



South Wales Paediatric Respiratory Network

15TH June 2018

Attendees

Dr Julian Forton
Dr Rachel Evans
Dr Kate Creese
Dr Humphrey Okunghae
Dr Jyostna Vaswani
Dr Lena Thia
Dr Dan Rigler
Dr Nakul Gupta
Dr Marcus Pierrepoint

Lynfa Day
Sarah Byrne
Claire Briggs
Nicola Jones
Amanda Slade
Anne Richards
Sue Lewis
Laura Hayter

Kate Morgan
Lucy Wheeler
Ross Burrows
Rhian Evans
Bhavee Patel

Apologies

Dr Martin Evans
Dr Saurabh Patwardhan
Dr Prem Pitchaikani
Dr Vishwa Narayan

South Wales Paediatric Respiratory Group (SWPRN)

This was the first meeting for the SWPRN. The aim of the group is to discuss and debate practise in respiratory paediatrics, with a means to generating standardised care for children with respiratory disease across South Wales. The group will concentrate on creating common solutions, aligning initiatives and objectives and simplifying process.

Share and align initiatives and objectives

- Avoid duplication of effort
- Make best use of resources
- Share and spread success and innovation
- Provide equivalent access to intelligence and information
- Be more effective in implementing national improvement
- Consistency of care
- Elevation and equity of quality care
- Responsive to change and clinical development

An opportunity to be ambitious for asthma

The London-asthma Toolkit was introduced – This is a commissioner lead interface aiming to standardise asthma care across London (similar projects across all of NHS England). The toolkit is a website for all professionals and patients where resources are shared and standardised.

It was agreed that we want this for South Wales, and would aim to generate content through the SWPRN over the next 6-9 months

Action points

- 1) Julian Forton to generate an asthma toolkit website as a central acces point for outputs from the group. This has been generated and is currently at [www.uhwchildren.com/asthma - toolkit](http://www.uhwchildren.com/asthma-toolkit) . The group has its own page where these minutes and other documents will be posted. To get to the page from the front page of the toolkit, click on the icon for the South Wales Paediatric Respiratory Network
- 2) Once momentum is established, North Wales respiratory leads will be approached for discussions as to whether an All Wales asthma toolkit is an achievable aim, or whether North Wales protocols are better aligned to AlderHey.
- 3) The toolkit could be further developed for other elements of respiratory disease

Review of resources for asthma service provision in secondary care

Principal elements of a children's asthma service should include recommendations from BTS guidelines, NRAD and NICE guidelines.

Principal Acute asthma Service expectations

- 1) Acute treatment as per BTS guidelines
- 2) Provision of asthma action plans to all children with preschool wheeze and asthma
- 3) Secondary care follow up by asthma specialist (defined as paediatrician or asthma specialist nurse) for all children admitted to hospital within 28 days and for those who have attended ED twice in the last 12 months
- 4) Rolling Education programme for clinical staff involved in asthma training and care
- 5) Primary care interaction and education
- 6) Service tracking and QI with contributions to South Wales Paediatric Respiratory Group and NACAP national audit programmes (2019)

An effective asthma service needs committed local asthma champions

Action points

- 1) Identify local Child Asthma leads : Paediatrician, Nurse specialist, Pharmacist. Known leads are highlighted in a document on the website: <http://www.uhwchildren.com/asthma-toolkit> - then click on the icon for the South Wales Paediatric Respiratory Network. Review for your hospital and let me know if names and contacts are correct. Where there is no name please forward name and contact to JF
- 2) Local clinical leads to identify shortfalls in resources, articulate these to managers and report progress to SWPRG at next meeting in October 2018

Standardisation of asthma care plans, and information leaflets

Existing care plans and leaflets were reviewed. The ultimate solution is recognised to be electronic care plans linked to a database capable of tracking activity. However, this may not be possible in the immediate future. Advantages and disadvantages of developing a new South Wales Asthma Care Plan as opposed to using the Asthma UK generic leaflet were debated. It was agreed that a RHIG endorsed well designed Asthma Care plan (aligned to an equivalent in Adult asthma if possible) would help standardise care in secondary care with little effort (given those present), and potentially have new impact with uptake in primary care.

There has been uptake of the UHW care plan in Hywel dda, Cym Taf (in parts) and Bridgend (in parts). There are unique care plans elsewhere, and others are using the asthma UK plan. Some hospitals seem to be using a mixture and no one was quite sure. This illustrates the need for strong local leadership to universally implement any new changes in the future.

It was agreed that a single care plan for atopic asthma and preschool wheeze would be generated, with adequate flexibility to cater for the different treatment scenarios, and (subtle) variation in clinical approach across the region to some of these subgroups. The advantage of using a single generic leaflet for both atopic asthma and pre school wheeze to keep the service as simple as possible was recognised.

A single information leaflet will also be generated

Action points

- 1) A subgroup was established to generate a South Wales asthma care plan, concentrating on content rather than design, since RHIG can be involved in generating a polished final version. (NB – no need to reinvent the wheel here) Existing careplans from the region, from NHS England and from the London asthma toolkit (on-line) will be reviewed and considered during this process, and are available on our new website <http://www.uhwchildren.com/asthma-toolkit/swprn>

Workstream group 1

Jyotsna Vaswani (RGwH)

Lynfa Day (RGH)

Dan Rigler (Morrison)

Laura Hayter (POW)

Claire Briggs (UHW)

Please note: others welcome – please make contact if you want to be involved - especially if your hospital is not represented

- 2) Plans will be circulated after 2 months to the whole group (mid-September 2018) one month prior to next meeting

Standardisation of inpatient care pathway and associated paperwork

The Royal Gwent inpatient care pathway was reviewed and discussed. Others have a similar pathway. Others have no pathway. It was agreed that a standardised inpatient care pathway for childhood asthma would be useful for the Network. Advantages include

- Standardised care for patients within each hospital
- Standardised education for trainees and nurses across the region
- Consistency of care across the region
- A uniform regionwide mechanism for service tracking
- A mechanism to implement future change rapidly across the region through QI

Important elements of care highlighted in the discussions included

- The essential need for small volume licensed liquid preparation of prednisolone
- An emphasis on watching the first dose of prednisolone being given
- Consideration for an early salbutamol bolus as a discrete treatment
- Clear documentation of a 4 hour decision on escalation in an attempt to limit prolonged periods on one hourly nebs
- Flexibility with regard to choice of IV treatments (making sure evidence is used correctly – this is a national document after all)
- Consideration of the benefits of magnesium nebulisers (again an appraisal of evidence needed)

Action points

- 1) A second subgroup was established to generate a South Wales inpatient care pathway, in particular to design a pathway that resolves the issues highlighted in the discussion, provides consistent care across the regions, enables juniors to understand and have confidence in escalating therapy, and captures important auditable elements of care such as
 - Percentage of attendees who have a home rescue pack
 - Time between arrival and first dose of prednisolone
 - Action taken at a 1 hour review
 - Percentage requiring IV treatments...etc..

Workstream group 2

Jyotsna Vaswani (RGWH)

Rachel Evans (Morrison)

Humphrey Okuonghae (PCH)

Sue Lewis (UHW)

Martin Evans (UHW in absentium)

Saurabh Patwardan (Carmarthen in absentium)

Bhavee Patel (Morrison)

Please note: others welcome – please make contact if you want to be involved - especially if your hospital is not represented

- 2) Plans will be circulated after 2 months to the whole group (mid-September 2018) one month prior to next meeting

Audit and service tracking programmes

NACAP - National asthma and COPD audit programme is being developed. Some of us were part of a small pilot study. The BTS audit programme is discontinued.

It was agreed that the SWPRG would partake in NACAP when on line and also regional audits to help standardise care across South Wales, and identify examples of good practise to share across the region

- Time to first steroid
- Delivery of asthma care plans
- Follow up in secondary care after admission
- Getting a hold on the ER
- Training for trainers – certificates?
- Spirometry training – who needs it?
- Access to difficult asthma clinic

4 audits were identified to be taken forward for 4 weeks across the month of October (October 1st to October 28th)

1) Assessment of steroid treatment

- Overall percentage with prednisolone commenced in community
Percentage attendees with home steroid kit
Percentage attendees given prednisone by GP
- Time to *first* steroid administration in hospital in those not given steroids in community
From arrival to prescription to administration of first dose
3 timepoints to be collected
- Preparation used and frequency of vomiting
Relationship of vomiting to number of nebulisers delivered and type of preparation given.
Time to successful steroid administration (second dose)

2) Assessment of asthma care plan administration and training

- Percentage admitted patients trained and given care plan
Who gives the training
What training have the trainers been given

3) Secondary care follow up

- What secondary care follow up was offered to these patients.
- Who follows up patients from secondary care
- What timeframe for follow up was achieved (aim 1 month – NICE)

4) Capturing activity in ED

- Percentage patients receiving asthma care plan if reviewed and discharged from ED
- Number attending for the second time in 12 months
- What secondary care follow up offered to this subgroup

Action points

- 1) I need a volunteer to generate audit proformas for these audits and circulate them in September. Please contact me if you are keen (Nakul??)
- 2) Clinical leads to take ownership of these audits and identify staff (SpRs and nurses) to help locally
- 3) Proformas to be processed by clinical leads and results presented by each hospital at next but one SWPRG meeting in January 2019.
- 4) These will be interesting multicentre results – possibility of publication at some stage
- 5) It was agreed that all consultants, clinical nurse specialists and physiotherapist who regular perform lung function should attend the spirometry course. There will need to be a programme of cascade training locally, which Dr Thia will formulate.

Julian Forton 21/6/2018