



DRAFT

Asthma - Views of Children & Young People in Blackburn with Darwen



Healthwatch Blackburn with Darwen

2018/2019



Table of Contents

| | |
|---|----|
| About Healthwatch Blackburn with Darwen | 2 |
| Executive Summary | 4 |
| Introduction | 6 |
| Research Methods and Design..... | 7 |
| What is Asthma? | 8 |
| Inhaler techniques | 13 |
| Secondary Care | 15 |
| Asthma care in school..... | 16 |
| Case Study | 18 |
| Asthma Friendly School Programme | 20 |
| Family/Awareness/Education..... | 22 |
| Feedback/Improvements | 23 |
| Recommendations | 25 |
| Conclusion | 28 |



About Healthwatch Blackburn with Darwen

Healthwatch gives people a powerful voice locally and nationally. At the local level, Healthwatch BwD helps local people get the best out of their local health and social care services. Whether it's improving them today, or helping to shape them for tomorrow, Healthwatch BwD is all about local voices being able to influence the delivery and design of local services.

Healthwatch was created under Health and Social Care Act, 2012. We are part of a network of local Healthwatch organisations which help to ensure that the views and feedback from patients and carers are an integral part of the design and delivery of local services.

Find out more at: www.healthwatchblackburnwithdarwen.co.uk

Amplify

Amplify is Healthwatch Blackburn with Darwen's dedicated Young Person's Project, designed and delivered by young people to allow them to share their views and experiences on the things that keep them happy, healthy and feeling good in order to shape local health and social care provision.



Disclaimer

Please note this report relates to the findings from 85 young people & parents in Blackburn with Darwen. Our report is therefore not a representative portrayal of the experience and views of children & parents in Blackburn with Darwen, only an account of what was represented at the time.

Date of Project

Engagement activity took place **May 2018 - October 2018**

Acknowledgements

Amplify Champions:

- Jude Edmondson
- George Eldershaw
- Abigail Kearney



The following organisations for allowing us to engage with their clientele and support on the project:

- St James Lower Darwen Primary School
- Darwen Enterprise Studio School
- Darwen Vale High School
- Blackburn Youth Zone
- Blackburn with Darwen Council Young People's Service
- Highercroft - Local Conversations
- NHS East Lancashire Clinical Commissioning Group
- Newfield School
- Georgina Foulds (Children's Respiratory Nurse, Family Care, East Lancashire Hospitals NHS Trust)





Executive Summary

- Healthwatch Blackburn with Darwen has worked to find out the views and experiences of young people and parents on the Asthma service within Blackburn with Darwen, which will allow us to influence local health and social care provision to best meet their needs.
- A task group was formed consisting of young people with lived experiences together with professionals working closely within the NHS.
- Using community engagement, questionnaires and focus groups designed by the task group, 85 residents engaged in the project.
- Young people & parents with lived experience of asthma shared their views and experience of the asthma service within Blackburn with Darwen.

From the findings we found the following themes:

- Quality of asthma care is predominantly good with participants that were involved in the project, however not all patients are receiving consistent primary care at all surgeries.
- Personal asthma action plans (PAAPs), acknowledged to improve asthma care, were known to be provided to 64% of participants with 36% not having one.
- Education for parents on the usage of action plans.
- 88% of respondents were shown how to correctly use their inhaler, with 12% telling us they did not get shown.
- 79% of participants had their asthma review at either their GP surgery or hospital in the last 12 months
- 21% of respondents told us they had not had their review with most of them telling us they had not been invited.
- 69% of participants had received a notification for their review with the other 31% telling us they had not been invited to.
- There is significant need for schools to incorporate the asthma school policy

To bring about positive change, we need to encourage self-management of their asthma. This would require support from healthcare professionals to support parents/carers and children with self-management with a combination of education, awareness and asthma plans.



The views and experiences of children & their parents on Asthma

We need to ensure that schools, youth organisations, parents and GP's are equipped with the information to best manage childrens' asthma and request medical attention when struggling with this. The National Review of Asthma Deaths (NRAD) highlighted that there were many cases where lives could have been saved if only people had taken medicines regularly as prescribed, carried a reliever inhaler and sought help much earlier when their asthma got worse. (Asthma UK, n.d.)



Introduction

In Blackburn with Darwen and East Lancashire, we have the highest number of children & young people with asthma admitted to hospital each year.

“In England, 4,500,000 people (1 in 11) are currently receiving treatment for asthma. This consists of 932,000 children and 3,600,000 adults.” (Asthma UK, 2018)

Between May 2018 and October 2018, Healthwatch Blackburn with Darwen undertook engagement work focusing on children and young people and parents. The aim of the project was to explore the views and experiences of children and young people together with parents on the asthma service within the borough. We have worked with a range of schools and youth organisations, community settings and East Lancashire Hospital Trust (ELHT) to discuss this with children and young people and their parents. This project will allow us to influence local health and social care provision to best meet their needs.

This report pulls together the voices and experiences of children and young people and parents in Blackburn with Darwen. It offers a perspective on their experiences on the current asthma provision within the borough as well as recommendations on what works well and what could be improved from a service provision perspective.

This report highlights good practice from UK’s leading asthma website, Asthma UK, primary care standards by the NHS, together with guidelines from The National Institute for Health and Care Excellence (NICE).

Aims

To fulfil the aim of the project, we aim to:

- Explore children and young people’s views and experience of the asthma provision.
- Explore the views and experiences of parents/carers of children with asthma.
- Identify various sources of support young people are accessing for managing their Asthma.
- Gain a greater understanding of what type of support young people and parents/carers would like to see when it comes to managing their asthma.
- Findings will be shared with Blackburn with Darwen Clinical Commissioning Group to share participants views and influence change.





Research Methods and Design

The Task Group

The task group which consisted of Healthwatch Blackburn with Darwen Amplify Champions with lived experience of asthma, acted as an advisory group through the project.

Questionnaire

A questionnaire was devised with the support of the project task group which included young people with lived experience and professionals.

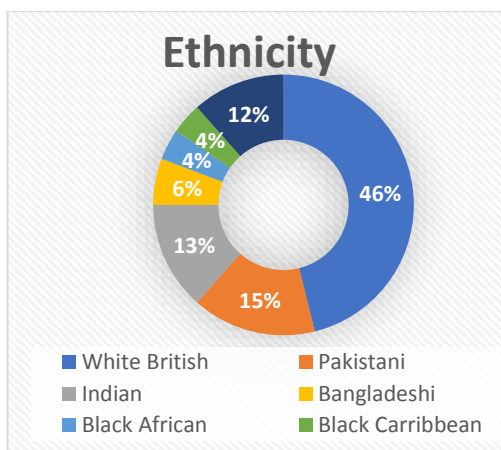
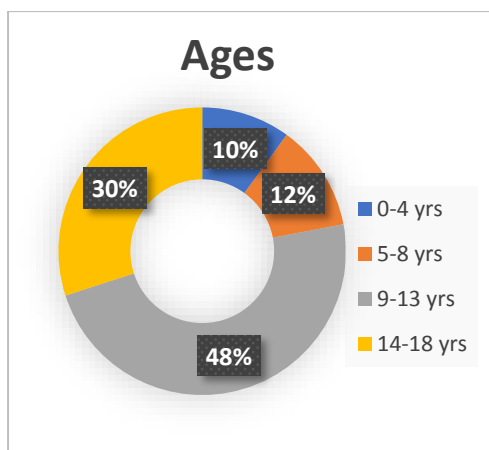
Community Engagement

The Amplify Champions and staff from Healthwatch BwD gathered the views and experiences of children and young people in various schools and youth organisations.

Who we spoke to?

We engaged with 85 young people and parent/carers in Blackburn with Darwen over the course of the project.

Demographics of Participants





What is Asthma?

Asthma is a long-term condition that affects the airways - the tubes that carry air in and out of your lungs.

Asthma affects around 5.4 million people in the UK.

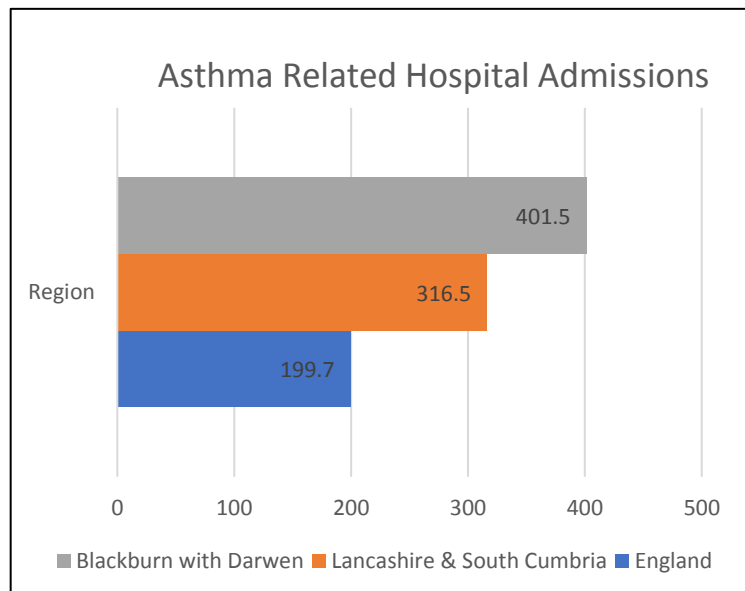
People with asthma have very sensitive airways that become inflamed and tightened when they breathe in anything that irritates them. This can cause chest tightness and wheezing and make it harder to breathe (Asthma UK, n.d.). Whilst asthma cannot be cured, appropriate treatment and management can allow them to lead normal lives and improve their quality of life.

One in 11 children in the UK has asthma. On average there are three children with asthma in every classroom in the UK.

Asthma related Hospital Admissions

Asthma attacks hospitalise someone every 8 minutes; 185 people are admitted to hospital because of asthma attacks every day in the UK. A child is admitted to hospital every 20 minutes because of an asthma attack.

The graph illustrates the number of asthma related hospital admissions (0-19) per 100,000 in 2016-2017 in Blackburn with Darwen compared to Lancashire & South Cumbria and England. The rates are significantly higher in Blackburn with Darwen compared to Lancashire & South Cumbria and England.





Asthma related deaths

Tragically, three people die every day because of asthma attacks and research shows that two thirds of asthma deaths are preventable.

The reassuring fact is that most people with asthma who get the right treatment - and take it correctly - can manage their symptoms.

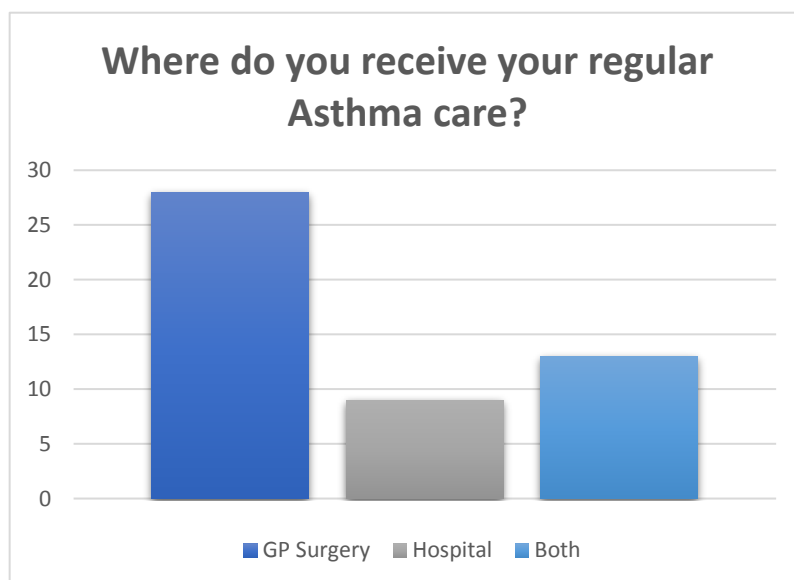
What do we mean by Asthma Provision & Basic level of Care?

Service providers such as GP practices, community health services and hospitals all have a role in providing health care for children and young people with Asthma.

Everyone with asthma should receive a basic level of asthma care. The provision of basic care contributes to keeping people with asthma out of hospital, and ultimately saving lives (Asthma UK, 2017). Dr Andy Whittamore, Asthma UK’s Clinical Lead discusses “good basic asthma care means having a thorough asthma review, being on the right medication, knowing how to use your inhaler correctly and having a written asthma action plan.”

Regular Care

Participants were asked where they receive their regular care for asthma. The majority of respondents received their regular care at their GP surgery whereas people with repeated admissions to emergency care received specialist support from the respiratory team at the Royal Blackburn Teaching Hospital.

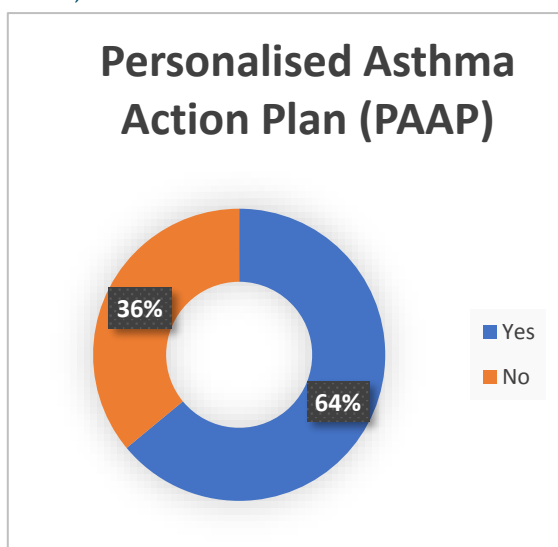


56% GP Surgery - 18% Hospital - 26% Both



Self-management

In order to improve children and young people’s self-management of asthma it is important to involve children and parents/carers in developing a written Personalised Asthma Action Plan (PAAP’s). Self-management has been defined as the tasks that individuals must undertake to live with chronic conditions including, “having the confidence to deal with medical management, role management and emotional management of their conditions”. (British Thoracic Society, 2016) .



PAAP is used to support parents/carers and children to understand their asthma triggers, response to change in their symptoms to able to manage and reduce any risks of an attack. Involving people

with asthma (including their families and carers as appropriate) in developing a written personalised action plan can help them to respond to changes in their symptoms, enabling them to self-manage their asthma and reduce the risk of serious asthma attacks and hospital admissions.

We asked parents/carers and young people whether they have a PAAP. The majority at 64% have told us they have a written action plan. 36% of respondents told us they do not have an action plan. With some respondents not being aware of what an PAAP is and other advising us they were not offered one by their GP/Nurse. The results show that although the majority of respondents have been involved with or have been provided with a PAAP for children and young people, the care received within Blackburn with Darwen is not consistent.

NICE Guidelines - [NG580] Quality Statement 2 - Written Personalised Asthma Action Plan

1.10.1 Offer an asthma self-management programme, comprising a written personalised Asthma action plan and education, to adults, young people and children aged 5 and over with a diagnosis of asthma (and their families or carers if appropriate).

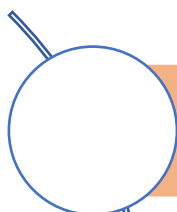
1.10.2 Consider an asthma self-management programme, comprising a PAAP and education, for the families or carers of children under 5 with suspected or confirmed asthma.



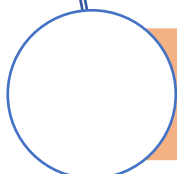
A written asthma action plan is an important method of supporting people to take the right actions at the right time.

“There is evidence that people who are given a written asthma action plan are four times less likely to need hospital care for their asthma.” (Asthma UK, 2017)

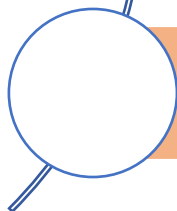
Action Plans are only effective if they are used.



Save the plan to the patient notes so you or other healthcare professionals can refer back to it – capture it electronically by either adding notes or scanning the filled-out plan onto the computer.



Ask patients to take a photo of the plan on their own phone/tablet so they have their action plan on hand if & when required



Encourage patients to share their asthma action plan with friends, family and their education setting

“These are really helpful as I share these with family & friends when they are looking after them. Makes me feel confident they will know what to do in an emergency.”

“I get good care for my daughter at the GP surgery. I have had to use A & E a few times as sometimes the medication does not work as well when she is poorly.”

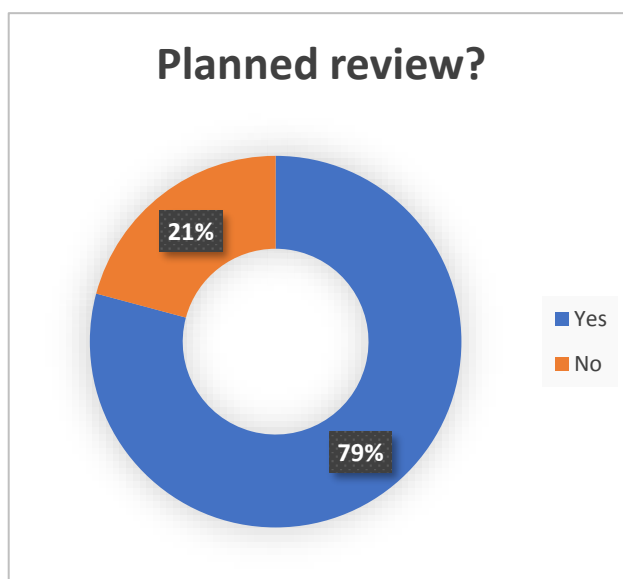


Annual Asthma Review

Regular reviews of the action plan with a healthcare professional can help to prevent any serious risks and ensure the action plan is still relevant with symptoms and triggers, inhaler techniques and medication review.

“Asthma is best monitored in primary care by routine clinical review on at least an annual basis.” (Asthma UK, 2017)

Respondents were asked whether they have had a planned review in the last 12 months. 79% of the children and young people we asked told us they have had their asthma review at either their GP surgery or hospital. 21% of respondents told us they had not had their review with most of them telling us they had not been invited.



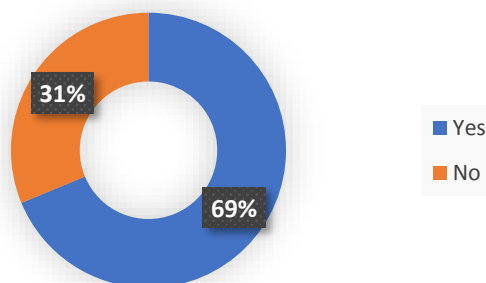
“I get a letter through when my son is due one, it helps when I get a reminder as I can never remember.”

“I have not been provided with one or asked to do one”



Respondents were also asked whether they had received a prompt (i.e. phone call, letter) from their GP/nurse to book their asthma review to determine whether this is a factor in some not having their reviews. 69% told us they had received a notification for their review with the other 31% telling us they had not been invited to.

GP/Nurse been in contact for Asthma review?



NICE Guidelines - [NG580]

Quality Statement 5 - People with asthma receive a structured review at least annually.

“reminders for review appointments, inhaler techniques shown by visuals that can be accessed by kids. Explain to kids how asthma affects the body and importance of taking regular inhalers. To be honest I could use more info on this too.”





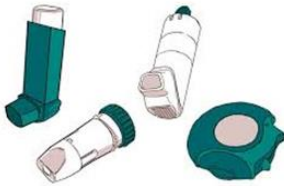
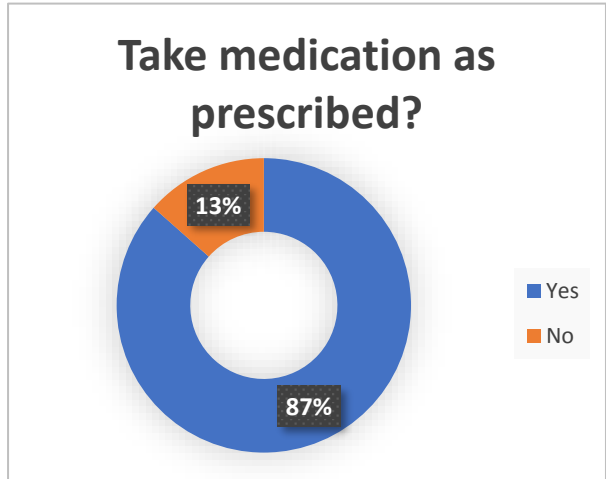
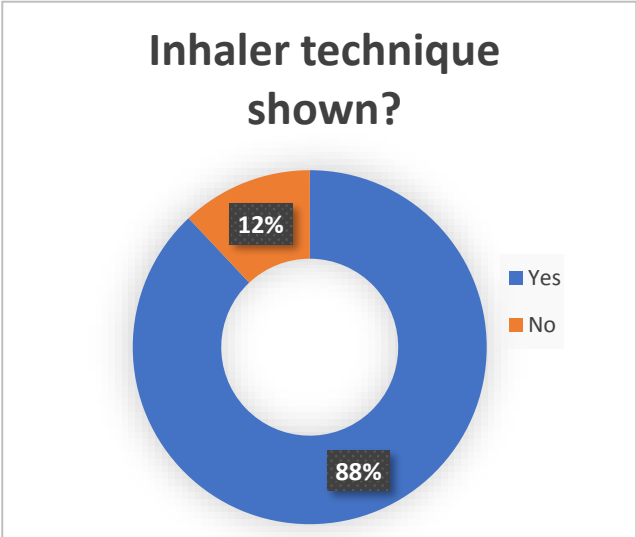
Inhaler techniques

Using the right inhaler technique helps patients breathe the medicine straight into their lungs, where it's needed. You're less likely to get side effects, because not much of the medicine is absorbed into the rest of the body, and ultimately giving them the best chance of managing their asthma.

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|---|
| Good inhaler technique prevents inhaler & using the medication as prescribed |
| cut your risk of an asthma attack |
| feel less breathless climbing stairs |
| cope better with your usual asthma triggers |
| get a good night's sleep |
| have less time off work |
| take part in exercise and family activities. |
| Good inhaler technique can really make a difference to how well you manage your asthma. It could also mean you'll be able to manage your asthma symptoms without needing to be prescribed higher doses. |

We asked participants whether they were shown the technique for taking their inhalers correctly. Overall the results from the respondents are positive with 88% of respondents shown how to correctly use their inhaler, with 12% telling us they did not get shown.

Participants were also asked if they are taking medication as prescribed to manage their asthma. 87% of participants told us they do consistently.



Inhaler technique can also be shown by your local pharmacist through a free scheme called the New Medicine Service (NMS).



Asthma Care for People with Complex Needs

As part of the project, the youth council at Newfield School were consulted on the support they and other children and young people would require supporting them to manage their asthma.

Newfield School in Blackburn with Darwen provides high quality specialist education for children and young people aged 2 - 19 years with a wide range of learning needs, including autism, complex medical needs and sensory impairments.

“Patients who have learning disabilities and long-term respiratory conditions are often seen in routine clinics that are not adapted to their individual needs. In the case of asthma, this can lead to poor asthma control and a reliance on emergency services.” (Brown, 2005). (Nursing & 13: 4).



Some young people told us they have multiple health needs, some which are more prevalent than asthma. The students shared strong views on the need of visuals and detailed explanations of what asthma is and how to identify the symptoms. Some young people told us that visits to the GP are short and they would like to take away a visual of how to manage their inhaler that they can keep referring to.

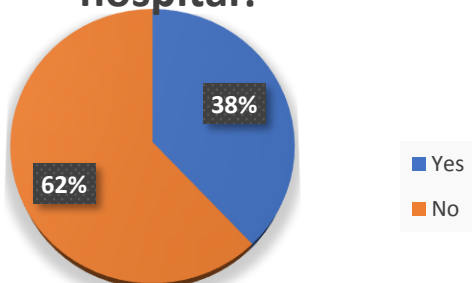
“An app or a video so people can keep checking & practising to make sure they are doing it right”



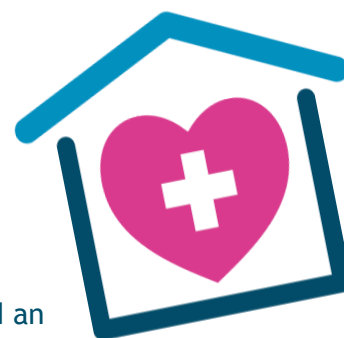


Secondary Care

Have you received emergency care at the hospital?

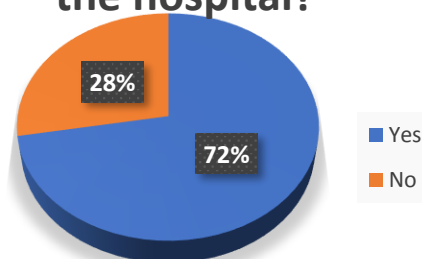


Participants were asked if they have received emergency care for their child in the last 12 months. 38% of respondents told us they have had to receive emergency care whilst 62% of respondents told us they have not.



Those who had received emergency care were asked if they received an action plan from the hospital upon discharge. This would have information of medication and follow up guidance. 72% advised they had received information on controlling asthma symptoms and requirement of a follow up with their GP for a review. A significant number of participants told us they were extremely happy with the service provided by the respiratory team at the hospital and felt confident to manage their children's asthma upon seeing them.

Leave with written plan after receiving emergency care at the hospital?



“The consultant appointments and support from respiratory team have been invaluable to us as a family. We have felt supported and guided to gain some control after a very frightening time.”

NICE Guidelines - [NG580] - Follow-up after hospital treatment for an Asthma attack

Quality Statement 9 People admitted to hospital with an acute exacerbation of Asthma have a structured review by a member of a specialist respiratory team before discharge.

Quality Statement 10 People who received treatment in hospital or through out-of-hours services for an acute exacerbation of asthma are followed up by their own GP practice within two working days of treatment.

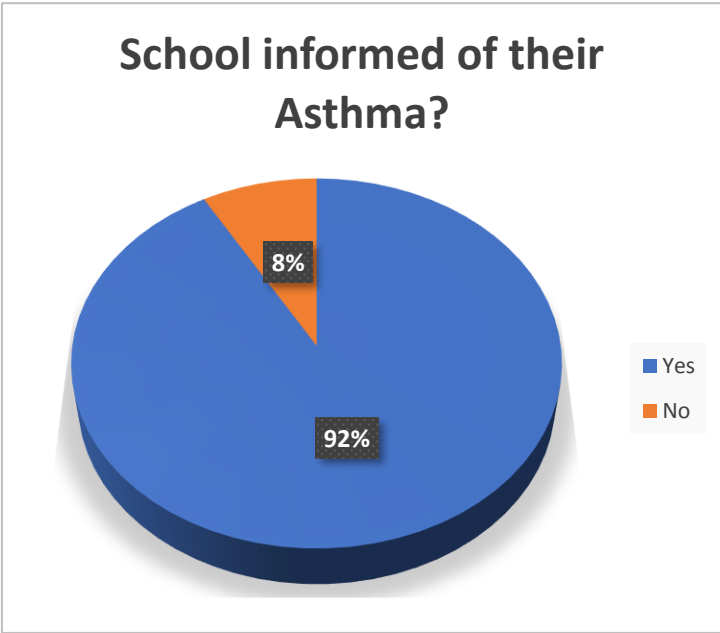


Asthma care in school

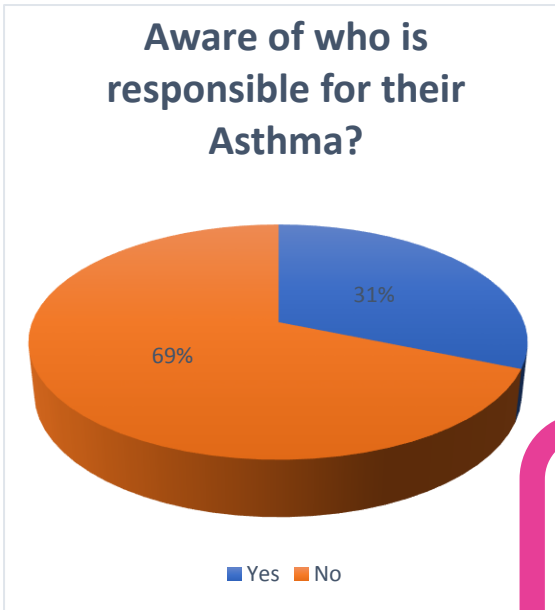
Having asthma has implications for a child’s schooling and learning. Appropriate asthma care is necessary for the child’s immediate safety, long-term well-being, and optimal academic performance.

Some older children may be fully independent with their condition. however younger children, children with learning difficulties or those newly diagnosed are likely to need support and

assistance from school staff during the school day, to help them to manage their asthma in the absence of their parents/carers.



The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This is inclusive of children with asthma and it is therefore essential that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day.

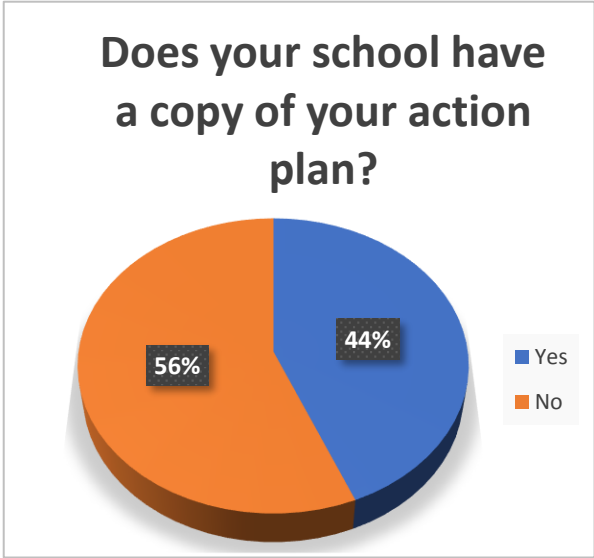


Most parents/carers are unaware of who is the lead person within a school to speak to regarding their child’s asthma, with only 31% of parents/carers & young people aware with the majority at 69% not aware of who is responsible for their asthma.

“I struggle with my breathing when I am exercising. PE lessons give me anxiety as I am worried if I start breathing loudly or wheezing. It’s embarrassing for me to tell the teacher in front of the whole class.”
14 years old male



Over half of the respondents have not shared their asthma action plans with schools. As each patient would have a personalised action plan with individual symptoms and triggers together with individual control it is important the action plans are shared with their schools to aid staff if and when required. Several young people stated that their asthma plan is shared with the school but is not shared with relevant teachers.





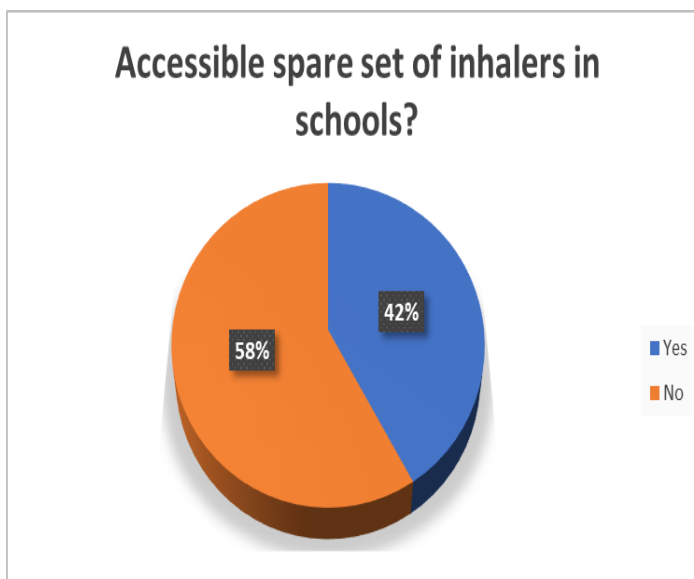
Case Study

I have three children, two of which have asthma. During the winter months they struggle with their breathing more so than during the rest of the year. They have both been off school a considerable amount of time when they are unwell. Both on different occasions have been admitted to the hospital several times with 2-3 day stays due to their asthma not being in control. I had shared their personalised action plans with the school with one of the key points on the plan was to ring an ambulance if they are wheezing or struggling to breathe before they try to get in touch with me. Instead they continuously tried to contact me (I was at work) before they did anything about it. By the time I got to the school and took him to the hospital, a health professional at the hospital had told me if it took any longer to get treatment the outcome could have been very different.





We asked participants if they had inhalers which are easily accessible to them in school if & when required. 42% of participants told us they had easy access to their medication at school. However, 58% of the participants told us they do not have a spare set of inhalers in school due to reasons such as them not taken them into school and others having their medication in school but is not easily accessible due to the medication being held in a different part of the building.



The Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

A non-statutory guidance developed by the department of health captures the “good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy.” (Department of Health, 2015)

The 2010 Children, Schools and Families Act and the Children and Families Act 2014 introduce a legal duty on schools to look after children with medical conditions. This includes children with asthma and it is therefore vital that all school staff and those who support younger children have an awareness of this medical condition and the needs of pupils during the school day. This duty is supported by the statutory guidance ‘Supporting pupils at school with medical conditions’.



Asthma Friendly School Programme

Update provided by Lauren Jackson, Service Transformation Manager, Children & Young People, Blackburn with Darwen Clinical Commissioning Group

The Asthma Friendly School Programme was established in 2017 and roll out has started on a small scale in Blackburn with Darwen with a view to implementing across the whole of Pennine Lancashire in future.

Based on a model developed in Leeds, an asthma friendly school adopts strategies to support the whole school community in understanding and managing asthma. Schools are invited to participate in this voluntary scheme, with support from their school nurse.

School nursing colleagues have been instrumental in the development of the programme and have worked with local schools with an interest in supporting children with health conditions such as asthma. Schools were encouraged to sign up to the programme through promotion via the Children's Services Director's report to school governors and discussions with school nursing.

The aim of the Asthma Friendly Schools Programme is to provide schools with asthma information and resources, in order to enable staff to become familiar with asthma symptoms, triggers, treatments, and emergency procedures.

| |
|---|
| The standards to becoming an Asthma Friendly School include: |
| An Asthma Policy in school |
| An asthma register in school |
| An asthma lead in school |
| Children have immediate access to their own inhalers |
| Purchase of an emergency inhaler and spacer as per department of health guidelines |
| We would also encourage schools to have an asthma plan for all children with asthma/inhalers. |



Benefits of being an Asthma friendly school include:

Reduce absence from school

Improve results at school, as better asthma control helps children sleep well and improves concentration

Increase participation in activities

Reduce stigma

Improving asthma awareness and management in the school

Improving support to pupils/students with asthma encouraging and inclusive environment

Supporting responsibilities for the health, safety and well-being of pupils/students and staff

Ensures the school is implementing current and best practice asthma management strategies

Enables the school to promote its self-evaluated status to ensure that the community is aware of the school's commitment to Asthma Friendly strategies.

To be recognised as Asthma Friendly, schools must address a set of criteria that establishes an asthma friendly environment and meets the current legislation from the Department of Health.

Progress of implementing the Asthma Friendly School Initiative

To date there has been interest from five schools in Blackburn with Darwen, of which one has been awarded Asthma Friendly School status and two have met the criteria and are ready to receive their award. Certificates can be displayed in school and information published on school websites to make parents aware of the extra mile the school is prepared to go for children with asthma.

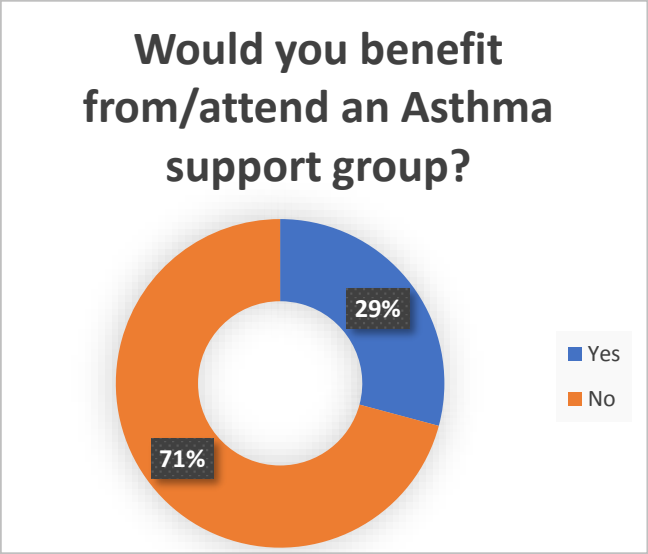
The programme has been very well received so far with schools recognising that this is such an important issue locally, particularly due to the number of children in their school with asthma. There is already a considerable amount of work underway to support children with asthma in school and the Asthma Friendly Programme brings it all together.

The next steps for the programme are to roll out across more schools in Blackburn with Darwen and East Lancashire. Eventually we would like to see all schools across Pennine Lancashire signing up to the programme. Consideration is also being given to expanding the programme to other settings, not just schools, for example, there has also been interest from a nursery school in Blackburn with Darwen.

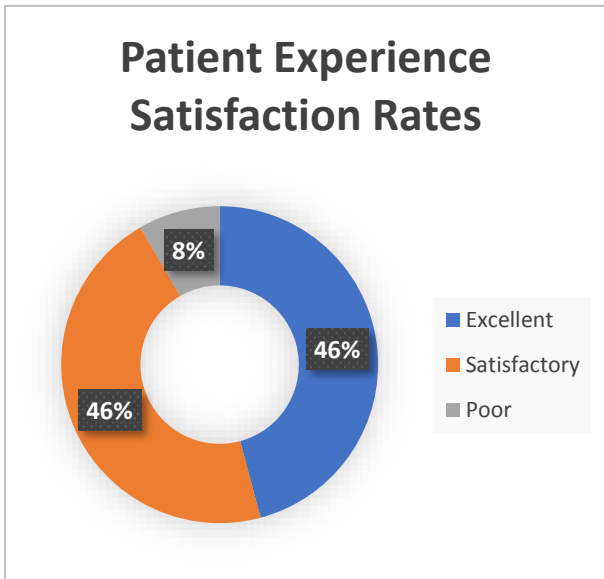


Family/Awareness/Education

The Clinical Commissioning Group are exploring if parents would find an asthma support group beneficial to help manage their children’s asthma. 29% of respondents told us they would benefit from/attend an asthma support group, whilst the majority at 71% told us they would prefer education from their healthcare provider or support online, with others telling us they would not have the time to attend these and would prefer information online.



Satisfaction Rates



92% of participants rated the care they received for their treatment as excellent or satisfactory, with 8% of participants rating it as poor. Most people told us they would need more information & education to help manage their asthma as key points came up in discussions such as the importance of follow ups after receiving emergency care, annual reviews and personalised action plans.



Feedback/Improvements

- Reminders for review appointments, inhaler techniques shown by visuals that can be accessed by kids. Explain to kids how asthma affects the body and importance of taking regular inhalers. To be honest I could use more info on this too.
- I am fairly happy with the care and support my child receives with his asthma.
- Royal Blackburn Hospital emergency department and children's unit and HDU have been nothing short of outstanding with the care given to my children with their asthma and have saved the lives of my children on numerous occasions. I do feel however more asthma management training is needed in schools and an appointed person/s responsible just as a first aider would be.
- Asthma management training is needed in all schools as my son had an asthma attack in school in Jan 2016 and the staff had no idea what to do even though an action plan had been provided at the start of the school year my son then spent 8 days in hospital on oxygen and nebulisers
- newly diagnosed but the respiratory team have been fantastic in giving me all the information to best manage it.
- I am happy with all the help my daughter is receiving from the hospital and GP
- I have not been given any support from the GP practice to manage my child's asthma.
- GP's don't have the correct asthma info or give correct inhaler techniques
- Schools should be pro-active in supporting children's health needs, that would give me more confidence in case something went wrong
- Not enough information leaflets for parents in Blackburn with Darwen about respiratory nurses and the services they offer for children.
- Home schooled so cannot answer school related support, however the support I receive from the hospital is excellent



The views and experiences of children & their parents on Asthma



We have been lucky to receive excellent advice and care and the Asthma is controlled now



I think Manchester hospital did an amazing job, but no one actually showed us to use the medication in a correct way in Blackburn with Darwen so I think this is an area of improvement. I also think that the school nurse should be more available to parents as I have been waiting for her to contact me on certain concerns I have raised, and this has not been dealt with.



The hospital treated asthma attack at the time, however there was no follow up to ensure my child is on the right medication. Schools have inhalers however not easily accessible for my child to go and get it without having to go through a teacher





Recommendations

| Issue Identified | Recommendations for NHS CCG | Service provider responses |
|--|---|--|
| <p>GP practices are not consistent with the care they provide within Blackburn with Darwen. i.e. not all patients are receiving review reminders, inhaler techniques & PAAP's.</p> | <p>Up to date training provided for all GP's. Identify and implement a lead person responsible for asthma within the practice. Promote and review the effectiveness of incentive quality framework, quality and outcome framework (QOF)</p> | <p>The CCG has taken on board this feedback and as a result has funded Paediatric Asthma Training for GP practices which will take place in May 2019. The training will cover diagnosis, assessment and management through correct inhaler technique and personal action plans. The importance of consistent follow-ups in primary care after an exacerbation is highlighted within the Quality Framework. GP practices will also be reminded of the Specialist Paediatric Physiotherapy Outreach team (SPORT) who are able to provide specialist respiratory physiotherapy care advice and support to children and families with chronic respiratory disorders including asthma, cystic fibrosis, bronchiectasis and other respiratory complications.</p> |
| <p>Discussions with participants revealed they were not aware of having to go back to the GP for a follow up</p> | <p>Promotion and education around this, with clear instructions upon being discharged at A&E. Review of EMIS as a communication/referral</p> | <p>GPs are encouraged to invite children and young people for a follow-up appointment after a visit to A&E as part of improving quality of service.</p> |



The views and experiences of children & their parents on Asthma

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| <p>after receiving emergency care within 5 working days.</p> | <p>tool to ensure follow up appointments are flagged up at patients practice and actively subsequently with patients.</p> | <p>All children who are discharged from the ward or COAU are informed to make an appointment with their GP on leaving hospital even if they feel well again, and this is also highlighted on the discharge letter.</p> |
| <p>Greater support for schools to ensure they are fully equipped with appropriate training and information to manage asthma in schools via the Asthma Friendly School programme.</p> | <p>All schools in Blackburn with Darwen to be supported by NHS Clinical commissioning group to incorporate the Asthma friendly school in Blackburn with Darwen, which includes training for staff, a lead person to coordinate and maintain any new developments and purchasing emergency inhalers that are available to schools.</p> | <p>The CCG continue to support schools to sign up to the Asthma Friendly School Programme. To date, there are three schools in Blackburn with Darwen who have achieved the award. Work is also ongoing to roll out the programme out to Early years settings to ensure younger children receive the right support.</p> |
| <p>Participants felt they did not have enough information to best manage their child's asthma as GP appointments are short and hard to take everything in.</p> | <p>User friendly Information resource with more details for parents widely available and promoted in places that are regularly accessed by parents, both in the community and online.</p> | <p>Links to family friendly information for families, children and young people will be developed and promoted to all health professionals supporting children and young people with asthma and to Asthma Friendly schools/settings.</p> |
| <p>Information may be shared however parents do not recognise the importance of PAAP's, reviews etc.</p> | <p>GPs & nurses highlighting importance of action plans & reviews and how to use them efficiently.</p> | <p>Communications with health professionals will be improved to highlight the importance of providing families with a personal asthma action plan and attending regular reviews. All Asthma Friendly Schools are</p> |



The views and experiences of children & their parents on Asthma

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| | | reminding parents of the importance of using a personal asthma action plan and attending regular reviews. GPs are encouraged to proactively invite patients experiencing multiple exacerbations for a review which includes an action plan. |
| Young people would like more information on what asthma is and how it affects the body, with ways to manage their Asthma in schools, during sport etc. | Young person friendly material available and promoted in appropriate places where young people access. Target schools, youth organisation websites and the new health and wellbeing website for young people currently being developed by Public Health. Ensure LD consideration when producing resources, i.e. visuals, videos. | A communication task and finish group will be established to develop a plan to improve communications with young people around asthma through the suggested routes. |



Conclusion

To bring about positive change, we need to encourage self-management of their Asthma. This would require support from healthcare professionals to support parents/carers and children with self-management with a combination of education, awareness and Asthma plans.

We need to ensure that schools, youth organisations, parents and GPs are equipped with the information to best manage their childrens' asthma and request medical attention when struggling with this. The National Review of Asthma Deaths (NRAD) highlighted that there were many cases where lives could have been saved if only people had taken medicines regularly as prescribed, carried a reliever inhaler and sought help much earlier when their asthma got worse. (Asthma UK, n.d.)



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