

National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme (NACAP)

Children and young people's asthma: drawing breath – the state of the nation's asthma and COPD care

Findings, recommendations
and quality improvement



Key findings and recommendations

Audit participation

All hospitals in England and Wales that admit children and young people (CYP) with asthma attacks were invited to participate in the clinical audits for 2021/2022.

- > Includes CYP (aged 1–18) admitted to hospital with an asthma attack from 1 April 2021 and discharged by 31 March 2022



102,481

patient records were entered for the clinical audit

63,409 COPD | 16,132 Adult asthma

14,168 Children and young peoples asthma | 8,772 Pulmonary rehabilitation

708 (88.4%)

of eligible hospitals submitted patient records

Demographics



1- to 5-year-old – 7,560 patients audited

Admission and demographics

- > The median age at admission was **3 years old**.
- > More **male CYP (64.1%)** were admitted for asthma attacks than female.



Socio-economic status

- > **30.6%** of admissions were **CYP** living in the most deprived areas, whereas **13.8%** were from the least deprived areas.

Arrival time

- > The majority of **CYP** presented to hospital between the hours of 08:00 and 23:59. However, **18.9%** presented in the early hours of the morning (between 00:00 and 08:00).

Arrival days

- > **30.2%** of **CYP** presented to hospitals over the weekend (Saturday and Sunday).

Demographics



6+ year old – 64,15 patients audited

Admission and demographics

- > The median age at admission was **9 years old**.
- > More **male CYP (58.0%)** were admitted for asthma attacks than female.



Socio-economic status

- > **34.5%** of admissions were **CYP** living in the most deprived areas, whereas **12.8%** were from the least deprived areas.

Arrival time

- > The majority of **CYP** presented to hospital in the afternoon and early evening. However, **18.8%** presented at night and in the early hours of the morning (between 00:00 and 08:00).

Key data

Accurate diagnosis



61.8%

of hospitals had access to both FeNO and spirometry as diagnostic tools for children and young people with asthma.

Provision of timely care



35.3%

of children and young people received systemic steroids within 1 hour of admission to hospital.

Key data

Care received from the right people



80.8%

of hospitals had a designated lead for care of children and young people with asthma.



51.5%

of hospitals provided children and young people with access to a respiratory nurse specialist trained in paediatric asthma.

Key data

Working together



22.9% of children and young people were provided with a personalised asthma action plan (PAAP) in primary care (**Wales only**).

1.3% of children and young people were checked for exposure to second-hand smoke in primary care (**Wales only**).

37.0% of children and young people had second-hand smoke exposure recorded in hospital.

65.2% of children and young people had a documented inhaler technique check before discharge from hospital.

42.1% of children and young people (aged 11+) had a smoking status recorded during their time in hospital.



Recommendations

Recommendation 1

For every person to receive an early and accurate diagnosis based on a guideline-defined approach and a plan for their care.

This could be achieved by:

- > conducting physiological testing in hospitals and primary care to support correct diagnosis of asthma
- > ensuring that the diagnosis of asthma and COPD is correctly documented and available to other clinical teams
- > commissioners supporting an increase in post COVID-19 spirometry testing by providing the necessary resource to primary care.



Recommendation 2

For care to be provided to people with asthma and COPD within the recommended timeframe after hospital admission, to support optimal outcomes.

This could be achieved by:

- > administering systemic steroids to children and young people (6+) with asthma within their first hour of arriving at hospital (only applicable to patients who did not receive them as part of pre-hospital care)
- > commissioners ensuring that providers have a system in place to deliver all aspects of the first hour of hospital care and that an audit of adherence has been undertaken in the last 12 months.



Recommendation 3

For people with asthma and COPD to receive care by appropriately trained healthcare professionals, at each stage of their care pathway.

This could be achieved by:

- > ensuring the presence of a respiratory nurse specialist in the hospital who is trained in the care of children and young people with asthma
- > ensuring people admitted with an exacerbation of asthma are reviewed by a respiratory specialist within 24 hours, 7 days a week
- > commissioners ensuring that providers have a named clinical lead in the hospital for COPD, children and young people's asthma and adult asthma services.



Recommendation 4

Primary, secondary and community services to implement ways to work together, offering people with asthma and COPD a seamless pathway of care.

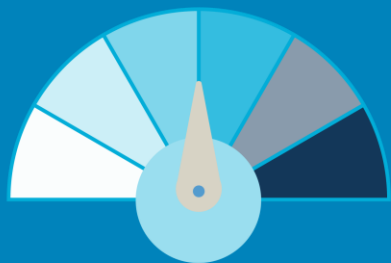
This can be achieved by:

- > adult and children and young people's asthma services working together to provide a service for transition between child and adult asthma services
- > recording smoking status for all children and young people (11 years and over) admitted to hospital with an asthma attack.
- > providing people with asthma with a written or electronic personalised asthma action plan (PAAP) in primary care
- > commissioners promoting and encouraging primary care staff to complete the [NCSCT second-hand smoke online training](#) and ensuring correct coding is in place for children and young people asthma templates.

Recommendations

for children and young people living with asthma, their families and carers

- > Know what good care looks like and feel empowered to ask for it.
- > Make sure you know what you need to do when you are unwell, who to seek help from and when you should seek help.
- > Familiarise yourself with terminology that may be used by health professionals and ask for clarification where needed.
- > Ensure you, your families, and carers are well informed about the care you need with NACAP resources
 - [Primary care](#)
 - [Asthma](#)
 - [Children and young people's asthma](#)
 - [COPD](#)
 - [PR](#)



Quality improvement (QI)

QI resources

NACAP offers [a suite of quality improvement templates](#):

- > Driver diagram
- > PDSA cycle
- > Creating SMART aims

NACAP also offers a quality improvement work programme. If you would like more information on this, please email NACAP@rcp.ac.uk



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