#AskAboutAsthma2025

Primary care update

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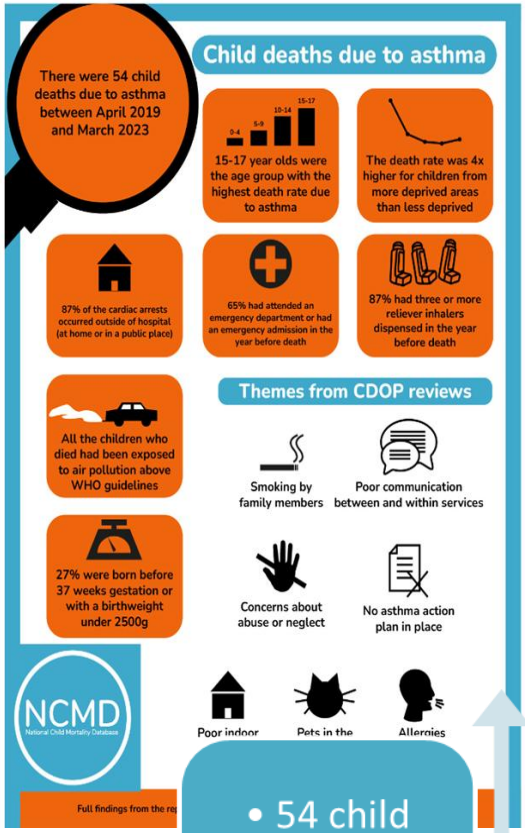
NHS South East London

South East London Integrated Care System

One year on from NCMD: Are we getting better at preventing asthma deaths?



- 54 child asthma deaths in England
- Highest in 15–17 yrs
- Mortality 4× higher in most deprived areas
- Modifiable factors in >80% of cases

Modifiable risk factors

- Poor inhaler technique
- Over-reliance on relievers (SABA)
- Missed follow-up after asthma attacks
- Environmental triggers (pollution, mould, smoke)
- Communication gaps between families & professionals

#AskAboutAsthma
The 4 “Asks”

Get	Make sure every child has an asthma action plan
Understand	Understand how to use inhalers correctly
Schedule	Schedule an asthma review – every year and after every attack
Consider	Consider air pollution and its impact on lung health

“It’s just asthma”

Asthma can be perceived as a mild disease and research shows that it is often not taken seriously enough. A study showed that 1 in 6 people in the UK do not know or are unsure if the condition can be fatal.

Poor understanding of asthma can lead to uncontrolled symptoms, severe attacks, and potentially life-threatening situations,

Many patients and healthcare professionals hold different perceptions of what "controlled" asthma means, highlighting the need for better education and consistent, personalized asthma reviews to improve patient outcomes and self-management.

Why are we still talking about asthma?

Asthma: one of the most common long-term conditions in children. 1 in 11 children are affected

UK has among the highest child asthma mortality in Europe. 90% of asthma deaths are preventable yet children die of asthma every year.

Poorly managed asthma results in over 20,000 hospital admissions every year in England

National Drivers

Updated Asthma Guidelines

The NICE/BTS/SIGN NG245 guideline delivers new recommendations for asthma diagnosis, monitoring, and treatment in children and young people.

National Care Standards

NHS England's National Bundle of Care defines five standards for integrated care systems supporting pediatric asthma management.

Professional Training Framework

The CYP Asthma Capability Framework ensures healthcare staff have necessary skills and training for effective asthma care.

Addressing Health Inequalities

The Core20PLUS5 framework emphasizes reducing health inequalities, focusing on underserved populations with asthma.

The role of Primary Care

Primary care plays a critical role in **Early diagnosis**, ongoing monitoring, and supporting adherence to asthma treatment plans.

The **National Review of Asthma Deaths (NRAD)** highlighted the need for **improved systems of care** in primary care, which now manages most asthma patients.

Key NRAD recommendations for general practice:

- Ensure **accurate diagnosis**.
- Provide **personalised asthma action plans**.
- Conduct **regular patient reviews**.
- Deliver **appropriate staff training**.
- Use **national asthma templates** for consistent and complete data recording.

Primary Care Challenges

- **Time Constraints in Consultations**
  - Limited consultation time restricts thorough assessments and comprehensive patient education in asthma care.
- **Limited Diagnostic Access**
  - Access to essential diagnostic tools like FeNO and spirometry is often limited in under-resourced areas.
- **Clinician Training Gaps**
  - Inadequate training hampers accurate asthma diagnosis and management among primary care clinicians.
- **Medication Management Issues**
  - Over-prescription of reliever inhalers without proper use of preventers leads to poor asthma control.*

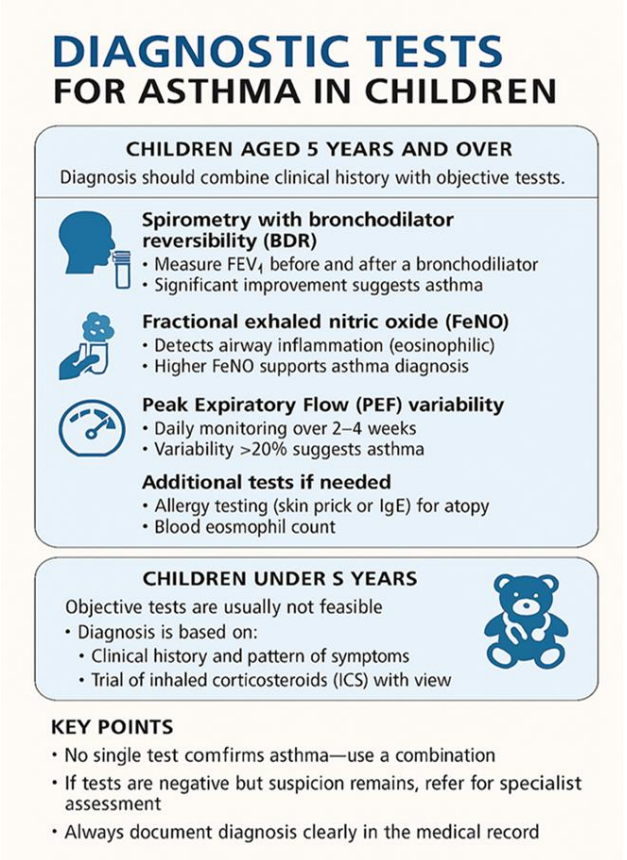
Getting the diagnosis right

Diagnosing asthma in children can be particularly challenging because of limited access to objective testing, difficulties in performing tests, inconsistent results, and a shortage of trained staff to interpret them accurately.

For children under 5 years old, diagnosis is typically based on a structured clinical history, physical examination, and a positive response to a trial of inhaled corticosteroids (ICS).

In children aged 5 and above, objective testing should be used to support diagnosis.

- The recommended first-line test is fractional exhaled nitric oxide (FeNO), followed by spirometry with bronchodilator reversibility.
- Peak flow variability and blood eosinophil counts may also be useful where there are difficulties in accessing FeNO and/or spirometry
- A positive response to an 8-week trial of ICS can be acceptable as an objective test providing the symptomatic response is recorded and documented by means of a validated questionnaire such as the paediatric ACQ or paediatric ACT.



Diagnosing and Coding Asthma

- When a diagnosis of asthma is made in CYP, this should be **recorded** in the notes and **coded**.
- When asthma is **'suspected'**, this should be clearly stated (*a SNOMED code of 'suspected asthma' can be used and stated clearly in the notes whilst further information is sought*). This should only be a temporary classification
- Children <6 can be coded as having 'asthma' or 'episodic wheeze' with further testing performed when older
- Coding ensures that children are correctly identified for asthma care pathways, including annual reviews, inhaler technique checks, and personalized asthma action plans, invited for flu vaccines

When to refer to secondary care

- Referral to secondary care should be made where there is diagnostic doubt or there is a poor response to appropriate therapy.
- If there is a poor response to therapy, then consider factors such as poor adherence, including parent understanding of condition, poor inhaler technique, persistent aggravating factors and consider an alternative diagnosis.
- Consider Paediatric A&G, access to LCHT

Annual Asthma review

every year and after every attack

- Annual reviews are the key opportunity to review and discuss asthma control. Patients who are reviewed regularly have a lower risk of asthma attack.
- Patients should also be reviewed after dose changes (6-8 weeks following step-up/down) and following an asthma attack.
- At each review check symptoms, review treatment- correct inhaler prescriptions for age, use of spacers, are they using a preventer? **SABA use alone increases the risk of exacerbations and mortality.**
- Check is they have been using relievers or have had courses of oral steroids
- Ask about time off school due to asthma, smoking/vaping, hospital attendances/admissions
- Remind anyone using a nebuliser, that they should only be used if recommended, initiated, and managed by an asthma specialist).
- Use of validated questionnaires such as Asthma Control test – this can be sent electronically –accurx prior to the review
- **It is important to have was not brought policies and processes for following up children who do not attend**

Post-attack review

- CYP who have recently had emergency care for an asthma attack may be at risk of another attack.
- Timely follow-up, usually within 48 hours in general practice or by a community asthma team after discharge from emergency care allows healthcare professionals:
  - to check that the asthma is responding to treatment,
  - to explore the possible reasons for the attack and
  - to give support and advice about reducing the risk of further attacks.
  - Review the PAAP

Post attack review checklist

- 48-72 Hr Review post Exacerbation Checking clinical improvement
- Check peak flow is improving
- Explore the reason for exacerbation (compliance)
- Discuss how to reduce the risk of future exacerbations
- Review salbutamol weaning regime
- Continue / stepping up preventer treatment
- Check understanding Wheeze Management Plan
- Consider referral to Community Children Asthma Nurse
- Consider referral to Specialist Respiratory Service
- Check if appointment for review 1 month from exacerbation in specialist asthma service (asthma nurse / secondary care)

Personalised Asthma Action Plan (PAAP)

- PAAPs contain all the information that patients need to manage their asthma.
- CYP who have one are better equipped to manage their symptoms and so less likely to be admitted to hospital for their asthma.
- The plan should be completed and collaboratively agreed with the clinician conducting the review and updated at every review.
- Plans include daily management and when and where to seek advice and how to access urgent care
- PAAP can be uploaded into Digital Health Passport this is free to download Digital Health Passport | Digital Health Passport
- Parents/guardians should be encouraged to share a diagnosis of asthma with the child's school or pre-school setting

Continuity within a practice team helps build relationships and trust and improve asthma care

My Asthma Plan

1 My usual asthma medicines

- I need to take my preventer inhaler every day. It is called _____

  and its colour is _____
- I take ___ puff/s of my preventer inhaler in the morning and ___ puff/s at night. I do this every day even if my asthma's OK.
- Other asthma medicines I take every day:

  _____

  _____
- My reliever inhaler helps when I have symptoms. It is called _____ and its colour is _____
- I take ___ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is _____

If I need my blue inhaler when I do sports or activity, I need to see my doctor or asthma nurse.

2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe **or**
- I need my reliever inhaler (usually blue) three or more times a week **or**
- My peak flow is less than _____ **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better

URGENT! If your blue reliever inhaler isn't lasting four hours you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts **or**
- My peak flow is less than _____

If I have an asthma attack, I will:

Call for help

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.

If I don't have my blue inhaler, or it's not helping, I need to call **999** straightaway.

While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.

NHS

Resource Two- An example of a children's PAAP

My asthma triggers:

List the things that make your asthma worse so you can try to avoid or treat them

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated

Date of my next asthma review:

Doctor/asthma nurse contact details:

Always keep your reliever inhaler (usually blue) and your spacer with you.

You might need them if your asthma gets worse.

Parents – get the most from your child's action plan

- **Take a photo** and keep it on your mobile (and your child's mobile if they have one)
- **Stick a copy** on your fridge door
- **Share** your child's action plan with school

Learn more about what to do during an asthma attack www.asthma.org.uk/advice/asthma-attacks

Questions? Ask Asthma UK's nurses:

Call on 0300 222 5800 (9am-5pm; Mon-Fri)

Or message on WhatsApp (over 16 only) 07378 606 728 (9am-5pm; Mon-Fri)

My Asthma Plan

Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse

Name:

My asthma triggers

List the things that make your asthma worse so you can try to avoid or treat them.

Always keep your reliever inhaler (usually blue) and your spacer with you. You might need them if your asthma gets worse.

Last reviewed and updated 2021; next review 2024.

Asthma and Lung UK, a charitable company limited by guarantee with company registration number 01863614, with registered charity number 326730 in England and Wales, SC038415 in Scotland, and 1177 in the Isle of Man

I will see my doctor or asthma nurse at least once a year (but more if I need to)

Date my asthma plan was updated:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents and carers – get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with their school

Learn more about what to do during an asthma attack **asthmaandlung.org.uk/child-asthma-attacks**

ASTHMA QUESTIONS?

Parents and carers ask our respiratory nurse specialists

Call **0300 222 5800**

WhatsApp **07999 377 775**

(Monday-Friday, 9am-5pm over 16 only)

ASTHMA+ LUNG UK

CHILD ASTHMA ACTION PLAN

Fill this in with your GP or nurse

Name and date:

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1 My every day asthma care

I need to take my preventer inhaler every day.

It is called:

and its colour is:

I take .....puff/s of my preventer inhaler in the morning and .....puff/s at night. I do this every day even if my asthma's OK

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

It is called:

and its colour is:

I take .....puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

If I need my reliever inhaler (usually blue) when I do sports or activity, I need to see my doctor or my asthma nurse.

2 My asthma is getting worse if...

- I wheeze, cough, my chest hurts, or it's hard to breathe **or**
- I need my reliever inhaler **(usually blue)** three or more times a week **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).

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take ..... puff/s of my reliever inhaler **(usually blue)** every four hours if needed
- See my doctor or nurse within 24 hours if I don't feel better.

URGENT!
If your reliever inhaler is not lasting four hours, you need to take emergency action now (see section 3)

Remember to use my spacer with my inhaler if I have one.
If I don't have one, I'll check with my doctor or nurse if it would help me.

Other things my doctor or nurse says I need to do if my asthma is getting worse (e.g. check my peak flow)

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours **or**
- I can't talk, walk or eat easily **or**
- I'm finding it hard to breathe **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts.

If I have an asthma attack I will:

1. Call for help. Sit up – don't lie down. Try to keep calm.
2. Take one puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I am worried at any time, **call 999 for an ambulance**.
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

Inhaler technique

- Good inhaler technique is essential in ensuring optimum use of inhaler devices including spacers and facemasks
- Inhalers should only be prescribed after the CYP (or their carer) has received training in its use and has demonstrated an acceptable technique.
- Repeated checks are essential, as poor technique, even after training, is common.
- Inhaler technique should be reassessed as part of a structured clinical review during follow-up.
- Information and videos about correct inhaler technique can be found on the Asthma + Lung UK website.

CYP Asthma Education and training for Primary Care

- To provide the Children and Young People Asthma Model of Care, clinicians are required to have either Tier 2 or Tier 3 Asthma training.
- The tier of training required relates to national standards from The National Bundle of Care for CYP with asthma.
- All team members delivering asthma care should be supported with appropriate training and supervision
- 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.

- There are accredited course to help support you achieve the capabilities you need:

Asthma (Children and young people) - elearning for healthcare

- Training is available for all members of the team not just clinicians.

Tips for Primary Care Teams

- **Schedule annual asthma reviews and allow sufficient time**
  - Call in patients who have not had an asthma review in the past year or have been prescribed reliever inhalers but not preventers.
  - Follow up when children and young people do not attend scheduled appointments.
- **Schedule Post-Attack Reviews Within 48 Hours**
  - Early follow-up reduces risk of future attacks.
  - Use EMIS/SystmOne alerts to flag recent A&E visits or admissions
  - Understand when to refer on for severe/difficult to control asthma.
- **Check Inhaler Technique at Every Review**
  - Use visual aids or demonstration devices to support learning.
- **Always Provide a clear Written Asthma Action Plan**
  - Ensure every child with asthma leaves with a clear, personalized plan that they can understand
  - Review how you are supporting patients and their families for whom English is not their first language - Translated resources are available.
- **Discuss Environmental Triggers during each review**
  - Ask about exposure to smoke in the home, parental smoking, mould, pets, and air quality at home/school. Signpost to housing or environmental health support if needed.
- **Use Local Asthma Toolkits and Referral Pathways**
  - Standardised resources improve consistency and safety.
  - Share learning across your PCN or ICS.
- **Ensure staff have the right training and knowledge**
  - All team members delivering CYP asthma care, should be supported with appropriate training and supervision and access to training

Any questions?

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