

**Primary / Secondary Care Regional  
Training Events for the Management of  
Children and Young People's Wheeze &  
Asthma-  
Report & Analysis**

**December 2017**

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## 1. Foreword

The primary / secondary care interface is frequently referred to as being problematic but few events capture clinicians from both sectors to learn together.

We felt we could organise education events that filled this gap and this report describes how we tackled this problem.

The success of these events depended however on a number of people. In particular the engagement of the clinicians, my GP lead colleague Dr Rajat Srivastava and the ever efficient work of Ailsa Burton who was crucial in coordinating each event.

Thank you all indeed.



Dr Jane Williams. Children's Clinical Director, Maternity & Children's Network, East Midlands Clinical Networks & Senate



Sharon Verne. Head of Clinical Network, Maternity & Children's Network, East Midlands Clinical Networks & Senate

## 2. Author appointments and co-organisers

### Faculty

Dr R Srivastava	GP Lead, East Midlands Children's Network
Dr G Robinson	Paediatric ED Consultant, Derby Children's Hospital
Dr J Williams	Clinical Director Children and Young People, East Midlands Children's Network
Mrs A Burton	Quality Improvement Coordinator, East Midlands Clinical Network
Dr N Ruggins	Consultant Paediatrician (Respiratory), Derby Children's Hospital
Dr D Roland	Paediatric ED Consultant, Leicester Children's Hospital

### Speakers

Dr P Dykes	ED Consultant, Nottingham Children's Hospital
Dr J Murphy	Consultant in Public Health, Public Health England
Dr C Gilhooley	Paediatric Emergency Medicine GRID Trainee ST8, Nottingham University Hospitals
Dr Donna Traves	Respiratory Consultant, Derby Teaching Hospitals
Debra Forster	Specialist Paediatric Respiratory Nurse, Nottingham University Hospitals
Rebecca Salloway	Specialist Paediatric Respiratory Nurse, Derby Teaching Hospitals
Dr Amol Chingale	Consultant Paediatrician, United Lincolnshire Hospitals NHS Trust
Dr Giri Gantasala	Consultant Paediatrician, SI in Paediatric Gastroenterology, United Lincolnshire Hospitals NHS Trust
Dr Molla Imaduddin Ahmed	ST7 Paediatrics, Peterborough City Hospital
Dr Erol Gaillard	Senior Lecturer Child Health & Paed Respiratory Consultant UHL
Dr Manjith Narayanan	Paed Respiratory Consultant, University Hospitals of Leicester
Sue Flaherty	Specialist respiratory nurse, University Hospitals of Leicester
Louise Mogford	Specialist respiratory nurse, University Hospitals of Leicester

Dr C Wighton	Consultant in Acute Paediatrics, UHL
Dr Patti Rao	Consultant Paediatrician and Clinical Director, Kettering General Hospital
Kimberley Haines	Asthma/allergy Nurse, Kettering General Hospital
Dr Olivia O'Connell	GP, Derby

Event facilitators

Dr Alex Dewar	SpR East Midlands Paediatric Rotation
Dr Jessica Slater	SpR East Midlands Paediatric Rotation

### 3. Executive Summary

- We recognised the problem of a stressed and stretched primary care work force, many with little paediatric training needing to assess children who are up to 1/3 of consultations and the rising ED attendances for children, with common problems e.g. respiratory symptoms and asthma.
- Asthma is the commonest long term condition and continues to result in fatalities in childhood.
- We identified a need to consolidate links between district paediatric and ED teams and the first responding services.
- Events were organised around each acute site and locality primary care teams, over 100 delegates attended.
- Learning was in an informal, small group workshop style with many practical tasks which added to the enthusiasm of delegates.
- Analysis pre and post event was positive, with all events having superb feedback from >90% of delegates.
- Evidence of long term learning has been collected.
- Future plans to extend these events to other clinical conditions are underway. A sepsis in CYP programme has been initiated following a similar format.

## 4. Background

Increasing numbers of children and young people (CYP) are attending our emergency departments (ED) nationally and this also applies to the East Midlands (EM) with of course a cost to CCG's. Despite this we continue to be alarmed about children's health outcomes in the UK for many common and long term conditions. The overall UK childhood mortality is higher than comparative European countries and the key areas are relatively high infant deaths and deaths in CYP with long term conditions (LTC) – asthma being the commonest LTC.

The majority of deaths in CYP from asthma occur outside hospital. Against this background general practice is overstretched and younger GPs and most practice nurses may not have had paediatric specific post graduate training. A recent asthma review recognised poor recognition of an 'adverse outcome' e.g. death was an important avoidable factor in 70% and 83% of CYP receiving care in general practice and 33% of CYP receiving hospital care. A previous early local audit reflected lack of understanding in referral pathways for paediatric advice (2014/15). Against this background East Midlands Children's Network planned the following response. **Network response**

The East Midlands Children's Clinical Network initiated work trying to help improve:-

- Primary / secondary interface and pathway communication
- Update of knowledge regarding common children's condition best practice management i.e. wheeze and asthma for any out of hours staff and GP teams.

After discussion with local providers, Health Education East Midlands leaders and CCG GP children's leads, plus the Children's Emergency Department (CED) teams in Leicester, Derby and Nottingham Hospitals a pilot event was planned for 23 November 2016, which if successful would be rolled out across the STP geographies of the East Midlands.

## 6. Funding

We applied for some funding to the then Urgent and Emergency Care Network and were grateful to receive ~£2000. This facilitated room hire and refreshment costs in areas away from our East Midlands headquarters. However, speakers did not charge any lecture fees apart from a small amount of travel cost. We are indebted to them and their organisations for supporting these events.

## 7. Aims

Each event was planned to:

- Offer small group teaching to GPs and Practice nurses
- Be condition specific focus - asthma and wheeze
- Include clinical scenario based teaching delivered by senior children's ED staff and GPs – establishing local links
- Provide some CCG level data related to the care of the clinical condition

The overall aims were:

- To improve care and safety for CYP in East Midlands
- To identify those in need of urgent care from a Children’s Emergency department (CED)
- To defer unnecessary ED attendances
- To update and refresh the knowledge of our East Midlands health care providers

## 8. Events

Four events were held in total. The following table sets out the venues and details of delegates:

**Table 1. Professional groups attending or delivering event**

	<b>GPs</b>	<b>Practice Nurses</b>	<b>Paediatricians</b>	<b>ED Staff</b>	<b>Other</b>	<b>Total</b>
Kegworth 23 Nov 2016 (Notts, Derbyshire, Leic Clinicians )	21	6	4	2	6	32 delegates 8 speakers
Lincoln County Hotel 3 May 2017 (Lincs Clinicians)	11	13	4	3	2	24 delegates 8 speakers
Leicester Cricket Ground 14 June 2017 (Leics/shire / Northam Clinicians)	6	11	3	1	11	27 delegates 10 speakers
Abbey Med Practice 4 Oct 2017 (Northam / Kettering Clinicians)	7	12	3	1	3	21 delegates 7 speakers
<b>Final Total</b>	<b>45</b>	<b>42</b>	<b>14</b>	<b>7</b>	<b>22</b>	<b>104 delegates 33 speakers</b>

## 9. Structure

**Programme (Appendix 1)** We were keen to ensure the events were not in the form of didactic teaching but that the main educational exchange was in small groups, with a mixture of delegates and that the speakers were from a 'local' team who would be better informed about local pathways.

We also felt there may be other gains from such a model:

- Improve familiarity with the local team e.g. a GP may have met the person who may receive a call about a specific child
- Both ED/ Paediatric / GP / practice nurse i.e. the primary / secondary care interface would be strengthened
- The delegates after the event may signpost or support colleague updates in CYP best practice for cough/ wheeze/ asthma and practice response to a sick child.
- The hospital / ED clinicians would understand the issues from the GP practice perspective.

### **Delegate packs**

The delegate packs contained the following:

- Pre event evaluation form
- Programme
- Infographic of CCG level data ( Appendix 2)
- Useful asthma links
- Asthma plan produced collaboratively between the clinical network and local clinicians (see Appendix 3)
- Key messages (see below)
- Free online training flyer
- Post event evaluation form
- Certificate of attendance

### **Presentations**

Presentations were emailed to delegates following the events. If you would like to receive copies of any presentations please email [ailsa.burton@nhs.net](mailto:ailsa.burton@nhs.net)

## 10. Key messages for Care Providers (included in packs):

- Support your practice to implement Asthma Plans in all CYP with a diagnosis
- Ensure practice is familiar with MDI techniques in CYP
- Check inhaler technique each time you see the child for wheeze/asthma
- Spacer ! Spacer ! Spacer !
- Anyone prescribed more than one short acting beta agonist (SABA) per **month** should be identified and have their asthma urgently assessed
- Use of more than one SABA a **week** should prompt a review and step up in treatment
- Know your local equipment
- In moderate exacerbation of asthma give salbutamol via SPACER and mask
- Use 10 puffs of MDI for an asthma exacerbation in CYP
- Bronchodilators do not work in bronchiolitis due to pathophysiology i.e. No bronchoconstriction
- Young infants with wheeze are common and generally do not need escalating treatments for simple viral wheeze. A good history is key.
- Children less than 5 may need a trial of treatment or simply watchful waiting in the 'Probability Category'
- Vital signs must be recorded in children with acute wheeze
- Use Oxygen Saturation
- Give nebulisers in children with Sats <92%
- No response to first neb at the surgery? Keep giving until help arrives
- Do not send these children to hospital via their parents car
- Get the diagnosis right
- Role of steroids

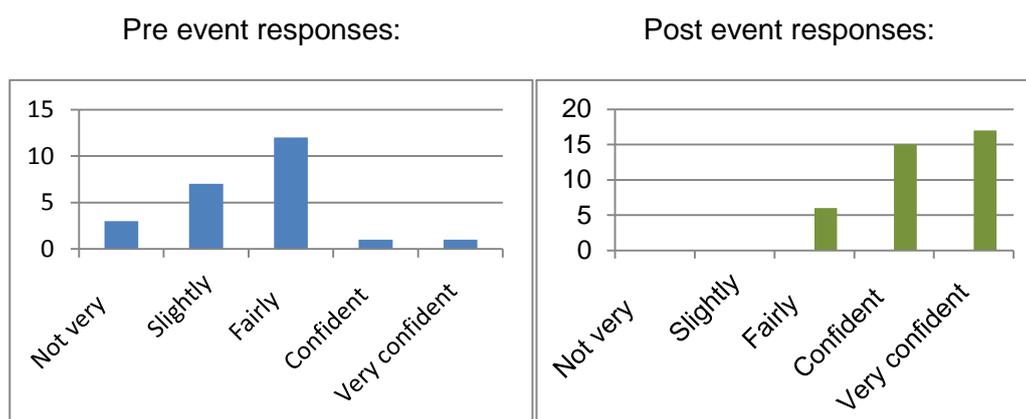
## 11. Immediate post event feedback from delegate evaluations

### Event 1 (Derby)

We asked the following questions and have summarised the responses received

- **97%** confirmed the event **met or exceeded expectations**
- **97%** rated the overall teaching and event format as **excellent or good**
- We asked delegates **how confident they felt with checking CYP inhaler techniques**. Pre event, only 59% of delegates felt at least fairly confident, and **post event this rose to 94%**
- We asked delegates; **overall how confident they felt about managing CYP asthma**. This rose from 58% feeling at least fairly confident pre event, to **100% post event (see table 2)**

Table 2.



Some of the comments we received are summarised below:

- *I thought it was very helpful. Just the right level as well. Ability to ask questions – very useful*
- *Might have been helpful to have the simulated sessions in a separate room*
- *Practical advice in GP setting*
- *Really helpful event – relevant, snappy, well-paced. Excellent format*
- *Excellent event covering almost all aspects of asthma & wheeze in CYP. Very well organised course squeezing everything in half day*
- *Liked the idea of having pre/post evaluation*
- *Good venue, well organised event*
- *Really good, excellent practical advice*
- *Excellent seminar leaders. Very practical*
- *Very good idea, very helpful*
- *Very informative meeting with an unusually high number of practices I will implement*
- *Would be good to do diabetes talk & mental health too*

- *Might be helpful to have some key slides available printed*
- *Felt a bit rushed during the workshops*

All delegates apart from one said they would see benefit from a repeated event for GPs in the region.

Subsequent events had a similar pre and post feedback:

### **Event 2 (Lincoln)**

- **100%** of delegates confirmed the event had **exceeded or met their expectations**
- **100%** rated the overall event as **excellent or good**
- Confidence with inhaler techniques - 67% were at least fairly confident pre event compared to **100% post event**
- Overall confidence with managing CYP asthma - pre event only 22% were at least fairly confident compared to **96% post event**

### **Event 3 (Leicester)**

- **100%** of delegates confirmed the event had **exceeded or met their expectations**
- **100%** rated the overall event as **excellent or good**
- Confidence with inhaler techniques - 68% were at least fairly confident pre event compared to **96% post event**
- Overall confidence with managing CYP asthma - Pre event only 40% were at least fairly confident compared to **100% post event**

### **Event 4 (Northamptonshire)**

- **100%** felt the event **exceeded or met their expectations**
- **94%** rated the overall teaching and event format as **excellent or good**
- Confidence with inhaler techniques – 76% rated themselves as at least fairly confident pre event, this rose to **100% post event**
- Overall confidence with managing asthma and wheeze in CYP – 72% rated themselves as at least fairly confident pre event, this rose to **100% post event**

## 12. Evidence of long term learning

We then contacted delegates some months after their attendance – from the first event this was one year in some cases – to complete a survey to evaluate impact of the asthma & wheeze primary care training events.

The survey was completed in November 2017, circulated via email and with one reminder. The delegates had two weeks to return their responses.

### Survey results

36 Responses in total, 10 of which were from facilitators (28%) and 26 delegates (72%)

GP	Practice nurses	Paediatricians	ED staff	Childrens Nurses	Nurse Practitioners
11	12	6	2	2	3

Response rate of 25%, including facilitators 35%

#### **Q1. Have you had opportunity to apply any new learning / skills from event you attended?**

30 Yes (83%), 5 No (14%), 1 no answer

#### **Q1B. If you have selected 'Yes', please select from the following: -**

- Techniques/ use of MDI's – 17 selected
- Diagnosis of cough in children – 22 selected
- Acute referral pre hospital treatment – 8 selected
- Issuing asthma plans – 17 selected
- Paed Resuscitation box (equivalent) – 8 selected

#### **Q2. Have you passed on any new learning to colleagues?**

28 yes (78%), 7 no (20%), 1 not answered

#### **Q3. Do you think the event has helped you with your personal development annual appraisal and revalidation?**

32 yes (89%), 2 no (6%). 2 not answered

**Q4. Would you be keen to attend further similar events on other CYP topics?**

35 yes (97%), 1 not answered

**Q5. What feedback if any have you had from children and/or their families on the asthma action plan (Appendix 3)?**

- To initiate one and to follow through jointly with primary care services
- Good to keep and refer back too
- **Very useful to have these. Better understanding of management if their condition**
- **They like the easy to follow action plans**
- **It is clear. Parents have said they have more idea of what to do when asthma getting worse**
- We have used asthma action plans in our practice for many years and they are generally well received
- They had not seen them before and found it helpful
- **Liked and found helpful in exacerbation**
- **That it has helped them escalate and know what to do when wheeze is bad**
- Generally this has been well received and is thought to be helpful.
- They are generally pleased to have an action plan but feel need to develop a much more simplified and uncluttered action plan. The one from Emids just looks too busy and when you print it off and ask people to bring it with them at their next visit they seem to invariably forget it. I think the ideal would be a simplified version on your mobile so it is always to hand.
- **Very positive, makes asthma clearer and they are able to have a better understanding of asthma**
- Parents like the paediatric action plan
- We already uses asthma management plans, and our apc wanted us to keep using those ones, rather than switching to the ones we were given that day, so I don't really have any new feedback
- None as yet x 2
- Already have one in place
- None

**Q6. Do you have any other comments or feedback you would like to give that you did not already feed back to us on the day?**

- **Excellent interactive session, good dialogue between P/Care and S/Care**
- Would be useful to know whether our targeted teaching makes an impact on the patients that are referred to the ED via GP's

- Very interesting day. May I suggest you include some reference to prescribing within the day, as when I see patients I do prescribe meds for them in the consultation?
- **Excellent meeting overall and made me feel more confident and think about management of asthma.**
- Overall good, interactive workshop
- I found one of the speakers very difficult to understand.
- Good to be part of this. However, do think it will need repeating, so other delegates can attend
- Great course, gave feedback on form at end
- **It was excellent and very interactive.**
- **The day has helped me when examining, diagnosing and treating children with coughs and wheeze, very valuable day.**
- Need more similar events other topics
- Great day
- **Excellent multidisciplinary learning**
- **We (secondary care) learnt GP team would fit child in after discharge for check**
- No, was a really good day
- Excellent day, being divided into smaller groups was excellent
- **It was very useful & I would love to attend any future events**
- **Speakers were very knowledgeable**

## 13. Publications and Presentations

- Invited speakers R Srivastava and J Williams 'A network approach to supporting quality care in childhood wheeze'. Asthma UK. Association of Engineers March 2017
- Primary Care Respiratory Update article:  
[https://pcrs-uk.org/sites/pcrs-uk.org/files/PCRU\\_September2017.pdf](https://pcrs-uk.org/sites/pcrs-uk.org/files/PCRU_September2017.pdf) (refer to page 53 of article)
- Poster produced for RCPCH Scientific Meeting in May 2017 (Appendix 4)  
We had national recognition in the form of our poster presentation at the RCPCH annual scientific conference in May 2017 (Appendix 4) where it won a prize in the Association for Paediatric Emergency Medicine Stream. We donated the prize money of £100 to the Asthma UK charity.

## 14. Summary

The events were all well received and oversubscribed within weeks of advertising. The evaluation revealed in this motivated well trained groups of delegates, little CYP specific training in the last five years in one of the commonest childhood ailments – cough and wheeze and LTC of childhood. This finding alone warrants in my opinion further consideration in relation to providing accessible and relevant local training opportunities.

Both primary and secondary care providers in the East Midlands were keen to work together and shared learning was enthusiastically supported.

We have received an extremely positive response from delegates and the fact that all events were booked so quickly from advertisement alone reflects the demand from such training opportunities.

Success was also reliant on:

1. The event being free (noting the difficulty with professional development funding particularly for non-doctors)
2. The success of the event heavily relied on the contributions of the ED Consultants, Respiratory Consultants, Paediatricians and Specialist Nurses from our children's ED departments and East Midlands hospitals who gave their time and expertise.
3. The events were geographically accessible to the local teams both primary and secondary care so their days were not too disrupted and delivery of their usual clinical demands was possible in the mornings.
4. The programme was co-planned with a GP which ensured we targeted the right subjects at the right level.
5. We also hoped to ensure sustained learning was achieved and our final survey does appear to support this was the case in at least a 1/3 of delegates that attended the event. 2/3 did not reply to the final questionnaire which is a typical if not good return rate.

Our final aim of impacting on unnecessary ED attendance is to date difficult to capture so we await to see figures for 2017/18

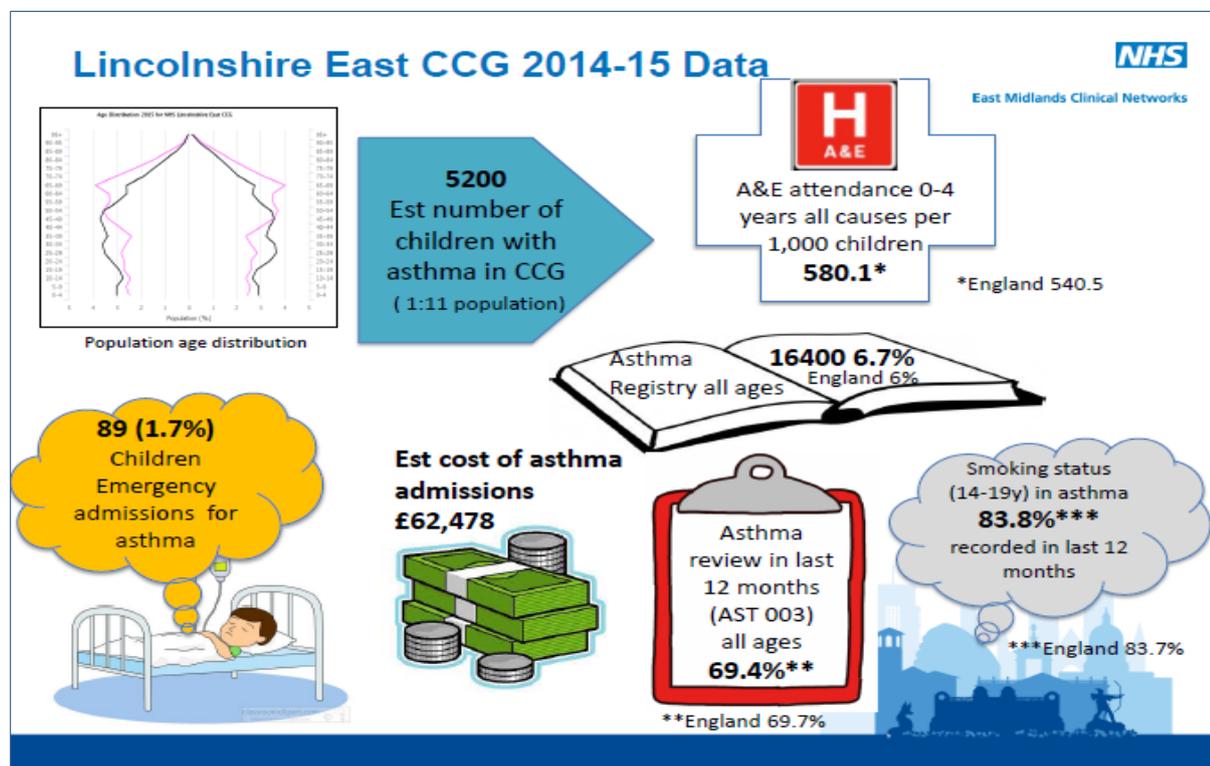
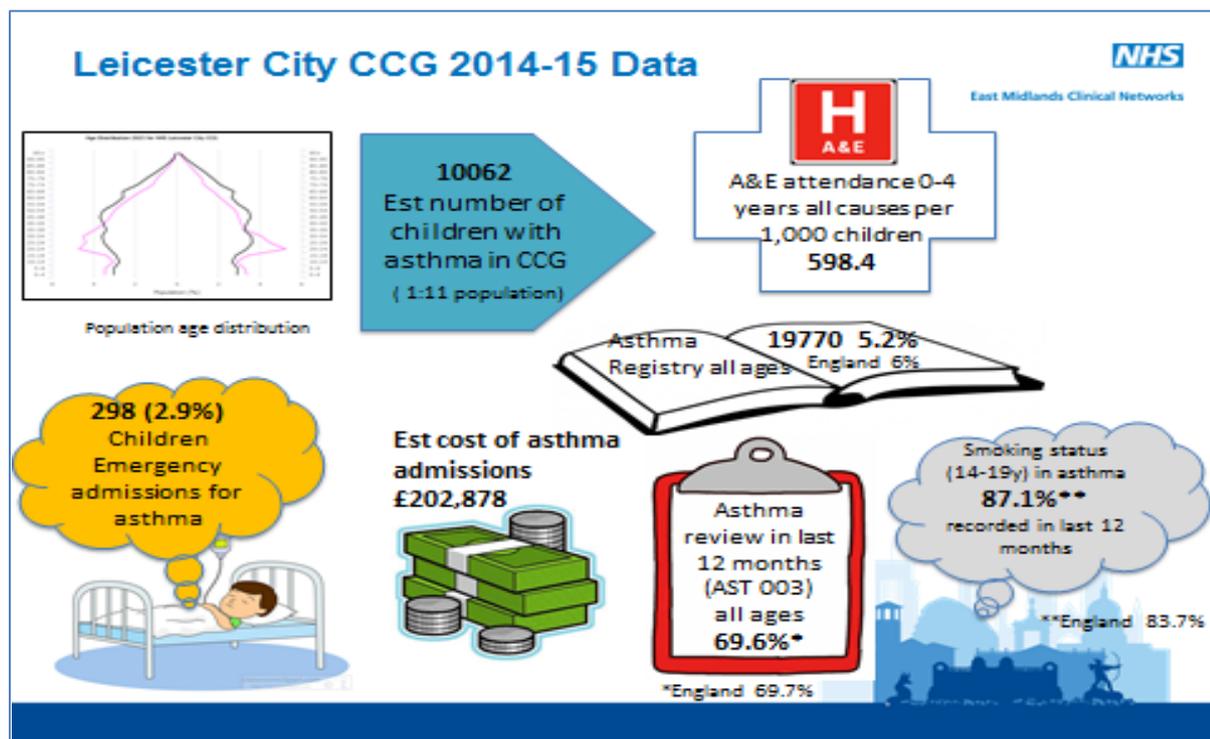
## 15. Plans for the future

The East Midlands Children's Network was in a good position to extend this training and host similar events – indeed this is the case with our sepsis training event occurring along a similar model on 28 02 18.

## Appendix 1. Example Programme

Time	ITEM	Lead
13:00	<b>Registration, Refreshments &amp; Welcome</b>	
13:20	<b>Introduction with baseline assessment of CYP asthma knowledge</b>	Dr Jane Williams Children's Clinical Director, EMCN
13:25	<b>My Asthma</b> - A Poem by Max Wright	Debra Forster Children's Respiratory, Allergy & Community Nurse Children's Clinic South NUH
13:30	<b>Our Children's Health</b> - the East Midlands perspective and national overview in care for CYP with asthma and acute respiratory conditions	Dr Damian Roland Paediatric ED Consultant Leicester Children's Hospital
13:50	<b>The GP perspective - reality check.....</b>	Dr Rajat Srivastava GP Lead EMCN
14:00 – 16:15	<b>Interactive Workshops</b> – 20 mins each (small groups of delegates to rotate)	
Work shop 1	<b>The recurrent cough: Practical tips in diagnosis</b>	Dr Phil Dykes ED Consultant Nottingham Children's Hospital
Work shop 2	<b>Guideline Management of wheeze/asthma: Evidence update</b>	Dr Damian Roland
10 mins	<b>Refreshments</b>	
Work Shop 3	<b>The older child with an exacerbation of asthma</b>	Dr Nigel Ruggins Consultant Paediatrician (resp) Derby Children's Hospital
Work shop 4	<b>Inhaler technique in children</b> - what, how, when and how much	Debra Forster & Rebecca Salloway Specialist Paediatric Respiratory Nurses
Work shop 5	<b>Asthma Attack!</b>	Dr Gisela Robinson Paed ED Consultant Derby Children's Hospital
16:15	<b>Panel - Q and A Session</b>	All participants
16:30	<b>Post event questionnaire and feedback from the day - Certificates of Attendance</b>	All participants
17:00	<b>CLOSE</b>	

## Appendix 2. Examples of Infographic by CCG



## Appendix 3. East Midlands CYP Asthma Plan

<p><i>You could take a photo of your asthma Action Plan and keep it on your mobile</i></p>	<h3 style="margin: 0;">MY ASTHMA ACTION PLAN</h3>	<p>Date Plan Made: .....</p>
<p>Name: .....</p> <p>DOB: .....</p> <p>Preventer: ..... Reliever: .....</p> <p style="text-align: center;"><i>"Remember to shake the inhaler before each puff when using with a spacer"</i></p>		
		
<p><b>MY ASTHMA IS WELL CONTROLLED</b></p> <ul style="list-style-type: none"> <li>➤ Little or no cough or wheeze</li> <li>➤ Sleeping not disturbed</li> <li>➤ You are able to do your usual activities</li> <li>➤ If you check your peak flow it is around your best</li> <li>➤ Best peak flow .....</li> </ul> <p style="text-align: center;"><b><u>ACTION</u></b></p> <p><i>Take your preventer inhaler</i></p> <p>.....</p> <p><i>every day, even when well</i></p> <p>You should not be <del>be</del> needing your reliever inhaler every 4 hours but can take it with activities</p> <p><b>YOUR ASTHMA NURSE:</b></p> <p>.....</p> <p>Telephone number: .....</p>	<p><b>MY ASTHMA IS GETTING WORSE</b></p> <ul style="list-style-type: none"> <li>➤ You may have a cold/hay fever or</li> <li>➤ Coughing and wheezing day and/or night or</li> <li>➤ Your peak flow may be reduced</li> </ul> <p style="text-align: center;"><b><u>ACTION</u></b></p> <p><i>Keep taking your usual medication and inhalers.</i></p> <p><i>Take your usual dose of blue inhaler (reliever) every 4 hours</i></p> <p><i>If things do not settle within 48 hours then seek a medical review with your GP</i></p>	<p><b>MY ASTHMA IS MUCH WORSE</b></p> <p style="text-align: center;"><b><u>I AM HAVING AN ASTHMA ATTACK</u></b></p> <ul style="list-style-type: none"> <li>➤ You can't talk or walk easily or</li> <li>➤ You are breathing hard and fast or</li> <li>➤ You are coughing/ wheezing a lot or</li> <li>➤ Your blue inhaler is not working or</li> <li>➤ You are too breathless to do a peak flow</li> </ul> <p style="text-align: center;"><b><u>ACTION</u></b></p> <p><i>Take up to 10 puffs of your blue inhaler through your spacer</i></p> <p><i>Repeat every 3 - 4 hours</i></p> <p><b><u>IF</u></b> this is not working repeat 10 puffs. <b><u>IF</u></b> this is not lasting 3 hours see GP/DOCTOR URGENTLY</p> <p><i>If giving blue inhaler less than every 2 hours call 999</i></p> <p style="text-align: center;"><b><u>THIS IS AN EMERGENCY CALL 999</u></b></p>

## Appendix 4. Poster presentation to RCPCH in May 2017

### A network approach to shared learning - improving the primary / secondary care interface to decrease unnecessary ED attendances and improve child health



<sup>1</sup>J Williams, <sup>2</sup>R Srivastava, <sup>3</sup>G Robinson, <sup>4</sup>D Roland, <sup>5</sup>P Dykes, <sup>6</sup>N Ruggins, <sup>1</sup>D Forster, <sup>6</sup>R Salloway, <sup>1</sup>A Burton

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#### Aims:

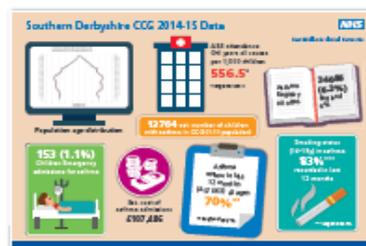
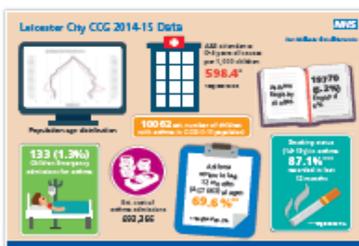
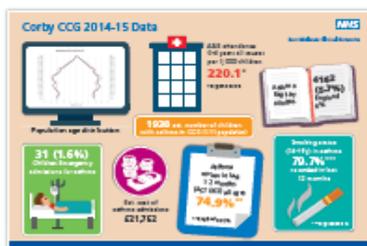
To improve care and safety for children and young people in East Midlands and identify those in need of urgent care in Children's Emergency Department (CED). To defer unnecessary ED attendances and to update and refresh the knowledge of our East Midlands health care providers.

#### Background:

Increasing numbers of children and young people are attending our ED departments nationally and in East Midlands (variation for under 1 year olds of 370-831 of National rate 694/100,000<sup>1</sup>) with of course a cost to CCGs. Despite this, children's health outcomes in the UK for many common and long term conditions of European countries<sup>2</sup> and key areas are high. Infant deaths and deaths in children and young people with long term conditions (LTC) – asthma being the

commonest LTC. (National infant mortality rate 4.1, East Midlands 4.3 / 1000 live births Feb 2016.) The majority of deaths in children and young people from asthma occur outside hospital<sup>3</sup>

Against this, overstretched, younger GPs and practice nurses (PNs) may not have had paediatric specific training. Early local audit reflected lack of understanding in referral pathways for paediatric advice (2014/15).<sup>4</sup>



#### Methods:

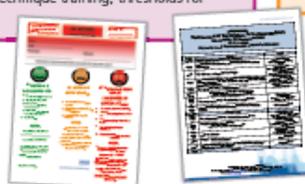
The East Midlands Children's Network targeted supporting the primary / secondary interface and offering training opportunities focusing on the commoner causes of ED attendances in infants and small children – respiratory concerns and the common LTC asthma. Local Children's ED clinicians agreed to provide small group scenario based training to GPs and PNs. The network developed CCG specific infographic data relating to cost, attendance and admissions for individual CCGs. Focus on encouraging written CYP specific asthma plans, Inhaler technique training, thresholds for referral to ED.

#### Results:

The training event was fully booked within days of advertisement and attendance 90%, with 97% of respondents scoring the format and quality of teaching as good or excellent. Evaluation prior to event revealed 73% delegates had had no CYP asthma training for > 2 years and 23% > 10 years. Only 58% of delegates pre event were (at least fairly) confident about managing CYP asthma, whilst post event 100% were (at least fairly) confident. Higher CCG asthma plans % reflect trends in lower ED attendance.

#### Conclusion:

Improving ED and primary care communication creates and facilitates improved understanding, shared best practice, improved knowledge, ongoing measurements plan to evaluate the association between CCGs with higher numbers of asthma plans in place and decreasing ED attendance are ongoing.



#### Ref

1. Atlas of variation in care [www.chimat.org.uk/variation](http://www.chimat.org.uk/variation)
2. [www.rcpch.ac.uk/improving-child-health/child-mortality/child-mortality](http://www.rcpch.ac.uk/improving-child-health/child-mortality/child-mortality)
3. National review of asthma deaths UK 2014 <https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths>
4. 'East Midlands GPs understanding of urgent care pathway for CYP – an audit'. Dr R Srivastava