

ICS Deliverables

Organisation of Care			
National Standard	Deliverable	Enabler	Measure of success
OC 1 - All organisations/services must have a named lead with asthma expertise who is responsible and accountable for the dissemination and implementation of asthma standards and good asthma practice which includes CYP.	ICS' should produce a governance structure which states the asthma lead.	National funding disseminated to regions to appoint an ICS lead for asthma	ICS leads for asthma to report to CYP regional leads, detailing progress against the National Standards
OC 2 - Each ICS should have a paediatric asthma network with an identified lead in paediatric asthma who interfaces with place-based systems and primary care networks (PCNs), secondary care, pharmacy, schools, community and severe asthma services. This network should integrate and transition with adult services.	ICS' should develop network terms of reference, membership and accountability of the group and should aim to produce examples of measures to improve service delivery across the network.	The National Team will develop a template for networks as part of the next steps.	Progress reports regional CYP leads
OC 3 - Each ICS should develop and maintain a pathway of	ICS leads should map the pathway of care for CYP	National Standards of Care – ICS leads should consider the pathway	A map of CYP asthma services that identifies

referral and ensure responsibilities between primary, secondary and tertiary care. This should include safeguarding at all levels of care.	with asthma through primary, secondary and tertiary care.	based on the core elements in this framework ICS leads could use the following survey as a tool to help them understand the landscape of CYP asthma services in their patch: https://forms.office.com/r/edj1KsLAvB	areas that could benefit from further development and support in order to align with the National Standards of Care.
Environmental Impacts			
National Standard	Deliverable	Enabler	Measure of success
EI 1 - All healthcare professionals working with CYP with expected or diagnosed asthma should understand the sources of and dangers of air pollution with this cohort and ensure they discuss these risks and potential mitigation strategies with them. Integrated care systems should ensure staff are equipped with the tools that will enable them to do this.	ICS leads should ensure staff have completed the appropriate level of training in CYP asthma to include enabling them to have conversations about mitigating the risks associated with air pollution. Staff should be aware of and signposted to existing resources.	CYP asthma training capabilities framework (resource pack section 6) and associated training courses. Existing resources	Evidence of training completed on ESR for 80-100% of staff involved in the care of CYP with asthma.
EI 2 - CYP, parents and carers should always receive information on how they can manage asthma with regards to air pollution. Information should be accessible in such a way that is appropriate to that CYP, this	ICS' should ensure providers of care have access to the appropriate resources to share with CYP, parents and carers.	Existing resources	Audit of CYP asthma services. Patient satisfaction surveys to include whether CYP felt equipped to manage

To be used in conjunction with the National Bundle of Care for CYP with Asthma and the associated resource pack.

may include live updates through digital apps.			their asthma in relation to the impact of air pollution.
EI 3 - ICS' should ensure they are linked with schools where education around asthma should also be provided. ICS' should consider influencing education bodies to make all schools Asthma Friendly .	ICS leads should develop a joint policy between healthcare and local authorities for the improvement of asthma care in primary and secondary schools. ICS' should support training for staff in education as well as students and parents	CYP asthma training capabilities framework (resource pack section 6) and associated training courses Absenteeism data due to asthma collected on the CYP asthma dashboard Resources for schools	A directory of updated asthma leads available to all organisations. Absences due to asthma are recorded on the dashboard and the number of days absent should reduce favourably as systems become more established.
EI 4 - All healthcare professionals working with CYP with expected or diagnosed asthma should understand the risks associated with poor indoor air quality with this cohort and ensure they discuss these risks with them as part of their personalised asthma action plan. Integrated care systems should ensure staff are equipped with the tools that will enable them to do this.	ICS leads should ensure staff have completed the appropriate level of training in CYP asthma to include enabling them to have conversations about mitigating the risks associated with poor indoor air quality.	CYP asthma training capabilities framework (resource pack section 6) and associated training courses.	Evidence of training completed on ESR for 80-100% of staff involved in the care of CYP with asthma. Patient satisfaction surveys to include whether CYP felt equipped to manage their asthma in relation to the impact of indoor air quality.
EI 5 - ICS' should work together to lobby council services to ensure housing quality is not	ICS leads should develop a joint policy between healthcare and the local	CYP Asthma and respiratory networks could help	Evidence of a joint policy between healthcare and the

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<p>impacting on the health of CYP. CYP at risk of or diagnosed with asthma should be placed in alternative housing if indoor air quality is identified as poor. Severe and Difficult to Treat Asthma Services should agree criteria for rehousing CYP when the environment is thought to be critical.</p>	<p>housing association to ensure CYP with asthma do not live in conditions that might exacerbate their symptoms.</p>		<p>local housing association</p> <p>Evidence that CYP have been offered alternative accomodation if it has been identified that their living conditions are exacerbating their asthma symptoms</p>
<p>EI 6 - All healthcare professionals working with CYP with expected or diagnosed asthma should understand the risks associated with parental smoking with this cohort and ensure they discuss these risks with them.</p>	<p>ICS leads should ensure staff have completed the appropriate level of training in CYP asthma to include enabling them to have conversations about parental smoking and the associated risks.</p>	<p>CYP asthma training capabilities framework (resource pack section 6)) and associated training courses.</p>	<p>Evidence of CYP asthma training completed on ESR for 80-100% of staff involved in the care of CYP with asthma.</p>
<p>EI 7 - Parents and carers should be offered support to quit smoking and ICS' should ensure staff are equipped with the tools that will enable them to do this. All clinicians managing CYP with asthma should be able to refer parents into smoking cessation service</p>	<p>ICS' should ensure providers of care have access to the appropriate resources to support parents and carers to quit smoking, including being able to refer into smoking cessation services for this high risk group.</p>	<p>Existing resources</p>	<p>Evidence of MECC training completed on ESR for 80-100% of staff involved in the care of CYP with asthma.</p>

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Early and Accurate Diagnosis			
National Standard	Deliverable	Enabler	Measure of success
<p>EAD 1 - ICSs should develop diagnostic hubs in primary care, supported by secondary care, that incorporate:</p> <ul style="list-style-type: none"> Healthcare professionals trained in making a clinical diagnosis of asthma in CYP Spirometry and FeNO appliances that are suitable for use in CYP People trained to conduct these physiological tests in CYP. There should be clear criteria to support appropriate referral to secondary care from these hubs. 	<p>Evidence of the development of a diagnostic hub if not already in place.</p> <p>ICS' should establish access for all CYP with suspected asthma into a diagnostic hub</p>	<p>National Implementation Guidance (Phase Two)</p>	<p>An audit of the CYP identified with asthma with more CYP being correctly diagnosed with asthma.</p> <p>Diagnostic hubs which adhere to National Standards</p>
<p>EAD 2 - The diagnosis of asthma in CYP should be based on clinical features of a comprehensive history (incorporating symptoms, attacks, personal and family history), and efforts should be made in children 6 years and older to ascertain an objective marker of airway inflammation and/or</p>	<p>ICS' should ensure clinicians are equipped with the appropriate tools to enable them to make a diagnosis in primary care.</p> <p>ICS' clinical leads should review primary care data to ensure that CYP have an</p>	<p>National Guidelines and protocols can be found at: NICE BTS SIGN GINA</p>	<p>Evidence of local arrangements to ensure people with newly diagnosed asthma are diagnosed in accordance with guidance, and that the process is documented in their patient notes.</p>

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<p>variable airway obstruction. These should be conducted according to the most recent national guidelines and protocols.</p>	<p>asthma diagnosis where appropriate.</p>		
<p>EAD 3 - 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 but should only be a temporary classification while further information is sought (e.g. 'watch and wait', referral to secondary care, further testing, or trial of treatment). Children <6 years should either be coded as having 'asthma' or 'episodic wheeze', using a relevant decision aid.</p>	<p>ICS' should ensure clinicians are equipped with the appropriate tools to enable them to make a diagnosis in primary care.</p>	<p>See resource pack section 1 for decision aid</p>	<p>Evidence of local arrangements to ensure people with newly diagnosed asthma are diagnosed in accordance with guidance, and that the process is documented in their patient notes.</p>
<p>EAD 4 - ICSs should develop health education strategies for their local population to:</p> <ul style="list-style-type: none"> • Improve awareness about what asthma is • Its potential severity • Symptoms that should warrant review by a healthcare professional • This should include efforts to address cultural and societal 	<p>ICS' should establish pathways of care through schools and local authorities, ICS' can support parents and carers of CYP to spot asthma signs and symptoms</p>	<p>Existing resources from Asthma UK.</p>	<p>Evidence of local pathways of care which include places of education</p>

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<p>stigma around asthma. Linking with schools - in particular PE teachers - is recommended to reach as many CYP in the population as possible, and empower them to identify if they may need to see a healthcare professional.</p>			
<p>Effective Preventative Medicine</p>			
<p>National Standard</p>	<p>Deliverable</p>	<p>Enabler</p>	<p>Measure of success</p>
<p>EPM 1-4 - Prescription of medication standards</p>	<p>ICS leads should ensure primary care providers are allocated appropriate time and resource to adhere to National Standards</p>	<p>NHSE/I are working with the BNFC to update a package of care that will include age appropriate medicines to be prescribed with appropriate accompanying device and education</p>	<p>Evidence of local arrangements to ensure people with asthma presenting with respiratory symptoms receive an assessment of their asthma control, including adherence, number and type of inhalers prescribed</p> <p>ICS to report number of CYP on > 3 SABA inhalers a year and % reviewed and ICS started</p>

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<p>EPM 5 - All CYP with asthma should have a Personalised Asthma Action Plan</p>	<p>ICS' should ensure PAAP are made available to healthcare professionals working with CYP with asthma.</p>	<p>An example of a PAAP can be found in the resource pack section 2.</p>	<p>All CYP with a diagnosis of asthma have a PAAP and this is recorded in their notes</p>
<p>EPM 6 - All CYP with asthma should undergo a structured review at least annually. Adherence should be discussed as part of this review and inhaler technique should be assessed and where necessary extra training provided. The review should include an assessment of risk and severity and recent asthma control. Where loss of control is identified, immediate action is required. This should include escalation of responsibility, treatment changes, conversations about adherence and arrangements for follow-up.</p>	<p>ICS' should ensure these tools are made available to healthcare professionals working with CYP with asthma.</p>	<p>An example of a template for an annual review can be found here.</p>	<p>All CYP with asthma undergo an annual review and this is recorded in their notes</p>
<p>EPM 7 - Patient self-management should be encouraged to reflect their known triggers including stress and air pollution, e.g. increasing medication before the start of the hay-fever season, when there is High or Very High air pollution, avoiding non-steroidal anti-</p>	<p>ICS' should ensure providers of care have access to a suite of information and resources for CYP and their families and be able to provide them with self-management programmes</p>	<p>Patient resources are available from: Beat Asthma, HLP and Asthma UK CYP asthma training capabilities resource pack, section 6.</p>	<p>Service specification or contracts for self-management programmes. Portfolio of available information for CYP and families in a range of accessible formats.</p>

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<p>inflammatory drugs or by the early use of oral corticosteroids with viral- or allergic-induced exacerbations.</p> <p>EPM 8 – All patient encounters should be viewed as an opportunity to improve the understanding of children and their families. Regular assessment of inhaler technique and re-training where necessary are essential to ensure effective delivery of inhaled medications.</p> <p>EPM 9 - Parents and children, and those who care for or teach them, should be educated about managing asthma. This should include emphasis on ‘how’, ‘why’ and ‘when’ they should use their asthma medications, recognising when asthma is not controlled and knowing when and how to seek emergency advice.</p>			<p>Patient experience measures in place/feedback regularly audited and fed back.</p>
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Management of Exacerbations			
National Standard	Deliverable	Enabler	Measure of success
ME 1 - All providers of emergency and urgent care should adhere to minimum standards of assessment, treatment and referral	ICS should ensure all providers have access to and adhere to minimum standards of care	Providers of care should follow current guidance on minimum standards, the Managing Exacerbations Working Group will develop National Standards prior to final publication of the Bundle.	<p>Evidence of local arrangements to ensure people with asthma presenting with an exacerbation of their respiratory symptoms receive an objective measurement of severity at the time of presentation</p> <p>Evidence of local arrangements to ensure people aged 5 years or older presenting to a healthcare professional with a severe or life-threatening acute exacerbation of asthma receive oral or intravenous steroids within one hour of presentation.</p> <p>Evidence of local arrangements to ensure people admitted to hospital</p>

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			with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge
ME 2 - All providers of emergency and urgent care should adhere to minimum standards of discharge planning.	ICS' should ensure there are systems in place to communicate electronically, preferably by a single patient record.	A standardised discharge letter template and guidelines for referral into tertiary services will be developed by the Managing Exacerbations National working group prior to final publication of the Bundle.	Evidence of systems to effectively communicate with primary and tertiary care services
ME 3 - ICS asthma leads should have an overview of the landscape of CYP asthma in their patch and support providers to be able to identify at risk individuals, communities and geographical risks.	ICS' should ensure they understand the provision of CYP asthma services in their patch and ensure agreements are in place with all key stakeholders involved in the care of that patient	The following survey could be used to gather CYP landscape information: https://forms.office.com/r/edj1KsLAvB See the resource pack section 3 for a home visit proforma.	A map of of the CYP landscape of care for asthma in the ICS A multi-agency agreement in place with key partners.
Severe Asthma			
National Standard	Deliverable	Enabler	Measure of success
SA 1 - Each ICS should ensure that CYP with severe asthma should have access to a severe asthma service. The service specification includes detail on: <ul style="list-style-type: none"> Referral criteria and referral pathway 	ICS' should establish the current delivery of severe asthma services in their patch and compare them against the National specification	The Severe Asthma National working group has developed standards for CYP severe asthma services (resource pack section 4).	All CYP have access to a severe asthma service that meets the National Standards

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<ul style="list-style-type: none"> • The service model for a severe asthma service • The type of assessments that should be carried out • Pharmacological interventions • Non-pharmacological interventions • Transition of young people into adult services • Expected outcomes of a severe asthma service 			
<p>SA 2 - The Severe Asthma National working group support the implementation of a severe asthma registry for CYP.</p> <ul style="list-style-type: none"> • Providers of severe asthma services in an ICS should ensure that patients are listed on the registry if they have been initiated on biologics or deemed to be appropriate candidates for a biologic but ineligible for treatment due to licensing or NICE criteria 	<p>ICS leads should ensure there are processes in place for providers to access the registry</p>	<p>The registry will be linked with the National CYP asthma dashboard and substantively funded</p>	<p>Evidence of the registry data on the National CYP asthma dashboard</p>
<p>SA 3 - The purpose of severe asthma networks are to advance the standard of clinical care for children and</p>	<p>ICS' leads should support the management of paediatric severe asthma networks</p>	<p>The Severe Asthma National working group have developed terms of reference for CYP severe asthma</p>	<p>Evidence of a network of practice for paediatric severe asthma</p>

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<p>young people with severe or difficult to control asthma by:</p> <ul style="list-style-type: none"> • Advising NHS Commissioning Groups and other NHS organisations on relevant matters which are referred to the group • Developing, standardising, publishing, consensus guidelines and other authoritative evidence-based information • Developing, standardising and updating educational resources • Coordinating relevant educational activities for network members and locality sub networks. • Supporting NHS England in the implementation of relevant policy • Developing, maintaining, interrogating and reporting on disease registers and databases and related research. • Collating relevant information and reporting the above 		<p>networks. The full terms can be found in the resource pack section 5.</p>	
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<p>disease registries and databases annually</p> <ul style="list-style-type: none"> Fostering collaborative clinical research. 			
Data and Digital			
National Standard	Deliverable	Enabler	Measure of success
<p>DD 1 - The CYP asthma dashboard will highlight areas of good practice, enable benchmarking between peers and provide a comparison of national activity. The first phase of the dashboard utilises secondary care data across a number of healthcare settings including 111, urgent and emergency care and secondary care to monitor:</p> <ul style="list-style-type: none"> Total calls to 111 Total attendances to different types of emergency care Total acute admissions 	<p>ICS leads for CYP asthma should benchmark their services against national averages to:</p> <ul style="list-style-type: none"> Highlight areas of good practice and facilitate shared learning Identify providers where asthma improvements are required and allocate resource appropriately Focus on groups by equality 'protected characteristics' and populations living in the most deprived areas of the country 	<p>The National working group have proposed a minimum asthma dataset that will feed into a National CYP asthma dashboard. See appendix 2 for more detail on the dashboard and dataset.</p>	<p>National, regional and local oversight of CYP asthma performance, including a reduction in the number of asthma attacks, number of repeat asthma attacks and preventable deaths</p> <p>ICS leads using the dashboard to facilitate asthma improvements focusing on areas where CYP face starker health inequalities</p>

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Capabilities, Training and Education Needs			
National Standard	Deliverable	Enabler	Measure of success
<p>A CYP Asthma Core Capabilities Framework has been developed and approved by professional bodies, Royal Colleges and relevant Arm's Length Bodies.</p> <p>The tiered framework will sit with a host organisation and be easily accessible to all, including those working outside of healthcare.</p>	<p>ICS' should ensure that all people within their systems working with CYP with asthma are able to access the capabilities and complete the associated training. They could do this by using a nationally recognised and accredited course or by developing one locally and having it accredited in order to meet their training needs through local resource and partnerships.</p> <p>ICS' immediately begin to develop their approach to ensure that this training is completed to the level appropriate to role in the child's care for anyone supporting a child with asthma. That the training is repeated at appropriate intervals and the ICS are able to record and report levels of training across the system.</p>	<p>A 5-level tiered framework for anyone involved in the care of CYP with asthma has been developed. See the resource pack, section 6 for full framework.</p>	<p>A safe and effective number of healthcare staff responsible for the care of CYP with asthma trained to the appropriate level – training pulled onto the dashboard from ESR</p>

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	ICS' should support organisations outside of health to access the appropriate level of training this should including; places of education, local authorities, social services and CYP and their families.		
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