 4 – growing up; Gradual transition from dependence on parents to adult responsibility Standard 1 – promotion of health and well-being Standard 3 – child-centred, respecting whole person	www.wiredforhealth.gov.uk http://www.asthma.org.uk/kidszone/index.php http://www.asthma.org.uk/kickasthma/index.php The Expert Patient: a new approach to chronic disease management for the 21st century, Department of Health 2001

	Journey	Children's NSF Theme	Evidence/Links
Growing Up Continued	> The GP says that he should increasingly take more responsibility for his treatment and that sometimes he might like to see the asthma nurse without his parents. He is also encouraged by the doctor to describe his own asthma symptoms, rather than relying on his parents to do so. > Samir, now aged 15 years, has come to terms with his asthma and can take part fully in school and social activity and rarely misses school. He understands the warning signs of a bad attack and how to use his medicines. He has used the web to learn more about how other young people his age are able to cope with their asthma. He is also able to access information and participate in the Expert Patient Programme on the web.		DfES PSA target – reducing school absences Dipex website: www.dipex.org Diary of a teenage health freak – http://www.teenagehealthfreak.org Expert patient programme:- Telephone 0845.606.6040 or http://www.expertpatients.nhs.uk NHS Improvement Plan 2004, page 41
Transition to Adult Services	> Samir is now 17 years old and the GP asks him the 'three questions on current morbidity' to assess his current asthma symptoms. He also discusses with him whether this is the right time to transfer his secondary care to the joint clinic, where paediatric and adult asthma specialists are both present. This would provide an opportunity to become familiar with the doctors and nurses in the adult asthma service. The GP explains that Samir still needs proper medical care, as asthma is a long-term condition and his symptoms could return. After discussion, Samir agrees to be referred to the joint clinic. The GP writes to the paediatrician to ask if, in future, Samir could be booked into the joint clinic. > Samir receives a letter from the joint clinic, inviting him to make an appointment. Samir accepts and books himself an appointment at a convenient time. > The primary care team involved with Samir (GP, practice nurse and community pharmacist) are aware of the Expert Patients course and suggest to Samir the possibility of taking part. The course will help Samir to learn skills in self-care.	Standard 4 – transition to adult services - planned transition - young person able to make informed choices	Royal College of Physicians 1999 - '3 questions on current morbidity for people over 16 years with asthma':- 'Have you had difficulty sleeping because of your asthma symptoms (including cough)?' 'Have you had your usual asthma symptoms during the day (cough, wheeze, chest tightness or breathlessness)?' 'Has your asthma interfered with your usual activities (e.g. housework, work, school, etc.)?'

Notes

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