

QUALITY IMPROVEMENT SCOTLAND ASTHMA SERVICES FOR CHILDREN AND YOUNG PEOPLE by Jan Baird

Summary

This report updates the Committee about activities against the NHS Quality Improvement Scotland (QIS) Review in January 2008 of Asthma Services for Children and Young People (incorporating clinical governance and risk management) and sets out the actions to meet the full range of QIS Standards for Asthma Services for Children and Young People.

1. Background

- 1.1 Following the production of clinical standards for Asthma Services for Children and Young People in March 2007, Quality Improvement Scotland (QIS) embarked on a round of Health Board reviews.
- 1.2 Visiting NHS Highland on 15th and 16th January 2008, their focus was not only performance of the Board against the asthma standards 1 and 2, but also how services are delivered within the framework of clinical governance and risk management. A self assessment was prepared ahead of the review and a working group established. It was agreed that reporting would be through the Children's Services Network.

2. Progress & Results

- 2.1 In April 2008, the local report was issued to NHS Highland:

Standard 1 – Safe and Effective Care and Services

Overall position statement: NHS Board is implementing its systems to control and manage risk for the services it delivers to children and young people.

Progress: It is clear that there are no recording mechanisms within Primary or Secondary care that specifically measure interventions for children and young people with asthma. Either they are captured within respiratory conditions in general, non-specific paediatrics or from a certain age only. Work has progressed within Information Management and Technology (IM&T) to capture the data required for annual reporting. The Director of Community Care has also written to QIS on behalf of the Implementation Group highlighting the shortfall in the National Quality and Outcomes Framework (QOF) in Primary Care.

Agreement has been reached with Highland's Children Forum to survey children and young people on their experience across education and health services in the management of their asthma.

Standard 2 – The Health, Wellbeing and Care Experience

Overall position statement: NHS Board is developing its systems to provide asthma care and services for children and young people that take into account individual needs, preferences and choices.

Progress: Initial scoping of training being delivered across NHS Highland revealed a significant gap despite training delivered for respiratory conditions in adults. However, training has been delivered in Argyll & Bute through Protected Learning Time (PLT) in Primary Care and there are examples of training programmes in other areas and through SIGN. The Implementation Group has committed to sourcing and developing a training programme that operational units can use specifically in PLTs.

Standard 3 – Assurance and Accountability

Overall position statement: NHS Board is implementing its systems to promote public confidence about the safety and quality of the service it delivers to children and young people.

Progress: Progress in this area has been more substantial given the ongoing work of the Administration of Medicines Group. This multi-agency group has developed guidelines for both local authority areas with training packs issued to School Nurses.

The Working Group developed an Action Plan outlining actions, responsibilities and timescales to enable monitoring of progress against all the QIS standards. An updated copy is attached and progress on the outstanding standards is detailed below.

Standard 4 progress: In Argyll & Bute through a specific project, an Integrated Care Pathway (ICP) was developed and implemented in Lorn and Isles Hospital. Work is ongoing to agree this approach across the whole of NHS Highland.

Standard 5 progress: Work with emergency care and out of hours services has resulted in use of the emergency care summary (ECS) to support children and young people with poorly controlled acute severe asthma. The issue of a register of these patients is being further explored with IM&T.

Standard 6 progress: There has been minimal progress against this standard as there are a number of complications. The group has established that medication reviews and QOF will capture the information required of this standard but as highlighted above the specific detail in QOF would not ensure all children and young people were monitored pro-actively in this way. It is thought that the new Pharmacy contract when completely implemented may facilitate this and advice has been sought from Pharmacy colleagues.

Standard 7 progress: Current practice is to follow the SIGN guideline but this has yet to be localised and implemented in all areas.

3 Next Steps

- 3.1 The Working Group has developed into an Implementation Group which reflects the QIS recommendation for a dedicated group to monitor service performance. Reporting to the Children's Services Network, it is envisaged that the Network itself will eventually take on the monitoring and reporting of this area of work. However, to

date good progress has been made with learning from Argyll & Bute greatly supporting improvements.

Recommendation

The Committee is asked to:

- Note activities progressed against the QIS Review – January 2008 – Asthma Services for Children and Young People
- Note the actions to meet the full range of QIS Standards.

Jan Baird

Director of Community Care
NHS Highland