

#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

How can we prevent Asthma deaths?

- ▶ Support the #AskAboutAsthma campaign and share locally
- ▶ Sign up for the #AAA conference and webinars
- ▶ Remind yourself of the 4 asks:

- 1 Get an asthma action plan in place
- 2 Understand how to use inhalers correctly
- 3 Schedule an asthma review – every year and after every attack
- 4 Ask about the impact of outdoor and indoor air pollution



Scan the QR code or search 'NHS London Ask About Asthma Campaign'.





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

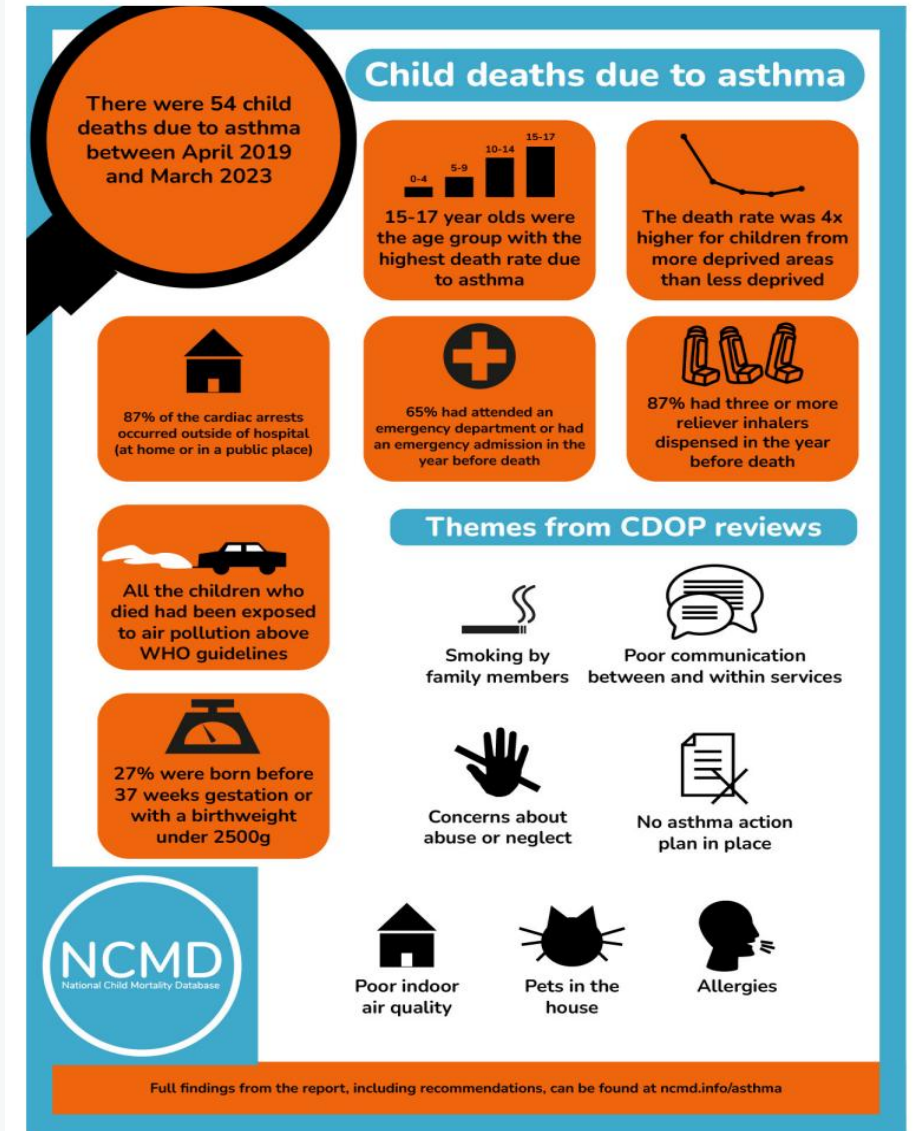
Why has this years theme been chosen?

The National Review of Asthma Deaths is a **decade old**.

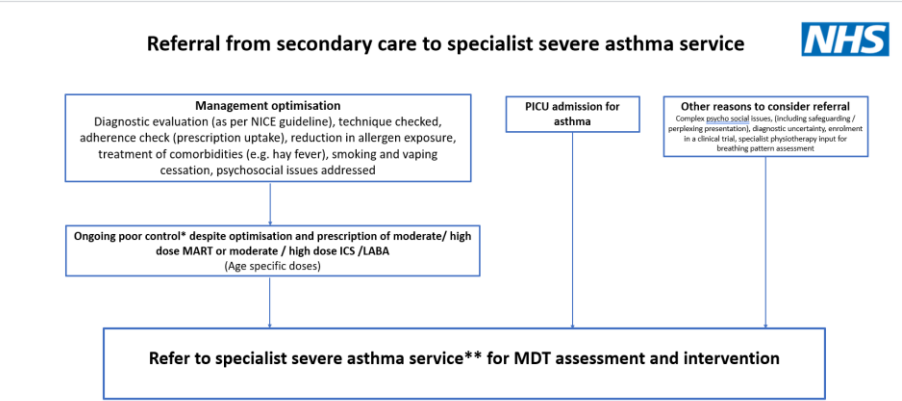
The **National Childhood Mortality Database** Report 2024 highlights:

- 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.



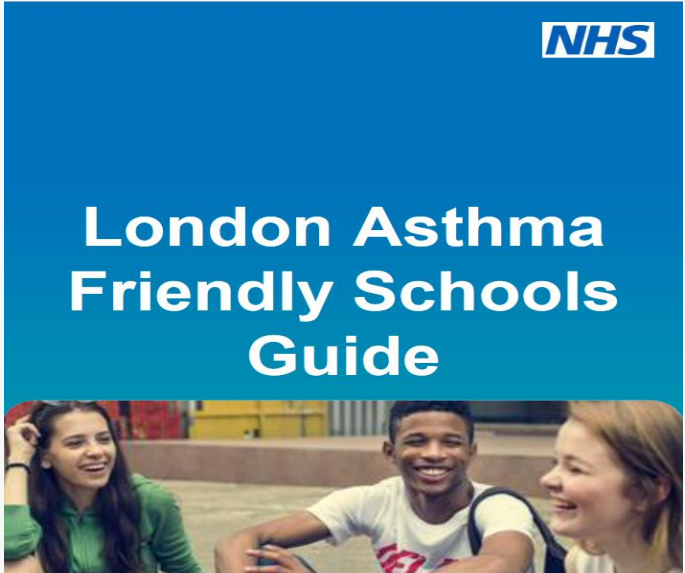
London continues to develop resources.....



- *Indicators of poor asthma control**
- Recurrent attacks in the past year (≥2 courses OCS)
 - ≥1 hospital attendance or ED attendance per year
 - Persistent symptoms (ACT or cACT)
 - Prescription of ≥3 SABA inhalers
 - Persistent airflow obstruction (FEV1)

****Royal Brompton hospital, Kings College hospital, Great Ormond Street hospital, The Royal London, St George's,**

Every day: I am symptom free	My asthma is not controlled if...	I'm having an asthma attack and need to see a doctor now if...
Preventer Inhaler I need to take my preventer inhaler every day It is called: <input type="text"/> * needs a spacer and its colour is: <input type="text"/> My best peakflow measure is: <input type="text"/> l/min I take <input type="text"/> puffs of my preventer inhaler in the morning and <input type="text"/> puffs at night. I do this every day even if my asthma's OK Other asthma medicines I take every day: <input type="text"/>	I wheeze, cough, my chest hurts, or it's hard to breathe or I regularly need my rescue inhaler one or more times a week or If my asthma is stopping me doing sport or other activity or I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my GP or nurse) or My peakflow measure falls below 60%: <input type="text"/> 0 <input type="text"/> l/min So I need to... Take 2 puffs of my rescue inhaler, one puff at a time. After 5-10 minutes, if I still have symptoms repeat this until I have had up to 6 puffs. I should feel much better This should last at least 4 hours. I will call my GP to arrange an appointment today or tomorrow If I don't feel better, or my symptoms return within 4 hours, move to the red section	My symptoms aren't COMPLETELY better after 6 puffs of my rescue inhaler or I need my rescue inhaler again in less than four hours or My peakflow measure falls below 60%: <input type="text"/> 0 <input type="text"/> l/min I also need to take up to 10 puffs of my rescue inhaler, one puff at a time. If my symptoms aren't completely better after 10 puffs I will call 999 and tell them I'm having an asthma attack and it's not controlled by 10 puffs of my rescue inhaler I also need to... Sit up - don't lie down. Try to keep calm. Take one puff of my rescue inhaler. Then repeat every 60 seconds. If the ambulance has not arrived after 10 minutes, contact 999 again immediately.



Post-Asthma Attack Discharge Checklist -Diagnosis of 'asthma' or 'possible asthma' must be recorded in discharge letter header (ideally with SNOMED codes) to GPs so can be manually added to GP record.

Patient name Free text
Hospital number Free text
D.O.B. Free text
Date of discharge Free text

Clinician name Free text
Clinician grade/job title Free text
CYP asthma capability framework tier Free text

Adherence
Recent adherence assessed (number ICS or ICS/LABA collected in last 12 months, number SABA used in last 12 months)
Good (>80% ICS or ICS/LABA) ☐ needs attention ☐
List reasons for poor adherence
Proposed actions to address poor adherence (patient education, letter to GP, refer community asthma nurse, refer Early Help/Social care etc)
 Free text


Triggers
Child/young person smoking or vaping - yes ☐ no ☐
Referred for support- yes ☐ no ☐ (QR codes)
Exposed to second hand smoking of vaping - yes ☐ no ☐
Family member referred for support - yes ☐ no ☐
Air quality discussed - yes ☐ no ☐
Which resources were provided? Free text
Triggers discussed and added to PAAP - yes ☐ no ☐

Peak expiratory flow
Best PEF Free text

Inhaler technique
Inhaler technique- good ☐ needs attention ☐
Inhaler technique- good? - yes ☐ no ☐

Remember... Some Inhalers must be used with a spacer. Check with your GP, asthma nurse or pharmacist Always keep your rescue inhaler and your spacer with you. You might need them if your asthma gets worse Make sure you have an asthma review within 48 hours after an attack	My Asthma Triggers List the things that make your asthma worse: Pollen Dust Animal fur Weather Exercise Mould/damp Fumes Tobacco smoke House dust mite Vaping Environmental pollution Other fumes/ sprays Respiratory infections (cold/flu) Medicines Stress/emotions Food * * Always refer to your Allergy Plan as well Any Other Triggers: <input type="text"/>	REMEMBER Good asthma control means having NO symptoms at all If you have any symptoms you should speak to your doctor or asthma specialist as soon as possible
Extra Advice from my Asthma Professional: <input type="text"/> Additional Resources: Asthma and Lung UK Asthma Toolkit Check you're using your inhaler properly: 	Contact Details GP: <input type="text"/> Asthma Specialist/Team: <input type="text"/>	 Child Asthma Plan Ages 4 - 11 Name: <input type="text"/> Date: <input type="text"/> Produced by London Babies, Children and Young People's Team


What else should/could be done?



Better access to diagnostics




Co-production




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



How can neighbourhood teams help



Learning from PEWS ED pilot.



England

Children & Young People's Asthma

National update

September 2025



Current situation

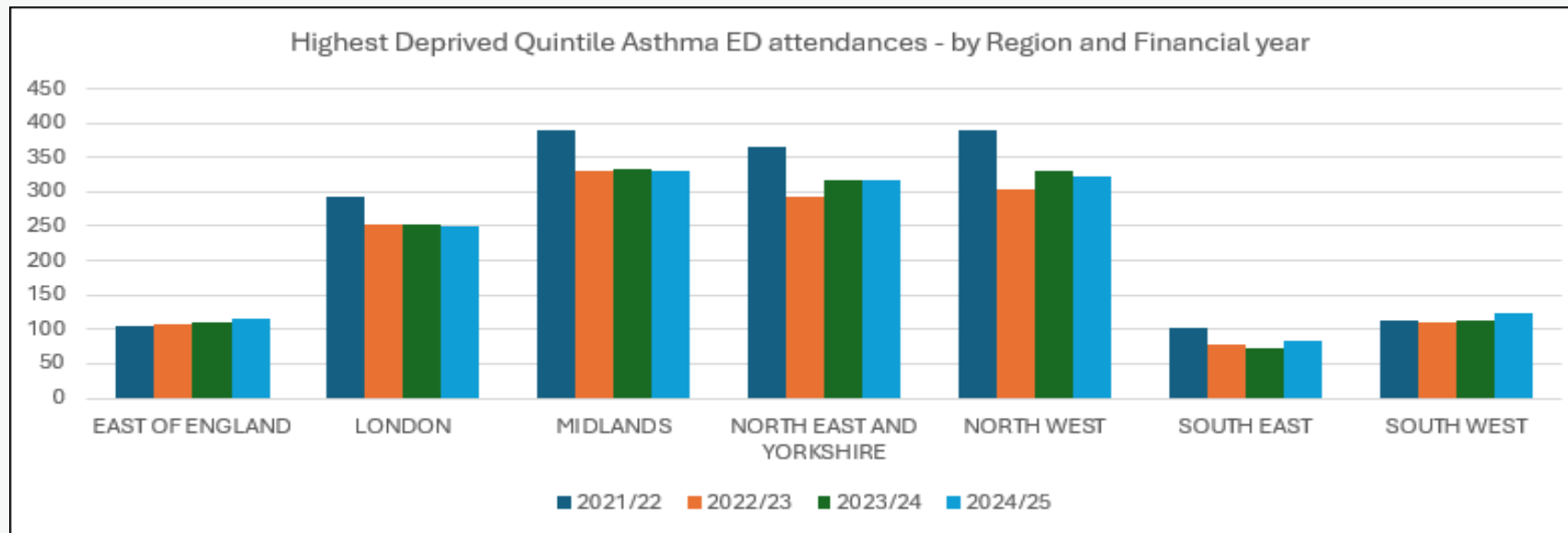
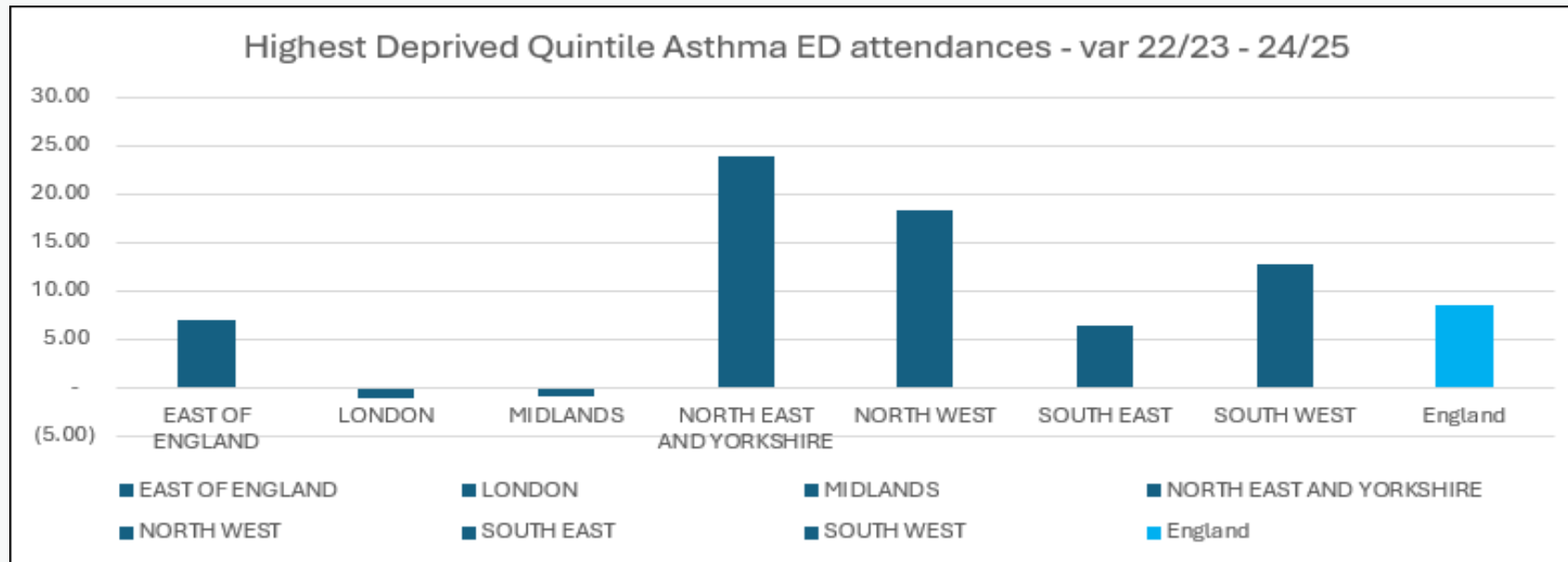
The under 25s non elective admissions have reduced nationally by nearly 7 per/100K population

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

ED attendances also show a slight reduction

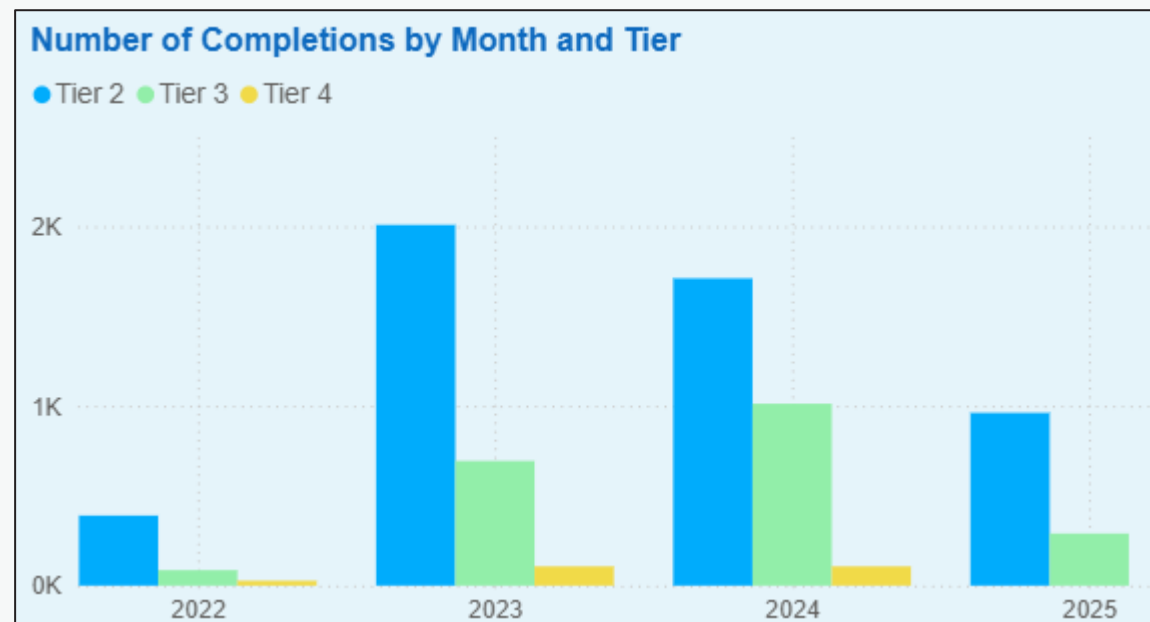
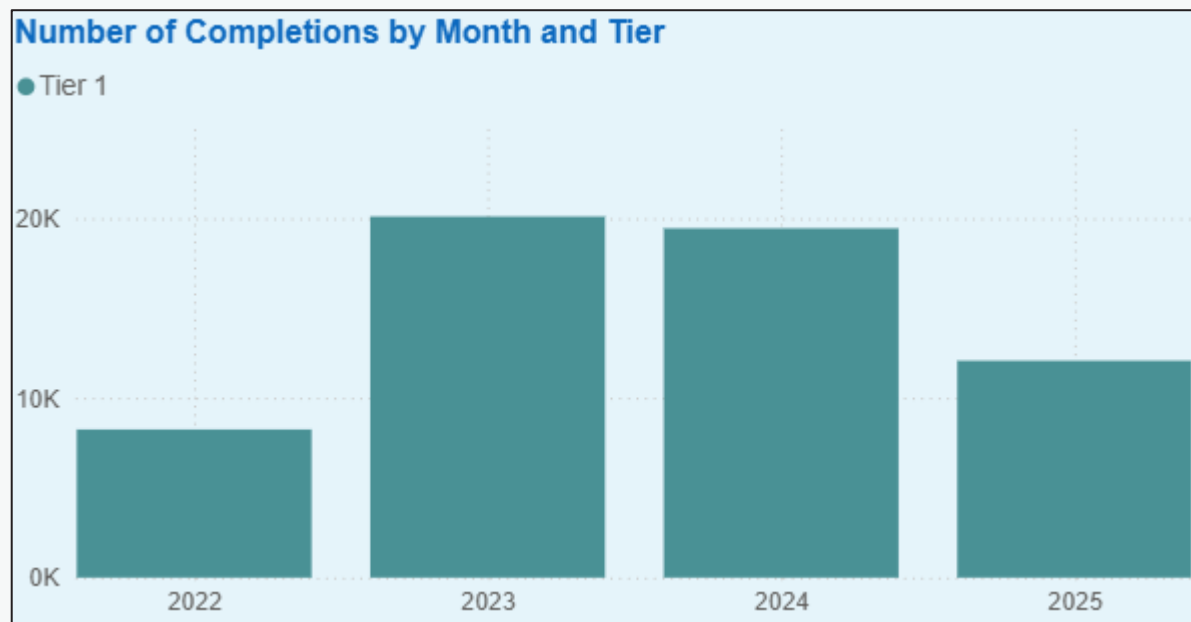
- 2024/25 - 785.6 per/100K population,
- 2023/24 - 788.3 per/100K population

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

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.