

PACE Setter initiative
at
Leacroft Medical Practice, Crawley, West Sussex

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Leacroft Medical Practice

- Purpose built 2010
- 10,000 patients
- 500 patients under-five
- Variety of chronic diseases



Leacroft Medical Practice

- Culturally diverse population
- Challenging and inappropriate health seeking behaviour
- Initiative to improve services to CYP required

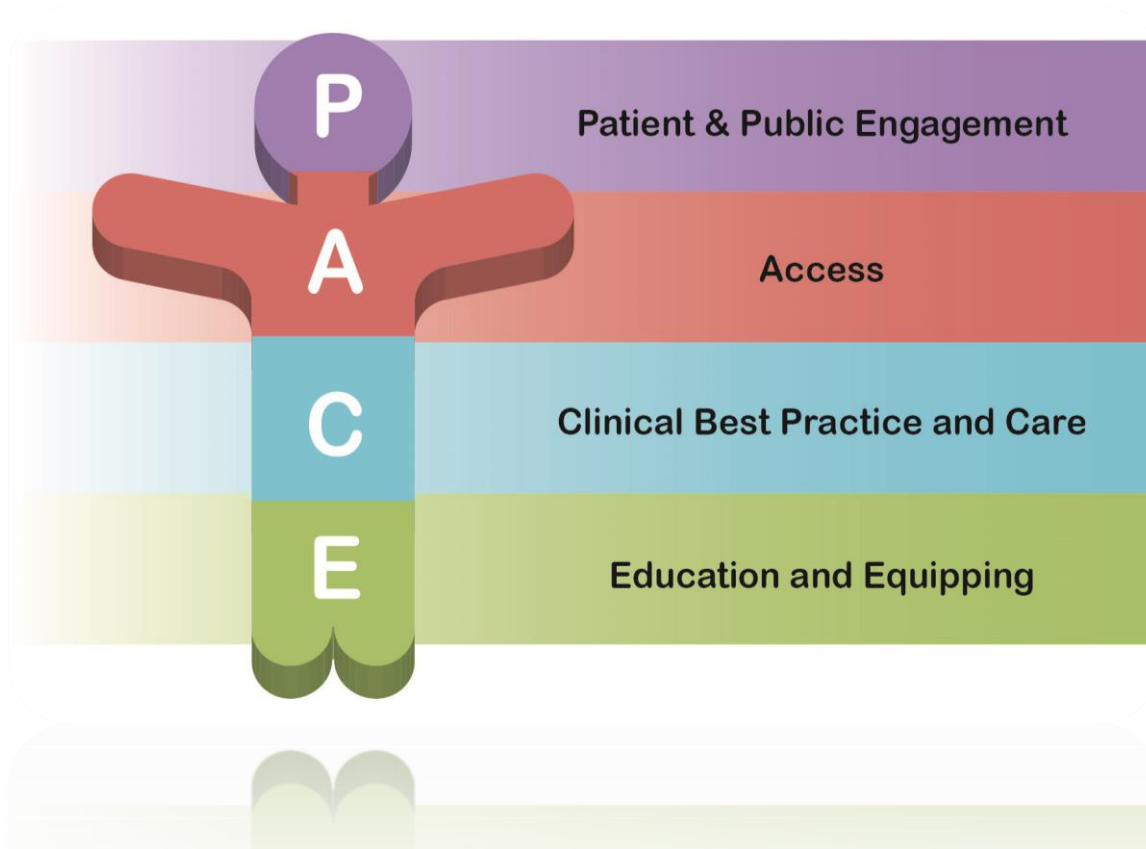


PACE Setter Initiative

- Primary care quality mark
- For Children and Young People (CYP) Services
- NHS Coastal West Sussex CCG



PACE Setter Elements



Leacroft Medical Practice Project Focus

1. Health Education in a local primary school
2. Evaluation of services provided for chronic illnesses – asthma
3. CYP with complex medical needs



CYP Health Education

- Local primary school assembly presentation
- Empower children to be health educators for their families
- Improve understanding of minor illnesses and impact positively on health seeking behaviour



CYP Chronic illnesses – Asthma

- Review of all CYP with asthma
- Limited understanding of asthma as a chronic disease
- Personal Asthma Action Plan (PAAP)
- PAAP translated into 5 other languages (Tamil, Portuguese, Polish, Urdu, Gujarati)



CYP Chronic illnesses – Asthma

Acute Asthma / Wheeze Pathway (not for Bronchiolitis)

May 2015 Refreshed

Clinical Assessment / Management Tool for Children & Young People Older than 1 year old with Acute Wheeze

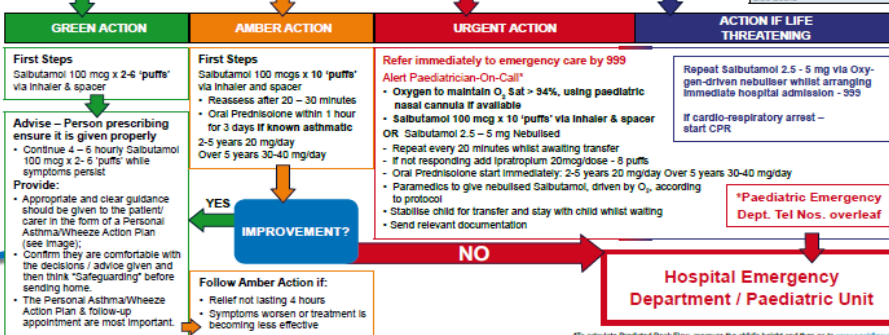
South East Coast Strategic Clinical Networks
Children and Young People

Management – Primary Care and Community Setting

Patient >1 yr with wheeze presents:

Consider other diagnoses:
• Cough without a wheeze
• foreign body
• croup
• bronchiolitis

| ASSESSMENT | Low Risk MILD - GREEN | Intermediate Risk MODERATE - AMBER | High Risk SEVERE - RED | IMMEDIATELY LIFE-THREATENING - PURPLE | Normal Values |
|----------------------|---|--|---|--|--|
| Behaviour | Alert; No increased work of breathing | Alert; Some increased work of breathing | May be agitated; Unable to talk freely or feed | Can only speak in single words; Confusion or drowsy; Coma | Respiratory Rate at rest [b/min] 1-2yrs 25-35 >2-5 yrs 25-30 >5-12 yrs 20-25 >12 yrs 15-20 |
| O2 Sat in air | ≥ 92%; Pink | ≥ 92%; Pink | < 92%; Pale | < 92%; Cyanosis; Grey | Heart Rate [bpm] 1-2yrs 100-150 >2-5 yrs 95-140 >5-12 yrs 80-125 >12 yrs 60-100 |
| Heart Rate | Normal | Normal | Under 5yr >140/min Over 5 yr >125/min | Under 5yr >140/min Over 5 yr >125/min Maybe bradycardic | Ref: Advanced Paediatric Life Support 8th Edition, Life Advance Support group edited by Martin Samuels, Susan Wilkes Wiley Blackwell 2011 BMJ Books |
| Respiratory | Normal Respiratory rate Normal Respiratory effort Peak Flow* (only for children >6yrs with established technique) PEFR >75% l/min best/predicted | Under 5 yr <40 breaths/min Over 5 yr >30 breaths/min Mild Respiratory distress: mild recession and some accessory muscle use PEFR 50-75% l/min best/predicted | Under 5 yr >40 breaths/min Over 5 yr >30 breaths/min Moderate Respiratory distress: moderate recession & clear accessory muscle use PEFR <50% l/min best/predicted | Severe Respiratory distress Poor respiratory effort: Silent chest Marked use of accessory muscles and recession PEFR <33% l/min best/predicted or 10% breathless to use PEFR | |



FOLLOWING ANY ACUTE EPISODE, THINK:

1. Asthma / wheeze education and inhaler technique
2. Written Asthma/Wheeze action plan
3. Early review by GP / Practice Nurse – consider compliance

This guidance is written in the following context:

This document was arrived at after careful consideration of the evidence available including but not exclusively NICE, SIGN, EBM data and NICE evidence, as applicable. Healthcare professionals are expected to take it fully into account when exercising their clinical judgment. The guidance does not, however, transfer the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient in consultation with the patient and/or carer.

Acute Asthma / Wheeze Personal Asthma Action Plan

Advice to achieve and maintain good control for Children and Young People over 1 year old

May 2015 Refreshed

South East Coast Strategic Clinical Networks
Children and Young People

Keep this plan with you and take it every time you see the doctor or nurse at your GP surgery (or Hospital). This plan is for patients with asthma or wheeze – your GP/doctor (or nurse) will fill it in and explain the different medicines to control your asthma. It will also show you how to recognise when the asthma or wheeze is getting worse and what to do about it. By taking steps early – acute attacks can usually be prevented.

Please Print Details Below (and / or attach label):

Name of patient Date of Birth ____/____/____

GP surgery Telephone: _____

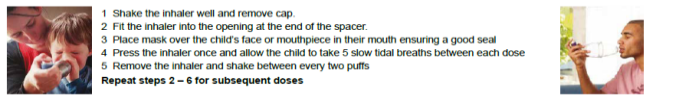
GP / Asthma nurse
and/or Hospital doctor / Asthma nurse

Date form Completed ____/____/____ Name of Professional

Signature of Professional Date for Review ____/____/____

Attach label

Standard Technique for use of Spacer with Asthma Inhaler (pressurised metered dose device):
Choose appropriate sized spacer with mask (or mouthpiece if child is >4 years with good technique and is not significantly short of breath)



How is your asthma / wheeze? (traffic light advice)

| | Symptoms | Your Action: |
|-------------------------|---|--|
| Mild | If you / your child is: • Requiring to use 2-6 puffs of their reliever 4 hourly throughout the day for cough or wheeze but is not breathing quickly and is able to continue day to day activities and is able to talk in full sentences. | Phone your GP to make an appointment to be seen the next day. Alternatively phone 111 for 24 hour advice if you are unable to contact your GP. |
| Moderate | If you / your child is: • Wheezing and breathless and the usual reliever treatment is not lasting 4 hours • Having day-time and night-time symptoms of cough or wheeze | Give 2-10 puffs of reliever. Immediately contact your GP and make an appointment for your child to be seen that day face to face. Alternatively phone 111 for 24 hour advice if you are unable to contact your GP. |
| Severe | If you / your child is too breathless to: • Talk / eat or drink • Run and play • Having symptoms of cough/wheeze or breathlessness which are getting worse • Or reliever not lasting 4 hours or does not help | Give 10 puffs of reliever and repeat every 10 minutes until ambulance arrives. Start Oral Prednisolone if you have a supply at home. Ring 999 or 112 (from a mobile) – for immediate help. |
| Life Threatening | If you / your child is: • Having severe and persistent symptoms of cough / wheeze or breathlessness • Confused or drowsy • Is not responding to their reliever (blue) inhaler | Give 10 puffs of reliever and repeat every 10 minutes until ambulance arrives. Start Oral Prednisolone if you have a supply at home. Ring 999 or 112 (from a mobile) – for immediate help. |

GP Surgery (make a note of number here)

NHS 111 dial 111 (available 24 hrs - 7 days a week)

School Nurse / Health Visitor Team (make a note of number here)

For online advice: NHS Choices www.nhs.uk (available 24 hrs - 7 days a week)
Family Information Service: All areas have an online service providing useful information for Families set up by local councils.

If you need language support or translation please inform the member of staff to whom you are speaking.
To feedback or for further information including how to obtain more copies of this document we have one mailbox for the South East Coast Strategic Clinical Networks area (Kent, Surrey and Sussex). Please email: GWSCOG-cypSCoPallways@nhs.net

Useful Websites - Asthma UK: www.asthma.org.uk Asthma UK Advice Line: 0800 121 6244 Teenage Health Freak: www.teenagehealthfreak.com; National smoking helpline is 0800 022 4332. Website: <http://smokefree.nhs.uk> Quit Smoking Charity Website: www.quit.org.uk

CYP Complex Medical Problems

- **Medical Passport** for CYP with complex medical problems
- Fast track access for vulnerable patients
- Alert on medical records to aid in decision making



CYP Complex Medical Problems

Medical Passport

!! High Priority Reminders

Can have Flu jab every yr as per Immunologist letter dated Dec 2013.

Rest of the family should be offered annual flu jab as well.

He can also have VZ vaccine [Cancel](#) [More](#)

Pls do not do X-rays except extremely necessary and will influence Therapy decision.

See Notes from Dr Atkinson (aug 2015) [Cancel](#) [More](#)

Please do not do X-rays except if it is extremely necessary and will influence therapy decision [Cancel](#) [More](#)

Pls give Priority when patient needs appointment . Has long term medical problem and can become unwell Quickly [Cancel](#) [More](#)



PACE Setter Award

