#AskAboutAsthma

Conference
10 September 2025

Chairs:
Dr Matthew Clark
National Specialty Advisor for Children and Young People
Dr Louise Fleming
Consultant Respiratory Paediatrician, Royal Brompton Hospital

NHS England London

SCAN ME

How can we prevent Asthma deaths?

Agenda

Session 1

Time	Topic	Speaker(s)
9:00 – 9:25	**Welcome to #AskAboutAsthma 2025, opening remarks and scene setting**	**Chair: Dr Matthew Clark** National Speciality Advisor for Children and Young People
9:25 – 9:45	**What are the priorities for children and young people's asthma care in 2025/26: importance of wider social/environment issues?**	**Dr Mike McKean** Consultant in Respiratory Paediatrics, Great North Children's Hospital
9:45 – 10:10	**Clinical Update**	**Dr Louise Fleming** Consultant Respiratory Paediatrician, Royal Brompton Hospital
10:10 – 10:30	**Preventing asthma deaths in children: Asthma + Lung UK's view**	**Naomi Watt** Health Care Professional Engagement Manager, Asthma + Lung UK
10:30 – 10:50	**Optimising asthma management for south Asian children - insights from the MIA study**	**Professor Monica Lakhanpal** Professor of Integrated Community Child Health Honorary Consultant Paediatrician, Whittington NHS Trust
10:50 – 11:10	**Chair's reflections and Q&A Panel**	**Dr Matthew Clark** and all pre-break speakers
11:10 – 11:20	**Women and Asthma - Stories of Breath: innovative ways to engage communities**	**Ellen Dowell** National Heart & Lung Institute, Imperial College London **Esther Malvern** Director of Stitches in Time
11:20 – 11:30	**Break**	

Agenda

Session 2

Time	Topic	Speaker/(s)
11:30 – 11:35	**Reflections so far from the Chair**	**Chair: Dr Louise Fleming** Consultant Respiratory Paediatrician, Royal Brompton Hospital
11:35 – 11:55	**How can systems learn from asthma deaths: Working with your CDOP**	**Christina Keating** North Central London Child Death Overview Panel
11:55 – 12:15	**Near Fatal Asthma Survey**	**Deepa Varghese** Asthma UK Centre for Applied Research, University of Edinburgh
12:15 – 12:35	**Asthma Matters: next steps**	**Dr Mark L Levy** Co-Author Asthma and Anaphylaxis Deaths, NCMD 2024 Chair, GINA Dissemination Working Group
12:35 – 12:55	**Q&A Panel**	**Dr Louise Fleming**
12:55 – 13:00	**Closing reflections from the Chair**	**Dr Louise Fleming**

This year's theme:

This year's campaign
theme is focussed on **Preventing Asthma Deaths**

4 #AskAboutAsthma asks
enable good asthma control **and** a reduction of risk for children and young people

Why is this conference and campaign important?

- Asthma is the most common long-term condition affecting 1 in 11 children, it is everybody's business

- Asthma and allergy are chronic not acute conditions; good asthma control reduces the risk of escalations in care and the potential for harm and enables children to live normal and healthy lives

- Outcomes are worse for children and young people living in deprived areas and requires targeted action

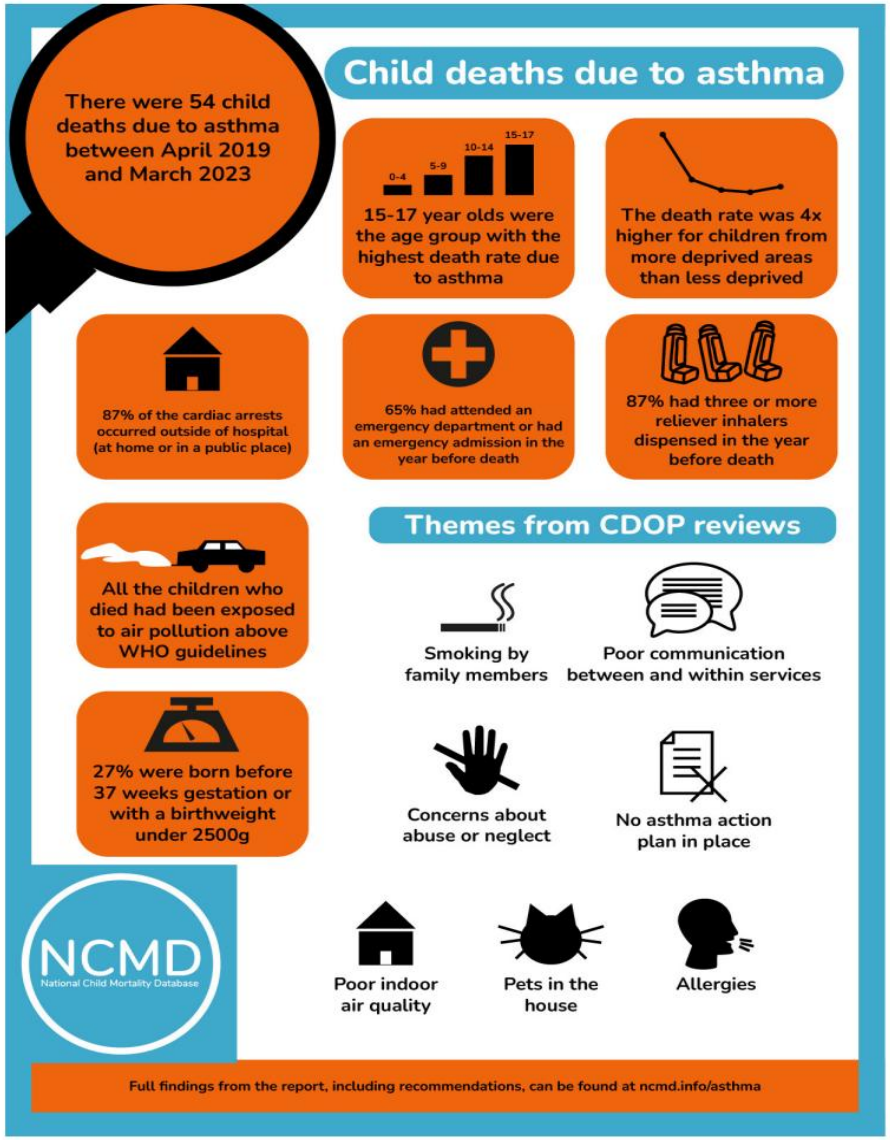
- The UK has the highest prevalence, emergency admission rate and death rates - understand and act on red flags

Why has this years theme been chosen?

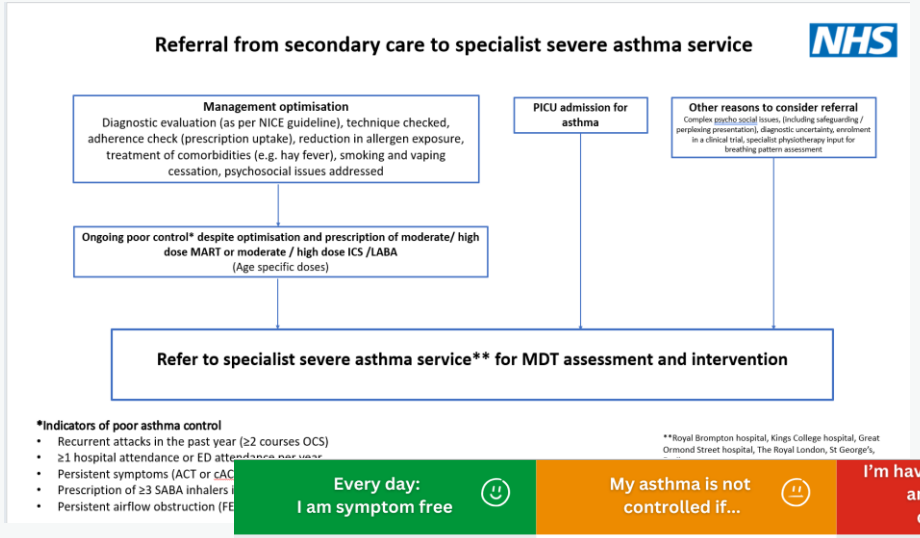
The National Review of Asthma Deaths is a **decade old.**
The **National Childhood Mortality Database** Report 2024 highlights:

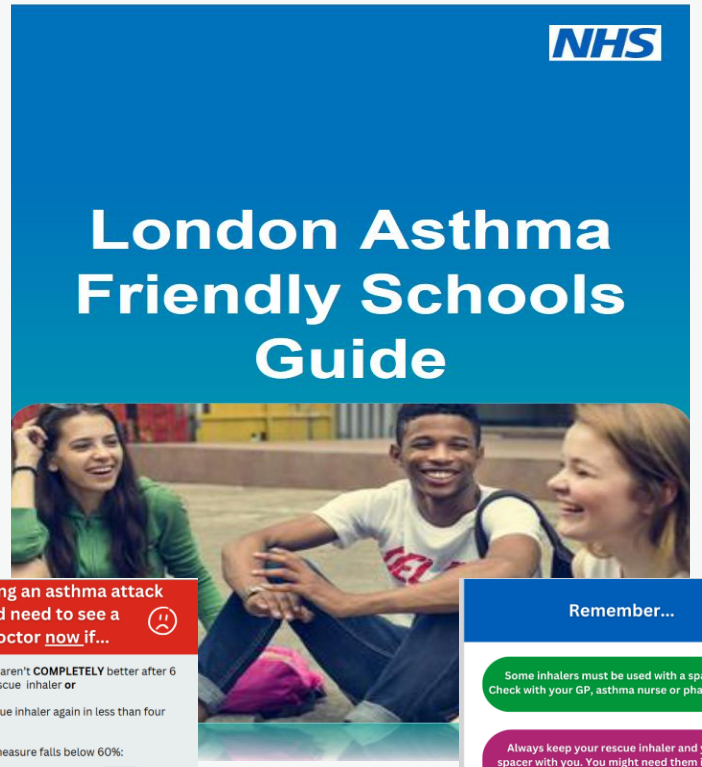
- Most asthma deaths are preventable
- Asthma is a public health issue and requires changes in the standard of care, education for professionals (not only healthcare) and to address the impact of air pollution
- Post attack reviews are necessary to
- Inhalers must be licensed; technique checked; should include dose counters; only be used where a diagnosis has been made; overuse of SABA is a risk

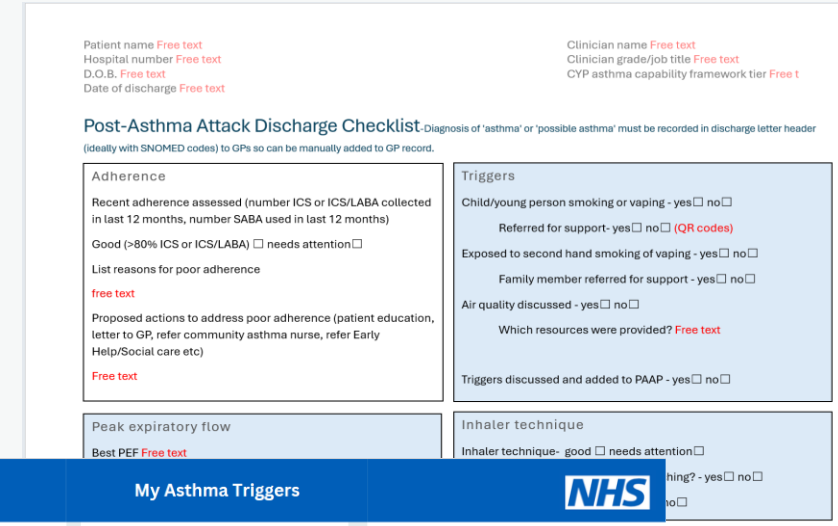
London learning from asthma and allergy deaths thematic learning event identified common factors / red flags.

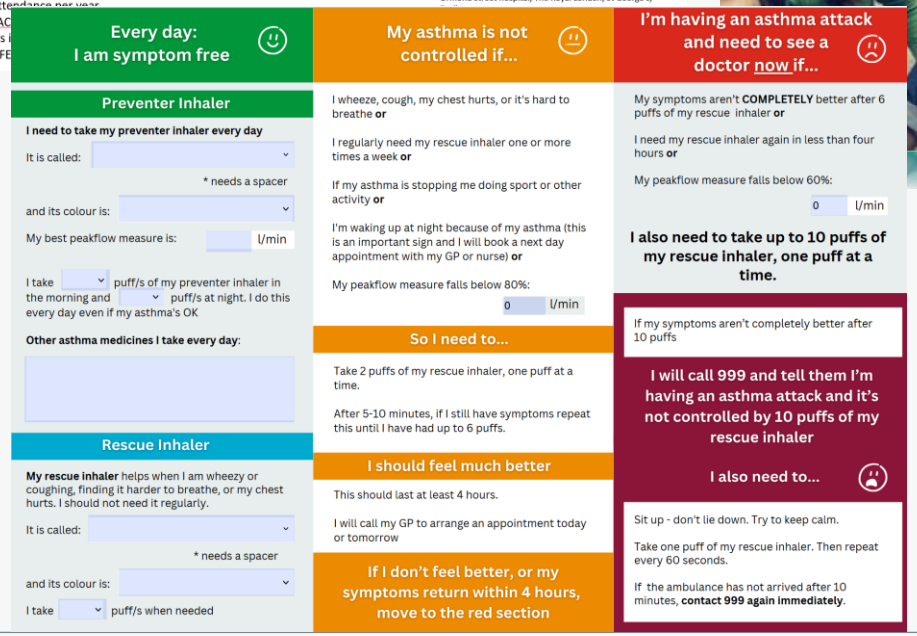


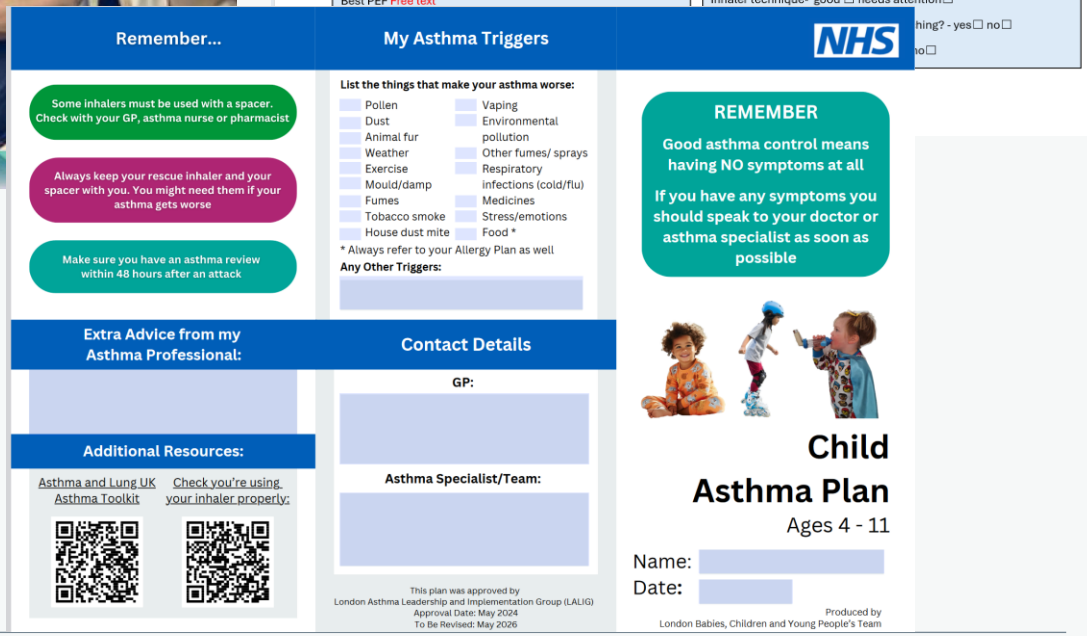
London continues to develop resources…..











What else should/could be done?

How can virtual ward and hospital@home models help?

- Safe discharge
- Audit discharge
- Remaining in active f/up until after attack review
- Safety netting for high risk CYP

Challenge each other to get the basics right as an MDT

Children & Young People's Asthma

National update

September 2025

Current situation

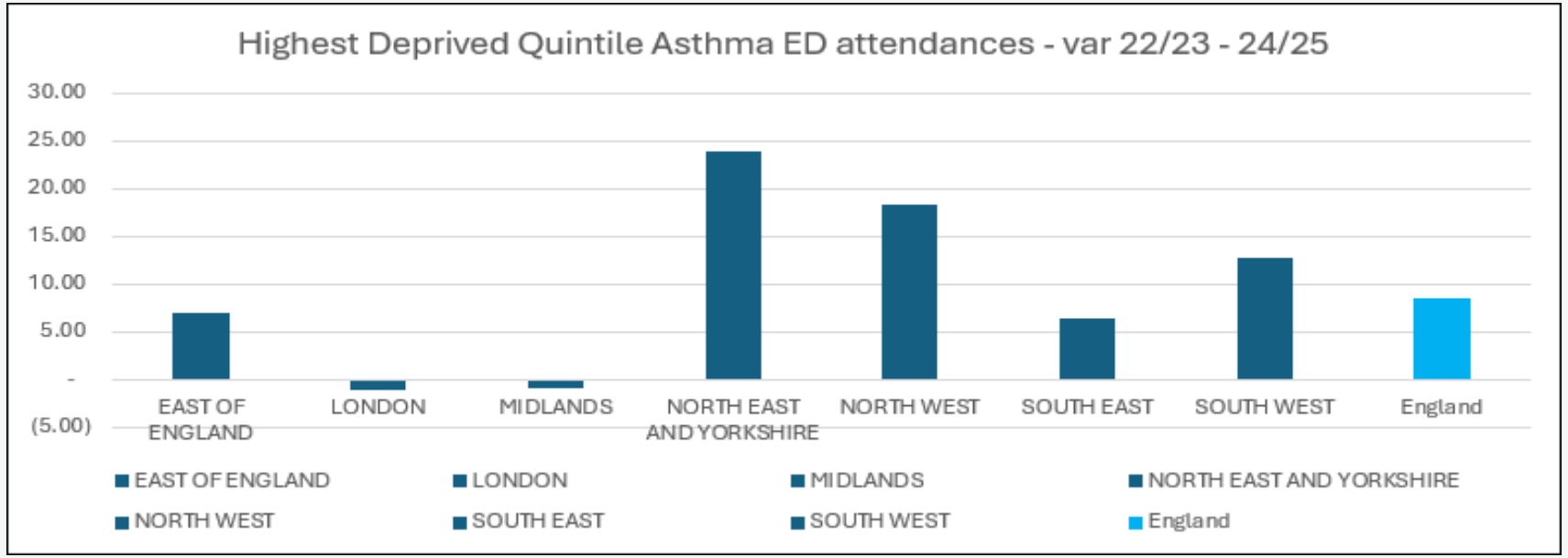
The under 25s non elective admissions have reduced nationally by nearly 7 per/100K population

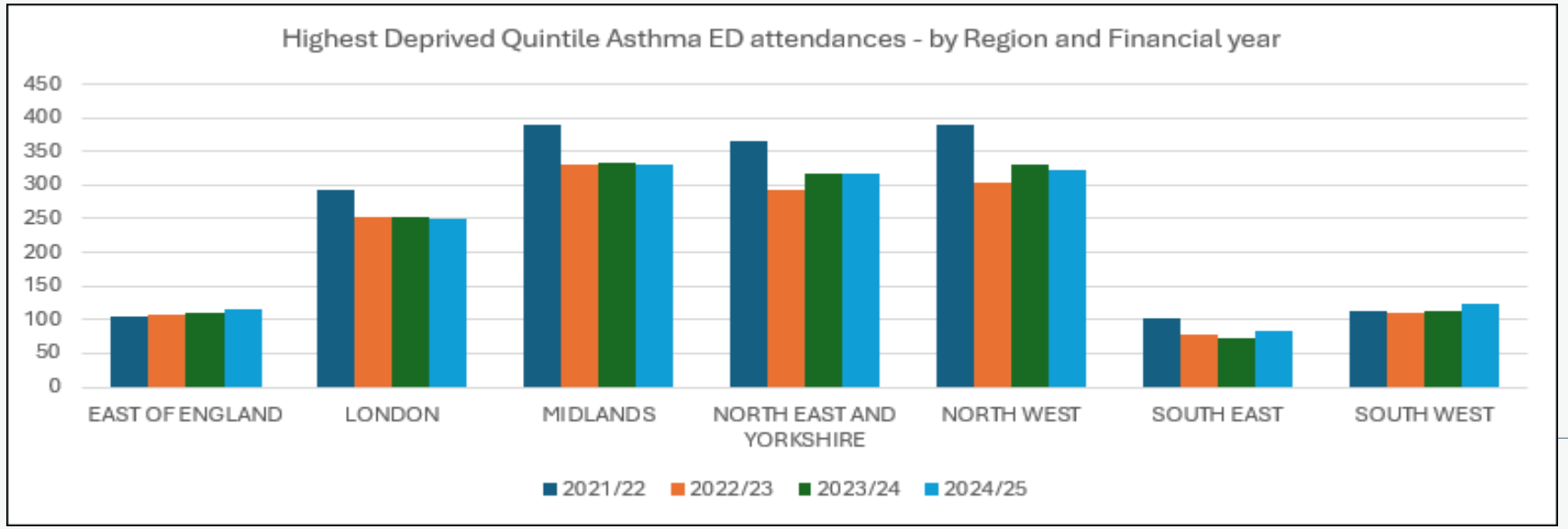
- 2024/25 – 119.4 per/100K population,
- 2023/24 - 126.8 per/100K population

ED attendances also show a slight reduction

- 2024/25 - 785.6 per/100K population,
- 2023/24 - 788.3 per/100K population

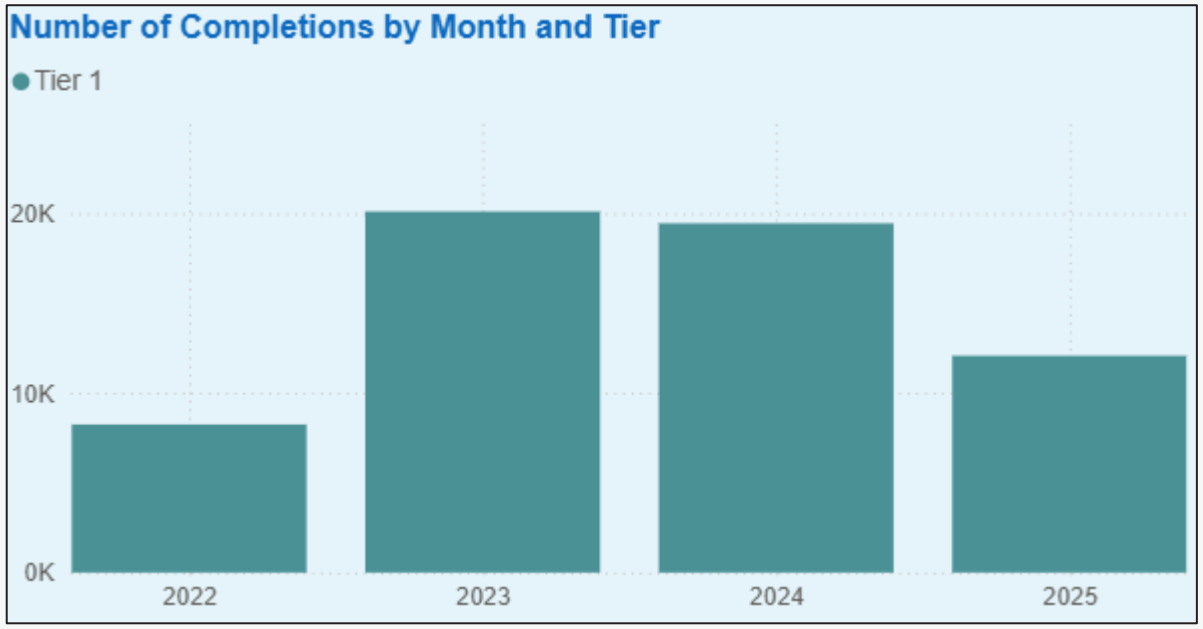
Current situation

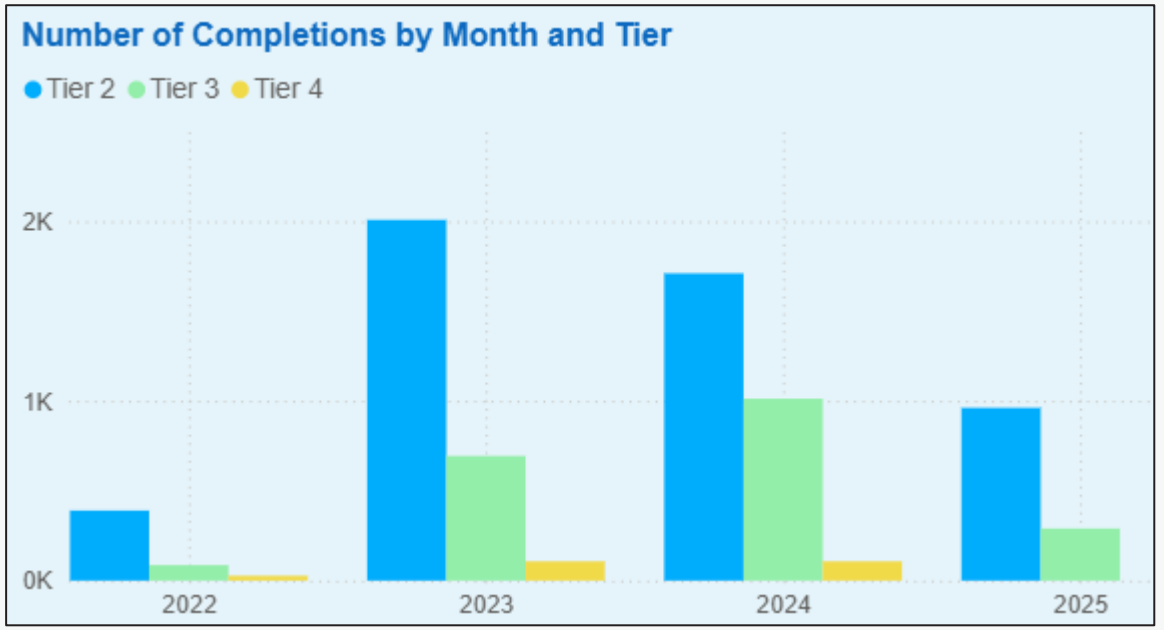




Current situation

2025 asthma training is already exceeding the numbers at this time last year for the Tier 1 training by 25% compared to the same point last year. Tier 2 training is currently showing 5% below the numbers completing the training.



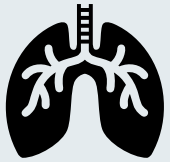


Bundle Evaluation – what is needed?

Early and accurate diagnosis

Targeted healthcare delivery to high risk and deprived populations

Better asthma education for Healthcare Professionals



Better training on self-management

Integration of services & support Primary Care to upskill / strengthen workforce

Interviewees highlighted some key areas where they feel action is likely to improve CYP asthma outcomes

Primary care
Management in primary care

Holistic care
Taking a holistic approach to management in vulnerable children by addressing housing and exposure to indoor and outdoor pollution

Addressing Inequalities
Identifying and addressing variation and inequalities in access to healthcare services – specifically paediatric asthma specialists

Integrated Care
Strategic leadership from a senior clinician and integrated care board (ICB) commissioner, and time from front-line clinical staff

National priorities…progress to date

- CYP Asthma Bundle Refresh 2.0
- Bundle 1.0 evaluation
- Practitioner pilot evaluation
- Severe Asthma Audit
- Severe Asthma service spec
- Updated MART guidance
- Training

Direction of travel

- 10 year health plan
- CYP Asthma inclusion into Integrated Neighbourhood teams
- Collaboration with the National Diagnostics and CDC teams to support inclusion of CYP

Neighbourhood MDTs for CYP: an example of the benefits of this model

11-year-old child with autism and asthma

Transition to new school challenging with increasing emotional and behavioural difficulties

Deterioration in asthma control due to worse asthma therapy adherence

Traditional model

- The GP refers to CAMHS for behavioural support - long wait to receive outcome then referral declined.
- The GP steps up asthma treatment over several weeks but symptoms remain uncontrolled. Eventually, referred to a secondary care waiting list.

Neighbourhood MDT for CYP model

- Individualised plan made in case discussion and triage meeting attended by multiple professionals.
- The mental health professional links in with the family, school nurse and MHST to support managing the emotional and behavioural difficulties at school.
- The GP and paediatrician work together closely to support appropriate management of asthma control in primary care.
- The GP and asthma nurse specialist link in closely with the new school enabling changes in the asthma action plan to be communicated quickly.

Benefits

- Earlier access to appropriate paediatric and mental health intervention, with long waiting lists avoided.
- Support offered closer to home.
- More efficient system navigation.
- Professionals have greater understanding of local referral pathways and thresholds.
- Increased professional coordination to appropriately manage needs in primary care and education settings.