

# NECPAAC

6<sup>th</sup> June 2023



# Welcome and Introductions

**Dr Ahmed Hegab**

Consultant paediatrician, JCUH  
NEY Regional Asthma Lead

**Dr Mike McKean**

Consultant Respiratory Paediatrics GNCH



# Personal Experience



Elizabeth



# Children and Young Persons Transformation

## NENC Child Health and Wellbeing Network and Resources

Dr Ahmed Hegab, Consultant paediatrician, JCUH  
NEY Regional Asthma Lead

Dr Jen Townshend, Consultant Paediatrician, GNCH  
Co-Founder of BeatAsthma

Louise Dauncey - Network Delivery Manager



# North East and North Cumbria ICS

## Child Health and Wellbeing Network CYP Transformation: Asthma

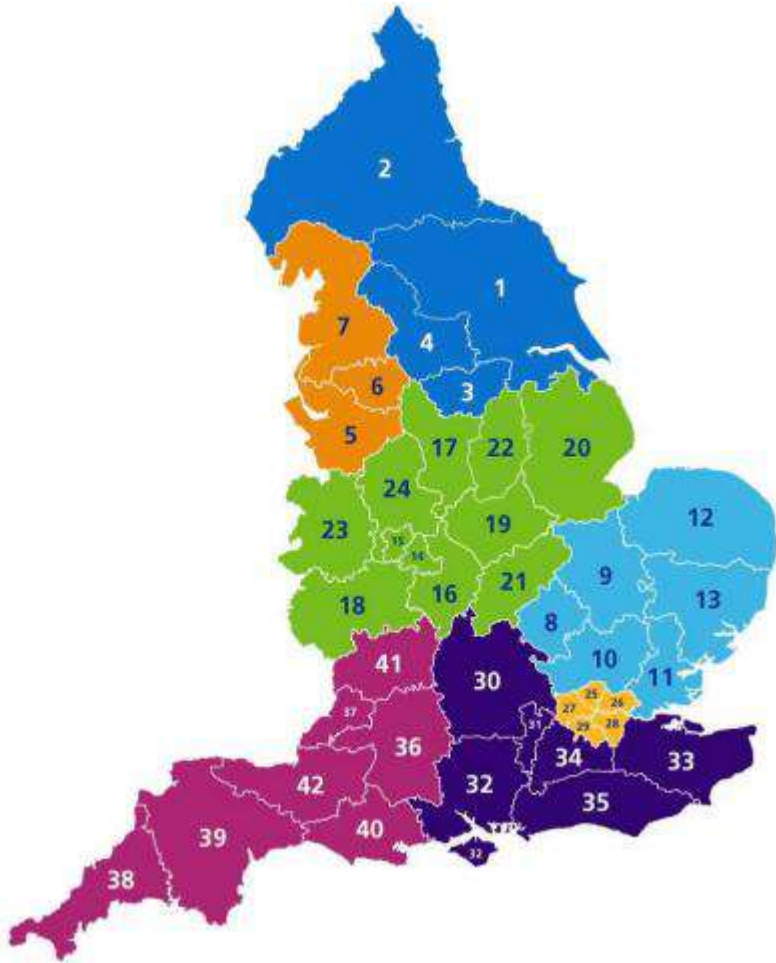
June 2023

**Louise Dauncey**

Network Delivery Manager

Follow us @EveryChildNENC

# NENC ICS Footprint



**Join our Journey**  
North East and North Cumbria





# The ICS Child Health and Wellbeing Network

A busy first three years!



## Journey so far .....



- 3 residential meetings attended by **16 senior leaders – our core leadership** – interim governance
- **3 regional events** attended by 360 professionals and young people
- **Engagement** - Priorities identified through 1000 system survey responses repeated after COVID wave – 400 responses, established a young advisors group
- Delivered a **workplan** of projects in relation to our priorities
- Network **Huddle's** with International experts on Population Health, Sir Al Aynsley-Green, Beat Asthma, COVID Research findings and Rights of the Child
- Developed our **network membership** over 1500 members
- Clear ask from the system of what the network can do for them – **connect, share good practice, drive improvements**
- Regional finalists for the Sir Peter Carr award
- **Published** brochure, priority analysis, working together strategy, pre-poverty proofing report, COVID research and regular Newsletter
- **Website** and twitter users
- Network **Advisors Group**
- Mapping to other engagement groups



# NEW PRIORITY ADDED FAMILY SUPPORT



## ENABLERS



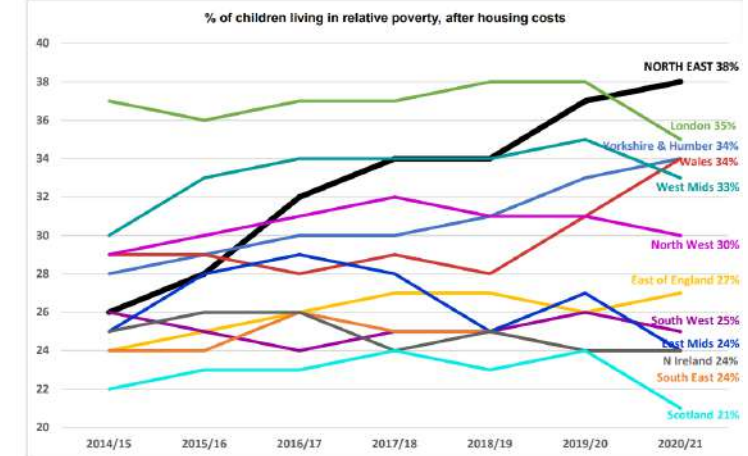
## CROSS CUTTING THEMES



## Top Ten Priorities:

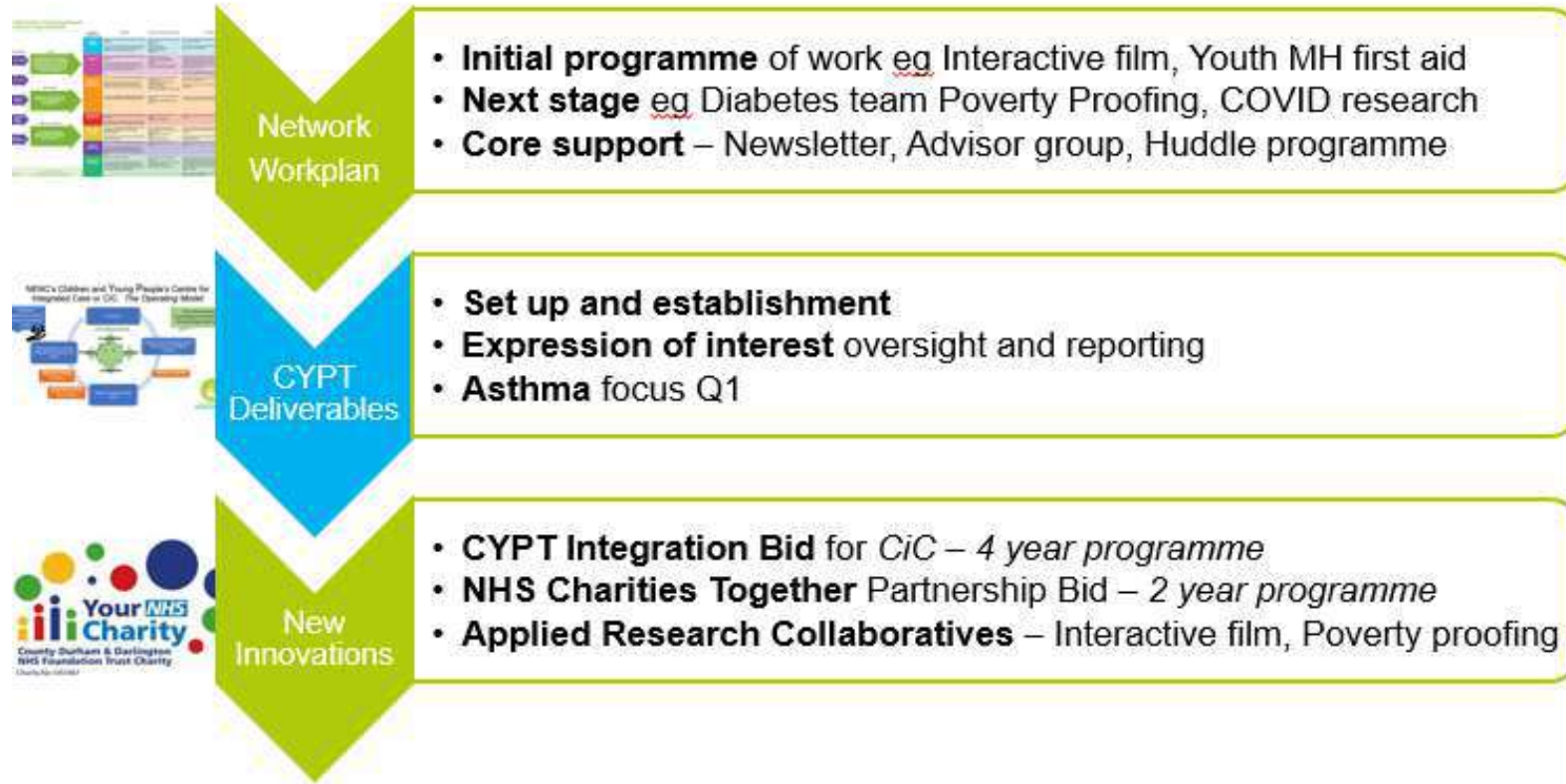
1. Voice of CYP and families
2. Mental Health
3. Poverty
4. Additional Needs & Vulnerability
5. Inequalities and access
6. Strong start in life
7. Health promotion
8. Family support
9. Childhood illness
10. Data, digital & communication

Child poverty across the UK's nations and regions 2014/15 to 2020/21





## So what work does the Board include

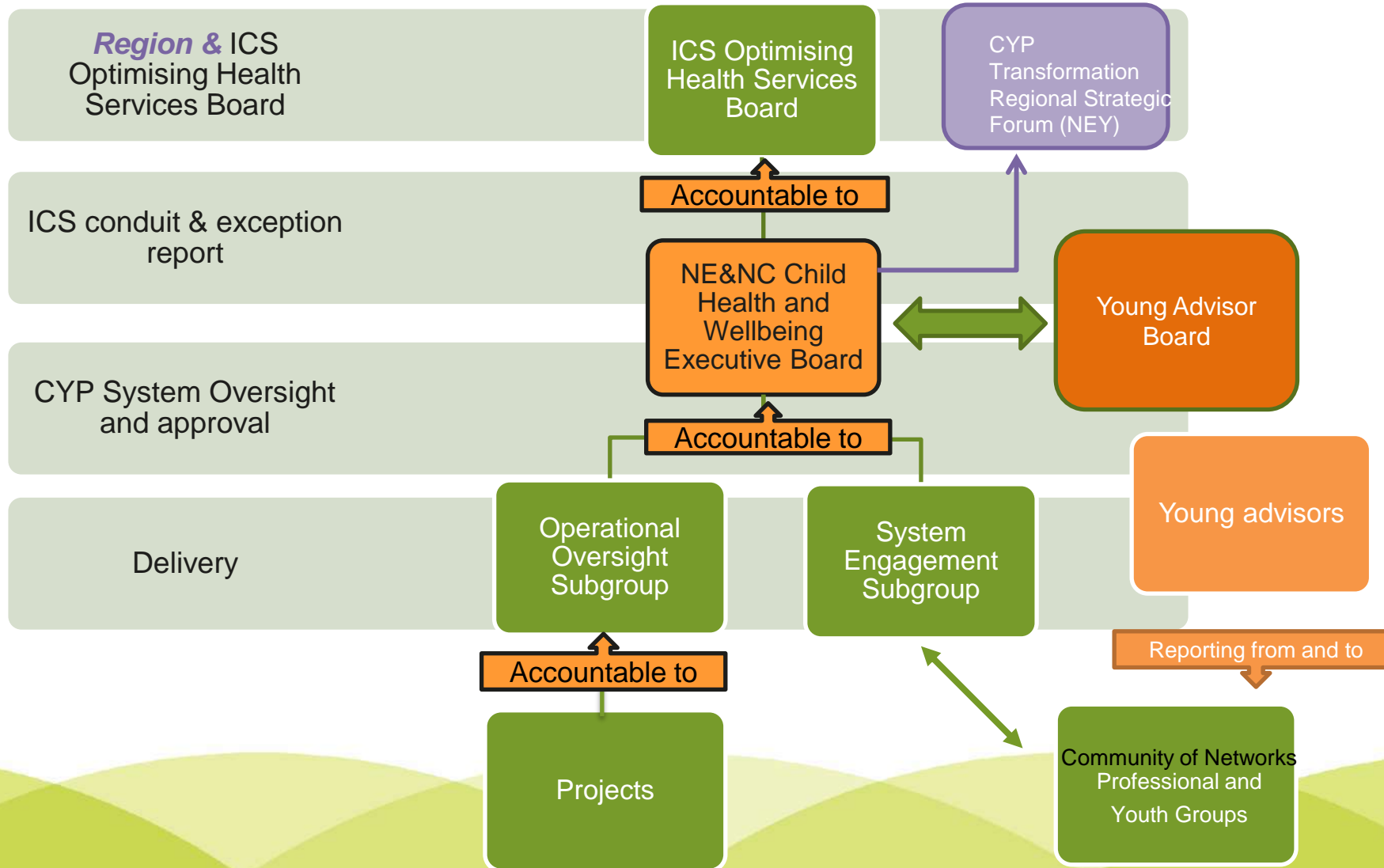


**All our work maps back to our original priorities given to us by the system**

- Youth Voice into our work
- Inequalities focus
- Importance of Comms
- CYPT Programme
- CYPT Integration Centre



# Governance – NHSEI CYP Transformation Programme





**‘The [NHS Long Term Plan](#) sets out a vision for the future of the NHS and new action in relation to children and young people aged 0-25. To deliver these, a Children and Young People Transformation programme was established, bringing together key partners and programmes responsible for the delivery of our Long Term Plan commitments.’**

**NENC ICS sit on the Regional North East and Yorkshire (NEY) Delivery Group - who ‘ will ensure delivery of the national clinical transformation priorities set out in both the NHS Long Term Plan and subsequent national direction for the restoration of services following the response to COVID19  
NHS England (2019) NHS Long Term Plan’**

# CYP Transformation Programme : 10 Key Priority Workstreams



The CYP Transformation Programme will **lead change** to **integrate** and **improve** services that **include CYP** through:

1. **Integrating services** for children and young people by working with local health to develop and test integrated models of care.
2. **Improving the quality of care** for CYP with long term conditions like asthma, epilepsy, diabetes and complications from obesity.
3. **Including children and young people in national policy and programme development** to ensure that services are designed to meet the needs of CYP.



The ten key areas of work for the CYP Transformation programme are as follows:

- 1 – Integration of Services within Health and Care, led by local systems
- 2 – Identifying and protecting the most vulnerable children and young people
- 3 – Evaluating paediatricians working in local 111 providers
- 4 – Developing data and informatics capacity to monitor and understand the state of child health across the country
- 5 – Spotting the deteriorating child
- 6 – Working across NHSE/I to develop a joint approach to transition and 0-25 model of care
- 7 – Launch an obesity pilot study to develop the evidence base relating to complications associated with severe obesity
- 8 – Develop a national bundle to improve asthma outcomes
- 9 – Improvements in epilepsy, diabetes and other long-term conditions
- 10 – Keeping children well will focus on speech language and communication needs



Join our Journey

North East and North Cumbria



# CHWN/ NENC ICS Asthma Leadership Group



**Dr Samantha Moss** (Clinical Lead)  
**Dr Neelmanee Ramphul** (Consultant Paediatrician)  
**Dr Ahmed Hegab** (Consultant Paediatrician)  
**Carol Barwick** (Lead Community Asthma Advisor)  
**Clare Caygill** (Community Asthma Advisor)  
**Laura Self** (Pharmacy Asthma Advisor)  
**Louise Dauncey** (Delivery Manager)

**Dr Andrew Bright** – Clinical Lead – Allergy and Anaphylaxis

**(3 other Community/Pharmacy/Allergy Asthma Advisors) – currently recruiting**

**(Primary Care and Education Advisors – CIC Fellows)**

# North East and North Cumbria ICS Priorities, Plans and Achievements

## The Problem:

- Asthma is one of three conditions that account for 94% of emergency hospital admission for children under 19 with LTC
- The NENC ICB has significantly higher rates of admissions for asthma for young people aged 10 to 18 than the England average
- Where data is available the NENC ICB has significantly higher rates of A&E attendances across all age ranges compared to the England average.
- The NENC region as a whole has a higher proportion (29.4%) living in the 20% most deprived areas of England than the national average (20.2%).

## The Solution (Priorities and Plans):

- Collectively map and understand wider pathways and interdependencies of services
- Co-develop programme of work across the system
- Collaboratively develop and implement a range of flexible interventions that respond to identified local needs
- Develop systems of accountability
- Develop effective and meaningful data flows between organisations
- Develop and implement systems to record and monitor impact of interventions
- Deliver an effective programme of communication and engagement to inform parents, carers, CYP, and the local populations about the work that is ongoing.



Child Health and Wellbeing Network  
North East and North Cumbria

CYP Transformation Programme : 10 Key Priority Workstreams

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- 10 - Keeping children well with focus on speech language and communication needs

Join our Journey

## Our Achievements and Plans:

- Project underway to bring together Beat Asthma and roll out of national bundle
- Clinical Leads and Advisors appointed Oct 21
- Finances available 23/24
- Multi-disciplinary team in place until March 23
- Systemwide survey Jan/Feb 22 and stakeholder engagement focus group sessions
- Baseline project complete, [report](#) published
- Roll out, signposting and implementation and embedding of the National Bundle ..
- Working with the LTC PH Network and with NENC Respiratory Group
- Standardised educational resources have been developed – [TITO/Heads/Senco/](#) pharmacy in progress
- Presented at TITOs, Heads and SENCOS forums, Schools North East Ambulance Service, MCN and RIG – various others -1500+ points of contact
- Targeted work into primary care services
- Working with NEQOS and AHSN on a Primary care data project
- Advice and liaison out across the system.
- Pathways and resources developed [primary to secondary](#) and [secondary to tertiary](#)
- Accreditation Blue Print and [Schools policy](#) developed
- Schools Accreditation Pilot underway, 13 schools on board in pilot (3952 children on roll). Developing proposal and resources for sustainable roll out.
- Schools logo competition – Children’s voice in asthma
- Northumbria sustainability [short film](#)
- [#AskAboutAsthma2022 Podcast](#)
- Webinars delivered Jan/Feb 23 [Asthma webinars | Resources | Healthier Together | \(nenc-healthiertogogether.nhs.uk\)](#)
- Conference planned for June 23 [1st Northeast and Cumbria Paediatric Asthma and Allergy Conference Tuesday 6th June 2023 - South Tees Conferences and Events](#) @EveryChildNENC
- Links to Beat Anaphylaxis – Film launch due 31<sup>st</sup> March 2023

# Child Health and Wellbeing Network : Join our Journey

## Thank you!



Please follow, share and retweet relevant work so that we can continue to share good practice across the region via the Child Health and Wellbeing Network Twitter **@EveryChildNENC**

Visit our website - [Child Health and Wellbeing Network | North East and North Cumbria ICS](#)

Please encourage colleagues from all areas of Child Health and Wellbeing to register via [forms.gle/gG11zhr2Z8VLU2db9](https://forms.gle/gG11zhr2Z8VLU2db9) so they are included in our communications and feed into the workplan projects that they are interested in.

Contact us:  
[england.northernchildnetwork@nhs.net](mailto:england.northernchildnetwork@nhs.net)

NENC Child Health and Well-being Network  
Registration



# Background and Context

Dr Ahmed Hegab, Consultant paediatrician, JCUH  
NEY Regional Asthma Lead



# National Background

Asthma is the most common long-term medical condition in children.

5.4 million people suffer from Asthma in the UK

1.1 million, around 1 in 11, children and young people living with asthma.

NRAD 2014: 67% of asthma deaths are avoidable

NACAP 2022:

- PAAP only recorded in 31 of cases.
- Inhaler technique only recorded in 70% of cases.
- Steroids at 1 hour in 36 % of cases, Patient smokers 30%

HSIB: more than 1,400 adults and children died from asthma attacks in England and Wales, an 8% increase compared to 2017



# North East and North Cumbria

THE CHILDREN AND YOUNG PEOPLE'S TRANSFORMATION PROGRAMME



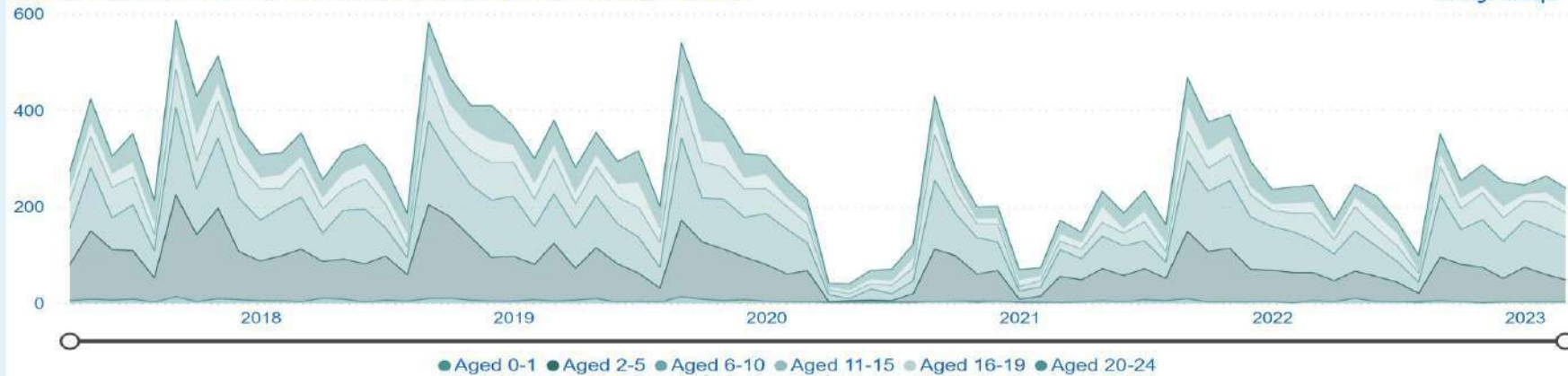
## Asthma Non-Elective Admissions Overview - Region

[Cover](#)
[Overview](#)
[Region](#)
[Benchmarking](#)
[Benchmarking\\_2](#)
[ICB\\_Provider \(100k\)](#)
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[Region Map](#)
[ICB Map](#)
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[IMD\\_INEO\\_1](#)
[Tier 1 Training a](#)
[Tier 1 Training b](#)

Region/ICB: NORTH EAST AND YORKSHIRE | 
 Age Group: All | 
 Financial Year: All

[Play](#)
[Pause](#)
[Stop](#)
[Previous](#)
[Next](#)
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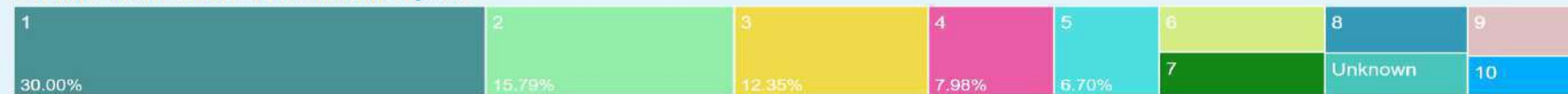
### Asthma Non-Elective Admissions by Month, Year and Age Group



### Asthma Non-Elective Admissions by Ethnic Category



### Asthma Non-Elective Admissions by IMD

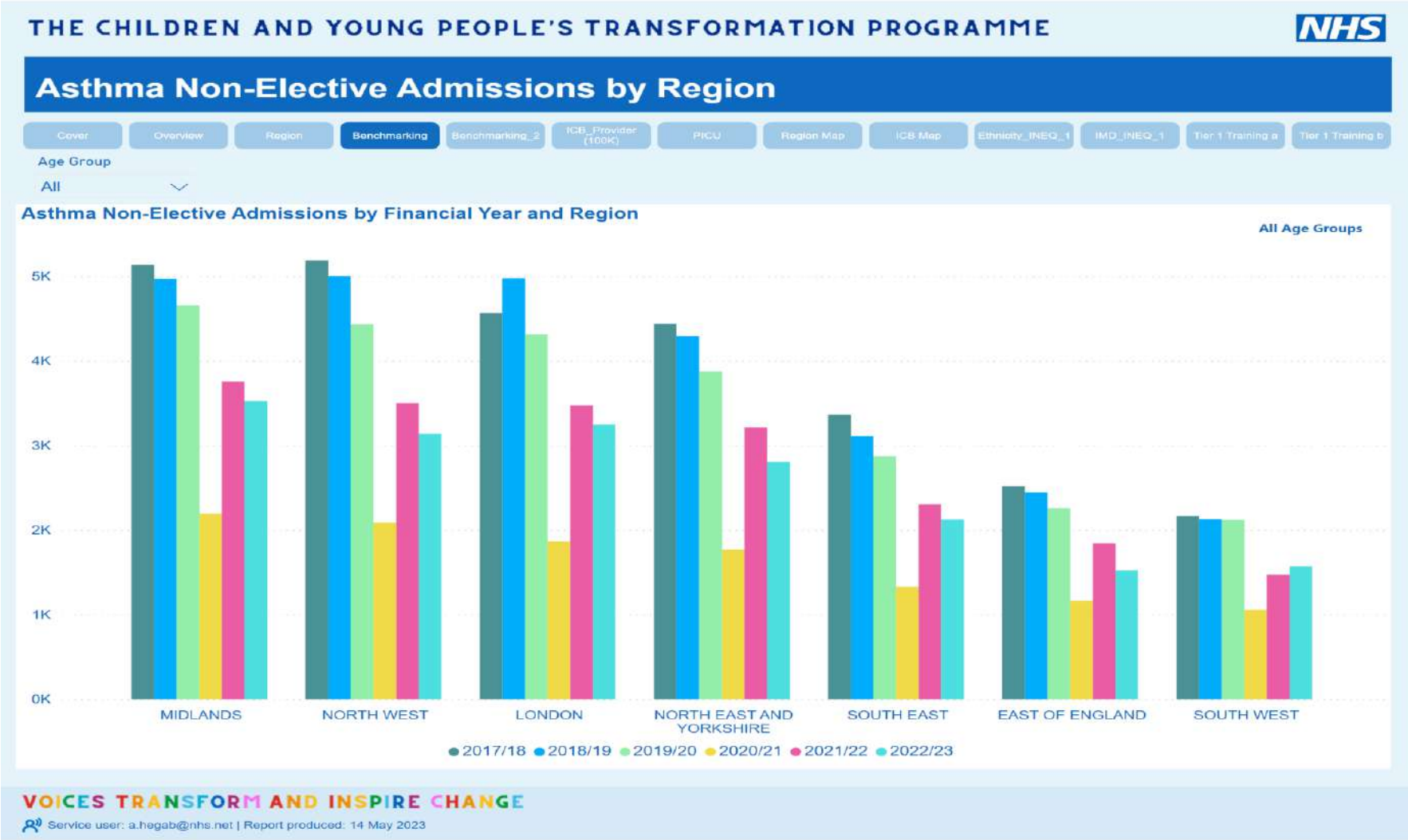


VOICES TRANSFORM AND INSPIRE CHANGE

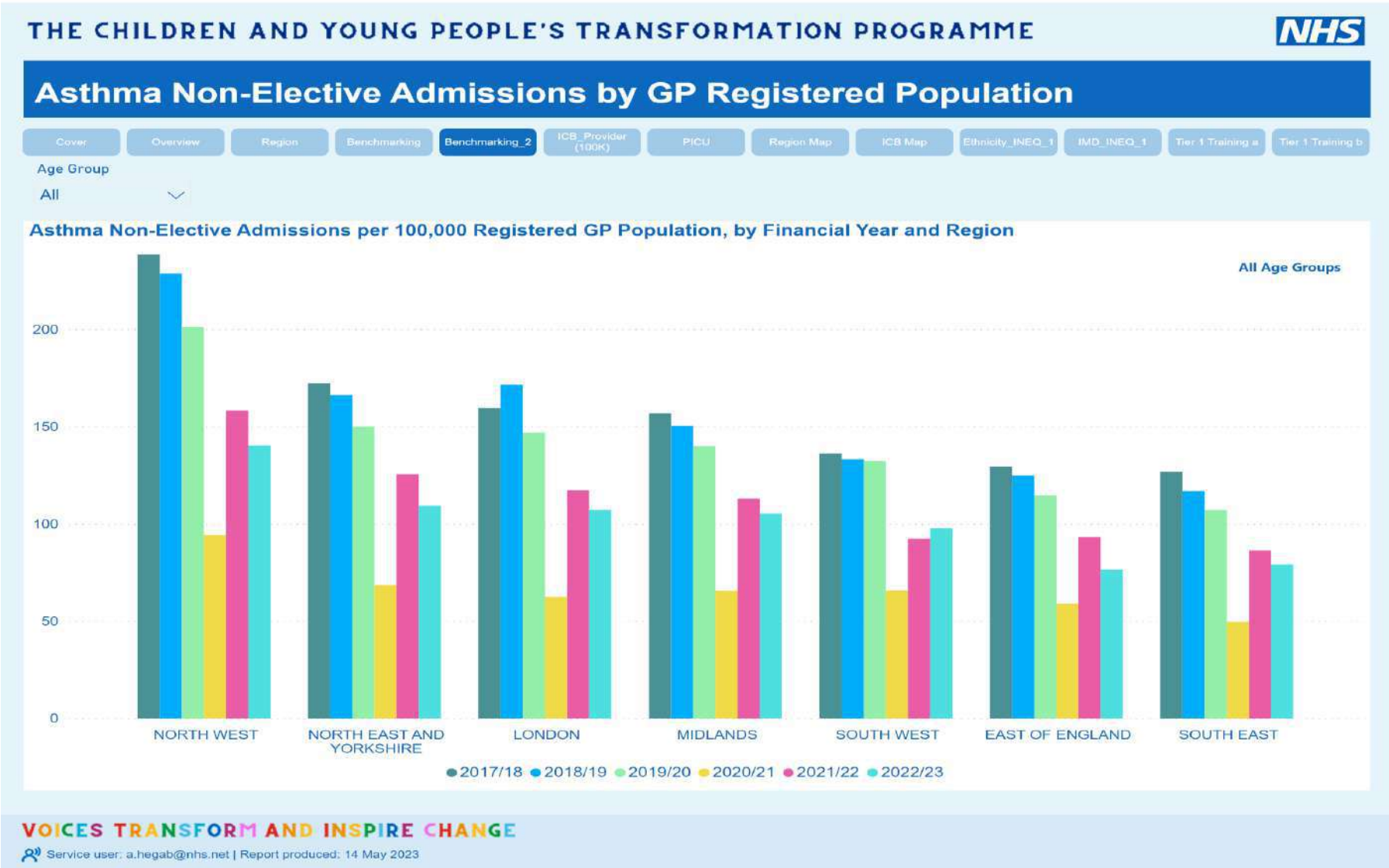
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# Benchmark



# Benchmark



# ICB Provider

THE CHILDREN AND YOUNG PEOPLE'S TRANSFORMATION PROGRAMME



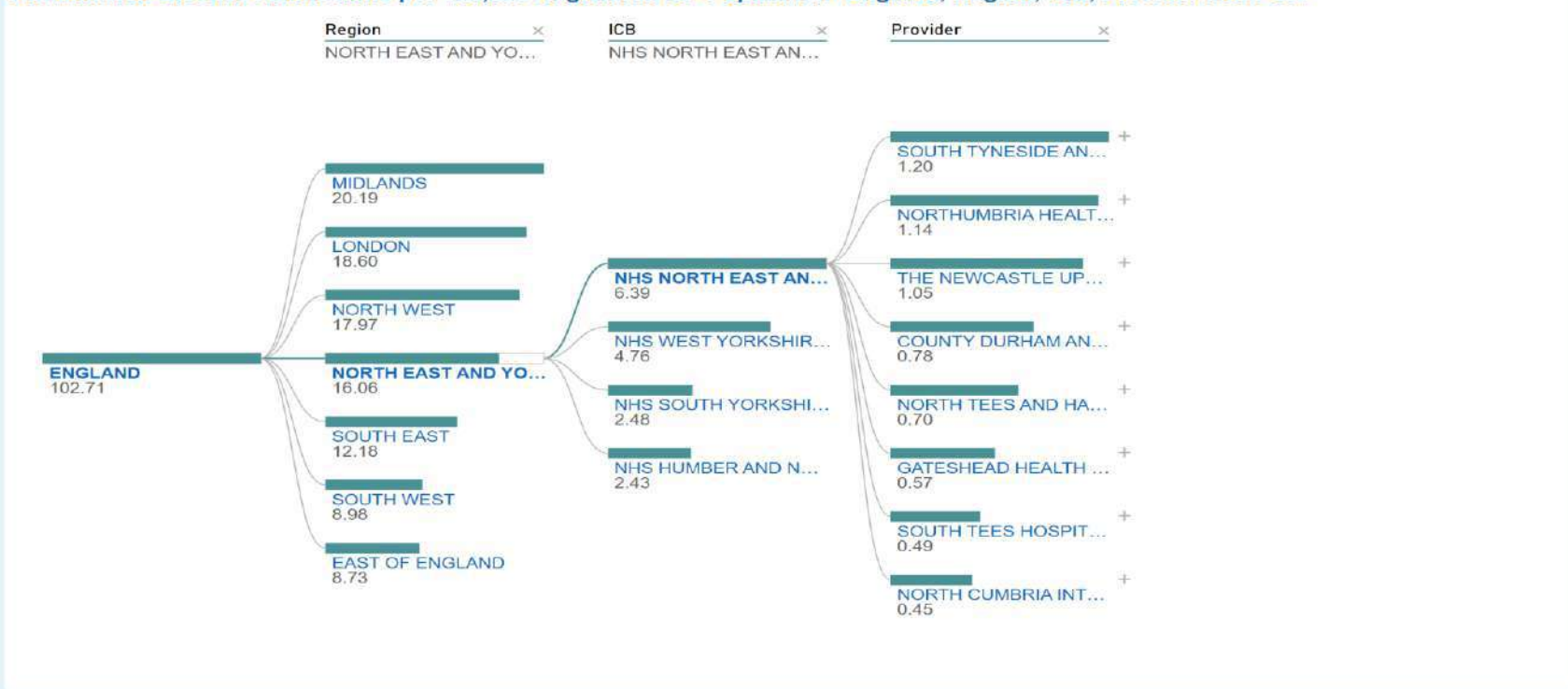
## Asthma Non-Elective Admissions - England, Region, ICB, Provider and PCN

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[ICB Provider \(100K\)](#)
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[ICB Map](#)
[Ethnicity\\_INEQ\\_1](#)
[IMD\\_INEQ\\_1](#)
[Tier 1 Training a](#)
[Tier 1 Training b](#)

Age Group: All  
 Financial Year: 2022/23

All Age Groups

### Asthma Non-Elective Admissions per 100,000 Registered GP Population- England, Region, ICB, Provider and PCN



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# ICB / PCN Map

THE CHILDREN AND YOUNG PEOPLE'S TRANSFORMATION PROGRAMME



## Asthma Non-Elective Admissions - ICB Map

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[PICU](#)
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[ICB Map](#)
[Ethnicity\\_INEO\\_1](#)
[IMD\\_INEO\\_1](#)
[Tier 1 Training a](#)
[Tier 1 Training b](#)

Region/ICB: All All Age Groups  
 Age Group: All  
 Financial Year: All

NHS NORTH EAST AND NORTH CUMBRIA INTEGRATED CARE BOARD

ICB/PCN/GP Asthma Non-Elective Admissions



ICB/PCN/GP	Asthma Non-Elective Admissions
<b>NE&amp; - NE&amp;NC</b>	<b>7,868.00</b>
BILLINGHAM & NORTON PCN	135.00
BIRTLEY AND CENTRAL GATESHEAD PCN	128.00
BISHOP AUCKLAND PCN	91.00
BLYTH PCN	156.00
BYTES PCN	109.00
CARLISLE HEALTHCARE PCN	109.00
CARLISLE PCN	88.00
CARLISLE RURAL PCN	38.00
CENTRAL MIDDLESBROUGH PCN	154.00
CHESTER LE STREET PCN	105.00
CLAYPATH & UNIVERSITY MEDICAL GR...	29.00
COALFIELDS PCN	108.00
COCKERMOUTH & MARYPORT PCN	45.00
COPELAND PCN	141.00
CRAMLINGTON SEATON VALLEY PCN	107.00
DARLINGTON PCN	248.00
DERWENTSIDE PCN	216.00
DURHAM COAST PCN	103.00
<b>Total</b>	<b>7,868.00</b>

\*numbers lower than 6 have been suppressed

VOICES TRANSFORM AND INSPIRE CHANGE

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# ICB / PCN Map

## THE CHILDREN AND YOUNG PEOPLE'S TRANSFORMATION PROGRAMME

### Asthma Training

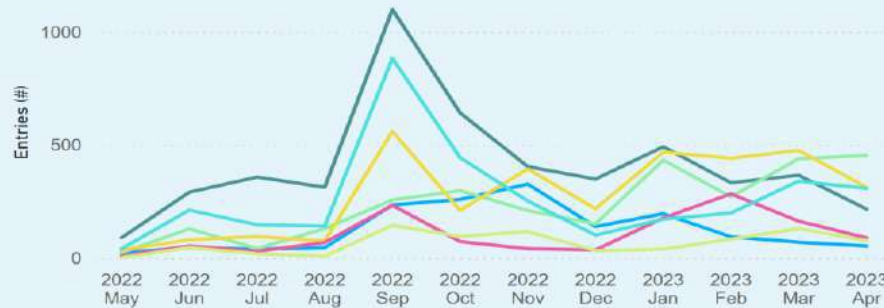
[Cover](#)
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[ICB Map](#)
[Ethnicity\\_INEQ\\_1](#)
[IMD\\_INEQ\\_1](#)

Region: All
 Year/Month: All

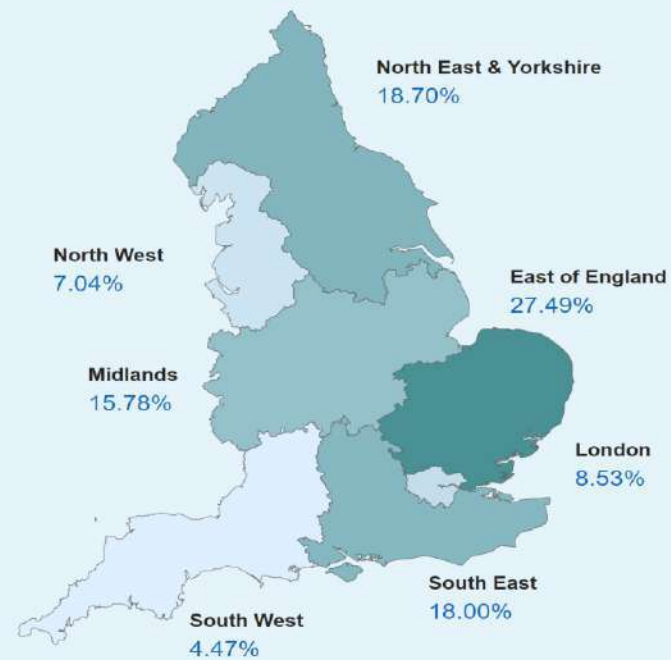
Region Name	Entries (#)	Entries (%)
SOUTH WEST	808	4.47%
SOUTH EAST	3252	18.00%
NORTH WEST	1271	7.04%
NORTH EAST AND YORKSHIRE	3378	18.70%
MIDLANDS	2850	15.78%
LONDON	1540	8.53%
EAST OF ENGLAND	4965	27.49%
<b>Total</b>	<b>18064</b>	<b>100.00%</b>

#### Number of Entries by Month and Region

● EoE 
 ● LDN 
 ● MDL 
 ● NE& 
 ● NW 
 ● SE 
 ● SW



#### Asthma Training by Region



[Cover](#)
[Overview](#)
[Region](#)
[Benchmarking](#)
[Benchmarking\\_2](#)
[\(100K\)](#)

Region/ICB: NORTH EAST AND YORKSHIRE (Region\_Name) + NHS NORTH EAST AND ...

Professional Group	Entries (#)	Entries (%)
Community	27	2.93%
Education	840	91.01%
Hospitals	19	2.06%
Other	29	3.14%
Social care	8	0.87%
<b>Total</b>	<b>923</b>	<b>100.00%</b>

VOICES TRANSFORM AND INSPIRE CHANGE

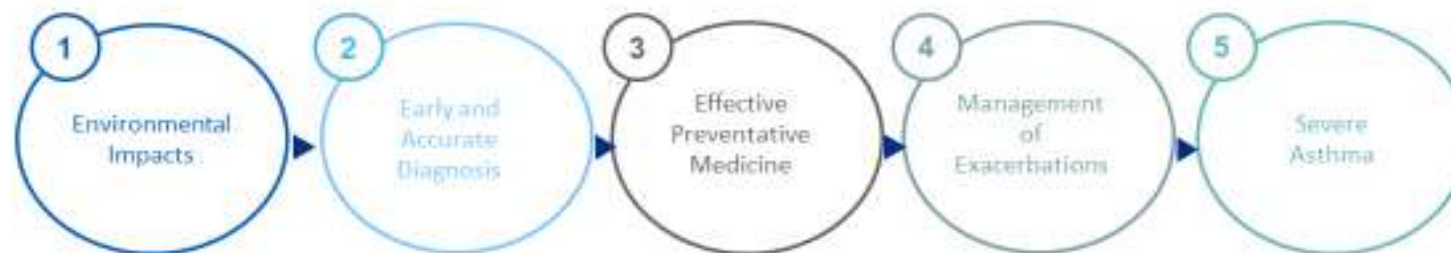
Service user: a.hegab@nhs.net | Report produced: 14 May 2023



# What do we need to do?



The National Bundle of Care will focus on improving these components of the asthma pathway



## Considerations for components



## Cross-cutting themes:

- Asthma competencies, training and education needs
- Data and digital elements



# Asthma Care Bundle

- Whole system approach
- Organisation of care and leadership
- Environmental Impacts
- Accurate and Early Diagnosis
- Effective Preventative Medicine
- Managing Exacerbations
- Severe Asthma
- Competencies/Training and Education Needs
- Data and Digital

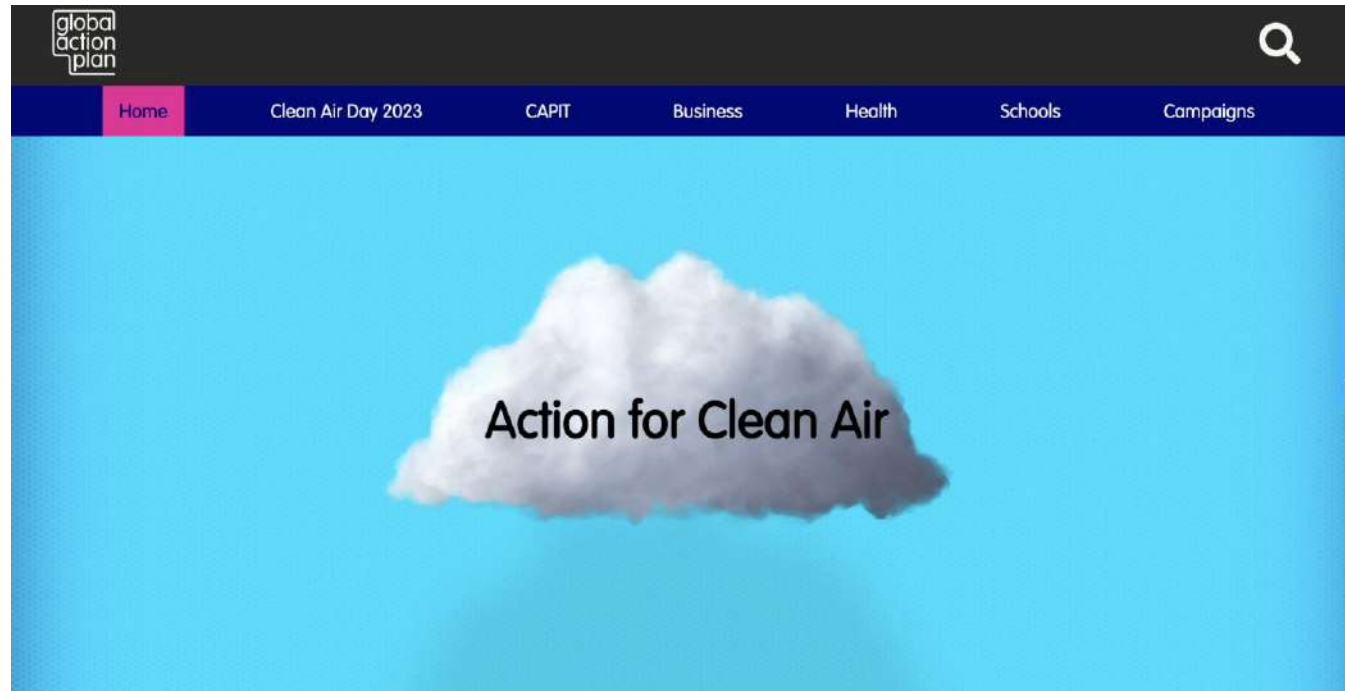


# Environmental Impact

- Tools
- Resources



# Global Action Plan



# Early and Accurate Diagnosis

- Conducting physiological testing in hospitals and primary care to support correct diagnosis of asthma
- Ensuring that the diagnosis of asthma is correctly documented and available to other clinical teams



# Effective Preventative Measures

- PAAP
- EHCP
- Right inhaler
- Inhaler technique
- Annual review
- Triggers.



# Managing Exacerbations

- Steroids in the first hour.
- Respiratory specialist within 24 hours, 7 days a week.
- Minimum standards of assessment, treatment.
- Discharge planning.
- Follow-up: 48 Hours review.



# Severe Asthma

- Regional service.
- Communication between teams.
- New medications (biologics)



# Data and Digital

- National data as a drive for local change and improvement.
- Resources
- Templates
- Referral pathway.



# Organization of Care and Leadership

Organization leaders

ALG:

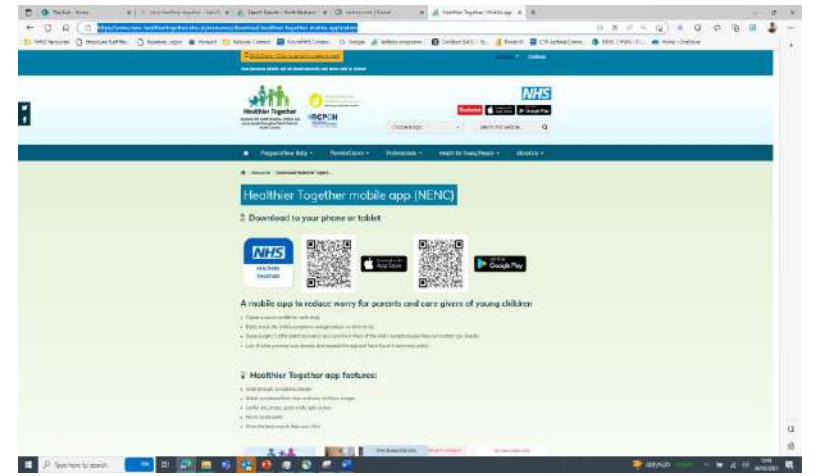
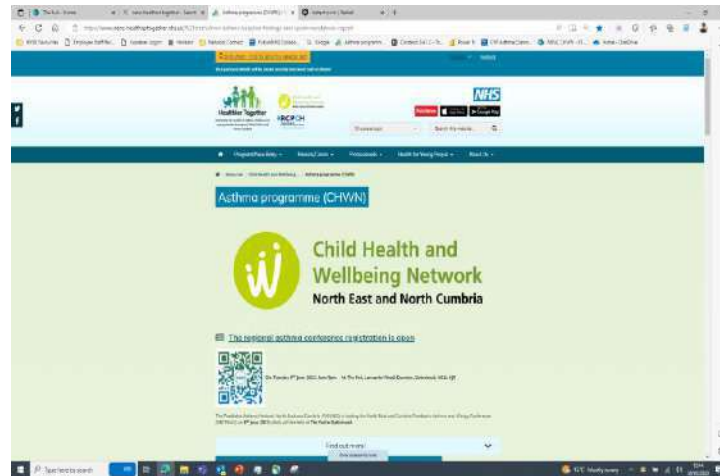
- Presentations at TITOs across the region
- Presentations at Paediatric Asthma Network North-East and Cumbria (PANNEC) and engagement with secondary care
- Healthier Together
- Working in collaboration with Beat Asthma.
- Webinars



# Healthier Together NE

<https://www.nenc-healthiertgether.nhs.uk/>

[Healthier Together | Mobile app \(nenc-healthiertgether.nhs.uk\)](https://www.nenc-healthiertgether.nhs.uk/)



# Asthma Pathway



Clinical Assessment/Management tool for Children

Primary and Community Care Settings

## Priorities of Clinical Assessment

Green - Mild Exacerbation	Exacerbation	Severe Exacerbation	Life Threatening Asthma
<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> ≥ 95%</li> <li>• PEF ≥ 75% best or predicted</li> <li>• No increased work of breathing</li> <li>• No clinical features of severe asthma</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> 92 - 95%</li> <li>• PEF &lt; 75% best or predicted</li> <li>• No clinical features of severe asthma</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> &lt; 92%</li> <li>• PEF &lt; 50% best or predicted</li> <li>• Heart rate &gt; 125/min</li> <li>• Respiratory rate &gt; 30/min</li> <li>• Use of accessory neck muscles</li> </ul>	<ul style="list-style-type: none"> <li>• SpO<sub>2</sub> &lt; 92%</li> <li>• PEF &lt; 33% best or predicted</li> <li>• Silent chest</li> <li>• Poor respiratory effort</li> <li>• Altered consciousness</li> <li>• Cyanosis</li> </ul>

## Management

Green - Mild	Amber - Moderate	Red - Severe	Purple Life Threatening
<ul style="list-style-type: none"> <li>• Salbutamol 2 - 6 puffs via spacer</li> </ul>	<ul style="list-style-type: none"> <li>• Salbutamol 10 puffs via spacer</li> <li>• Consider Prednisolone 30-40mg</li> <li>• Reassess after 20 minutes</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen via face mask to achieve normal saturations</li> <li>• Nebulised Salbutamol 5mg</li> <li>• Soluble Prednisolone 30-40mg</li> <li>• If poor response add Nebulised Ipratropium Bromide 250micrograms</li> <li>• If poor response, repeat every 20- 30 minutes until ambulance arrives</li> </ul>	<ul style="list-style-type: none"> <li>• Oxygen via face mask to achieve normal saturations</li> <li>• Nebulised Salbutamol 5mg plus Ipratropium Bromide 250micrograms</li> <li>• Soluble Prednisolone 1 mg/kg (max dose 40mg) if able to tolerate oral medication or IV Hydrocortisone 100mg</li> <li>• Repeat every 20-30 mins or until ambulance arrives</li> </ul>

## Action

Green Action	Amber Action	Red Action	Purple Action
<p>Response to treatment</p> <ul style="list-style-type: none"> <li>• Continue Salbutamol up to 4 hourly</li> <li>• Continue any pre-prescribed inhaled steroids</li> <li>• Monitor peak expired flow rate (PEF)</li> </ul>	<p>Response to treatment</p> <ul style="list-style-type: none"> <li>• Continue using salbutamol up to 4 hourly</li> <li>• Continue any pre-prescribed inhaled steroids</li> <li>• Monitor PEFR and seek advice if drops</li> </ul>	<p>Admit if:</p> <ul style="list-style-type: none"> <li>• Symptoms persist</li> <li>• Symptoms worsen</li> <li>• Risk factors for severe attack:                             <ul style="list-style-type: none"> <li>♦ Poor adherence</li> <li>♦ Previous severe attack</li> <li>♦ Deterioration despite oral steroids</li> <li>♦ Recent hospital admission for asthma</li> <li>♦ Presentation in the evening</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Call 999</li> <li>• Stay with child</li> <li>• Alert local paediatric team</li> </ul>

## Follow Up





## All Paediatric Pathways

These documents (via links) have been developed in collaboration with regional leads in primary, secondary and tertiary healthcare settings. They are based on consideration of regional and national guidelines including NICE, SIGN, and NHS evidence, as applicable. The guidance does not override the individual responsibility and clinical judgement of healthcare professionals to make decisions appropriate to the circumstances of each individual patient and in consultation with the patient, their parents and/or carer.

### Pages in this section





# Asthma Letter Templates for Schools and Club

The NENC ICS Asthma Leadership Group has worked collaboratively to develop and articulate guidance on referral pathways between Community, Primary and Secondary Care Services and has developed some supporting resources. This is to reduce variation and improve consistency and provide supportive advice and processes for education and health professionals to improve outcomes for CYP with asthma or suspected asthma diagnosis

## Schools and clubs letter templates for asthma referrals

**Paediatric Asthma Referral Pathway**  
Schools/Club Template Letter

Checklist to identify children and young people who may need a review in primary care

Children with no asthma diagnosis  
Asthma is a clinical diagnosis in children based on the presenting symptoms. If they have any of these symptoms varying over time and severity, then they should prompt a discussion with parents or guardians.

- Wheeze
- Nocturnal or breath
- Chest tightness
- Cough

The above symptoms may be worse in response to triggers such as, after exercise, exposure to pets, cold, damp air, water resistance (e.g. showers, hot tubs), smoke etc.

Children with asthma diagnosis  
Signs to prompt discussion with or refer to parents/guardians or children with a diagnosis of asthma.

- Child needing their reliever inhaler regularly (using more than 2x equipment in week after completion)
- Child complaining of persistent cough, wheeze or 'tight' chest regularly
- Nocturnal symptoms
- School absence due to asthma
- Children who struggle to keep up with peers or reluctant to join activities or show poor energetic vital.
- Child morning and night-time sleep due to persistent cough

**SCHOOLS LETTER FOR CHILDREN/YOUNG PEOPLE WITH UNDERDIAGNOSED ASTHMA**  
Schools/Club Template Letter

Dear Parent / carer

As a school we want to ensure that every child/young person is able to be involved and enjoy all activities during the school day.

We are aware of many health conditions that affect children, that could impact on them taking part in activities as well as learning on their life in school. The most common childhood condition is asthma, which affects one in seven children. On average, there are two children with asthma in every classroom in the UK.  
<http://www.breathefirst.co.uk/pressroom/asthma-children/>

The symptoms to look out for in children/young people with asthma, include:-

**BREATHING HARD AND FAST**  
**WHEEZING**  
**COUGHING**  
**BREATHLESSNESS**  
**CHEST ACHES**

We have noticed that during activities/lessons day your child/young person has been showing some of the above signs, which may indicate they need a review at their GP surgery. Our aim is to ensure that your child/young person can enjoy and take part in all aspects of school life.

Please do not hesitate to discuss any queries regarding this letter with school staff.

Yours sincerely,

**SCHOOL LETTER FOR CHILDREN/YOUNG PEOPLE WITH AN ASTHMA DIAGNOSIS**  
Schools/Club Template Letter

Dear Parent / carer

We are writing you, as we are aware your child/young person has asthma. We as a school want to ensure that they are able to be involved and enjoy all activities.

It is recommended that children/young people who suffer from asthma have an annual review at their GP surgery or they may receive care from a specialist asthma nurse.  
<http://www.breathefirst.co.uk/pressroom/asthma-children/>

The symptoms to look out for in children/young people with asthma include:-

**BREATHING HARD AND FAST**  
**WHEEZING**  
**COUGHING**  
**BREATHLESSNESS**  
**CHEST ACHES**  
**INCREASED USE OF THE RELIEVER INHALER**

We have noticed that during the lessons/activities that your child/young person has been needing their inhaler more or they are showing some of the signs of the above, which may indicate they need an asthma review at their GP surgery or medication check.

Please do not hesitate to discuss any concerns with school staff.

Yours sincerely,

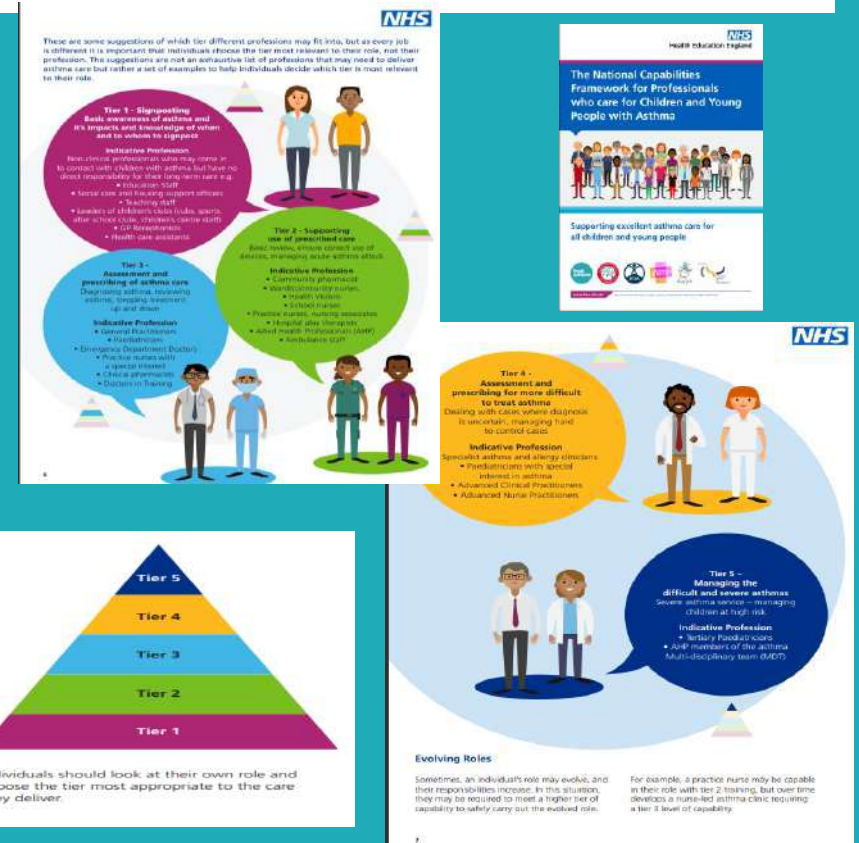
Show accessibility tools



# Competencies/Training and Education Needs

- Framework has been developed to allow individuals, employers, and integrated care systems to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma.
- Individuals and professionals will be divided into to different Tiers of awareness sessions.
- Aimed at Social care, housing support officers, teaching staff and leaders of children's clubs (cubs, sports, after school clubs, children's centre staff)
- Different tiers will have different requirements for the training/ awareness required. Levels 1 – 3 are free

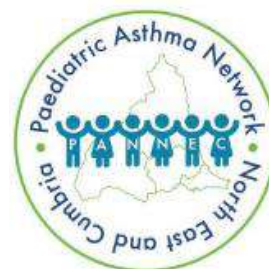
<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improving-asthma-care-together/>



# Beat Asthma Friendly Schools Accreditation

- Co-produced accreditation blue print – multi agency
- Schools Policy developed
- EOI exercise to identify schools
- Melva – Mortal Fools Incentive
- Implementation between September 22 and March 23
- 12 Primary Schools Accredited (across NENC geography)
- Supporting resources developed – hosted on HT
- Sustainable roll out programme in development
- Developing approach in secondary schools
- Developing Beat Asthma Friendly Sports Clubs

[Beat Asthma Friendly Schools \(CHWN\) :: North East and North Cumbria Healthier Together \(nenc-healthiertogether.nhs.uk\)](http://nenc-healthiertogether.nhs.uk)



# Thank you





# Resources to Support CYP Asthma Care

## **Dr Jen Townshend**

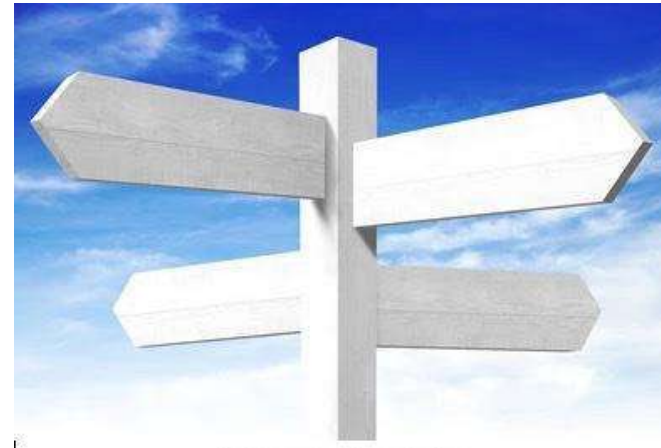
Consultant Paediatrician, GNCH

National clinical lead CYP Asthma, NHS England

Co-founder, BeatAsthma

# Aims

- Resources for Healthcare professionals
- Resources for patients
- Education and training



2004...



2023





**Families & children**



**Young people with asthma**



**Schools**



**Primary Healthcare Professionals**



**Secondary Healthcare Professionals**



**Fundraising**

Do you want to help beat asthma?

## Resources tailored to the needs of secondary care

On this site, you will find all the information and resources you need to deliver consistently high quality paediatric asthma care in your practice meeting all national standards and recommendations.



### Why is asthma serious?

Understand why we all need to raise the standards of asthma care



### Asthma Diagnosis

Tools to aid an accurate asthma diagnosis and alternative differentials



### Chronic management

Tools for the day to day management of Paediatric Asthma



### Exacerbation management

Tools to support the emergency management of children with asthma including discharge information for parents.







### Contact Sister Hails

If you have questions on devices or inhaler technique, get in touch with Sister Hails here, our specialist paediatric asthma nurse, and she will try and reply within 7 days








## 'All that wheezes is not asthma.'

Find out here how to make an accurate diagnosis and other diagnoses to consider

-  [How to make an Asthma Diagnosis in Secondary Care](#)
-  [A basic guide to lung function tests in children](#)
-  [Alternative diagnoses in wheezy children](#)
-  ['Red flags' and indicators of other diagnoses](#)






## Resources for families following a diagnosis of asthma

Educating families is essential if they are to be able to feel empowered and able to self-manage their children's asthma. This section provides the resources to support this

-  [Asthma information leaflet for families and children](#)
-  [Personalised asthma action plan](#)
-  [Personalised asthma action plan for school](#)
-  [Asthma and panic attacks, knowing the difference](#)
-  [Air pollution and asthma](#)

## Resources for young people following a diagnosis of asthma

Young people are beginning to take control of their own health. This section provides resources specifically designed for them

-  [Asthma information leaflet for young people](#)
-  [Personalised asthma action plan](#)
-  [Personalised asthma action plan for school](#)
-  [Asthma and panic attacks, knowing the difference](#)
-  [Air pollution and asthma](#)

## How to use your devices information sheets

Accurate delivery of medication to the lungs is essential for it to be effective. All children should be trained in the use of their specific inhaler device at least annually. All metered dose inhalers (MDIs) should always be given via a spacer. Devices that don't require a spacer can be useful for use when out and about but shouldn't be used during an asthma exacerbation. Use our easy to follow information sheets for the different devices to support this training.

-  [How to use an aerochamber spacer with a mask](#)

# Resources: Healthcare professionals



## ASTHMA DISCHARGE BUNDLE

- Please print using the settings:
  - 'print on both sides, flip on the short edge'
- **DON'T FORGET!** Pick up a Personalised Asthma Plan to add to the bundle.

Name: \_\_\_\_\_  
Date: \_\_\_\_\_

### Childhood Asthma Control Test for Children 4 to 11 years

This test will help your doctor decide if your asthma is well controlled or not.  
How to take the Childhood Asthma Control Test:  
Step 1: Let your child answer questions 1-4. You may help your child understand the question but let them select the response.  
Step 2: Complete questions 5-7 on your own without letting your child's response influence your answers.  
Step 3: Write the number of each answer in the score box provided.  
Step 4: Add up each score box to find out your child's total score.  
Step 5: Take the total score to your doctor to talk about your child's asthma.

**19** If your child's score is less than 19, it may be a sign that their asthma is not as controlled as it could be. Take this score to your doctor to talk about the results.

Have you a child answer these questions:

1. How is your asthma today?

0 Very bad	1 Bad	2 Good	3 Very Good	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. How much of a problem is your asthma with you, exercise or play sports?

0 No problem at all	1 A little problem	2 A moderate problem	3 A big problem	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Do you cough because of your asthma?

0 No cough at all	1 A little cough	2 A moderate cough	3 A big cough	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Do you wake up during the night because of your asthma?

0 No waking up at all	1 A little waking up	2 A moderate waking up	3 A big waking up	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete the following questions on your own:

5. During the last 4 weeks, how many days did your child have daytime asthma symptoms?

3 None at all	4 1-3 days	3 4-6 days	2 7-10 days	1 11-14 days	0 15-21 days	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. During the last 4 weeks, how many times did your child absence during the day because of asthma?

5 None at all	4 1-2 times	3 3-4 times	2 5-6 times	1 7-8 times	0 9-10 times	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. During the last 4 weeks, how many times did your child wake up in the night because of asthma?

3 None at all	4 1-2 times	2 3-4 times	2 5-6 times	1 7-8 times	0 9-10 times	Score
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Total Score**

www.beatasthma.co.uk

beat asthma

### Annual Review Sheet

(20 minutes recommended)

1) SYMPTOMS

- Children's Asthma control Test score \_\_\_\_\_
- Frequency of Salbutamol use \_\_\_\_\_
- Acute attacks:
  - I. Number of acute attacks since last review \_\_\_\_\_
  - II. Number of courses of steroids since last review \_\_\_\_\_
  - III. Number of A and E attendances/admissions since last review \_\_\_\_\_

beat asthma

ossible triggers  
and allergies/nut avoidance? \_\_\_\_\_

status - young person  
- family members \_\_\_\_\_

antibiotics present? \_\_\_\_\_

if? If so, advice given? \_\_\_\_\_

OR LIFE-THREATENING EPISODE

life-threatening episode \_\_\_\_\_

mental illness \_\_\_\_\_

social deprivation \_\_\_\_\_

inappropriate/poor compliance \_\_\_\_\_

medications \_\_\_\_\_

if preventers since last review?  
if relievers since last review?  
Indicate good adherence? \_\_\_\_\_

INHALE DEVICE  
reviewed and adequate?  
suitable for hand held device? \_\_\_\_\_

PERSONALISED PLAN  
reviewed, discussed and updated. \_\_\_\_\_

www.beatasthma.co.uk



**Families & children**



**Young people with asthma**



**Schools**



**Primary Healthcare Professionals**



**Secondary Healthcare Professionals**



**Fundraising**

Do you want to help beat asthma?

## Supporting young people with asthma



[Home](#) > [Resources](#) > [Young people with asthma](#)

### Resources tailored to the needs of young people

On this site, you will find all the information you need to fully understand your asthma, know how to recognise important symptoms and know how your treatment should be so you can get the best possible control of your asthma. There is also advice for how to look after your asthma in schools and things to help your friends understand more about it too, and know what to do if you need their help.



#### Why is Asthma serious

Learn why it is important to take asthma seriously



#### Managing my Asthma

Find all the information you need to manage your asthma day to day



#### I am having an asthma attack

Helpful information on recognising an asthma attack and easy to follow steps of what to do for you and your friends



#### Asthma in schools

Resources and information to help you look after your asthma and feel safe in school



#### Asthma medicines information

Understand your asthma medicines  
[www.beatasthma.co.uk](http://www.beatasthma.co.uk)



#### Emerging treatments

Learn what the future holds for asthma treatment

Learning to take control and manage your own asthma day to day is the best way to keep you well and prevent having an asthma attack.

## General Resources

- [Are my symptoms due to asthma?](#)
- [Personalised asthma action plan](#)
- [What to expect at an annual review](#)
- [Smoking and My Asthma](#)
- [Air pollution and my asthma](#)
- [Keeping my asthma safe on a night out](#)

## Is my asthma well controlled?

Keeping your asthma under good control is the key to preventing asthma attacks and good lung health. Take the Asthma Control Test to find out if your asthma is as well controlled as it could be.

- [Asthma control test for young people 12 years and older](#)

## How to use my inhalers

It is important to use your inhaler in the right way. If not, the medicine may not get to the lungs and may mean your asthma is less well controlled. The most commonly used inhaler is a Metered Dose Inhaler (MDI) and these must always be taken with a spacer device, no matter how old you are, in order to get the medicine to the lungs. Not all inhaler devices need a spacer, though. Read our easy to follow information sheets for the different inhalers.

- [How to use my large volume spacer](#)
- [How to use my accuhaler](#)
- [How to use my autohaler](#)
- [How to use my Easibreathe](#)
- [How to use my Easyhaler](#)
- [How to use my turbohaler](#)
- [How to use my peak flow meter](#)

## Video guides

### How to use my large volume spacer



### How to use my accuhaler



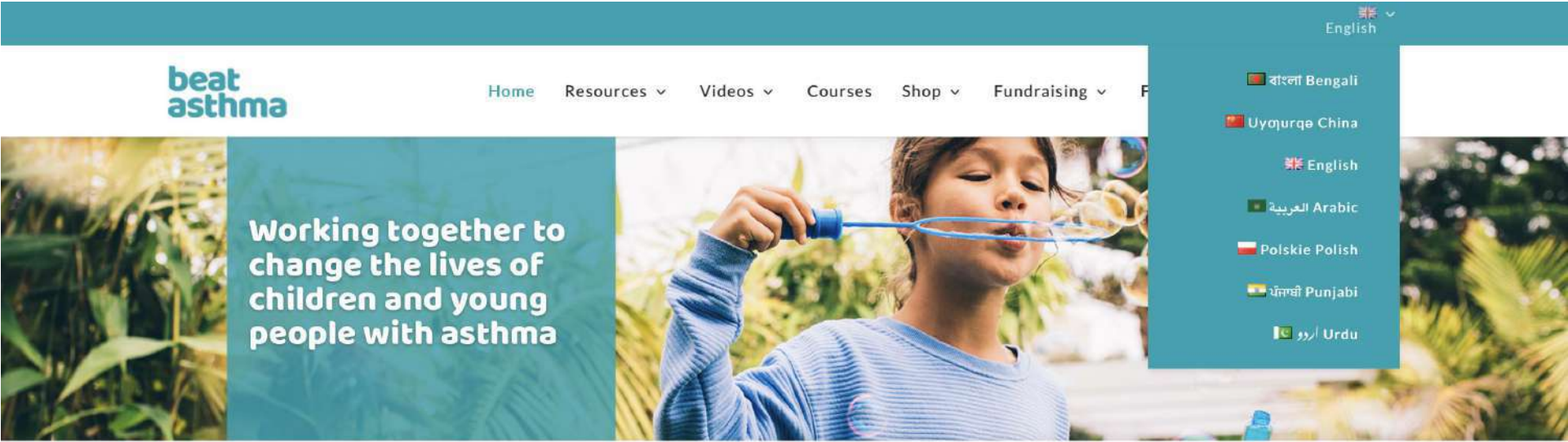




## Our ethos

- All children and young people with asthma have the right to **excellent asthma care** that meets all national recommendations, irrespective of where they receive that care.
- **Educating and supporting** all who are involved in looking after children with asthma is fundamental in delivery of this care
- Care needs to be seamless between services, with health professionals, teachers, families and patients **working together**
- Patients and families should be **empowered to self-manage** their asthma.





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## الأسر والأطفال

Home &lt; الموارد &lt; الأسر والأطفال

## الموارد المخصصة لاحتياجات الأسر والأطفال

ستجد في هذا الموقع جميع المعلومات اللازمة لك ولطفلك لفهم مرض الربو تمامًا، ومعرفة كيفية التعرف على الأعراض المهمة ومعرفة كيفية علاجها حتى تتمكن من السيطرة على الربو بأفضل شكل ممكن. وهناك أيضًا إرشادات حول كيفية مراقبة الربو لدى طفلك في المدرسة وحقوقك إذا كان طفلك مصابًا بالربو.



لماذا يعتبر الربو خطيرًا؟ تعرّف على سبب أهمية أخذ مرض الربو على محمل الجد



التعامل مع الربو لدى طفلي. اعثر على جميع المعلومات التي تحتاجها للتعامل مع الربو لدى طفلك بشكل يومي



طفلي يعاني من نوبة ربو. معلومات مفيدة حول التعرف على نوبة الربو والتعامل معها



الربو في المدارس. موارد ومعلومات لمساعدتك على ضمان سلامة طفلك من الربو في المدرسة



معلومات حول أدوية الربو. فهم أدوية الربو لطفلك



حقوقتي عندما يكون لدي طفل مصاب بالربو



**I am having an  
asthma attack.**

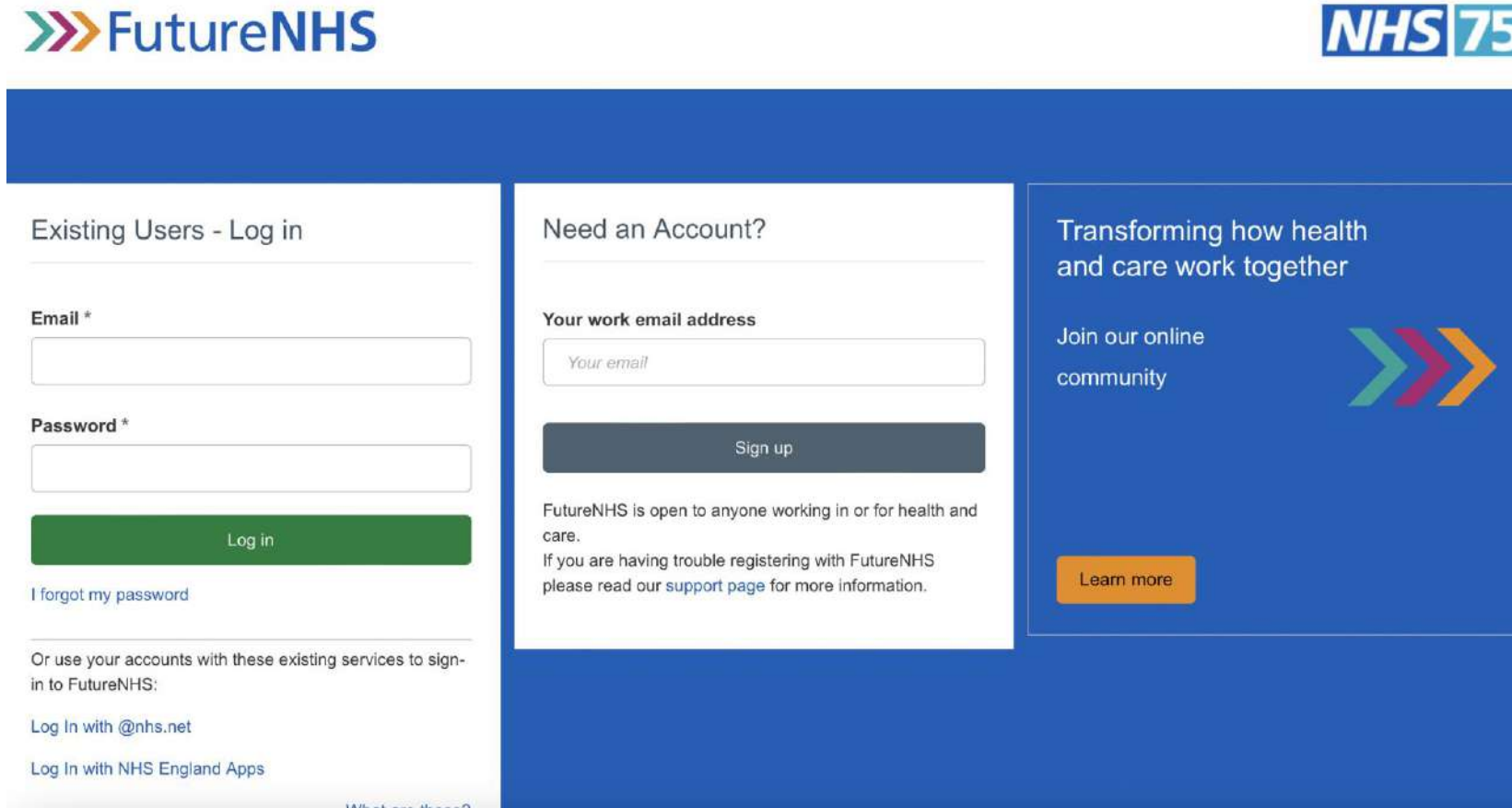
**Scan here**



**[www.beatasthma.co.uk](http://www.beatasthma.co.uk)**

**Follow us on Facebook** 

# Other resources...



The screenshot shows the FutureNHS website interface. At the top left is the FutureNHS logo, and at the top right is the NHS 75 logo. The main content area is divided into three sections:

- Existing Users - Log in:** This section contains two input fields for "Email \*" and "Password \*", a green "Log in" button, and a link for "I forgot my password". Below this, it offers alternative login methods: "Log In with @nhs.net" and "Log In with NHS England Apps".
- Need an Account?:** This section features a "Your work email address" input field, a dark grey "Sign up" button, and a paragraph stating: "FutureNHS is open to anyone working in or for health and care. If you are having trouble registering with FutureNHS please read our [support page](#) for more information."
- Transforming how health and care work together:** This blue sidebar section includes the text "Join our online community" next to the FutureNHS logo, and an orange "Learn more" button at the bottom.

# Other resources...

The screenshot shows the FutureNHS user interface. At the top, there is a navigation bar with the FutureNHS logo, a home icon, and links for 'My Dashboard' and 'My Workspaces'. A search bar and user profile for 'Jen Townshend' are also visible. A red circle highlights the 'My Workspaces' dropdown menu, which is open and shows a list of workspace options, including 'Children and Young People's Transformation Programme'. Below the navigation bar, the main content area is divided into several sections. On the left, there is a sidebar menu with links for 'Getting started', 'Get involved', 'Member stories', 'Platform FAQs', 'Case Study Hub', and 'Support'. The main content area features a 'Connect' section with a 'Find a Workspace' button. Below this, there are three sections: 'Are you a new member?', 'Are you a workspace manager?', and 'Read our blog for interesting snippets from FutureNHS.'. On the right side, there is a 'Find workspaces supporting:' section with three colored buttons: 'Service recovery' (teal), 'Improvement' (purple), and 'Browse case studies on good practice from the platform' (yellow). At the bottom of the page, there is a footer with four buttons: 'Getting started', 'Platform FAQs', 'Support', and 'Workspace Managers Community' with a 'Support' link.

FutureNHS My Dashboard My Workspaces Search JT Jen Townshend 91

Getting started  
Get involved  
Member stories  
Platform FAQs  
Case Study Hub  
Support

Children and Young People's Transfor...  
Children and Young People's Transformation Programme  
FutureNHS Home  
Find a Workspace

**Connect** Find a Workspace

**Are you a new member?**  
Follow our easy steps to help you [get started](#) on the platform. Troubleshoot answers in our [FAQs](#) and [support](#) resources.

**Are you a workspace manager?**  
[Enhance your workspace](#), grow your community and share your experiences. Find useful hints and tips from [other members](#) of FutureNHS.

Read our [blog](#) for interesting snippets from FutureNHS.

**Find workspaces supporting:**

Service recovery  
Improvement  
Browse case studies on good practice from the platform

Getting started Platform FAQs Support Workspace Managers Community Support

# Other resources...

- CYP Governance
- CYP Programme Updates
- CYP Regional Hub
- Data and Digital
- Deteriorating CYP
- Diabetes
- Discussion Forum
- Epilepsy
- Introduction to the CYPTP Slides
- Keeping Children Well
- Mental Health in Acute Settings
- Spotlight on West Yorkshire and Harrogate ICS - CYP priorities
- Transition
- Urgent and Emergency Care
- Voice
- Youth workers

## Children and Young People Workstreams

- Voice
- Mental Health in Acute Settings
- Asthma
- CEW Clinics
- Core20Plus5
- Integration Test Sites
- Epilepsy
- Support

- About us
- Asthma
  - CYP Asthma
    - CYP Asthma Community of Practice
    - CYP Asthma Dashboard
    - Data Meeting - private
    - General Resources
    - ICS Asthma Practitioner Pilot
    - ICS Clinical Leads
    - Live Vacancies
    - National Bundle of Care for CYP with Asthma
    - Training and Capabilities - eLearning for Health
  - Core20Plus5
  - Covid-19
  - COVID19
  - CYP Calendar of Events
  - CYP Case Studies and Blogs
  - CYP External Programmes
  - CYP Governance
  - CYP Programme Updates
  - CYP Regional Hub
  - Data and Digital
  - Deteriorating CYP
  - Diabetes
  - Discussion Forum
  - Epilepsy
  - Introduction to the CYPTP Slides

# Asthma

**Objective:**

NHS England and NHS Improvement's ambition is to reduce avoidable harm to children and young people from asthma and improve their quality of life. This will be achieved by taking a whole system approach to asthma management through enabling personalised care and improving accuracy of diagnosis.



National Bundle of Care

CYP Asthma Dashboard

CYP Asthma Community of Practice

Training and Capabilities (Access to eLearning for Health and Tiers 1-4 training)

General Resources

Recruitment

Discussion Forum

Supporting families and children with asthma

ICS Pilots

ICS Clinical Leads [Restricted Access]

### Workspace Information

888 members  
 Only visible to



### Recent Items

Emergency inhalers in schools  
 A few teams have reported

# National Bundle of Care for Children and Young People with Asthma: Phase one

Version 1, September 2021

# Capabilities, Training and Education

It is everyone's responsibility to ensure good asthma care for children and young people with asthma.

One successful contact with a well-trained professional may be the contact that makes the difference.

- The training and education working group have produced The National Capabilities Framework for Professionals who care for CYP with Asthma.
- The capabilities are hosted on the CYP asthma eLfh landing page alongside training modules aligned to each tier of the framework.

**NHS**  
Health Education England

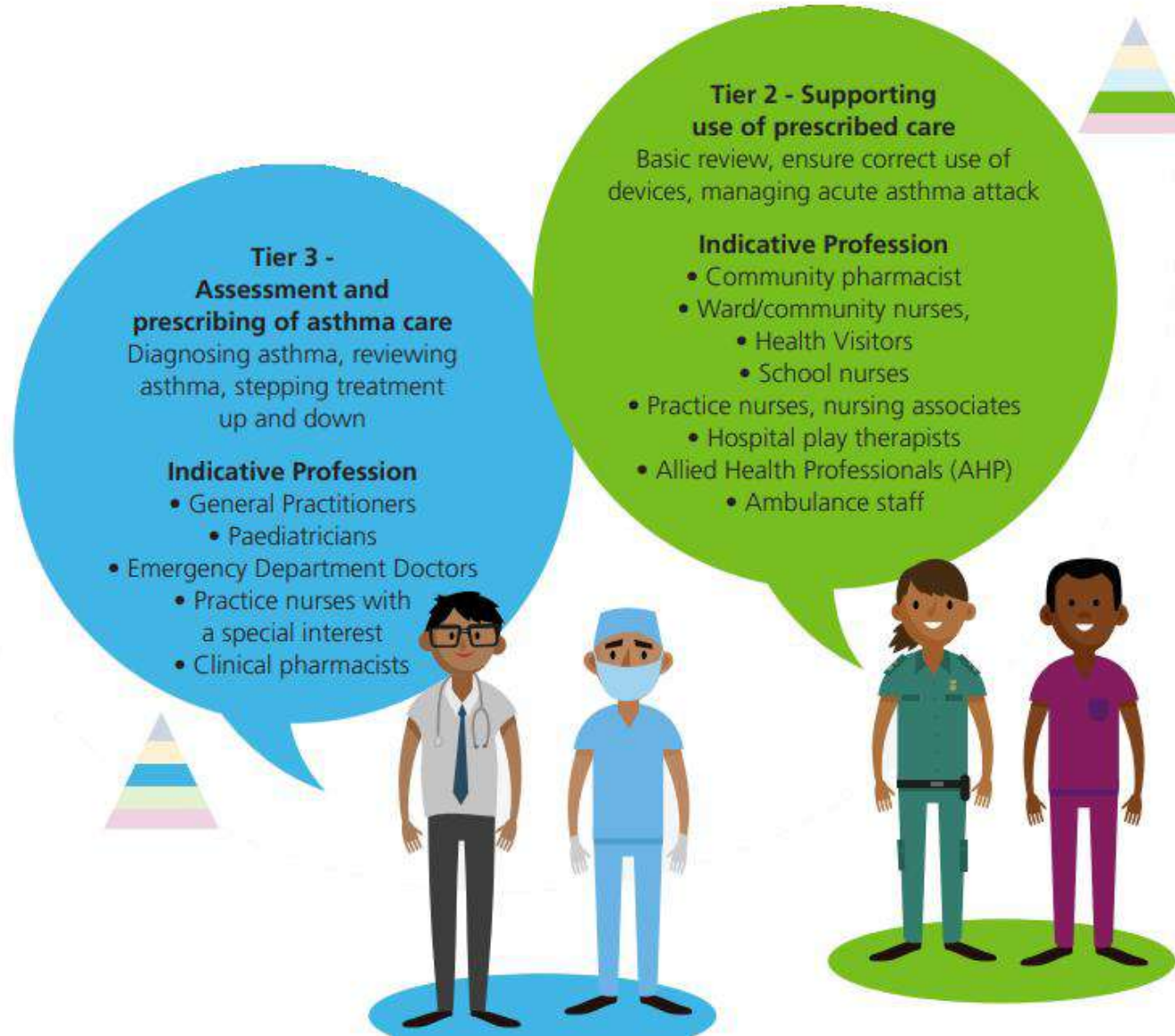
## The National Capabilities Framework for Professionals who care for Children and Young People with Asthma

Supporting excellent asthma care for all children and young people

beat asthma | Royal College of Paediatrics and Child Health | PCRS | ASTHMA+ LUNG UK | Chartered Society of Physiotherapy

[www.hee.nhs.uk](http://www.hee.nhs.uk) We work with partners to plan, recruit, educate and train the health workforce.


## Tiered system approach



# Courses

Several national courses have been developed and accredited to meet the capabilities for tiers 1- 4, they can now be accessed through the HEE e-learning for health page

## Asthma (Children and young people) - e-learning for healthcare (e-lfh.org.uk)

	Tier 1	Live – Supporting children and young peoples health improving asthma care together
	Tier 2	Children and Young People’s Asthma
	Tier 3	Asthma CYP asthma training for tier 3 providers
	Tier 4	Live - Advancing Paediatric Asthma Care

**20000+ Learners**

## The National Capability Framework for the care of children and young people with asthma

This framework has been developed to allow individuals, employers, and integrated care systems to be aware of the skills and knowledge that are required to ensure they can safely care for a child and young person with asthma. The framework is aimed at both health and non-healthcare professionals across all aspects of a child's life, including childcare providers, education providers, uniformed services, sports coaches, social services and health care workers.

The framework was developed by NHS England and NHS Improvement in collaboration with key stakeholders including CYP and their families, national experts and arm's length bodies such as Royal Colleges, professional bodies and Health Education England. Current national guidelines and recommendations were incorporated including the British Thoracic Society/Scottish Intercollegiate Guideline Network (BTS/SIGN) national asthma guidelines, Global Initiative for Asthma (GINA), the NICE asthma guidelines, the National Review of Asthma Deaths (NRAD) report, National Asthma and COPD Audit Programme (NACAP) and the Healthcare Safety Investigation Branch (HSIB) investigation into childhood asthma report and recommendations.

The framework divides different roles into 5 'tiers'. A tier describes the level of care a person may be expected to deliver to a child or young person with asthma. The more involved the care, the higher the level of tier.

The tiers are not profession specific, but rather describe the minimum required knowledge and skills any individual must possess to safely carry out their role in caring for a child or young person with asthma. Individuals should look at their own role and choose the tier most appropriate to the care they deliver.

[National Capabilities framework](#)



### eLearning

It is assumed that for healthcare professionals undertaking the training they will already have appropriate training and skills relevant in the care of children and young people. These courses are to provide additional training specifically relating to asthma and should sit alongside appropriate frameworks of training, supervision and mentoring as required.

Use the drop down boxes to find an accredited course to help support you achieve the capabilities you need:

Tier 1



Tier 2



Tier 3



Asthma Care for Children and Young People for tier 3 providers. (Provided by BeatAsthma in collaboration with HEE).

Tier 4



NECPAAC  
6<sup>th</sup> June 2023

# Environmental: indoor and outdoor air pollution, its effect on asthma, how to assess and advise parents

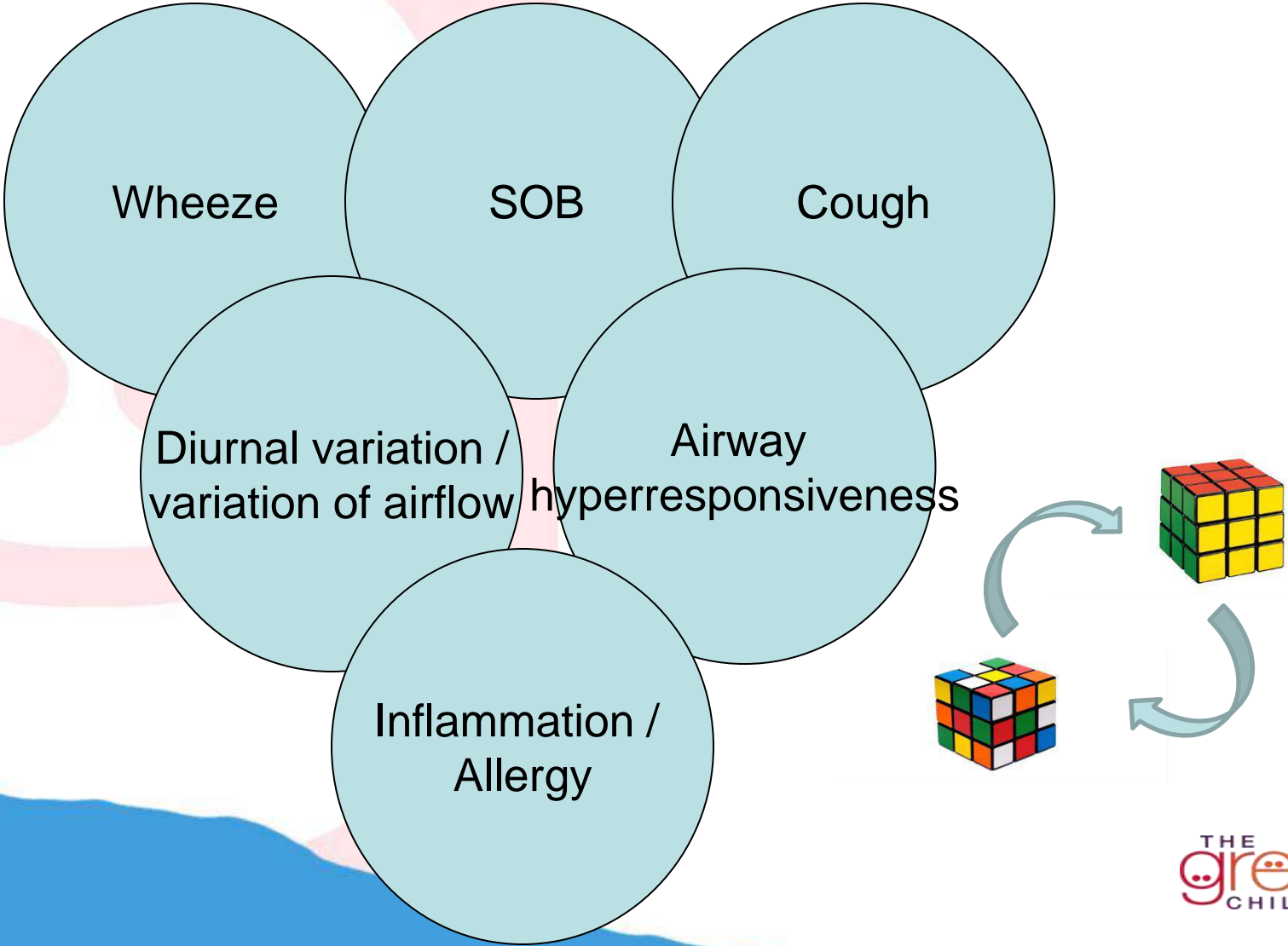
Dr Mike Mckean



# This talk

- 20 +10 mins
- Brief history of asthma
- Nature vs nurture
- Outside air pollution
- Indoor environment
- Useful tips
- What can we do

# A nod to history: What is asthma?



# A brief history of wheeze

- 1960 1970 1980 1990 2000 2010 2020



Wheezy  
Bronchitis

Antibiotics

# A brief history of wheeze

- 1960 1970 1980 1990 2000 2010 2020



Wheezy  
Bronchitis

Antibiotics

Wheeze =  
asthma

Inhalers

# A brief history of wheeze

- 1960 1970 **1980** 1990 2000 2010 2020



Wheezy  
Bronchitis

Antibiotics

Wheeze =  
asthma

Inhalers

Atopy  
BHR

Inhalers

# A brief history of wheeze

- 1960 1970 1980 1990 2000 2010 2020



Wheezy  
Bronchitis

Antibiotics

Wheeze =  
asthma

Inhalers

Atopy  
BHR

Inhalers

Cell biology  
Remodelling  
TH1/TH2

Inhalers

# A brief history of wheeze

• 1960 1970 1980 1990 2000 2010 2020



Wheezy  
Bronchitis  
  
Antibiotics

Wheeze =  
asthma  
  
Inhalers

Atopy  
BHR  
  
Inhalers

Cell biology  
Remodelling  
TH1/TH2  
  
Inhalers

Complex  
Umbrella  
Phenotypes  
  
Inhalers  
Research

# A brief history of wheeze

• 1960 1970 1980 1990 2000 2010 2020



Wheezy  
Bronchitis  
  
Antibiotics

Wheeze =  
asthma  
  
Inhalers

Atopy  
BHR  
  
Inhalers

Cell biology  
Remodelling  
TH1/TH2  
  
Inhalers

Complex  
Umbrella  
Phenotypes  
  
Inhalers  
Research

Personal  
  
New  
therapies

# A brief history of wheeze

• 1960 1970 1980 1990 2000 2010 2020



Wheezy  
Bronchitis  
  
Antibiotics

Wheeze =  
asthma  
  
Inhalers

Atopy  
BHR  
  
Inhalers

Cell biology  
Remodelling  
TH1/TH2  
  
Inhalers

Complex  
Umbrella  
Phenotypes  
  
Inhalers  
Research

Personal  
  
New  
therapies

System  
thinking  
  
Personal  
Holistic  
Care

## Nature

Genes and Hereditary Factors  
physical appearance  
personality characteristics

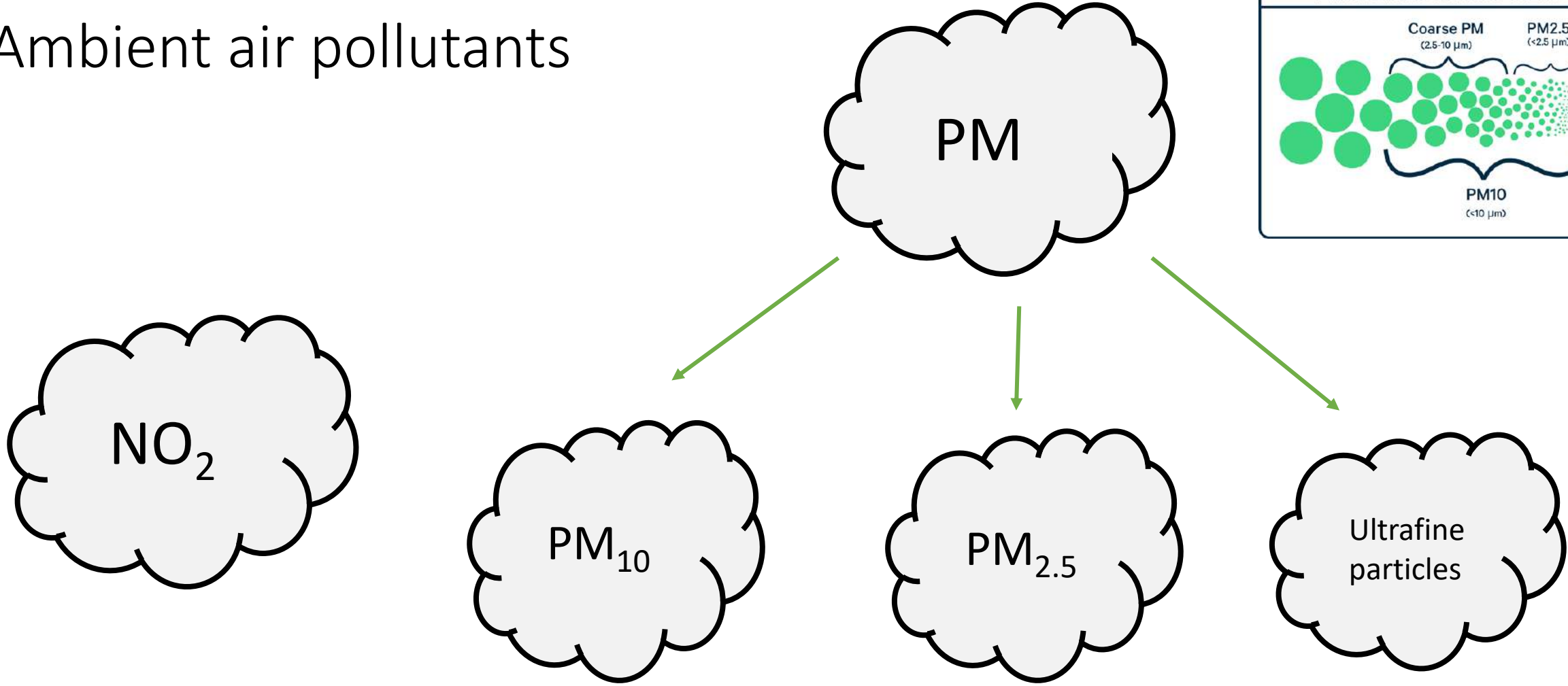
## Nurture

Environmental Variables  
childhood experiences  
how we were raised  
social relationships  
surrounding culture



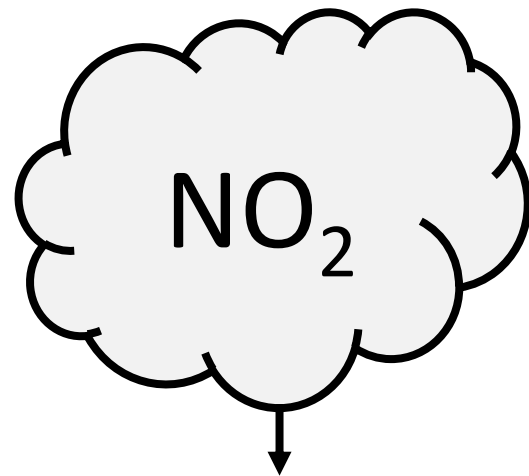
- Global public health threat<sup>[1]</sup>
- Greatest environmental risk to public health in the UK<sup>[1]</sup>
- Evidence for both associative and causative relationships between air pollution, preventable diseases, and health inequalities<sup>[2,3]</sup>
- Second leading cause of non-communicable diseases worldwide, after tobacco<sup>[4]</sup>

# Ambient air pollutants



# Health impacts in children

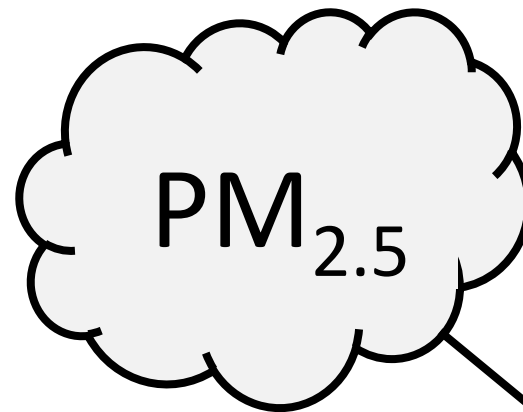
Group 1 carcinogens



Suppression of lung growth<sup>6</sup>

New-onset asthma<sup>7</sup>

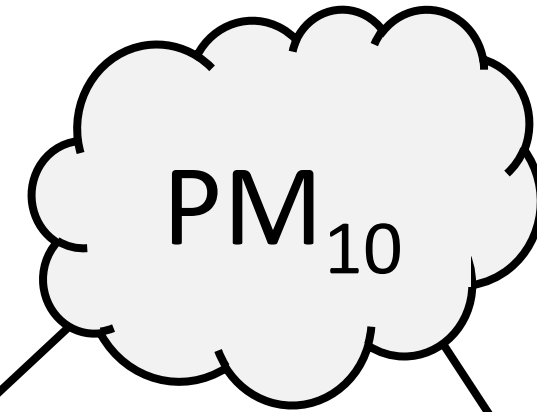
\*Insulin resistance<sup>9</sup>



Suppression of lung growth<sup>6</sup>

New-onset wheeze<sup>7</sup>

Bronchitis/problematic respiratory symptoms<sup>6</sup>



\*Insulin resistance<sup>9</sup>

\*may be associated

Decreased concentration/alertness<sup>8</sup>

\*Preschool children - decreased brain development, increased risk of ADHD<sup>10</sup>



World Health Organization



HM Government

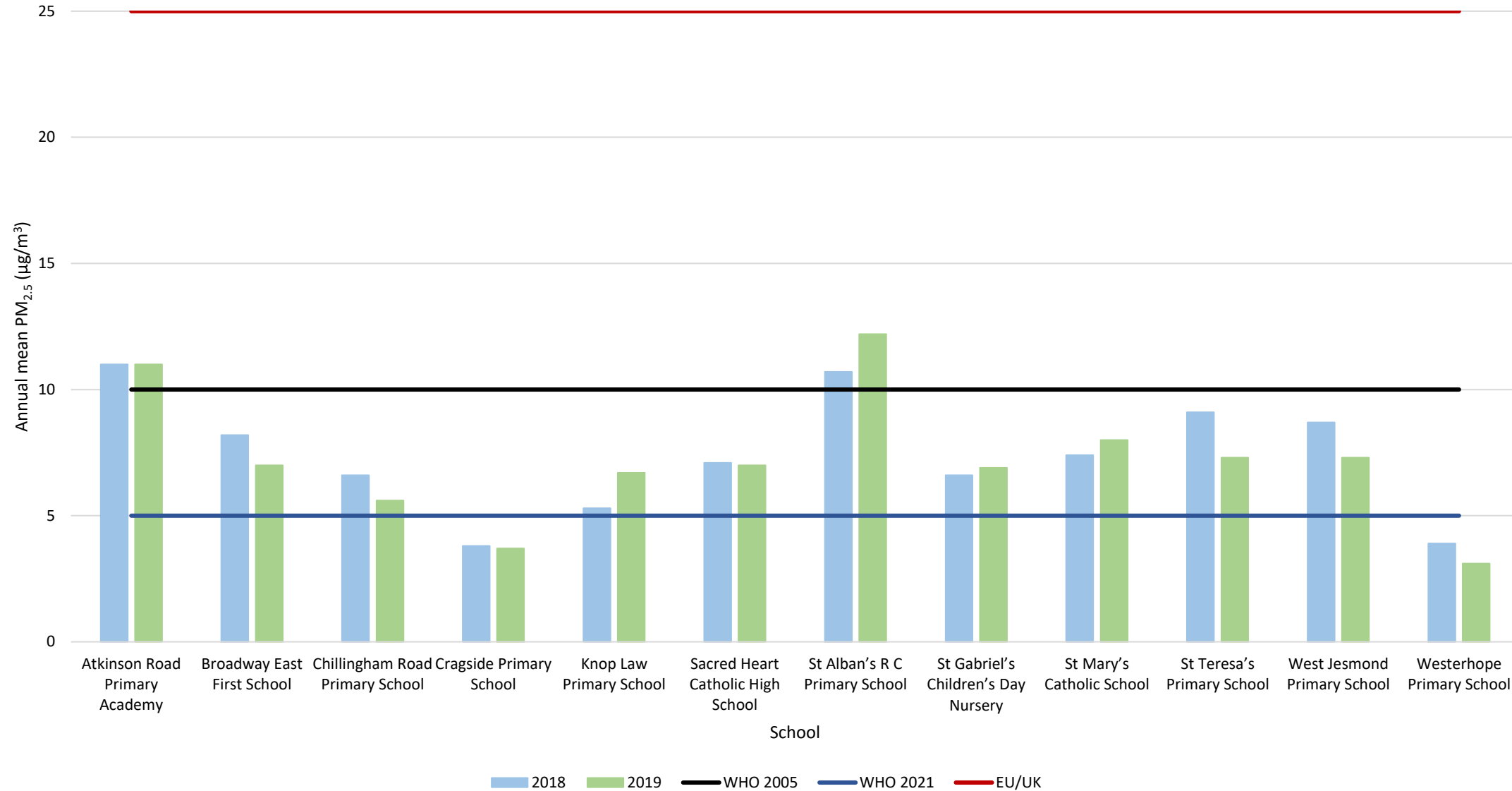
Pollutant	Averaging Time	2005 AQGs	2021 AQGs
PM <sub>2.5</sub> , µg/m <sup>3</sup>	Annual	10	5
	24-hour <sup>a</sup>	25	15
PM <sub>10</sub> , µg/m <sup>3</sup>	Annual	20	15
	24-hour <sup>a</sup>	50	45
O <sub>3</sub> , µg/m <sup>3</sup>	Peak season <sup>b</sup>	-	60
	8-hour <sup>a</sup>	100	100
NO <sub>2</sub> , µg/m <sup>3</sup>	Annual	40	10
	24-hour <sup>a</sup>	-	25
SO <sub>2</sub> , µg/m <sup>3</sup>	24-hour <sup>a</sup>	20	40
CO, mg/m <sup>3</sup>	24-hour <sup>a</sup>	-	4

	UK Law
PM <sub>2.5</sub> Annual	25
PM <sub>10</sub> Annual	40
PM <sub>10</sub> 24hour	50
NO <sub>2</sub> 1hour	200*

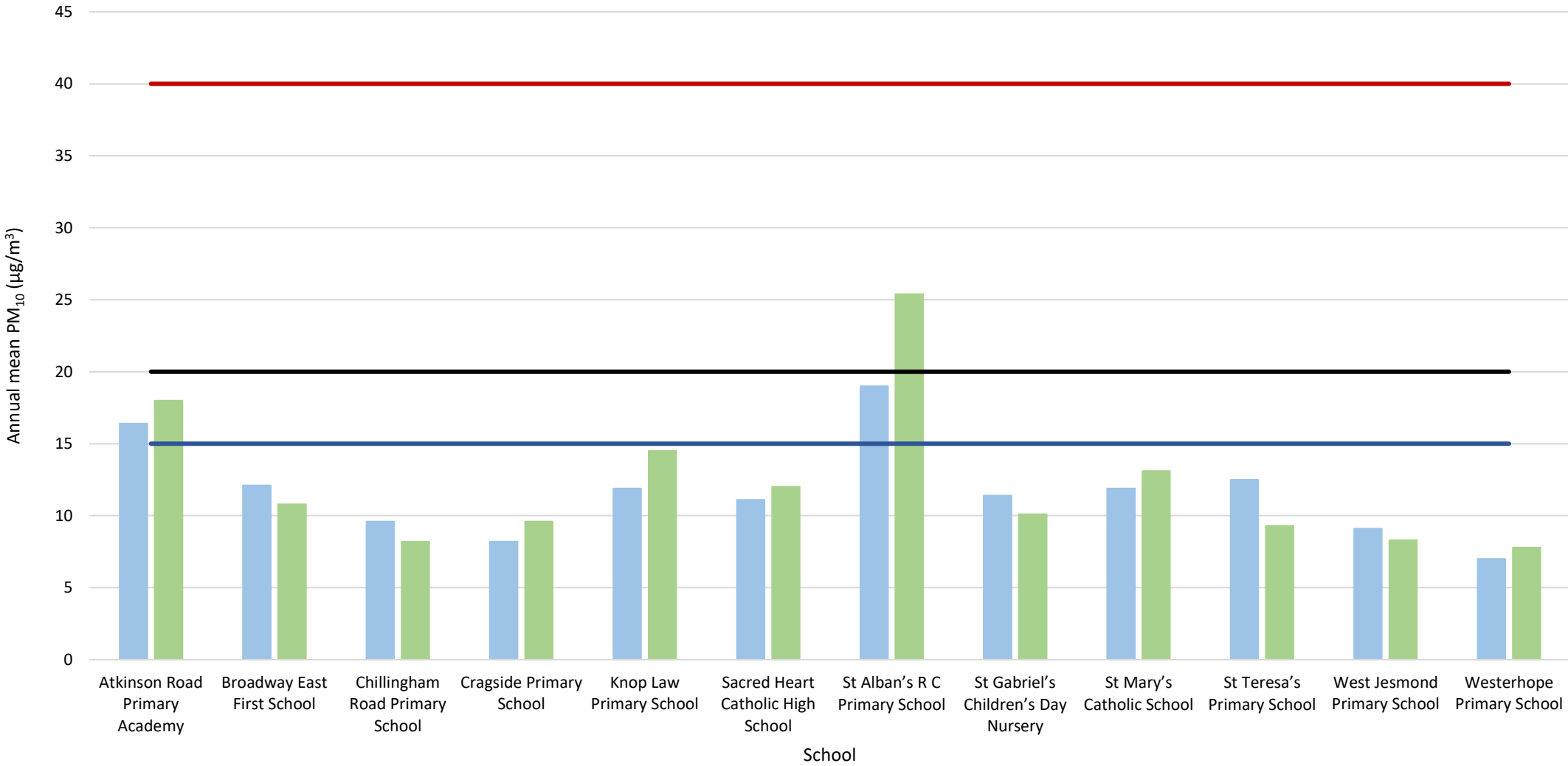
- Air Quality Guidelines
- Premature Birth, RTIs, **Asthma**
- **7million premature deaths per year**
- Globally -estimated 80% could be saved if achieved these targets

\*Not to be exceeded >18 times/yr

# Annual mean PM<sub>2.5</sub> levels



# Annual mean PM<sub>10</sub> levels



2018 2019 WHO 2005 WHO 2021 EU/UK

# CLEAN AIR FOR ALL

READ ELLA'S STORY

Rosamund Adoo Kissi Debrah

*“We believe in a world where everyone can breathe air that is free from toxic pollution, regardless of where they live, their economic status or their ethnic background.”*

[Clean air for all | The Ella Roberta Foundation](#)....‘Ella’s Law’ – Clean Air Bill – private members

Dr Maria Neira – Associate Director WHO

Dr Camilla Kingdon - *Air pollution is the largest environmental risk to public health and children are especially vulnerable*

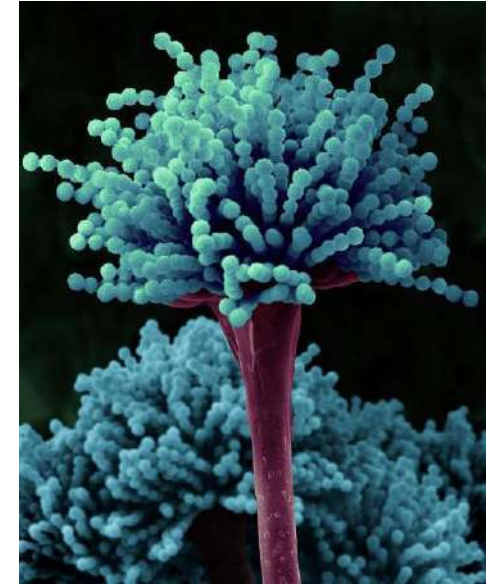




[Awaab Ishak died in 2020](#), eight days after his second birthday, as a direct result of black mould in the flat he lived in.

Est 450,000 homes in UK are damp

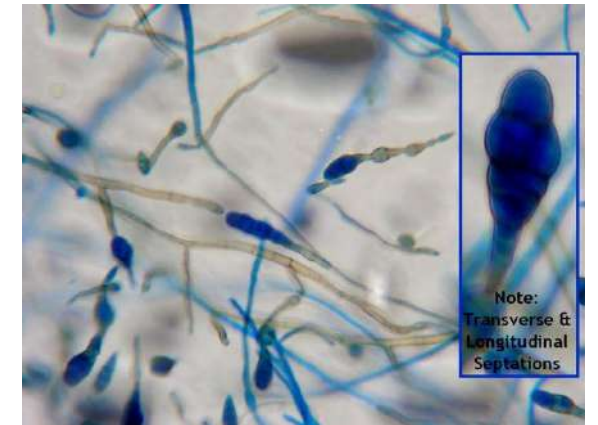
NHS website



Indoor mould exposure, asthma and rhinitis: findings from systematic reviews and recent longitudinal studies Caillaud D Eur Resp Review 2018

- papers from 2006-2017; n = 61; n = 6 for children
- Strongly associated with new onset wheeze and exacerbations OR ~2.5, 3.9, 2.2,
- Mould + parent atopy - OR 5.1
- Long term asthma – Less certain - data

What can we do?



https://www.nenc-healthiertogether.nhs.uk/search-results?search\_paths%5B%5D=&filter=0&query=respiratory

## Search Results

respiratory

7 Pages found that matched your search: 0 Files found that matched your search:

### Pages

#### Tackling Respiratory Illness in Poverty Together (TRIPT)

Resources for professionals working with vulnerable families

important when a child is presenting with a **respiratory** illness that may be exacerbated by their liv... especially on **respiratory** health. Children living in cold homes are mo

<https://www.nenc-healthiertogether.nhs.uk/resources/tackling-respiratory-illness-poverty-together-tript>

#### Counting your child's respiratory rate



https://www.nenc-healthiertogether.nhs.uk/parents/carers/worried-about-daily-life/stay-warm-and-well-this-winter-support

- Gateshead Council
- Hartlepool Borough Council
- Middlesbrough Council
- Newcastle City Council

[Cost of Living Support for Newcastle](#) - If you're struggling to manage you can access a range of advice and support so you can find the help you need

[Printable 'Help with the Cost of Living Crisis' booklet](#)

[Winter Wellbeing Hubs](#) - Across the city a network of winter wellbeing spaces can support you, providing not just warmth but a warm welcome and a place for coming together.

[Food banks](#) - find your nearest food bank

**Other sources of support in your area:**

[Citizens Advice Newcastle](#)

https://www.yhn.org.uk/damp-and-mould-assistance

## Cost of Living help and support

YHN has a range of dedicated and award-winning advice, information and support services that are available to help you through the Cost of Living Crisis.

To visit our help page click [here](#).

**Your Homes Newcastle**

Find a home Supported Housing Services Work for us My home My community Services for customers

Damp and Mould Assistance Contact us All news **Commercial services**

Mould

## Damp and Mould Assistance

Are you concerned about dampness, condensation or mould growth in your home?

https://www.citizensadvice.org.uk/resources-and-tools/search-navigation-tools/Search/?q=mould&sc=TOP-PUBLIC

citizens advice

Benefits Work Debt and money Consumer Housing Family Law and courts Immigration Health More from us

England Resources and tools Search and navigation tools Search

## Search

mould Search

Show results for: Advice

In this section

### Search and navigation tools

Search

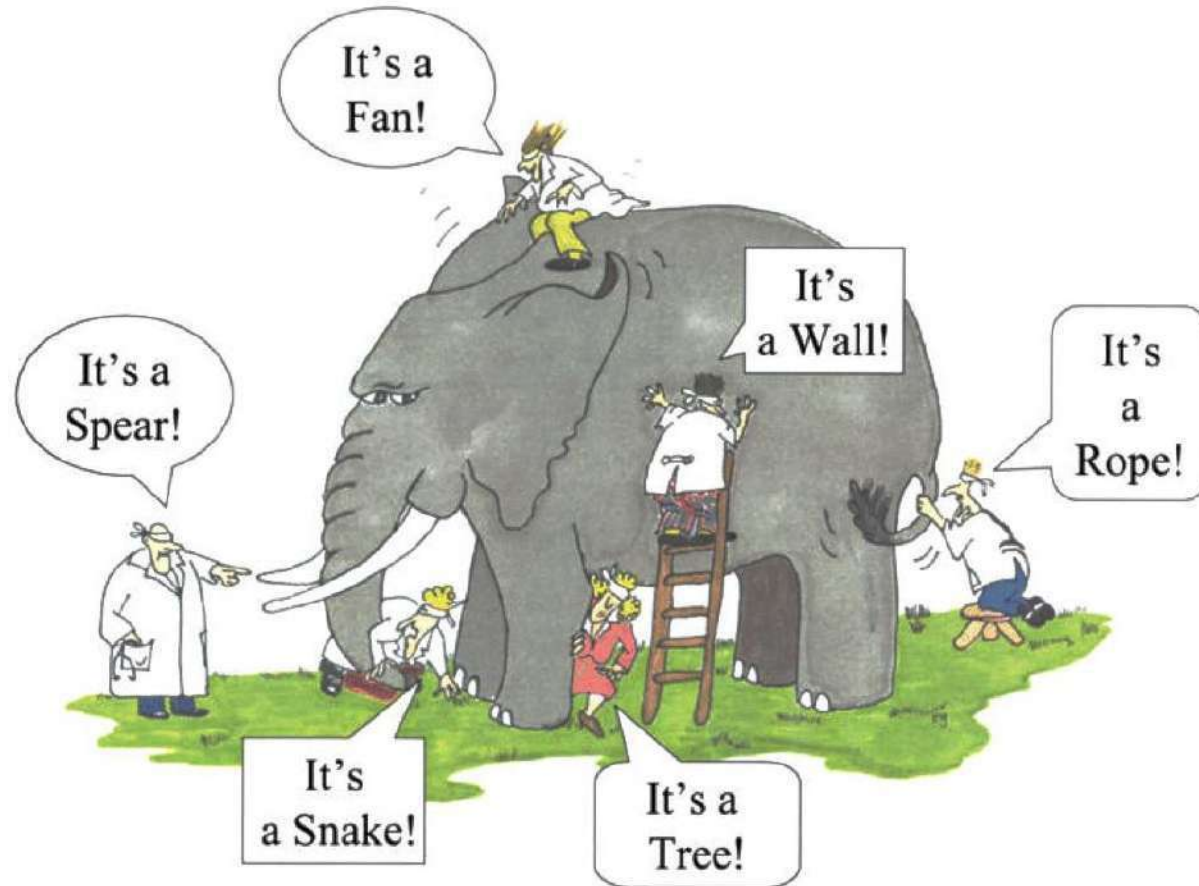
A to Z of advice

Finding information

Search for your local Citizens Advice

Browse our campaign pages

We use cookies to improve your experience of our website. You can find out more or opt-out from some cookies. [I'm fine with cookies](#)



Poverty



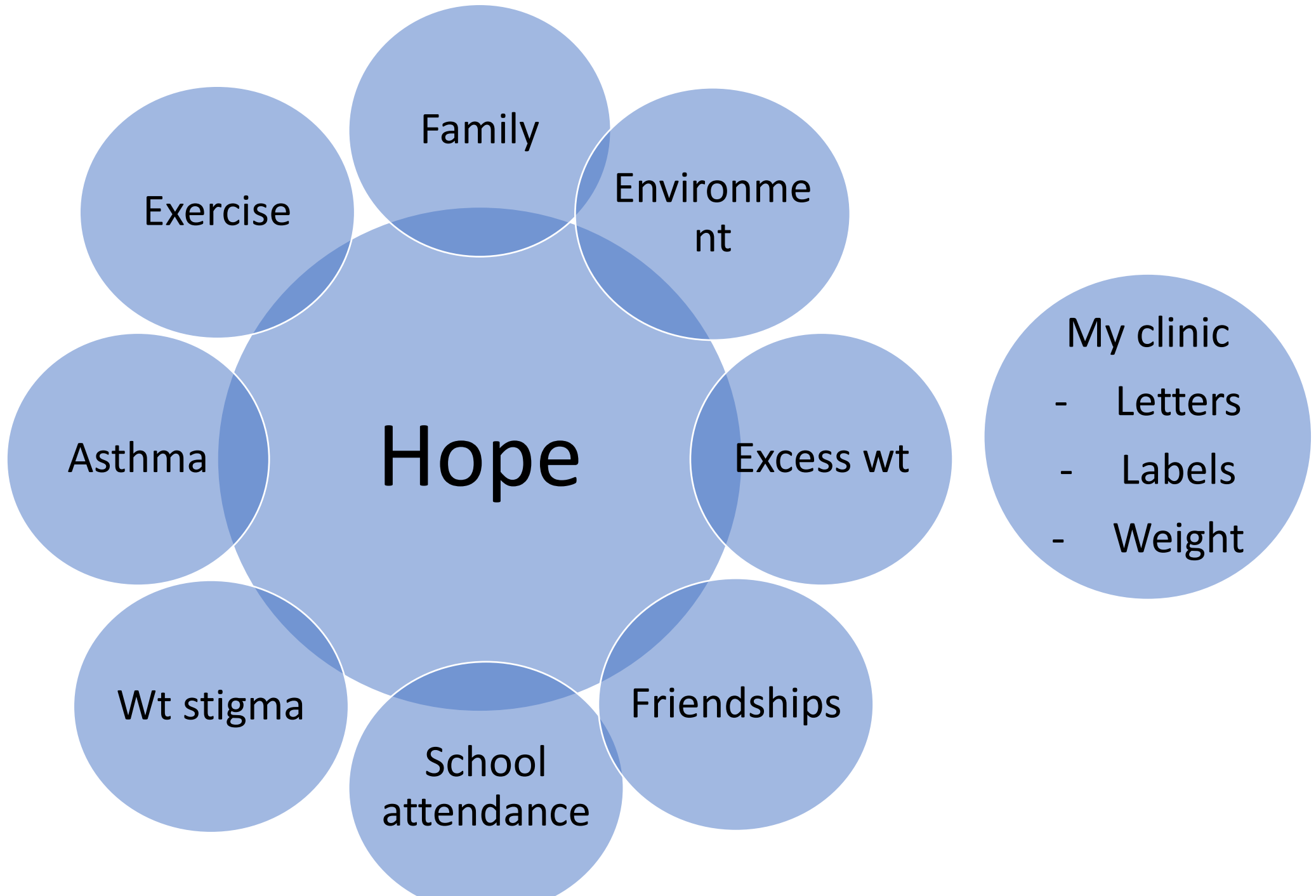
Choice

Voice

Access



Control

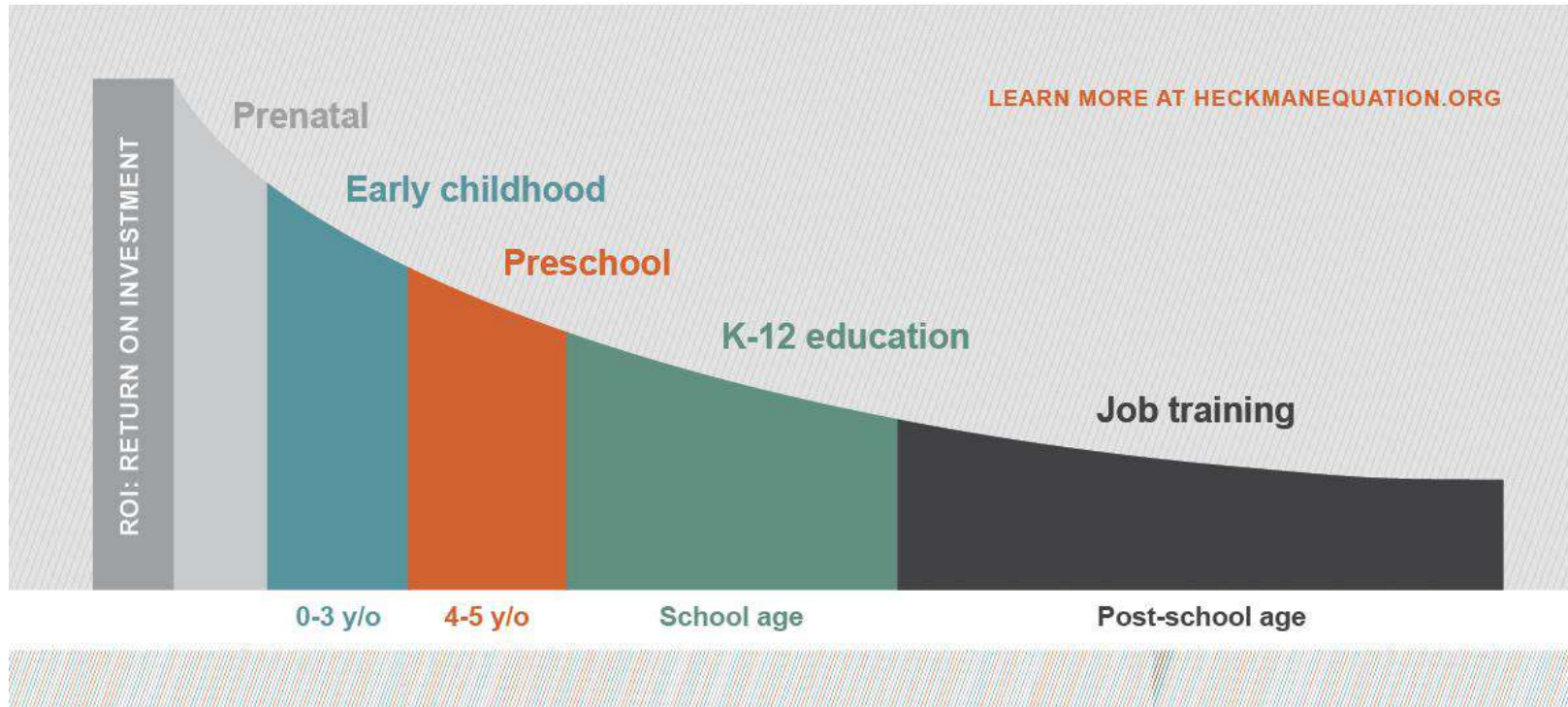






Return on Investment

# Economic impact of investing in early childhood learning.





## 1 - Improve your understanding of child poverty

Understand how child poverty is defined in the UK context, including evidence of how it drives health inequalities and affects child health outcomes.

[Improve your understanding](#)



## 4 - Advocate for change

Prevention is better than cure, and inequalities cannot improve without repairing the inherent problems in society. We offer key principles, plus the data to support your case.

[Advocate for change](#)



## 2 - Develop skills for talking to families

Many paediatricians may find it difficult to raise questions about poverty with families. We give some tips to make this subject more approachable.

[Develop skills](#)



## 5 - Take national political action

Almost 1,100 members signed our letters to political leaders across the UK last autumn, and over 100 of you wrote to MPs across the UK calling on them to intervene in Parliament.

[Find out more and take action](#)



## 3 - Prepare your own QI project

Quality improvement (QI) can be used to improve NHS services that aim to reduce child health inequalities. Collaboration is key, and we outline factors to consider.

[Prepare QI project](#)



## 6 - Influence local children's services

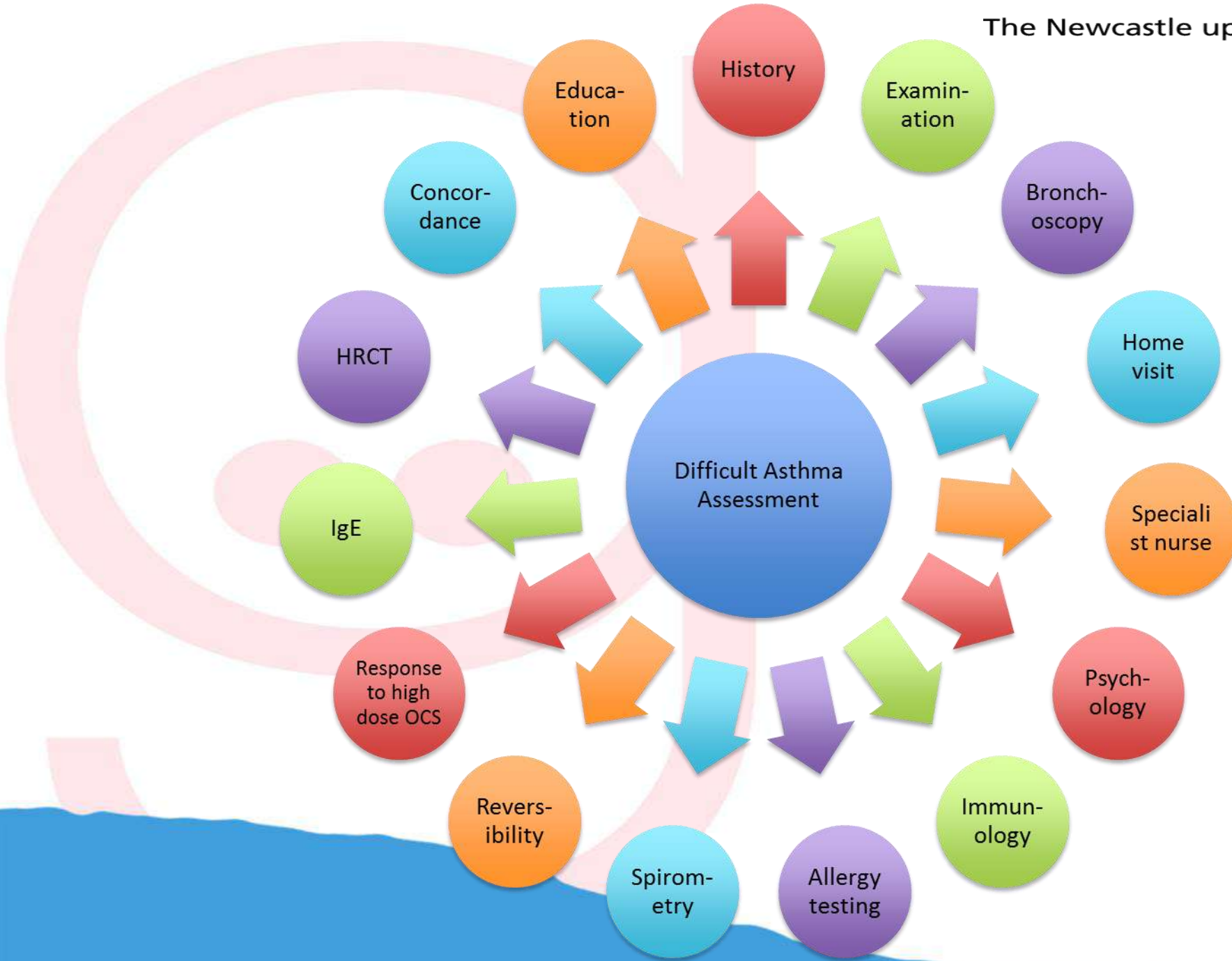
Reducing child health inequalities is a priority for health services in all four nations. We provide a template letter, to which you can add your unique perspective, to help shape better care and outcomes locally.

[Influence local children's services](#)

# Questions?







# Transition and Independence

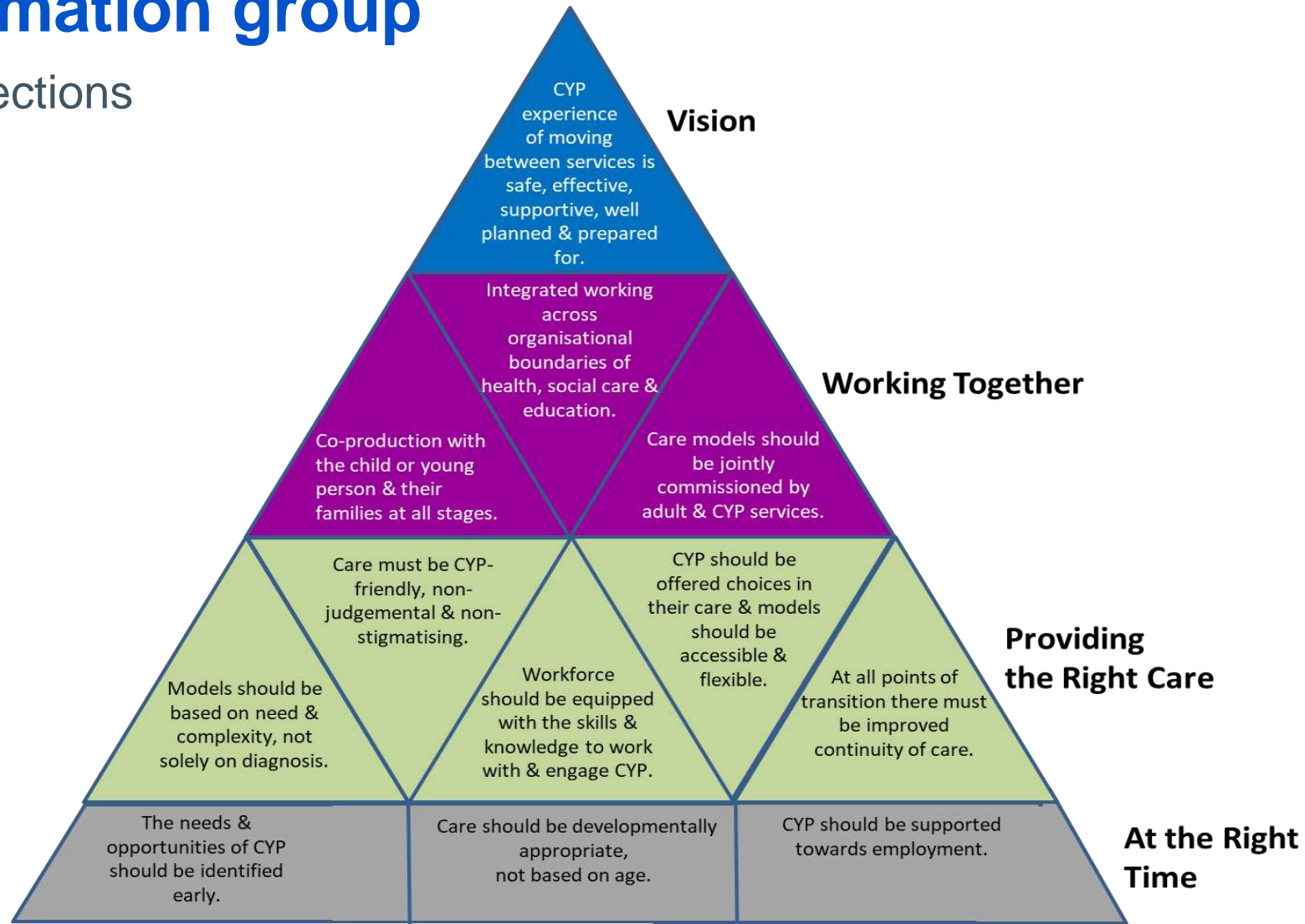
**How to support young people with asthma and their families during adolescence and young adulthood.**

**Dr Rosemary Thwaites – consultant paediatrician and clinical lead for transition STFT. Clinical advisor to NENCCHWBN 2021-2023**



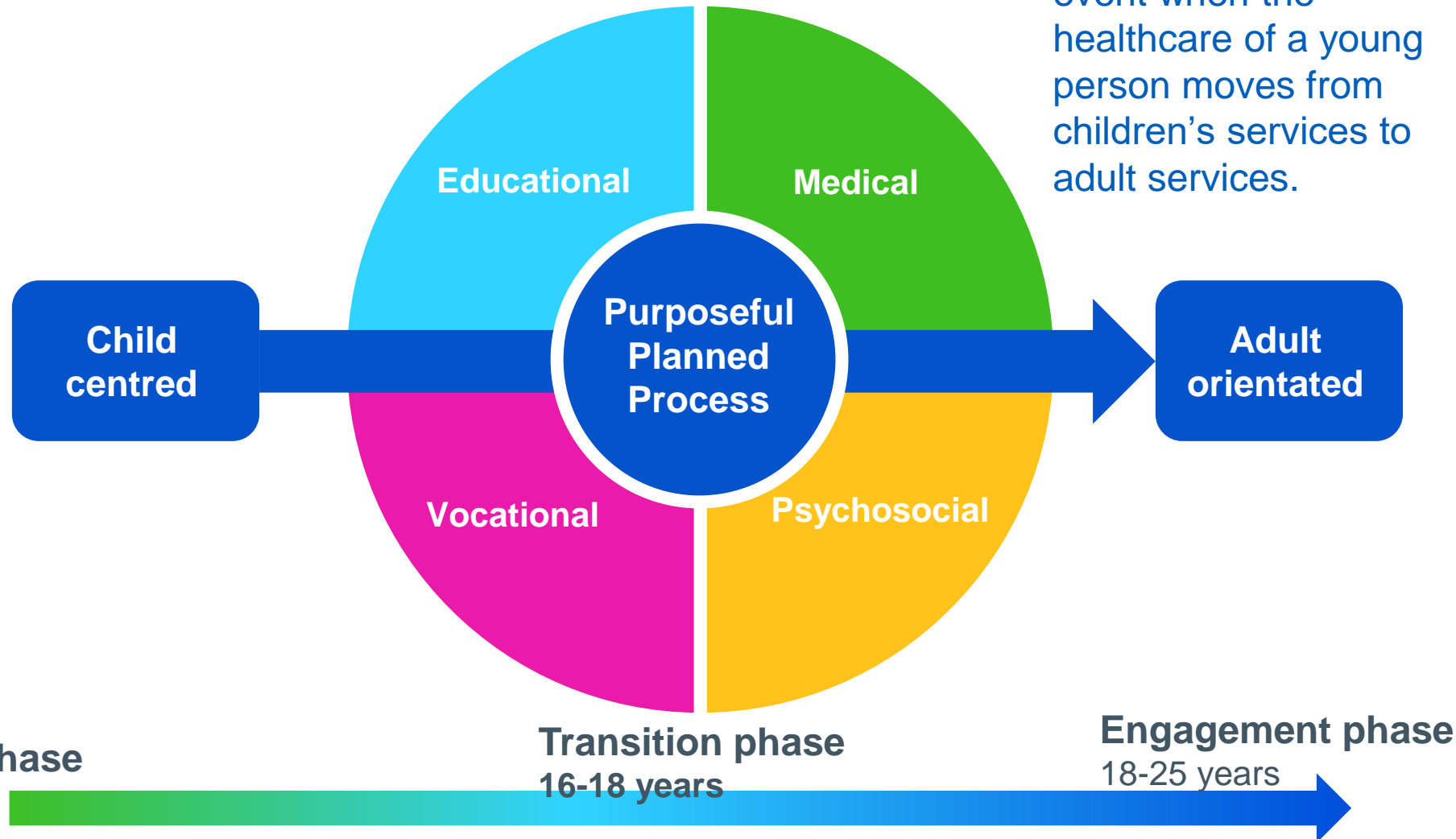
# National framework for transition - NHSE/ CYP transformation group

- CQC inspections



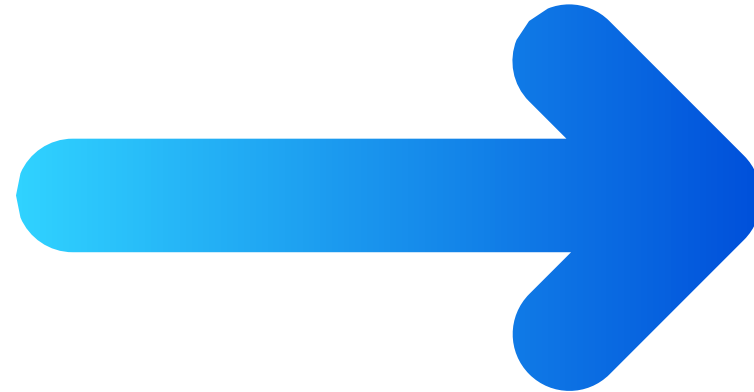
# Transition

Transfer' is the formal event when the healthcare of a young person moves from children's services to adult services.



# Psychosocial problems in CYP with long term conditions

- Depression
- Anxiety
- Educational difficulties
- Relationship issues
- Low self esteem
- Social isolation, family dependency
- Professional restriction
- Increased unemployment



Kidney M Iorga 2013  
Epilepsy R Rodenburg 2011

# At what age should Young people with asthma move to adult services?

- Aged 16 years
- After 16 years but before 18 years
- Before 19 years
- 21 years

# At what age should a child be allowed to go to shops on their own?

- 8 years
- 10 years
- 12 years
- 16 years
- 18 years

# What did you take into consideration when deciding?

# Asthma and the adolescent brain

- Increased asthma related morbidity and mortality
- Significant time of change biopsychosocial & brain development
- Adolescents are more risk averse than adults when presented with meaningful understanding of risk of a situation.

BUT

- Adolescent decision making affected by
  - Environment
  - Peers
  - Strive for independence
  - Family dynamics
  - Personal goals
- A structured transition process improves engagement with healthcare, patient and parent satisfaction and health outcomes.

# Developmentally appropriate healthcare



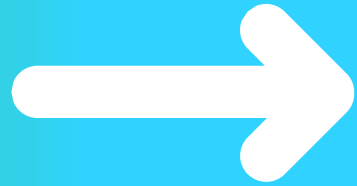
- Making healthcare work for YP
- Recognizes the changing biopsychosocial developmental needs and expectations of young person aged 11-25 years
- Acknowledges need for progression to self management of long-term conditions



- 0-25 years services
- Changes in training and recruitment on the horizon?

- **Requires change in culture across NHS organizations**

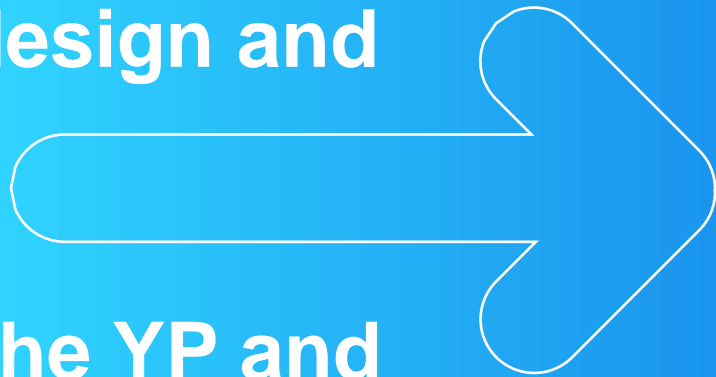




## **Supporting patients through the transition – WHY and HOW?**

**Healthcare transfer is imposed on YP at 18 years due to service design and delivery**

**It is our duty to prepare the YP and family for this change**



# Benchmarking...

**1. Start early**  
**2. Annual review**  
**3. Key worker**  
**4. Transition plan**  
**5. Meet adult team**  
**6. DNA policy**

**YOU'RE WELCOME PILOT 2017**  
**REFRESHED STANDARDS FOR PILOTING**

*Quality criteria for making health services young people friendly*

**Coming soon** – core capability and national framework on transition.

# NIHR transition 5 year project – Colver et al 2018



Empower patient to develop self care skills



Meet the adult team before transfer



Appropriate parent involvement

## (4) Young person feedback



Transition is not good for people who have recently got their diagnosis

I like the idea of a joint meeting with the adult team and the children's team both being there

Going on a sort of trial experience in adults

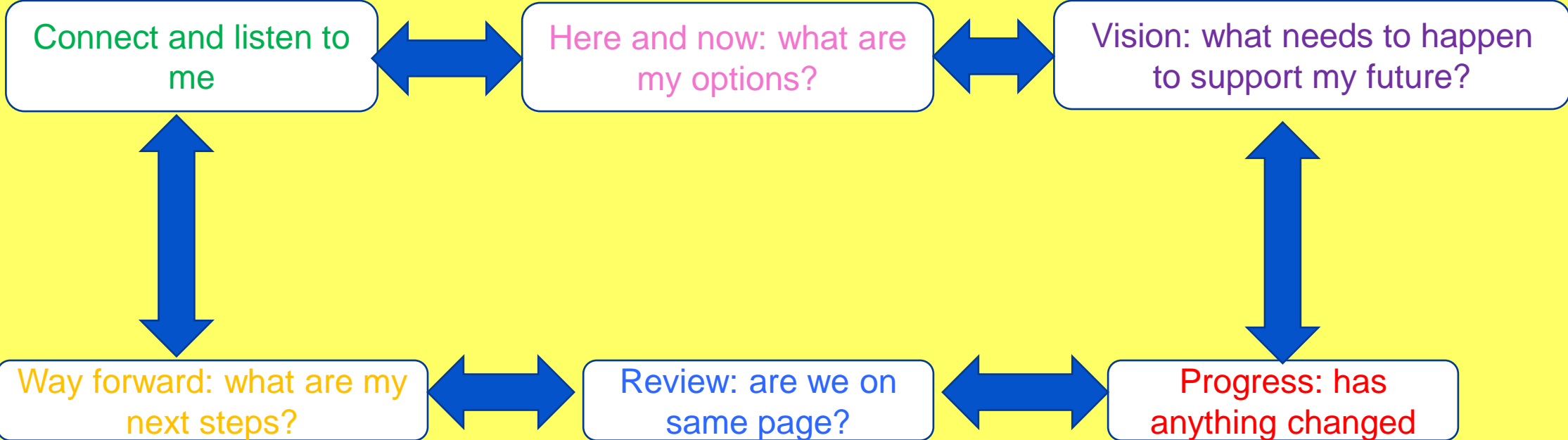
Meet adult consultant and current team together

Healthcare Transition for Young People across the North East & North Cumbria: a scoping exercise against national standards.

Team members Flora McErlane <sup>1</sup>, Rosemary Thwaites <sup>2</sup>, Louise Dauncey <sup>3</sup>, Emma Lim <sup>1</sup>

<sup>1</sup> Great North Children's Hospital, Newcastle, <sup>2</sup> James Cook University Hospital Middlesbrough, <sup>3</sup> North East and North Cumbria Child health and Wellbeing Network.

# ME first transition model



# Me First fundamentals – TRANSITION MODEL

- **Developmental level**

- Appropriate language and approach

- **Involvement and shared decision making**

- Who's involved?
- Is this appropriate?
- Can CYP be more involved?

- **Power and influence**

- Who holds power and influence here?
- Positive and negative impact?

- **Working with difference**

what differences are there between people involved?  
Are we being holistic?, what's not been said?

- **Capacity**

Does YP have capacity for this decision?

- **Consent**

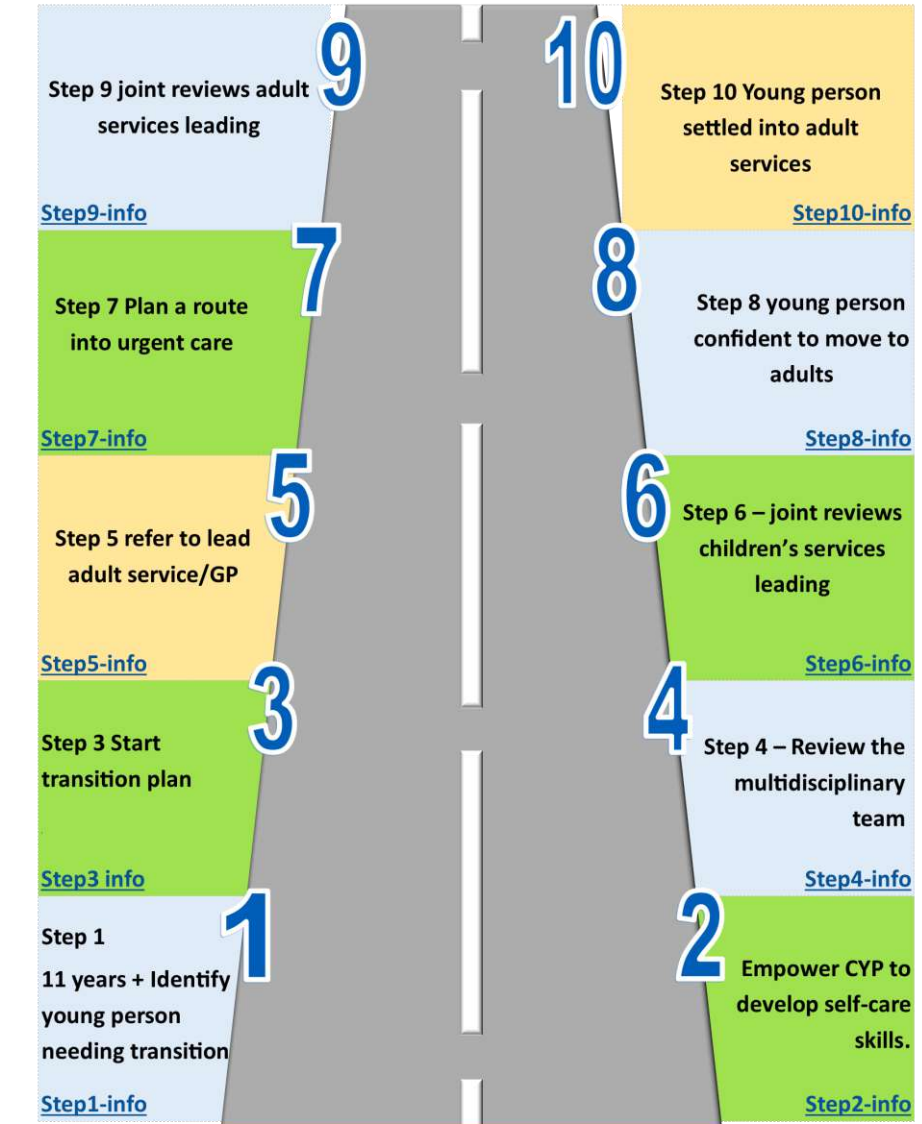
Does YP consent?

## Social GRACES

G: Geography  
Gender  
Gender Identity  
Generation  
R: Religion  
Race  
A: Appearance  
Ability  
Age  
C: Class  
Caste  
Culture  
Colour  
E: Ethnicity  
Education  
Economics  
S: Spirituality  
Sexuality  
Sexual  
Orientation

# The road to adult healthcare services – NENC transition Journey

Pathway for professionals to enable patients to have seamless transition and transfer from paediatric specialist services to adult health services



This pathway has been adapted by NENC Transitions Group with permission from Alder Hay NHS Foundation Trust

# The transition Journey – 10 points on the road

- **Identify young person needing transition**
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

# Stage I

- **Identify young person needing transition**
  - Use of electronic healthcare record to highlight all CYP when they reach 14 years
  - Signpost to information on transition and asthma care -
    - Asthma and lung UK
    - Beat asthma
  - Identify key worker
  - Highlight transition in clinic letters
  - Start to involve GP - prescriptions, reviews shared care.

## stage 2

- Identify young person needing transition
- **Empower young person and support parents**
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

- Empower young person and support parents
- Shared decision making
- Write the letters to the patient cc parent and GP
- Signpost to resources in letter QR CODES
- Tools to help

**Ask 3 Questions** **NHS**

Normally there will be choices to make about your healthcare.  
Make sure you get answers to these three questions:\*

What are my **options**?

What are the **pros and cons** of each option for me?

How do I get **support** to help me make a decision that is **right for me**?

Your healthcare professional needs you to tell them what is important to you  
**Shared Decision Making**  
<http://www.advancingqualityalliance.nhs.uk/SDM/>

**AQUA**  
Advancing Quality Alliance

**Right Care  
Decision  
Making  
Programme**

\*Ask 3 Questions has been adapted with kind permission from the WMOG programme, supported by the Health Foundation.  
Ask 3 Questions is based on the work of Dr. David G. Clark, et al. Three questions that patients can ask to improve the quality of information provided about treatment options.  
A consensus statement. Patient Education and Counselling, 2011; 34: 179-85.

# Ready Steady Go -provides structured framework:

- Knowledge
- Self-advocacy- speaking up for yourself
- Health + lifestyle
- Education/future
- Psychosocial issues
- Transition

[www.readysteadygo.net](http://www.readysteadygo.net)

## Start early because

- More time to gain the knowledge, skills and confidence
- Better knowledge retention
- Not rushed- go at the patient/carer pace!



# Moving on Asthma : Video based resources

- Developed by Respiratory Research Team at Sheffield NHS Foundation Trust
- Helps to develop essential self management skills
- Learn to access healthcare independently
- Explains what asthma is
- Video/digital resources
- Aimed at older children

[Home - Moving on Asthma](#)



A purple banner with a white border. On the left is a QR code with a small circular logo in the center that says 'MOVING ON ASTHMA'. To the right of the QR code, the text 'Hear all about our' is written in white. Below that, 'SEVEN WONDERFUL ASTHMA TIPS' is written in a stylized font inside a white oval. To the right of this oval is a yellow starburst logo with 'S.W.A.T.' written in black. At the bottom of the banner, the website 'www.movingonasthma.org.uk' is written in white.

# Widen the scope of consultation

- Align treatment goals with life goals
- Ask about and record personal goals
- Ask about adherence at every visit
  - Optimal, suboptimal. Adequate and chronic
  - Beliefs about medication questionnaire
- Acknowledge how hard it must be
  - LISTEN and UNDERSTAND
- Allow patients time on their own
  - Discuss smoking, vaping and drugs at each visit
- Allow parents opportunity to speak to team on their own
  - Worries fears
  - Reassurance



BMO 511\_Q8 Project Number \_\_\_\_\_

**YOUR VIEWS ABOUT MEDICINES PRESCRIBED FOR YOU**

- We would like to ask you about your personal views about medicines prescribed for you.
- These are statements other people have made about their medicines.
- Please show how much you agree or disagree with them by ticking the appropriate box.

**There are no right or wrong answers. We are interested in your personal views**

Views about MEDICINES PRESCRIBED FOR YOU:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1001 My health, at present, depends on my medicines					
1002 Having to take medicines worries me					
1003 My life would be impossible without my medicines					
1004 I sometimes worry about long term effects of my medicines					
1005 Without my medicines I would be very ill					
1006 My medicines are a mystery to me					
1007 My health in the future will depend on my medicines					
1008 My medicines disrupt my life					
1009 I sometimes worry about becoming too dependent on my medicines					
1010 My medicines protect me from becoming worse					
1011 These medicine give me unpleasant side effects					

**YOUR VIEWS ABOUT MEDICINES IN GENERAL**

- These are statements that other people have made about medicines in general.
- Please show how much you agree or disagree with them by ticking the appropriate box.

Views about MEDICINES IN GENERAL:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1012 Doctors use too many medicines					
1013 People who take medicines should stop their treatment for a while every now and again					
1014 Most medicines are addictive					
1015 Natural remedies are safer than medicines					
1016 Medicines do more harm than good					
1017 All medicines are poisons					
1018 Doctors place too much trust on medicines					
1019 If doctors had more time with patients they would prescribe fewer medicines					

## stage 3

- Identify young person needing transition
- Empower young person and support parents
- **Start Transition plan**
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

# The Transition Plan – ideally electronic

- Clinical information summary
- Up-to-date medication list
- Contact details for the team
- Emergency health care plans – if relevant
- Acute care pathway – preference for admission
- All about me if SEND or special requirements
- Consent and confidentiality – update each clinic

## stage 4

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- **Review multidisciplinary team**
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

## stage 5

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- **Identify and refer to adult lead service/GP**
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

# Identify and refer to adult services/GP

- Arrange visit to adult areas
  - Clinics, wards, ED, SDEC/AAU
- Develop videos of the team and areas
  - <https://vimeo.com/693568411>
  - NENC\_healthier together website links
- Provide information about the service
  - Social media, digital
- Check they understand their disease and treatment
  - GO and 16+ pathway
- Update asthma management plan

## Primary care

Links with practice asthma lead  
verbal  
written handover

## Joint clinic virtual

If complex then joint clinic with GP  
joining

- Prepare detailed transfer summary
- Highlight previous noncompliance
- Psychosocial information

## stage 6

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- **Joint reviews children's services leading**
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

# stage 7

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- **Plan route for urgent care**
- Young person confident to move to adult care
- Joint review adult team leading
- Young person settled into adult care

# Stage 8

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- **Young person confident to move to adult care**
- Joint review adult team leading
- Young person settled into adult care

# Young person confident to move to adult services?

- How will you know this?

# Young person confident to move to adult services

- Do they have appropriate self-care skills
- Do they know how to order prescriptions
- Do they understand management and emergency plan.
- Consent and confidentiality - flag on systems
- Preference for ward areas
- Visit to clinic environment/inpatient unit if applicable
- Information re clinic appointments and booking
- Allow parents/carers to speak to adult team
- Go to GP to meet practice nurse



# Resources to help



## stage 9

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- **Joint review adult team leading**
- Young person settled into adult care

## stage 10

- Identify young person needing transition
- Empower young person and support parents
- Start Transition plan
- Review multidisciplinary team
- Identify and refer to adult lead service/GP
- Joint reviews children's services leading
- Plan route for urgent care
- Young person confident to move to adult care
- Joint review adult team leading
- **Young person settled into adult care**

# Young person settled into adult care

- Action plan for DNA – GP or Adult services
- Formal feedback
  - Questionnaire
- Ensure follow up with GP

# Summary

- Transfer of care is not age dependent
- There is a cut off though! Time is of the essence
- Starting early – better outcomes
- Empowerment of young person
- Involvement of family
- Ensure YP at centre of consultations
- Use a structured process - The NENC road to adult services
- Use of Ready steady Go programme
- Improved outcomes
- Cost efficient

# Any Questions?



# Socio-economic Factors

Samantha Moss

Consultant Respiratory Pediatrician

Clinical Lead for Asthma CHWN NENC



# Introduction

- What is poverty?
- How does our region compare nationally
- Impact of Health Inequalities
- Impact on asthma
- Solutions

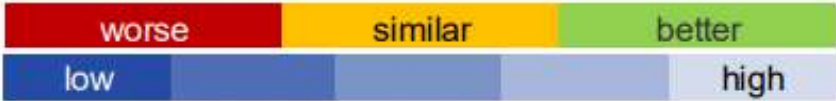
# Child Poverty

- Children in households with income below 60% UK median household income (£18000 in 2020)
- Child poverty rates increased over past 10 years
- 4.2 million children in UK (2021-2), 9 children in a class of 30
- Black and minority ethnic groups more likely to be in child poverty (48%)
- 71% of children growing up in poverty live in a household where at least one person works
- Larger families have a greater risk

# Deprivation in NENC (Facts of Life Report 2021)

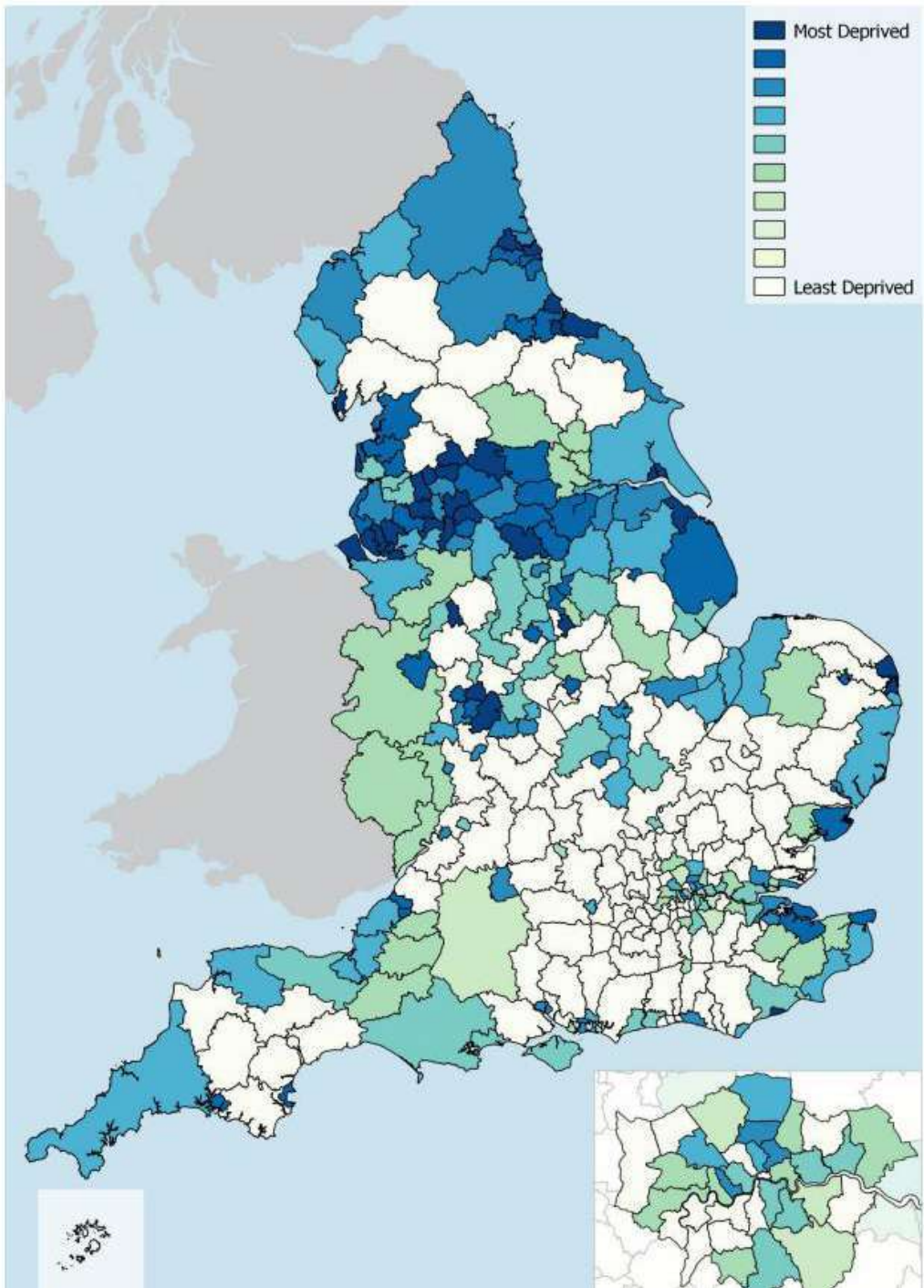


Chart legend  
Significance compared with England  
Quintiles



	Period	England	Region	Lower tier local authorities															
				North Cumbria				North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley				
				Allerdale	Carlisle	Copeland	Eden	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees
<b>Percentage living in 20% most deprived areas in England</b> (Persons, All ages, %)	2014	20.2	29.4	20.3	16.2	24.9	0.0	24.8	35.2	17.2	21.4	27.1	46.2	38.2	22.7	44.7	57.2	35.8	28.1
<b>Deprivation score (IMD2019)</b> (Persons, All ages, IMD Score)	2019	21.7	-	22.9	22.0	25.0	16.3	28.2	29.8	22.1	22.3	26.8	31.5	30.6	25.7	35.0	40.5	29.8	25.8
<b>Child Poverty, Income deprivation affecting children index (IDACI)</b> (Persons, <16, %)	2019	17.1	-	15.1	14.9	16.4	8.7	20.4	24.7	17.4	17.9	22.2	26.7	24.2	20.3	28.3	32.7	25.6	20.9
<b>Crime deprivation: score</b> (Score)	2015	0.0	-	-0.4	-0.3	-0.4	-1.0	-0.3	-0.1	-0.8	-0.7	-0.2	-0.3	-0.2	0.2	0.1	0.6	0.0	-0.3
<b>Income deprivation, English Indices of Deprivation</b> (Persons, all ages, %)	2019	12.9	-	12.1	11.6	13.0	7.0	16.7	17.9	12.6	14.4	16.5	20.6	19.2	15.3	22.8	25.1	18.6	16.4

Figure 1.5 – Deprivation



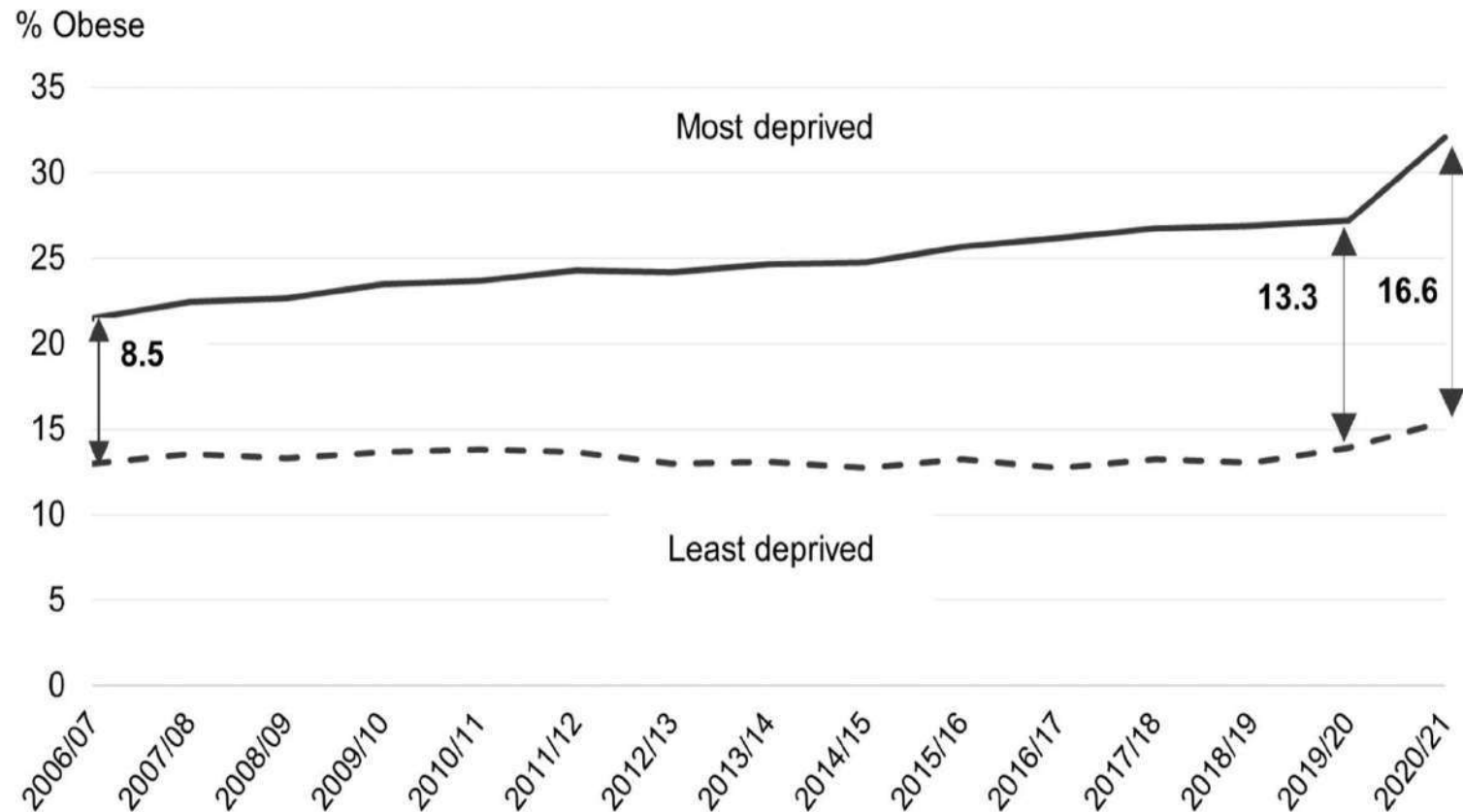
- 38 % children in NE live in poverty (2021/2)
- Have overtaken London to have highest rate of child poverty
- The steepest rise in child poverty in the UK (50% increase from 2014/5 – 2021/2)
- 1/3 of NE parliamentary constituencies now have a child poverty rate of  $\geq 40\%$

# Health Inequalities

- Children from disadvantaged background are more likely to require hospital admission
- Longer duration of stay
- More likely to be diagnosed with chronic illness
  - Asthma is highest (OR 2.20 95% CI 1.87-2.85)
- More likely to have psychological disorders

# Health Inequalities Continued

- Rates of obesity and severe obesity in Year 6 are increasing in most deprived quintile, with widening gap



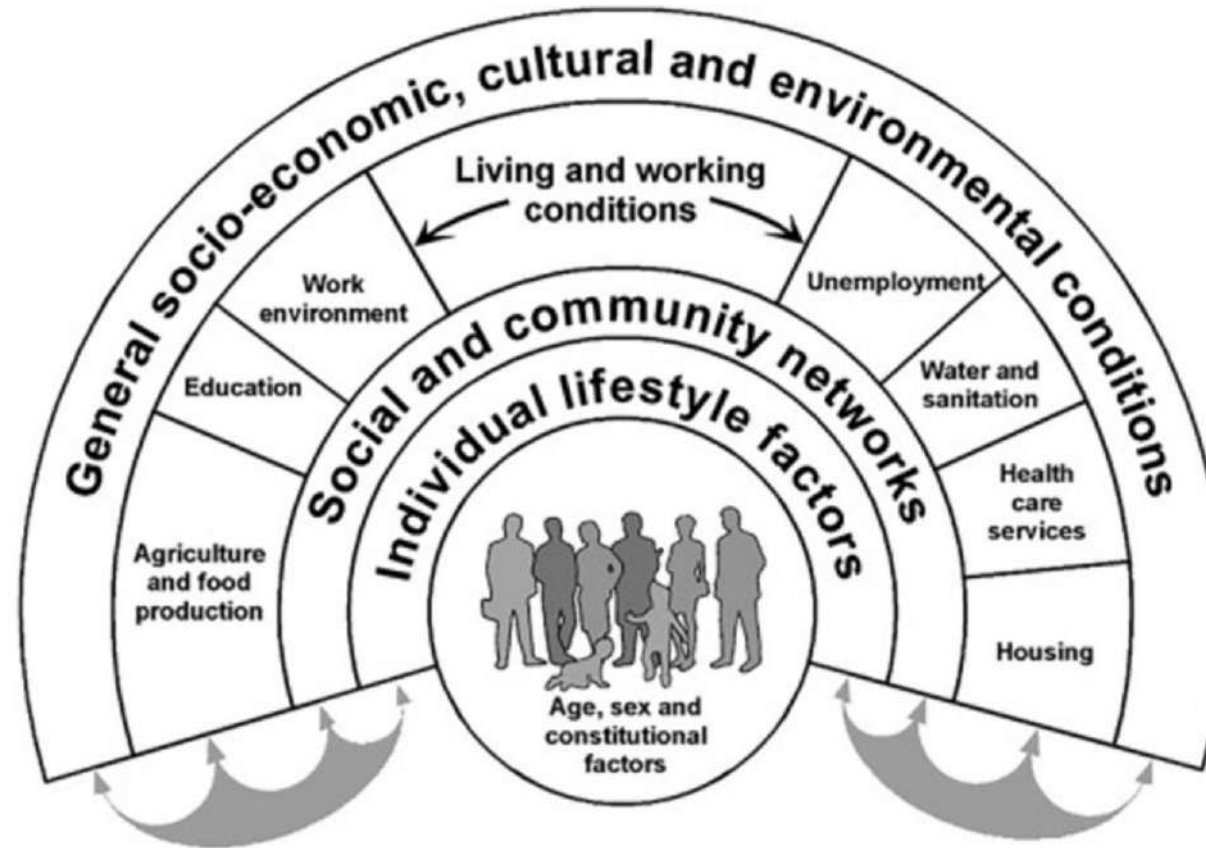
# Life Expectancy

- 10% increase in risk of death for each decile of increasing deprivation

			Lower tier local authorities																
			North Cumbria				North of Tyne and Gateshead				Durham, South Tyneside and Sunderland			Tees Valley					
Period	England	Region	Allerdale	Carlisle	Copeland	Eden	Gateshead	Newcastle upon Tyne	Northumberland	North Tyneside	County Durham	South Tyneside	Sunderland	Darlington	Hartlepool	Middlesbrough	Redcar and Cleveland	Stockton-on-Tees	
Life expectancy at birth - Male (All ages, years)	2017-19	79.8	-	79.6	78.4	78.8	82.3	77.8	77.9	79.5	78.2	78.3	77.0	77.0	78.8	76.9	75.4	78.2	78.5
Life expectancy at birth - Female (All ages, years)	2017-19	83.4	-	82.3	82.9	81.7	85.4	81.8	81.9	82.8	82.0	81.8	81.8	81.4	81.9	81.3	80.3	81.8	81.7

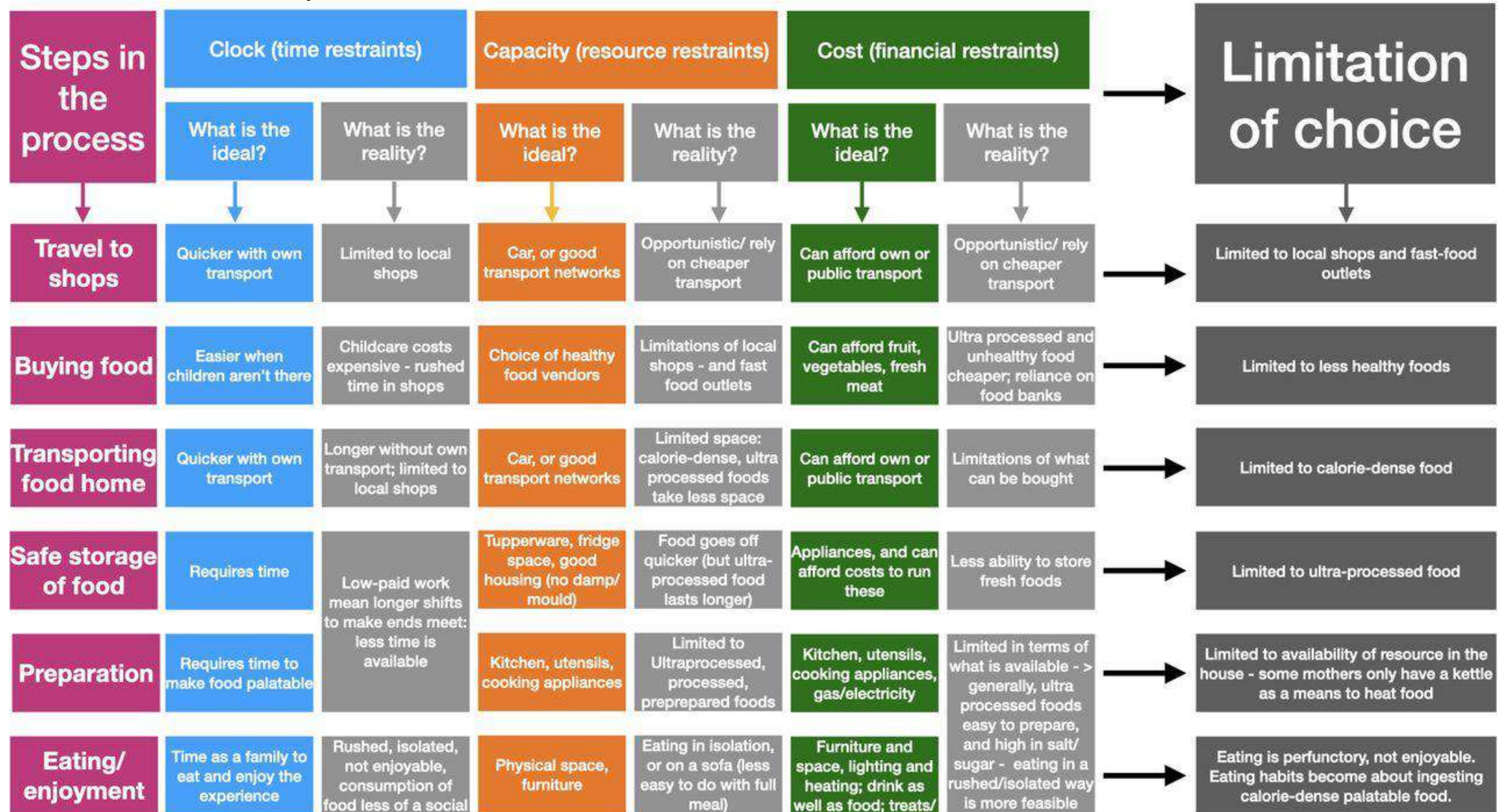
Figure 1.3 – Life expectancy

The health of a person is determined by their constitutional factors, lifestyle factors, community factors and the wider socioeconomic, cultural and environmental factors in which they live



Source: adapted from Dahlgren and Whitehead, 1991

Parents in poverty are less able to offer their children a healthy lifestyle (time restraints, resource constraints and financial restraints)

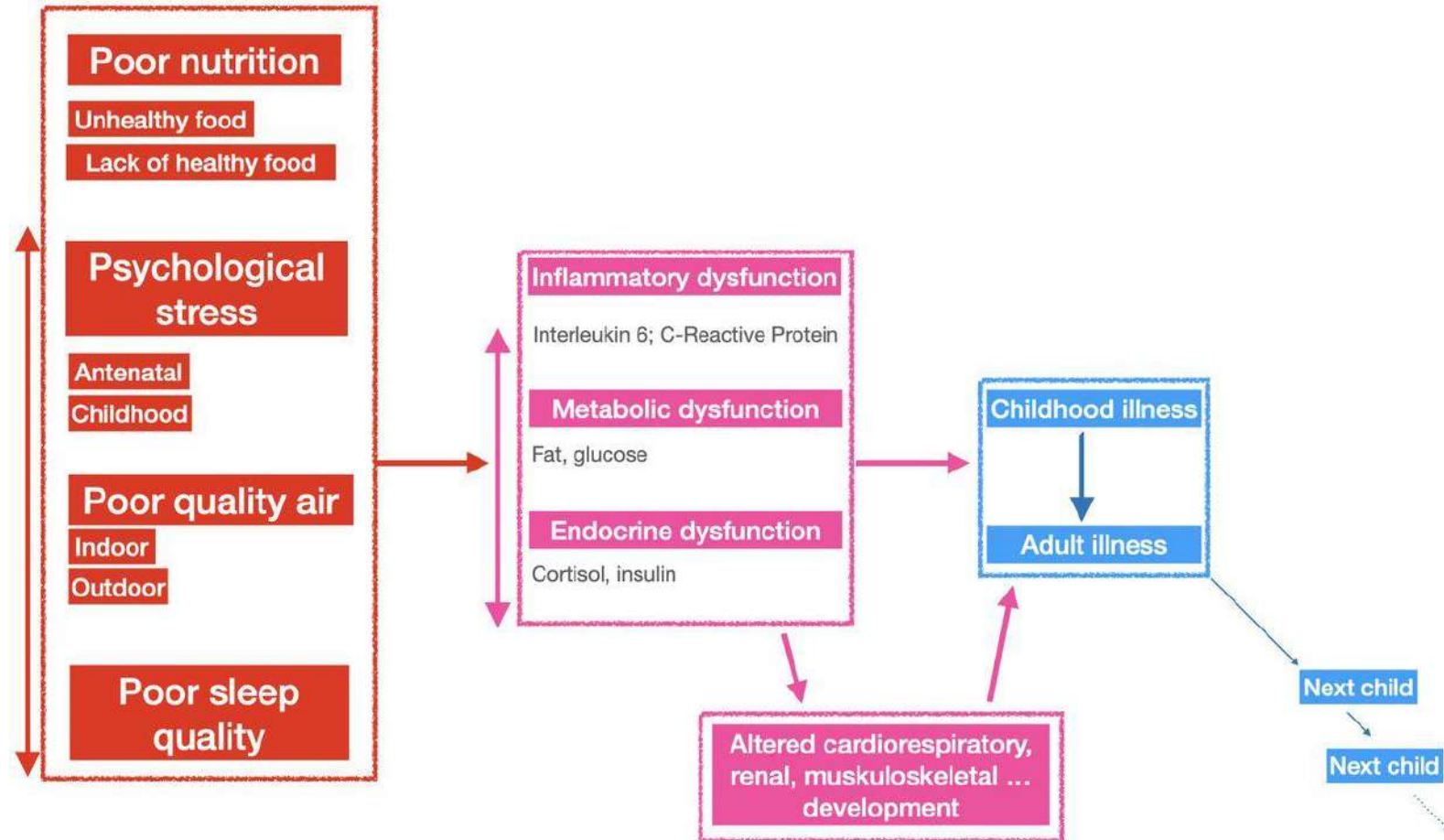


- Adverse exposures related with poverty tend to occur cumulatively
- Adverse exposures may work synergistically
- Children at risk less likely to have protective factors
- Persistence and time of insult likely to make problem worse

# Inverse Care law

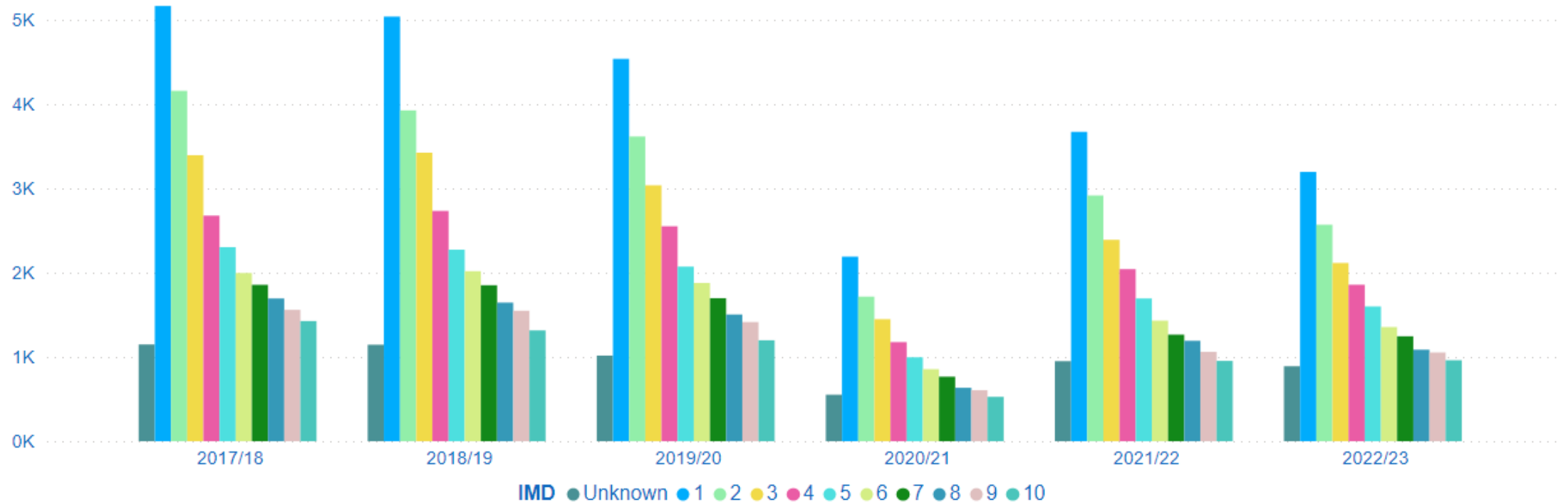
- Children in deprived areas may have less access to medical care
- They may receive less good care
- Public spending cuts affect poorer areas disproportionately

# Pathological Effects of Socioeconomic Deprivation



# Asthma Non-Elective Admissions by IMD

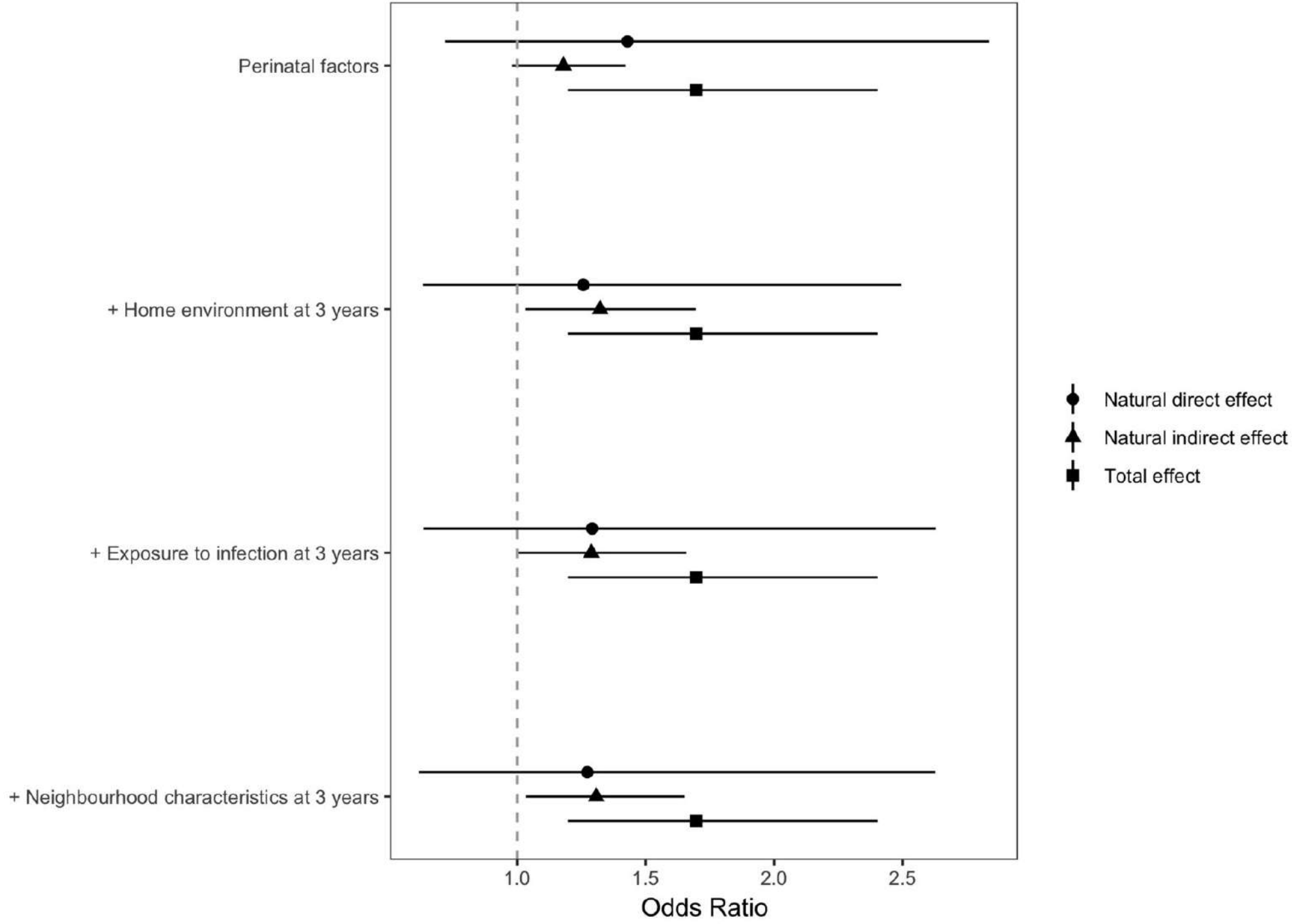
Asthma Non-Elective Admissions by Financial Year and IMD



# Millennium Cohort Study

Creese H, Lai E, Mason K, *et al* Disadvantage in early-life and persistent asthma in adolescents: a UK cohort study. *Thorax* 2022;**77**:854-864.

- Prevalence of persistent asthma in the most disadvantage British adolescents was 20 % compared with 13% for the most advantaged
- 58.9% of excess risk attributable to perinatal and environmental exposures by 3 years of age



# Solutions

- Political
- National Bundle of Care for CYP with Asthma
- Core 20 PLUS 5 (NHS England)
  - Core 20 The most deprived 20%
  - PLUS – population groups
    - include ethnic minority communities, including health groups, learning disability, autism, coastal communities, people with multi-morbidities, protected characteristics, young carers LAC
  - 5 – chronic illnesses including Asthma



# Draft NENC CORE20+5 Lens

Join the on  
line launch  
of the toolkit  
July 6<sup>th</sup> 10-12

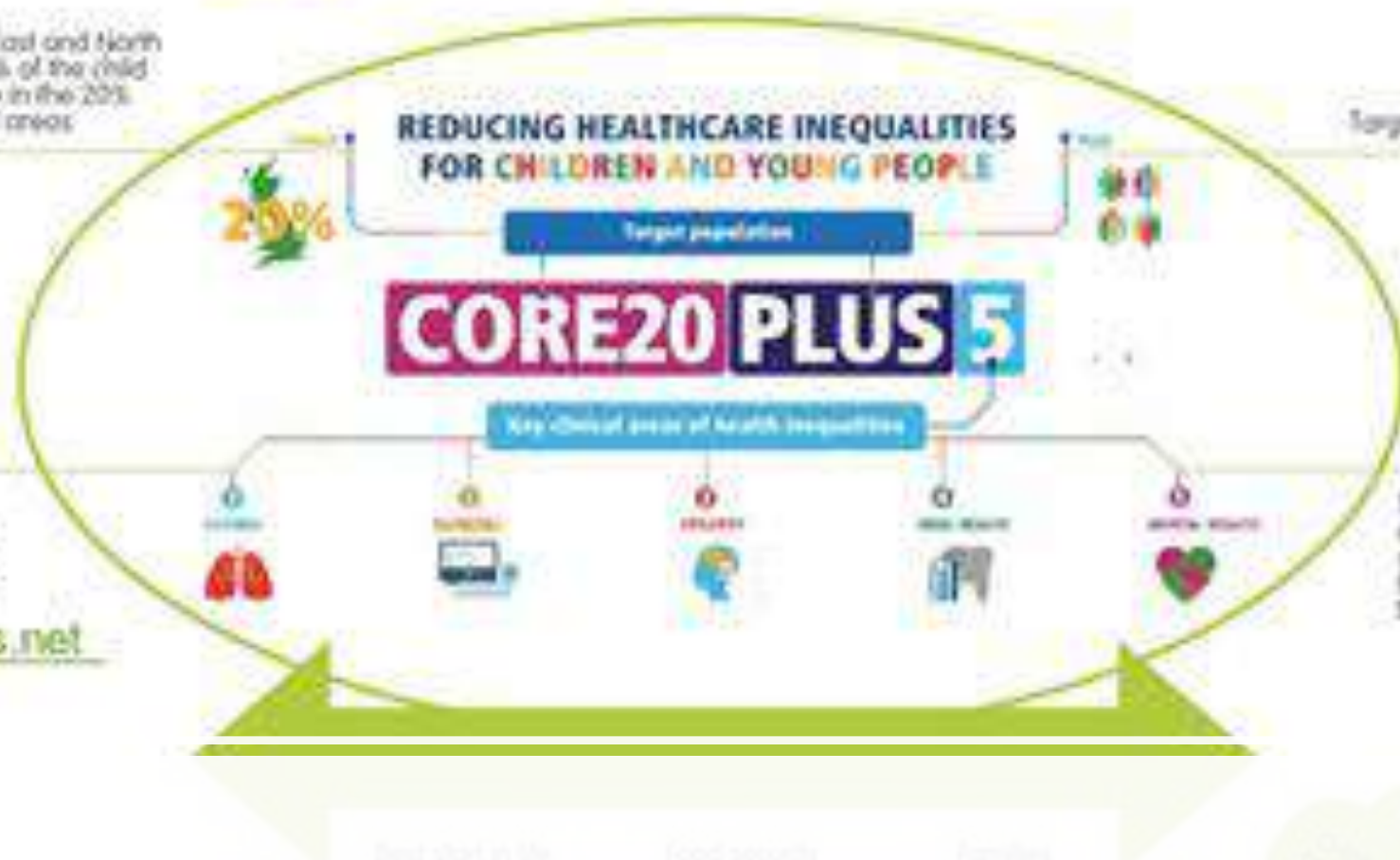
contact

[england.northernchildnetwork@nhs.net](mailto:england.northernchildnetwork@nhs.net)



## North East and North Cumbria Core20 Plus 5

Across North East and North Cumbria 29.4% of the child population live in the 20% most deprived areas.



Targeted Plus Groups

Asthma is a  
priority area for  
North East and  
North Cumbria

There is a specific  
need to address  
self-harm within  
North East and  
North Cumbria.



# References

Alice R Lee, Camilla C Kingdon, Max Davie, Daniel Hawcutt, Ian P Sinha

[Child poverty and health inequalities in the UK: a guide for paediatricians](#)

Archives of Disease in Childhood Feb 2023, 108 (2) 94-101; DOI: 10.1136/archdischild-2021-323671



North East and North Cumbria's  
Child Health and Wellbeing Network

***The Facts of Life* for children and young people growing  
up in the North East and North Cumbria:**

**Chapter 1 – Resident population socio-demography**

**September 2021**

@NorthNetChild

[Episode 67: Food Poverty – Two Paeds In A Pod –  
Podcast – Podtail](#)





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Allergy – Dr Bright

# Concordance With Asthma Treatment

Samantha Moss

Consultant Respiratory Pediatrician

Clinical Lead for Asthma CHWN NENC



# Introduction

- What is concordance
- Why is concordance important
- How to monitor concordance
- Why patients have poor concordance
- Techniques to help improve concordance

# What is concordance?

- “the consultation process in which doctor and patient agree therapeutic decisions that incorporate their respective views”
- What is the difference between compliance, concordance and adherence?
- Compliance – are they doing what is expected by you
- Adherence – are they doing what they agreed to do



# Why is concordance important

- Best control on minimal treatment
- Prevent exacerbations
- Avoid un-necessary escalation of treatment
- Partnership with patient/family
- Minimise treatment related side-effects

# How to monitor Concordance

- Ask
  - Check scripts
  - Monitoring devices
  - DOT
- 
- Tests eg FeNO, blood levels

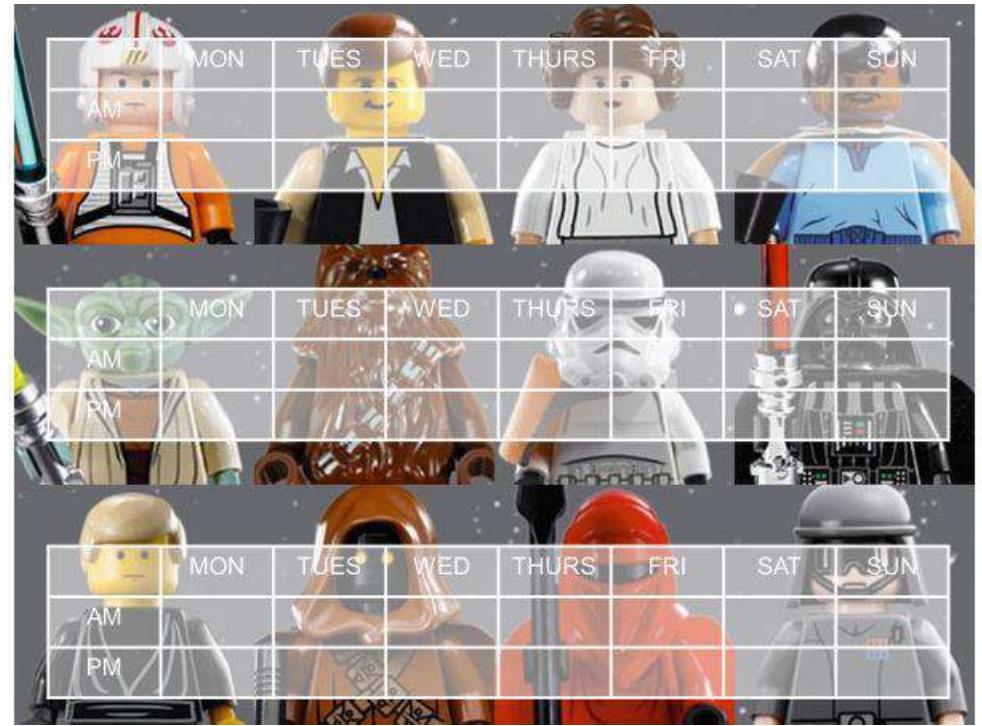
# Why do patients have poor concordance?

- Patient beliefs
- Side Effects
- Lack of understanding of benefit
- Lack of perceived benefit
- Preference
- Lack of routine
- Complicated regimen

# How to improve concordance

- Education – improve understanding
- Choice of devices/regimens where possible
- Help them build it into pre-existing routine
- Reminders/star charts
- Simplify regimen if possible
- Forming new habits/routines [Tiny Habits for Respiratory Health - Tiny Habits](#)





# Summary

- What is concordance
- Why is concordance important
- How to monitor concordance
- Why patients have poor concordance
- Techniques to help improve concordance



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# Call to Action ....

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