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EDITORIAL

Standards for children with asthma in Scotland

The delivery of asthma care in Scotland, other parts of the UK, and in other countries, has been guided by a succession of clinical guidelines for many years.[1-8] Anecdotally, these guidelines have been well received by interested practising clinicians and they are the focus of considerable discussion. Guidelines are frequently referenced in clinical studies, audits, educational events, therapy promotion, and projects on the organisation and delivery of asthma care. However, the successful implementation of guidelines and other evidence-based advice beyond the "enthusiastic" special-interest clinical community into widespread clinical practice remains a challenge.[9]

In Scotland, a National Health Service (NHS) body, NHS Quality Improvement Scotland (NHS QIS), is charged with developing and maintaining a nationwide system of quality assurance of clinical services – setting standards, assessing performance and publishing the findings. The standards are developed in accordance with the commitments of the NHS Reform (Scotland) Act (2004) and should reflect best practice in clinical care, as well as having input from patients. The development of standards can be seen to represent an additional strong incentive to the implementation of good practice; NHS QIS standard statements are graded *essential* or *desirable*, and statements graded essential are expected to be met wherever a service is provided. Responsibility for this rests with the Chief Executives of Scotland's 14 Health Boards and they are accountable for their performance to the Scottish Executive Health Department.

In August 2003, NHS QIS established a children's health services steering group. Within the realm of children's health, respiratory disease was deemed suitable for particular attention; respiratory disease is the most frequent cause for children to consult a general practitioner (GP), asthma is the most common long-term respiratory condition in children,[10] and asthma is the most common cause of emergency hospital admission in childhood.[11]

In June 2005, NHS QIS established a project group to develop a set of national standards and an accompanying self-assessment framework for asthma services for children and young people. The group consisted of healthcare professionals (respiratory, general and community paediatricians, a consultant in emergency medicine, a pharmacist, a public health nurse, a health visitor/school nurse and two GPs), senior officers of patients' organisations (Asthma UK Scotland and British Lung Foundation Scotland), a government medical officer, and parent representatives. The contribution from patient representation on the group – from patient organisations and from parents themselves – was particularly noteworthy, and emphasises the fact that their involvement was not just a token gesture. The group based its discussions around a scoping exercise which had been conducted early in the process. The outcome is a document summarising key issues in the management of asthma in children and young people in the broadest sense. It identifies relevant published and unpublished ('grey literature') information including clinical guidelines, administrative documents, protocols and policies, and reports and aspirations from interested organisations.

Standards criteria need to be evidence-based, sensible, relevant, and useful. They also need to be demanding but achievable, without overburdening health professionals by diverting them from core work or adding excessively to already heavy commitments. Seven critical areas for clinical standards, representing a variety of areas of interest on the potential 'patient journey,' were identified:

- Organisation of asthma care – establishment of a tasked steering group at NHS board level
- Healthcare professional training and education – identification and implementation of appropriate professional training
- Schools – joint policy and partnership arrangements between health authorities and local school authorities
- Linking care – protocols for shared care, referral, and discharge between primary care and specialist services, and for transfer from paediatric to adult care
- High risk asthma groups – the identification and management of children at high risk of poorly controlled or acute severe asthma, including the identification of children prescribed inhaled steroids at doses higher than those recommended in the product licence
- Clinical review – items to be discussed at annual review
- Emergency care – a protocol for emergency care

A total of 18 essential criteria were set, along with one desirable criterion – "all children and young people with asthma within the primary and secondary school setting should have an individual healthcare plan, as appropriate to

their needs". This criterion, although supported strongly by members of the project group, was considered to require a substantial commitment not only from health staff but also from educational authorities. Although stronger inter-agency collaboration between health and education is strongly encouraged, NHS QIS does not have a remit to set and monitor standards for local education authorities.

Consultation was conducted through broad dissemination of a draft set of standards and subsequent feedback. Two open meetings were also held where comments were collected and assimilated and used to help shape the final document. A particularly useful piece of work conducted by Asthma UK Scotland and Children in Scotland collected the views of children, young people and parents about the draft standards, and also provided useful and important direction about the content and format of the final standard report, which includes a summary of their views.

The full list of Standard Statements, the rationale, and criteria, are contained within the NHS QIS Clinical Standards Document which is available online at www.nhshealthquality.org/nhsqis/files/ASTHCHILDSERV_STNF_MAR07.pdf.

Assessment of the performance of NHS Boards in Scotland against these standards starts in Autumn 2007. Each Board is asked to undertake a self-assessment of its service against the standards. Thereafter, a review team will analyse the self-assessment and will conduct an external peer review to assess performance. Finally, NHS QIS will report the findings.

Transparency, and the delivery of care from the patient/parent's perspective, are key values underpinning this whole process. There is a common goal of continuous improvement. Although the review, by definition, is summative, it is expected that service deficiencies that are identified will be addressed. The previously-neglected areas of chronic disease in childhood, including asthma, are now firmly on the agenda of health service managers and clinicians in Scotland. Benefits for young people with asthma are now expected.

Authorship

JH wrote the first draft of the manuscript, and all authors contributed equally to the development of the final manuscript. There was no separate funding required for the preparation of this editorial.

Conflict of interest statements

John Haughney chaired, and Iain Small served on, the NHS QIS asthma services for children and young people clinical standards group. Hilary Davison is Team Manager of the Standards Development Unit, and a full-time employee of, NHS QIS, with responsibility for the development of clinical standards for asthma services for children and young people. Harpreet Kohli is Medical Advisor to, and a full-time employee of, NHS QIS.

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