Asthma is a serious long-term condition that can be life threatening, but children with asthma can lead entirely normal lives if they are supported by the adults who care for them (Department of Health, 2015). However, it can affect a child or young person’s education due to absence periods as a result of exacerbations of their condition (Asthma UK, 2012). As part of the project we conducted a literature search and identified award-winning guidance for schools developed by Shropshire, Telford & Wrekin NHS Foundation Trust school nurses (Shropshire, Telford & Wrekin Asthma Steering Group, 2006) and this provided an evidence base for our guidance which is outlined in Box 1.

We then contacted a small cohort of 12 young people, 20 parents and all schools (99 primary, 18 secondary and 12 other providers) in our local area who shared individual experiences of asthma in the Doncaster area.

Developing the pilot service
We employed a band 5 staff nurse to work alongside me, a band 7 clinical lead. I managed the pilot, with responsibility for day-to-day management, developing the project management documents, controlling the budget and providing reports/feedback.

The first contact practitioner, paediatric liaison nurse, paediatrician and acute care paediatric nurse were recruited to support the project. Regular feedback was forwarded to the resilience fund as requested. We visited Shropshire, Telford and Wrekin NHS Foundation Trust to learn more about their guidance. The Shropshire team outlined the difficulty in ensuring the beneficial changes gained as a result of following the guidance were sustainable after their project teams returned to substantive posts. It was vital that changes as a result of the guidance were embedded in practice.
Identifying children with asthma

We identified 79 children with an asthma diagnosis in the Doncaster school nurse caseload using a national Read Code. With an estimated 10% of all children having asthma, the realistic figure should have been approximately 3,000 and it was clear that there is under reporting.

These 79 children and young people were used as the sample group for the project. Parental questionnaires were sent out to the 20 parents of all the primary school children in the group. The questionnaire revealed that parents did not feel confident sending their children to school when they had minor ailments as they feared an asthma attack may occur.

Two focus groups lasting approximately 45 minutes were conducted with 12 young people in two secondary schools. They felt happy and in control of their asthma, but, using an asthma control test, we found they lacked control and had inadequate knowledge of their condition. Many underestimated the importance of monitoring their condition or carrying their inhaler. The focus group identified a need for advice and education before they finished year six (ages 10-11 years) and transferred to secondary school. Additionally, they identified a need to provide information on action to be taken in a case of a child having an asthma attack. This is outlined in Box 3.

Schools had no guidance for staff and reported having little knowledge of asthma. The Department of Health published guidance on emergency use of salbutamol inhalers in school. This provided information on action to be taken in case of a child having an asthma attack. This is outlined in Box 3.

During the project the clinical lead shared the information gained with teaching staff and the local safeguarding leads at Doncaster’s local authority. Besides helping education partners to understand the aims of the project, this allowed the project team to share the guidance with those working in the schools. As a result of the meetings, two schools contacted the pilot team and requested further support as they had high numbers of children with asthma and high levels of non-attendance attributed to asthma exacerbations.

Meetings were undertaken with these schools and we developed the concept of a “beacon school” status. Schools were given...
Nursing Practice

**Innovation**

<table>
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<th>TABLE 1. PROJECT BENEFITS</th>
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<tr>
<td>Individual/organisation</td>
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| **Children and young people** | ● Greater control of their condition  
● Easier access to inhalers  
● Increased confidence in managing their asthma |
| **Schools** | ● Increased knowledge of the condition  
● Links back to the school nurse team to provide a response for queries as and when they arise  
● Increased confidence dealing with asthma as a result of: enhanced training and support for school asthma leads, guidance outlining the responsibility of all staff and medical conditions training for the wider staff body to provide/improve basic awareness |
| **Parents** | ● Awareness of a named staff member in school who can offer support  
● Improved confidence in schools that have knowledgeable staff and emergency inhalers  
● Better information from school nurses on entry to school  
● Assurance that children will be appropriately cared for if symptoms are encountered throughout the school day as a result of their children having asthma care plans |

The focus group found children needed asthma advice before finishing year six intensive support so they could work towards achieving an “asthma-friendly” status (see Box 2).

**Perceived benefits**

The initial benefits map outlined the following possible benefits:

» Early identification leading to intervention and prevention of exacerbation;

» Improved empowerment of children and families, providing them with greater control and leading to fewer acute episodes;

» Improved partnership working to provide a supportive framework, improving education partners’ knowledge and ability to support young people with asthma;

» The designated lead and community staff nurse, providing timely responses to education providers ensuring preventative work with children.

Initial benefits were achieved in the two beacon schools and further benefits were identified as the project progressed. Working with schools, having directories of young people with asthma, and ensuring parents have a designated lead in school and information is provided on primary school entry could improve outcomes for children and young people with asthma. The benefits are outlined in Table 1.

**Results**

As a result of the pilot the following steps have been achieved.

Asthma guidance has been adapted from the existing Shropshire, Telford and Wrekin guidance. This has been developed to provide a Doncaster focus, based on results of the questionnaires and focus groups. The guidance has been shared with education providers, in safeguarding leads’ meetings, with the CCG task and complete group, and with paediatric departments at the local hospital.

Baseline data has been formulated as a result of questionnaires completed by parents and schools, focus groups with young people and reviews of clinical records.

All young people who have asthma and are entering primary school in September 2015 will receive a parents’ information leaflet and a MyAsthma inhaler carry case for transporting an inhaler, spacer and emergency contact card.

Two “Beacon” schools have been identified and are working towards asthma-friendly accreditation, and schools have been supported to have an emergency inhaler on site.

Pupils with asthma, who are known to school nurses, have a long-term condition care plan, an asthma diagnosis noted in their school nurse clinical record and are placed on a stratified caseload.

Links have been made with acute care, offering improved communication and information sharing.

The CCG task and complete group has been provided with lessons learned from the project via the regular reporting to the resilience fund, along with membership of the group by the clinical lead. A community staff nurse has undertaken the asthma diploma, providing a greater evidence base within the school nursing team. Following the project we have developed the Doncaster Inhale asthma app which allows young people to self-monitor and self-manage their asthma. They can:

» Monitor weather conditions;

» Find out where to access support in emergencies;

» Log their use of their reliever medication;

» Download information for medical reviews;

» Link to sites of interest.

**Conclusion**

This project has been successful in identifying baseline needs and has enabled the school nurse team to adopt evidence-based practice via the schools guidance.

Following identification of children and young people with asthma and gaps in care we are working closely with schools, parents and young people. There is engagement with the CCG and wider work provides support for children, young people and families within the Doncaster area. School nurses will continue to build on their initial findings by improving outcomes and strengthening the evidence base surrounding the need for support for this potentially vulnerable group.

**References**


For more on this topic go online...

» Communicating with children with asthma

» Bit.ly/NTAsthmaCommunication