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Paediatric Asthma and Smoking Initiative to Identify and Treat

Implementation Toolkit for People and Place

Part of Greater Manchester Integrated Care Partnership

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Contents

Introduction

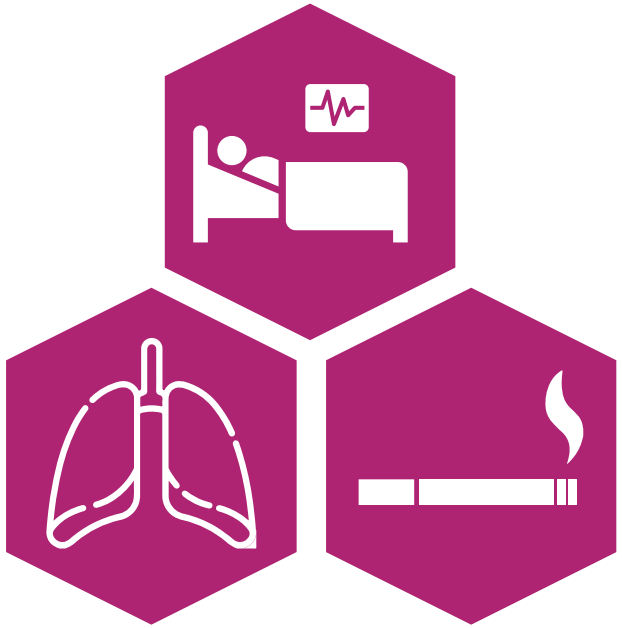
This toolkit follows on from a pilot held in the Royal Oldham Hospital (ROH) to improve asthma management of children and young people (CYP) by increasing access to NICE approved innovations, whilst taking a household approach to smoking cessation.

This toolkit brings together assets and resources developed to understand and work towards reducing health inequalities in paediatric asthma and aims to support localities with guidance and tools to adapt and implement this pathway successfully.

The Oldham pilot was led in partnership between Greater Manchester Integrated Care and Health Innovation Manchester (HInM).

Further details on the Oldham Pilot can be found here:

Oldham Pilot guide



Section 1 – Establishing Governance

Stakeholder Engagement and Governance

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Building strong relationships with partners and wider stakeholders is key to ensuring good engagement, leading to more successful project implementation. Robust governance structures are essential for partnership working and effective project management. This also ensures clear decision making and provides a quick and effective route for escalation. Effective, transparent and consistent communication is key for continued engagement and ongoing project monitoring and developments. The below governance structure outlines the groups established to manage the Oldham pilot.

Key Stakeholders
Local Authority Population Health Team
GM ICP Population Health Team
GM ICP Treating Tobacco Dependency Team
GM ICP CYP Asthma Strategic Clinical Network
GM ICP Finance
GM ICP Comms
GM Digital Inclusion Lead
Information Governance
Data Analysts
10GM/VCSFE Sector
Smoke Free App
Local Stop Smoking Service
CURE Team
Hospital/Trust Paediatric Nursing and Medical Team
Community Asthma Nurse Specialists
Hospital/Trust Finance
Community Connectors ambassadors
People with lived experience

Name / Frequency	Membership	Role within Project
Project Board Quarterly	HInM Project SRO HInM Adoption and Spread Programme Director HInM Senior Programme Development Lead HInM Programme Development Lead GM ICP Tobacco Programme SRO GM ICP Tobacco Project Lead GMEC SCN CYP Asthma Programme Manager Project Clinical Sponsor	To act as an escalation board to ensure project integrity and to ensure project progress is monitored to time, budget and resource.
Steering Group Weekly/ Fortnightly	Representatives from the: HInM Project Team HInM Insights and Intelligence Team GM ICP Tobacco Project Team GMEC SCN CYP Asthma Team Royal Oldham Clinical Team CURE Team SmokeFree App Team Your Health Oldham Team	To monitor project progress against plan and to raise any risks or issues, putting in place mitigations as required.
Comms and Engagement Meeting Weekly	HInM Project Team HInM Project Comms Lead GM ICP Project Comms Lead Royal Oldham Comms Lead Your Health Oldham Comms Lead GMEC SCN CYP Asthma Team SmokeFree App Team	To ensure a collaborative approach to and monitor progress of all project comms and development of the educational resources.
Project Team Meeting Weekly	HInM Senior Programme Development Lead HInM Programme Development Lead HInM Project Manager HInM Project Support HInM Project Comms Lead GM ICP Tobacco Project Lead/Manager	To update project progress and identify, mitigate and log risks and issues

Recommendation:
For governance of future projects, we recommend the **inclusion of people with lived experience** in these governance groups.

Roles and Responsibilities

To ensure **clarity of roles** and to **encourage accountability of stakeholders**. It is essential to define clear roles and responsibilities which have been agreed by stakeholders as applicable. The below document provides a template for defining and documenting roles and responsibilities.

Roles and responsibilities should also be defined within the Terms of Reference (ToRs) of each of the groups.

RACI template

ToRs template

Reporting/Logs

Incorporating and maintaining the following project logs will promote successful project implementation:

- Action log
- Decisions log
- Risk and issues log
- Lessons Learned log
- Budget monitoring sheet

A useful tool for reporting to the project Board is a highlight report. A template for this can also be found below.

Project log templates

Budget monitoring sheet

Board Highlight report

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Section 2 – Knowing your People and Place

Understanding the Context

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The first step in setting up this pathway is to **understand the context you are working in** regarding the people and place by using data.

For example, the prevalence levels of CYP asthma as well as smoking prevalence of CYP and adults should be collated. It is important to include which demographics within the population are impacted the most. This is important when adapting the pathway to maximise benefits for those who are most affected.

Awareness of the target population will provide insight into who to engage with to co-develop the pathway for local adaptation. Creating personas of the users and clinicians will help understand people and place. Understanding the specifics of the population impacted by the pathway will allow for accessibility needs to be determined and addressed. For example, this could include translation requirements and the adaptation of other communication methods to prevent digital exclusion.

This exercise should provide answers to the following:

- What are the digital literacy and health literacy rates?
- How is data/patient information recorded?
- Where is FeNO testing already available and who is/isn’t able to access this?
- What is the current pathway for asthma biologics?
- What smoking cessation support is already available and who is/isn’t able to access this?
- What community/support groups are available and who is/isn’t able to access them?
- What is the current knowledge of hospital ward staff on healthcare inequalities, smoking cessation advice and available patient support?
- What is the size of the eligible population?
- Which demographics are most affected?
- What do people within these demographics require to ensure equitable access within the pathway?
- What data do I have access to evidence the problem?

People Personas – Examples from the pilot

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Environment/ Context

Greater Manchester which has a higher rate of smoking (14.9%), compared to England (12.1%).

Asthma is the most common long-term medical condition in children in the UK, with around 1 in 11 children and young people (CYP) living with asthma.

The UK has some of the highest prevalence rates, emergency admissions and death rates for childhood asthma in Europe. Outcomes are worse for children and young people living in the most deprived areas.

Greater Manchester has the highest rates of paediatric asthma hospital admissions in the region with around double the rate of Cheshire and Mersey and triple that of Lancashire and South Cumbria Integrated Care

There is a lack of understanding of the impact of second-hand smoke.

Oldham is an area of high deprivation with a high smoking and paediatric asthma prevalence.

Madhabi

Bangladeshi mother of a 4 year old boy with severe asthma, living in Oldham

Family Circumstances

Mother of a young child with asthma. He was recently admitted to hospital after a particularly bad attack.

She lives with multiple family members in a house which has problems with damp and mould. The family have raised this with the housing authority but nothing has been done.

Madhabi is a smoker.

Health Needs and Challenges

Madhabi's son is 4 years old. He was diagnosed with asthma 6 months ago. She does her best to keep up with his medication but due to working shifts she can't always be there at morning/evening to make sure this happens.

What's important to Madhabi

Is terrified her son will have another bad attack. He is also really anxious now and doesn't understand why it happened. She wants to avoid this happening again but doesn't know what more she can do.

Environment/ Context

The Bangladeshi population is the 3rd most affected ethnic group for asthma hospital admissions, in Oldham, for children aged 0 – 16yrs.

Rabeea

Pakistani mother of a 10 year old girl with asthma, living in Oldham

Family Circumstances

Mother of a child with asthma, her relatives smoke shisha in the house regularly. Rabeea did not know until recently that this could be affecting the child's asthma. She has tried to raise this with the family, but they do not understand the severity of the impact on her child and her concerns have been minimised saying "it's not like cigarettes, it's fine". She has been told not to raise this again.

Health Needs and Challenges

Rabeea's daughter is 10 years old, she was diagnosed with asthma 2 years ago and it has been gradually getting worse. Rabeea ensures she always takes her inhalers but is struggling to reduce her exposure to shisha smoke due to family pressures.

What's important to Rabeea

She wants to do the best for her child and can see the impact the asthma is having on her. She feels frustrated and dejected that she can't do more to help her.

Environment/ Context

The Pakistani population is the 2nd most affected ethnic group for asthma hospital admissions, in Oldham, for children aged 0 – 16yrs.

People Personas – continued

Leon

14 year old smoker, White British, living in Oldham

Family Circumstances

Leon's family have smoked for as long as he can remember. He started smoking with friends around age 11 and now smokes at home with the rest of his family. His dad has tried to quit a few times but has never managed it, he tells Leon he should quit too.

Most of Leon's friends smoke.

Health Needs and Challenges

Leon was diagnosed with asthma as a child. It didn't cause him many problems when he was young but in previous years it's been getting worse, he's had a few attacks and gets out of breath more easily. He doesn't always take his medication and doesn't thing it makes much difference.

When he has had asthma attacks Leon has gone to A&E on a number of occasions, because these tend to happen in the evenings, when the GP is closed.

What's important to Leon

He wants his asthma to improve as it's started to impact on his life. He tried to quit once but it was impossible with everyone around him smoking all the time.

Environment/ Context

The White British population is the most affected ethnic group for asthma hospital admissions, in Oldham, for children aged 0 – 16yrs.

Lily

Ward Nurse, Royal Oldham Hospital

Job Overview

Nurse working on a paediatric ward. She sees a lot of patients with asthma who smoke themselves or whose family members smoke.

Goals

Providing the best care to my patients in hospital, and supporting them and their families when they leave to maintain their health.

What I Need

Training and awareness of what help I can give people, and what help they can access to quit smoking and the impact it can have on the child's health.

Current Situation/ Context

Only the specialist asthma nurse currently identifies smokers and gives advice as a core part of their role. The majority of the ward staff do not have smoking cessation training or access to tools or resources to support.

Current Frustrations/ Pain Points

Lily can see the impact smoking has on her patients and their families, especially those people with asthma. She speaks to them about this but doesn't feel like she can do much more and doesn't have enough knowledge about the options to give the best advice.

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Section 3 – Pathway Set Up

Determine Project Scope

Developing and confirming the project scope with key project partners is **essential for ensuring a clear vision and purpose** is shared amongst stakeholders.

The scope for the Oldham pilot is shown below. Inclusion/exclusion of the below parameters should be agreed locally.

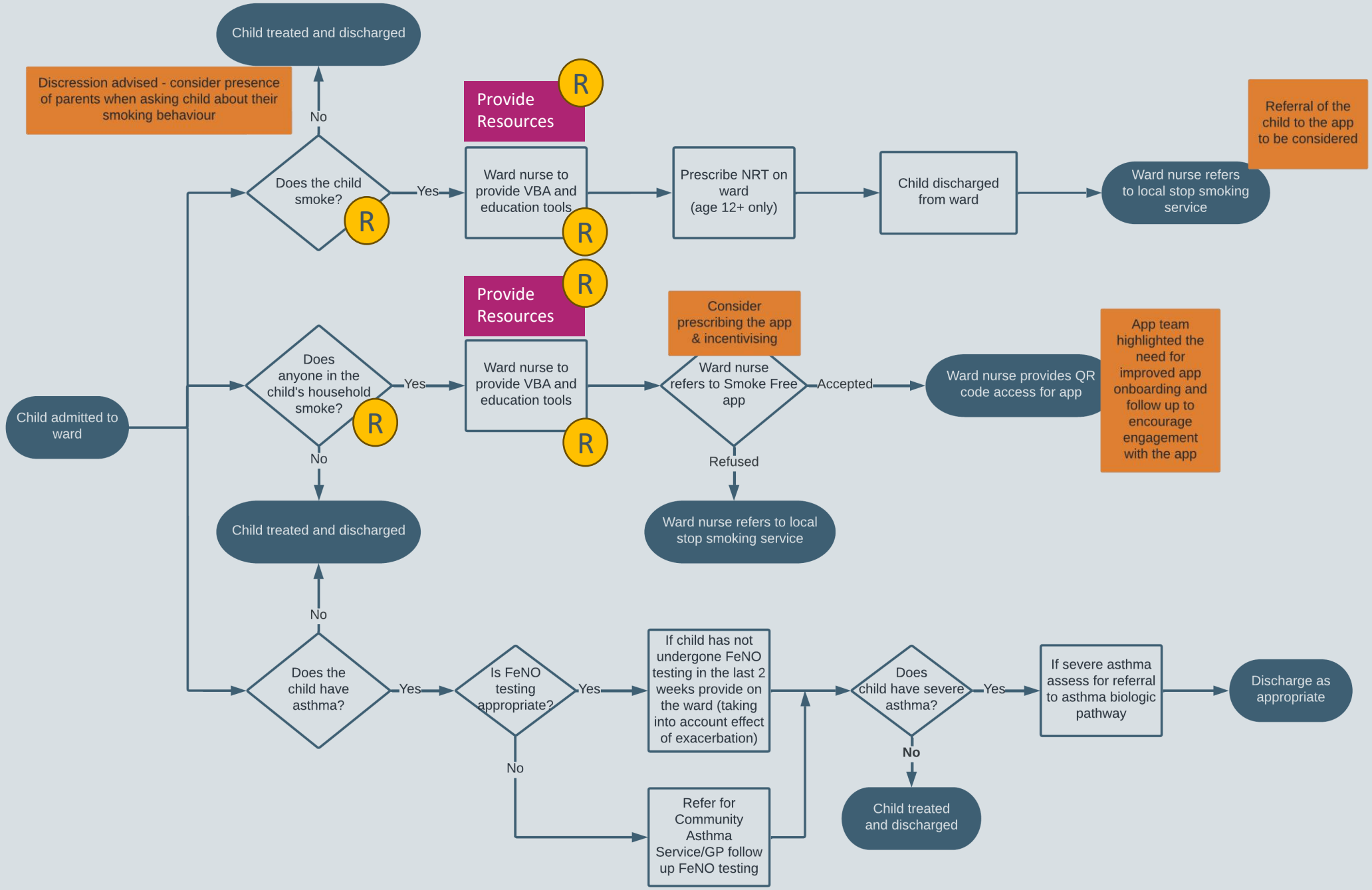
Project Activity	In Scope - Oldham residents/GP	Out of Scope - Out of area residents/GP
FeNO testing on the ward:	Asthmatics aged 5 - 16 years	Non-asthmatics
		Asthmatics aged 4 years and below
		Household members
Smoking intervention:		
Smoking Cessation Advice	All ages identified as smoking tobacco products	Non-smokers
Nicotine Replacement Therapy	Children aged 12+ identified as smoking tobacco products	Non-smokers
Referral to local stop smoking service	Children aged 12+ identified as smoking tobacco products All adult household members (18+) identified as smoking tobacco products with no digital access to use the app	Non-smokers
Referral to SmokeFree App	All adult household members (18+) identified as smoking tobacco products	Non-smokers
Vaping intervention:		
Referral to local stop smoking service	Children aged 12+ identified as smoking tobacco products **AND** vaping All adult household members (18+) identified as smoking tobacco products **AND** vaping with no access to use the app	Sole-vaper Non-vapers
Referral to SmokeFree App	All adult household members (18+) identified as smoking tobacco product **AND** vapers	Sole-vaper Non-vapers
FeNO testing in community:	Ward follow ups	Other referrals
	Asthmatics aged 5 - 16 years	Non-asthmatics
		Asthmatics aged 4 years and below
		Household members

Enhanced Pathway

Considerations, following lessons learned, to improve outcomes. This pathway should be adapted for local needs and agreed by all relevant partners.

Key:

- Pathway design change
- Provision of new educational resources
- R — Data recording points



Data Collection

Data capture is an important aspect of project monitoring, ensuring the impact of the project can be measured accurately. The data flow below was developed by the HInM Insights and Intelligence team, visualising the data collection requirements from each of the relevant project partners. Key considerations for data collection included what data was already available from general data sources or from the hospital's patient record system. As this pilot was specific to Oldham and took place over a 6-month period, it was deemed necessary to collate project specific data allowing for more nuanced and granular detail to be captured.

Data Flow

The specific data fields developed for the pilot were decided on collaboratively with the project partners. Due to the cross-system partnership, it is **vital for robust information governance to be in place** when sharing data. Collaboration led to the unique method of anonymously linking smoking parents with their child admitted to the ROH via a 'referral ID'. This aided the approval of the Data Protection Impact Assessment (DPIA) where the ROH acted as the data controller and the data shared with Health Innovation Manchester was pseudonymised. This DPIA was collaboratively developed by the ROH and HInM Information Governance teams and covered all aspects of data collection.

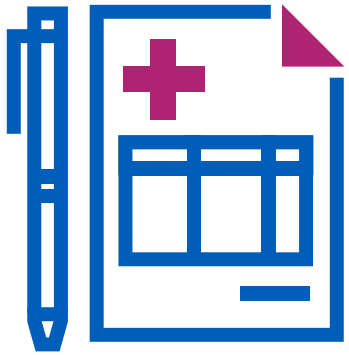
Individual localities should determine what data is currently accessible in order to triangulate information from primary care, secondary care and the community (i.e. the stop smoking services).

Data Collection

For the pilot, data collection took place on both the ward and in community utilising a bespoke data collection tool held on MS Access. This tool was developed by the HInM Insights and Intelligence team and held on the ROH site. To ensure information governance rules were upheld, only named individuals had access to the data collection tool. The lead nurse then exported the data which was received by the HInM Insights and Intelligence team in an anonymous format. This bespoke data collection tool is not a long-term solution, therefore, to improve ease of data collection and encourage pathway sustainability, patient records and other embedded data collection methods should be utilised. All partners agreed on a monthly data return to HInM for monitoring and evaluation purposes.

In addition to this quantitative data, qualitative data was collated via feedback surveys as shown below.

CYP Feedback Survey	Parent Feedback Survey	Staff Confidence Questions



The level of maturity of electronic patient records will differ across localities, therefore, where and **how data is collected should be adapted as required.**

Procurement and Training

Prior to the project go-live the following procurement and training requirements must be identified and carried out:

Procure
FeNO devices
Smoke Free app licences
Tablet devices for data collection

Training
Healthcare Inequalities
CURE e-learning modules 1 and 2
FeNO
Smoking cessation Very Brief Advice (VBA)
The local stop smoking service
The Smoke Free app
The project pathway
Data collection (as applicable)

Training is required for all ward staff to ensure there is good understanding of the reasoning of this pathway change within the context of healthcare inequalities. This will also aid continuity of the pathway changes despite any staffing changes.

Participant Resources

The following suite of resources can be used to provide clarity for project participants on the support available and the data collection requirements:

- Asthma and stop smoking support information sheet for CYP
- Stop smoking support information sheet for family/household members
- FeNO patient leaflet (translations available)
- CURE stop smoking information
- Local stop smoking service leaflet

These resources should meet the accessibility requirements of the population and be made available in the required languages.

It is also useful to provide guidance documents for the clinical staff implementing the pathway on the ground e.g.:

- The pathway including resource distribution and data collection points
- Project scope/detail of which cohort of people require which intervention

Budget

A cost model is required to be negotiated by each locality. The below table outlines an indicative list of activities requiring investment.

Indicative Activities Requiring Investment	
Activity	**Resource Required**
Additional nurse time	As agreed locally
FeNO offer	FeNO device/consumables/training
Smoking cessation offer	Smoke Free app license/medication/data
Training	CURE training/ internal means of training
VCSFE sector work	Facilitator/ venue/ refreshments/ vouchers/ design agency as required

When negotiating funding, consider the NICE economic model detailing savings which can be realised when utilising the NICE approved innovations. These can be found at the following link:

NICE Economic Model

Pathway Review

The impact of the pathway should be reviewed regularly (at least quarterly) to identify areas for improvement.

This review should involve engaging with partners to gain an understanding of how well the flow is occurring through the pathway and identify pain points for refinement. These review points should include data analysis to provide quantitative evidence for the views of the partners.

Answering the following will allow areas for pathway improvement to be identified:

- Have all those eligible received FeNO testing at the appropriate time?
- Have all those eligible received a referral to the asthma biologics pathway at the appropriate time?
- Have all those eligible received smoking cessation advice at the appropriate time?
- Have all those eligible been given information about or referred to a stop smoking service at the appropriate time?
- Have those referred to a stop smoking service engaged with the service?
- Have those engaged with the stop smoking service quit smoking?
- For all those eligible, has there been an improvement in the FeNO test result and asthma management?
- Has there been a reduction in re-admissions?
- Have all those eligible received their annual asthma review?

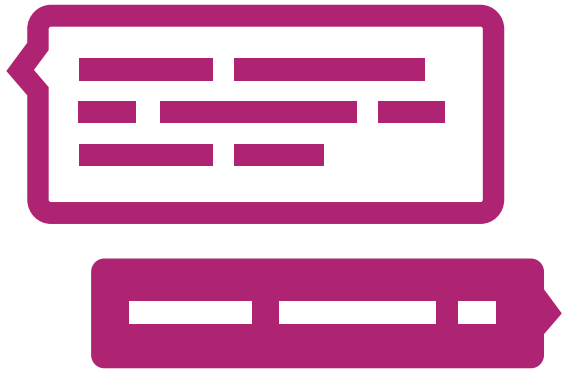
Community Engagement

Community engagement is essential to ensure the voices and lived experiences of the target population are heard and considered when implementing a change. This project undertook community engagement during the co-production of educational resources.

If localities wish to further develop the resources to fit local requirements, this should be done in partnership with the community.

The checklist on the next slide is recommended to enhance community engagement.

For following iterations of the pathway and those adapting the pathway for local needs, these developments should utilise this engagement process with people with lived experience.



Use developed resources:
The educational resources produced are available to all localities and can be accessed here:

Educational Resources

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Community Engagement Checklist

The following checklist is recommended to enhance community engagement:

- ❑ Connect with a local VCSFE sector organisation with a strong network of community groups within the locality.
- ❑ Organise focus group sessions where the target communities already congregate.
- ❑ Utilise a knowledgeable and trusted facilitator to lead each focus group session.
- ❑ Provide the facilitator with a **topic guide** to guide the session and ensure the desired outcomes are achieved.
- ❑ Engage with trusted community leaders to recruit target communities to the focus group.
- ❑ Incentivise community engagement with a voucher offer.
- ❑ Utilise a **screening questionnaire** to ensure those attending the focus group meet the project criteria.
- ❑ Confirm data capture methods e.g. screening questionnaires, written notes, audio recording, live illustrations, sticky notes.
- ❑ Provide community groups/individuals with **information sheets** detailing the purpose of the group, aim and outcome of the conversation.
- ❑ Provide **consent forms**, detailing which information will be captured and how, how it will be utilised and whether they can be contacted for future comms such as video case studies.
- ❑ Capture feedback on the session experience via a **feedback survey** (paper or via QR code).
- ❑ Keep communities engaged fully by providing thank you notes and feedback to the community groups on how their contributions have had an impact.
- ❑ Ensure continued co-production and co-design throughout the resource development process.

Examples of the key documents can be found in the bullet points above – **please click the bold blue font to access each document.**

Considerations

During the Oldham project there have been further developments regarding identification of smokers using a new digital solution as well as a new national smoking cessation offer. The GM Treating Tobacco Dependency (TTD) team, leading on the digital solution project, have developed a GM-wide DPIA including smoking data from all healthcare providers involved in treating tobacco dependency. This does not currently involve data related to other healthcare specialties, however, there is a possibility for locality specific adaptations to be made as required. When adapting the pathway for local needs, the national smoking cessation offer should be considered. This would alter the pilot offer from the Smoke Free app and may consist of referral to the national offer. The GM TTD team are in the process of confirming the GM smoking cessation offer going forward, this will impact the offer available for this pathway. Please contact the TTD for more information as required: **gmhscp.makingsmokinghistory@nhs.net**