

Community Pharmacy Asthma Audit 2016/17

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Executive Summary

Background

Sections one and two of the audit was completed by 57 pharmacies and section three of the audit was completed by 51 pharmacies with data collected from interventions with 258 patients. Patient level data was collected across two weeks with a suggested minimum of five interventions on patients with asthma.

The aim of the audit was to explore:

1. community pharmacy asthma guidelines awareness and training;
2. the level of prescribing and process for patients with short-acting bronchodilator inhalers and a corticosteroid inhaler; and
3. to identify patients' self-management of their asthma condition including inhaler technique, compliance and asthma control.

Maximising the potential of Community Pharmacy services in Hertfordshire

Education and Training

A large proportion of regular pharmacists have already received sufficient training to be able to counsel patients on the correct use of inhaler devices: 105 across 54 pharmacies. Further investment in more regular asthma educational updates; inhaler technique training and information on local asthma guidelines would benefit the community pharmacy workforce:

- 40 pharmacies identified that 68 pharmacists that work regularly at the pharmacy would benefit from inhaler technique training;
- Only 39% of pharmacies were using local asthma guidelines from the CCGs in Hertfordshire in practice.

Level of prescribing and process for patients with short-acting bronchodilator inhalers and a corticosteroid inhaler

80% of patients identified across a one week period by the community pharmacies had six short acting bronchodilator inhalers dispensed in the last six months and 76 (57%) patients had not had any corticosteroid inhaler dispensed. This indicates a continued over reliance on bronchodilators that community pharmacies could help to identify and intervene with so that patients with asthma can get the appropriate support.

An inhaler technique review was undertaken with 76% of these patients and a Medicines Use Review (MUR) was undertaken with 40% of these patients. 56% patients were referred to another healthcare professional (GP, nurse, emergency care); two patients (1%) were referred to emergency care for immediate support. This indicates that patients may benefit from targeted Medicines Use Review to maximise compliance by improving informed adherence and identifying where a patient may need further support through referral.

99% of pharmacies indicated that they had already implemented a process to meet the quality payment criteria for asthma or would be implementing a process shortly. The quality payment encourages contractors to routinely carry out surveillance of patients' use of inhalers ensuring patients are given appropriate advice and are referred for an asthma review when this is indicated. The majority of pharmacies (72%) indicated that they were using the electronic PharmOutcomes tool to record and send referral information to GP practices on asthma.

Identifying patients' self-management of their asthma condition including inhaler technique, compliance and asthma control

The majority of patients (56%) were not using a spacer with their MDI and a small proportion had not been supplied with a spacer (9%). According to the national British Thoracic Guidelines [BTS/SIGN British guideline](#) on the management of asthma published in November 2016 a spacer is particularly recommended with an MDI in children and those with acute asthma i.e. high doses of inhaled corticosteroid. Of the 18 patients that were aged under 18; 38% did not use a spacer with their MDI or had one supplied.

Community pharmacists provided counselling to 78% of patients on their inhaler technique and 68% of patients on their inhaler compliance. 20% of patients did not demonstrate correct inhaler technique; 23% of patients indicated that their asthma was not well controlled and 22% were referred back to the GP practice. The majority of patients indicated that they had no problems but not using the corticosteroid inhaler; frequent use of a bronchodilator and incorrect or poor inhaler technique were the top three problems identified in discussions with patients.

The majority of patients 87 (35%) were unaware whether they had an asthma management plan in place. Only 77 patients (31%) indicated that they had an asthma management plan in place.

The results demonstrate that community pharmacists have a role in identifying those with poor compliance; counselling patients on compliance and technique as well as ensuring patients are referred to the GP practice where necessary for further support. The emphasis of greater integration of pharmacy services with GP teams could include a specific asthma role.

Actions for Community Pharmacies

The audit results reiterate that there are benefits to supporting patients with asthma on compliance with their medicines and technique of their inhalers to optimise adherence and identify additional support where required. Community pharmacists and contractors should consider how they upskill in order to provide support to patients particularly regarding inhaler technique support and compliance with local and national guidelines. Pharmacy teams should develop a marketing strategy to maximise the benefit of commissioned services including Medicines Use Reviews and the New Medicines Service that could include inhaler technique reviews.

Actions for commissioners for consideration

The audit results demonstrate the impact community pharmacies can make to support those with asthma to free up capacity in general practice. Community pharmacies should be used proactively to identify and to provide the right level of support and referral for those:

- with poor compliance;
- that are not using their inhalers correctly;
- that are over reliant on bronchodilators; and
- that do not have an asthma plan in place.

Community pharmacies are well placed to engage with patients as identified by the NRAD report and commissioners are encouraged to:

- embed community pharmacy within the asthma pathway to support general practice through commissioned service provision thereby reducing overuse of secondary care and preventing unnecessary asthma deaths;
- ensure that they are optimising the community pharmacy quality payments process within local plans; and
- develop information, education and training for community pharmacy teams on local asthma guidelines to support prescribing in general practice as part of the primary care team.

Introduction

Prescriptions are presented at community pharmacies for medicines to be dispensed. Community pharmacies offer a range of NHS services of which dispensing is an essential service within the Community Pharmacy Contractual Framework and is offered by all pharmacies. During the dispensing process pharmacy teams may identify issues that need to be resolved to ensure that the medicines optimisation principles of effectiveness, safety and patient experience are maximised.

To comply with the NHS contractual requirements associated with the Clinical Governance Essential Service, pharmacy contractors must perform an annual practice based audit. Audit is an integral aspect of ongoing clinical effectiveness and provides data of how patients are supported by community pharmacy systems and procedures.

Hertfordshire LPC is committed to supporting contractors and when audit results are collated and analysed, these highlight opportunities for service developments locally, gaps in workforce or knowledge and will provide robust evidence of community pharmacy teams' contributions to supporting patients.

Background

The [National Review of Asthma Deaths \(NRAD\)](#), run by a consortium of asthma professional and patient bodies led by the Royal College of Physicians (RCP), looked into the circumstances surrounding deaths from asthma from 1 February 2012 to 30 January 2013. The [Why asthma still kills](#) report based on this national investigation of asthma deaths in the UK and the largest study worldwide to date was published in 2014. The primary aim was to understand the circumstances surrounding asthma deaths in order to identify avoidable factors and make recommendations to improve care and reduce the number of deaths.

Some of the key findings in this research established that:

- The majority of people who died from asthma were not recorded as being under specialist supervision during the 12 months prior to death.
- There was a history of previous hospital admission for asthma in half of those who died from asthma.
- Approximately three quarters of those that died from did not have personal asthma action plans (PAAPs), acknowledged to improve asthma care, in place.
- There was no evidence that an asthma review had taken place in general practice in the last year before death for 43% of those who died.
- The expert panels identified factors that could have avoided death in relation to the health professional's implementation of asthma guidelines in 89 (46%) of the 195 deaths, including lack of specific asthma expertise in 34 (17%) and lack of knowledge of the UK asthma guidelines in 48 (25%).
- There was evidence of excessive prescribing of reliever medication.
- There was evidence of under-prescribing of preventer medication.
- There was evidence of inappropriate prescribing of long-acting beta agonist (LABA) bronchodilator inhalers.

Some of the key recommendations included:

- Electronic surveillance of prescribing in primary care should be introduced to alert clinicians to patients being prescribed excessive quantities of short-acting reliever inhalers, or too few preventer inhalers.
- All people with asthma should be provided with written guidance in the form of a personal asthma action plan (PAAP).
- Health professionals must be aware of the factors that increase the risk of asthma attacks and death, including the significance of concurrent psychological and mental health issues.
- All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required.
- An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and also checked by the pharmacist when a new device is dispensed.
- The use of combination inhalers should be encouraged. Where long-acting beta agonist (LABA) bronchodilators are prescribed for people with asthma, they should be prescribed with an inhaled corticosteroid in a single combination inhaler.

- Patient self-management should be encouraged to reflect their known trigger.

A [Quality Payments Scheme](#), which forms part of the Community Pharmacy Contractual Framework (CPCF), was introduced on 1st December 2016. The original version of the scheme ran until 31st March 2018 and a total of £75 million was paid to community pharmacies for meeting the specified quality criteria.

Community pharmacy contractors passing the gateway criteria would receive a [Quality Payment](#) if they met one or more of the quality criteria. One of the quality criteria was:

‘On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period been referred to an appropriate health care professional for an asthma review.’

The aim of this quality criterion is for community pharmacy to contribute to reducing preventable deaths from asthma through surveillance of patients’ use of inhalers related to some of the key findings identified within the NRAD report. The quality payment encourages contractors to routinely carry out surveillance of patients’ use of inhalers ensuring patients are given appropriate advice and are referred for an asthma review when this is indicated.

Pharmacy professionals are in an ideal position to detect the under and over usage of inhalers by asthma patients through surveillance of patients’ use of inhalers over a fixed period. These interventions may already be commonplace in pharmacies but this quality payment seeks to ensure this vital information is used to trigger an asthma review as recommended by the NRAD report.

Most patients are able to demonstrate good inhaler technique when they have the appropriate demonstration, unfortunately, many patients will not retain this information. The community pharmacist is a key member of the healthcare team who is able to advise patients on technique when a device is dispensed.

For these reasons Hertfordshire Local Pharmaceutical Committee (LPC) conducted a baseline audit to explore community pharmacy services to support patients with asthma interventions with the aim to inform the policy process and future service developments. The audit would also support community pharmacies to meet their new quality criteria in relation to clinical effectiveness.

Method

Pharmacy teams were invited by Hertfordshire LPC to complete the asthma audit as part of their annual practice audit. The aim of the audit was to explore:

4. community pharmacy asthma guidelines awareness and training;
5. the level of prescribing and process for patients with short-acting bronchodilator inhalers and a corticosteroid inhaler; and
6. to take a two week snap shot within each pharmacy between January to May 2017 to identify patients’ self-management of their asthma condition including inhaler technique, compliance and asthma control. Patients were all asked the same 20 questions.

Audit paperwork (appendix one) was emailed to all community pharmacies in Hertfordshire via the e-news, and data collection forms were submitted by participating pharmacies online. Data was analysed by the Hertfordshire LPC office team based upon the collation of non-identifiable information on Survey Monkey.

Results

There were three sections to the audit that focused on different areas:

1. Community pharmacy guidelines awareness and training to ascertain level of education already present and to identify any gaps in skills.
2. Level of prescribing and process for patients with short-acting bronchodilator inhalers and a corticosteroid inhaler. This was to identify where pharmacies were in the process for implementing the quality payment criteria process for asthma and whether the recommendations from the NRAD were being implemented specifically:

- a. Electronic surveillance of prescribing in primary care should be introduced where patients are being prescribed excessive quantities of short-acting reliever inhalers, or too few preventer inhalers.
 - b. All asthma patients are referred appropriately to specialist healthcare professionals where needed.
 - c. An assessment of inhaler technique to ensure effectiveness is routinely undertaken.
 - d. Where long-acting beta agonist (LABA) bronchodilators are prescribed for people with asthma, they should be prescribed with an inhaled corticosteroid in a single combination inhaler.
3. Identifying patients' self-management of their asthma condition including inhaler technique, compliance and asthma control. This was to ascertain whether the recommendation from the NRAD about people with asthma being provided with written guidance in the form of a personal asthma action plan (PAAP) had been implemented and to take a snapshot of patient compliance specifically:
- a. All asthma patients prescribed an inhaler are able to use it correctly;
 - b. Patients understand why it's important to use their inhalers as prescribed; and
 - c. Patient's asthma is well controlled;
- and to assess how pharmacists can have an impact on:
- a. the patients' ability to use their inhalers properly (inhaler technique),
 - b. the patients' compliance with their treatment and
 - c. the patients' asthma control.

For sections one and two of the audit; data was collected from 57 pharmacies, representing 23% of all the 249 community pharmacies in Hertfordshire in May 2017. Two (4%) of the responses were received from multiple large pharmacy companies, two (4%) from distance selling pharmacies and the remaining 52 (92%) being submitted by independent pharmacies. One responding pharmacy chose to remain anonymous. 18 (32%) pharmacies were situated within East and North Hertfordshire CCG and 37 (65%) pharmacies were situated within Herts Valleys CCG. One respondent was from outside Hertfordshire and one chose to remain anonymous.

For section three of the audit; data was collected from 258 patients with asthma across 51 pharmacies, representing 21% of all the 249 community pharmacies in Hertfordshire in May 2017. This is on average five patients per pharmacy. Two (4%) of the pharmacies were multiple large companies, two (4%) from distance selling pharmacies and the remaining 49 (92%) being submitted by independent pharmacies. 18 (35%) pharmacies were situated within East and North Hertfordshire CCG and 33 (65%) pharmacies were situated within Herts Valleys CCG.

Section One: Community Pharmacy Guidelines Awareness and Training

Of the 56 pharmacies that responded it was indicated that 105 of their regular pharmacists across 54 pharmacies had received sufficient training to be able to counsel patients on the correct use of inhaler devices. Only one pharmacy indicated that they had no pharmacists that had received sufficient training. One pharmacy indicated that all pharmacists had received appropriate training and one respondent skipped this question.

Figure 1: Figure One: Sufficient training for pharmacists to counsel patient on correct use of inhalers (community pharmacies n=56)

How many pharmacists that work regularly at the pharmacy have received sufficient training to be able to counsel patients on the correct use of inhaler devices?	
Number of Pharmacies	Number of Pharmacists
12	1
35	2
5	3
2	4
1	0
1	all

However a lower number of 59 of the regular pharmacists across 39 pharmacies had taken part in asthma educational updates within the past two years. 15 (27%) pharmacies indicated that none of their pharmacists had undertaken asthma educational updates with the last two years.

Figure 2: Pharmacist and asthma education update in the last two years (community pharmacies n=55)

<i>How many pharmacists that work regularly at the pharmacy have taken part in asthma educational updates within the past two years?</i>	
Number of Pharmacies	Number of Pharmacists
22	1
14	2
3	3
15	none
1	all

40 (71%) pharmacies identified that 68 pharmacists that work regularly at the pharmacy would benefit from inhaler technique training. 12 pharmacies indicated that no further training on inhaler technique training was required at that time.

Figure 3: Pharmacists that would benefit from inhaler technique training (community pharmacies n= 52)

<i>How many pharmacists that work regularly at the pharmacy would benefit from inhaler technique training?</i>	
Number of Pharmacies	Number of Pharmacists
15	1
20	2
3	3
1	4
12	none
1	all

51 (91%) pharmacies indicated that they were aware of the updated BTS/SIGN British guideline on the management of asthma from November 2016 and 32 (57%) were using them in practice. 48 pharmacies (86%) were slightly less aware of local asthma guidelines from the CCGs in Hertfordshire but only 22 (39%) were using them in practice.

There was some correlation between those that had not yet implemented the quality payment criteria process for asthma and being aware of local and national asthma guidelines as less pharmacies (43%) were using the national guidance in practice and 34% were using the local guidelines in practice in comparison to all pharmacies that responded.

Figure 4: Pharmacy awareness of national guidance (community pharmacies n=56)

Q5 Is your pharmacy aware of the updated BTS/SIGN British guideline on the management of asthma from November 2016?

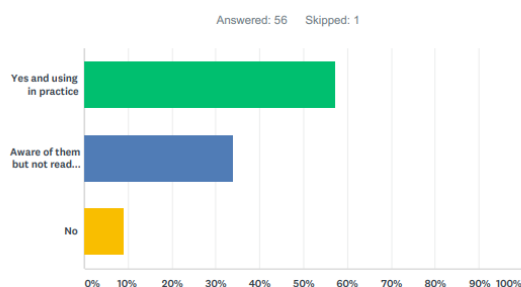
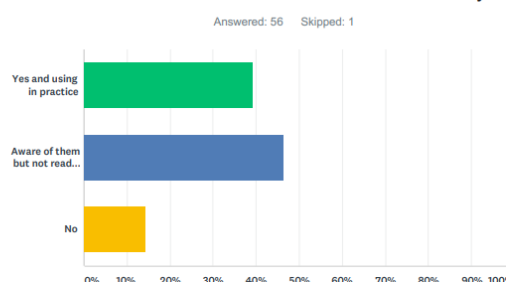


Figure 5: Pharmacy awareness of local guidance (community pharmacies n=56)

Q6 Is your pharmacy aware of the CCG guidelines for the management of asthma? East and North Herts CCG, Herts Valleys CCG



Section Two: Level of prescribing and process for patients with short-acting bronchodilator inhalers and a corticosteroid inhaler

45 (79%) pharmacies submitted a response and interacted with 167 patients with asthma across a one week period defined by the pharmacy.

Figure 6: Levels of prescribing and process for patients with asthma (community pharmacies n=45)

Had 6 short acting bronchodilator inhalers dispensed in last six months	Not dispensed any corticosteroid inhaler	Date of intervention recorded	Inhaler Technique Review undertaken with patient	Medicines Use Review undertaken with patient	Referred to GP practice asthma nurse	Referred to GP	Referred to emergency care (urgent care centre, NHS 111, A&E) for urgent support	Date of referral recorded	Note of intervention and referral made on patient's PMR
133	89	125	127	67	51	41	2	79	96

Of the 133 (80%) patients that had six short acting bronchodilator inhalers dispensed in the last six months 76 (57%) patients had not had any corticosteroid inhaler dispensed.

Of the 167 patients an inhaler technique review was undertaken with 127 (76%) patients.

A Medicines Use Review (MUR) was undertaken with 67 (40%) of the 167 patients.

94 (56%) patients were referred to another healthcare professional (GP, nurse, emergency care) of the total 167 patients. Two patients (1%) were referred to emergency care for immediate support.

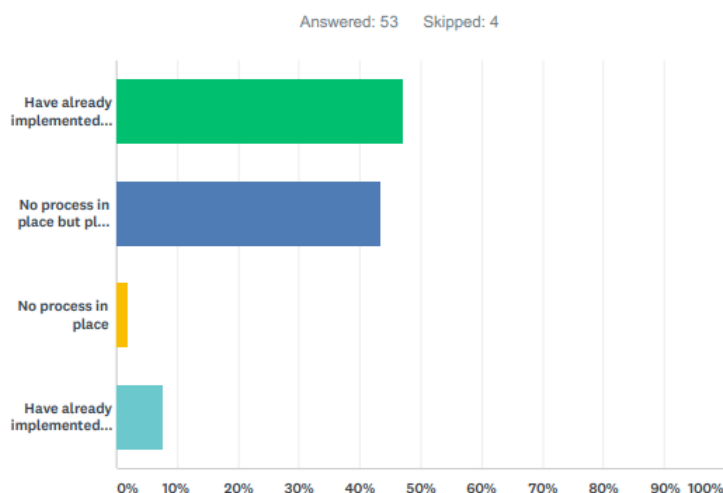
There was no correlation between whether an inhaler technique review, a medicines use review being undertaken with the patient; referral to another healthcare professional and making a note of the intervention and referral to the Patient Medication Record (PMR) on the pharmacy's IT system that had not yet implemented the quality payment criteria process for asthma:

- 54 (93%) of 58 patients had an inhaler technique review;
- 32 (55%) of 58 patients had an MUR undertaken;
- 45 (77%) of 58 patients were referred to another healthcare professional; and
- 34 (58%) of 58 patients had a note of their intervention and referral recorded on the PMR.

29 (55%) indicated that they had already implemented a process to meet the quality payment criteria for asthma although 23 (44%) indicated that they would be implementing a process shortly. Only one pharmacy indicated that they had no process in place and gave no indication when this process would be put in place.

Figure 7: Pharmacy process in place to meet quality criteria for asthma (community pharmacies n=53)

Q8 Does the pharmacy have a process in place for identifying and supporting patients for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler?

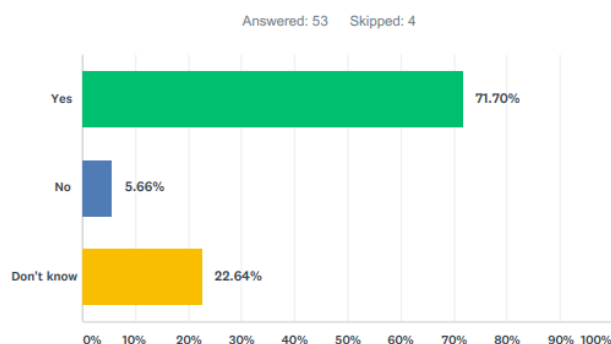


ANSWER CHOICES	RESPONSES	
Have already implemented PSNC suggested process http://psnc.org.uk/wp-content/uploads/2016/11/Asthma-referrals-Suggested-process.pdf	47.17%	25
No process in place but plan to implement either PSNC suggested process or another process shortly	43.40%	23
No process in place	1.89%	1
Have already implemented another process (please specify)	7.55%	4
TOTAL		53

The majority of pharmacies (72%) indicated that they were using the electronic PharmOutcomes tool to record referral information for GP practices on asthma.

Figure 8: Electronic referral of asthma information to GP practice (community pharmacies n= 53)

Q9 An asthma referral tool has been created by PharmOutcomes tool to allow pharmacies to record patient details who have consented to be referred to their GP practice because of them having been dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler. When this data is saved on PharmOutcomes a referral will automatically be sent to the patient's GP practice (if a secure email address is held for that GP practice on PharmOutcomes). Does the pharmacy plan to use this tool in the future in order to refer patients to GP practices?

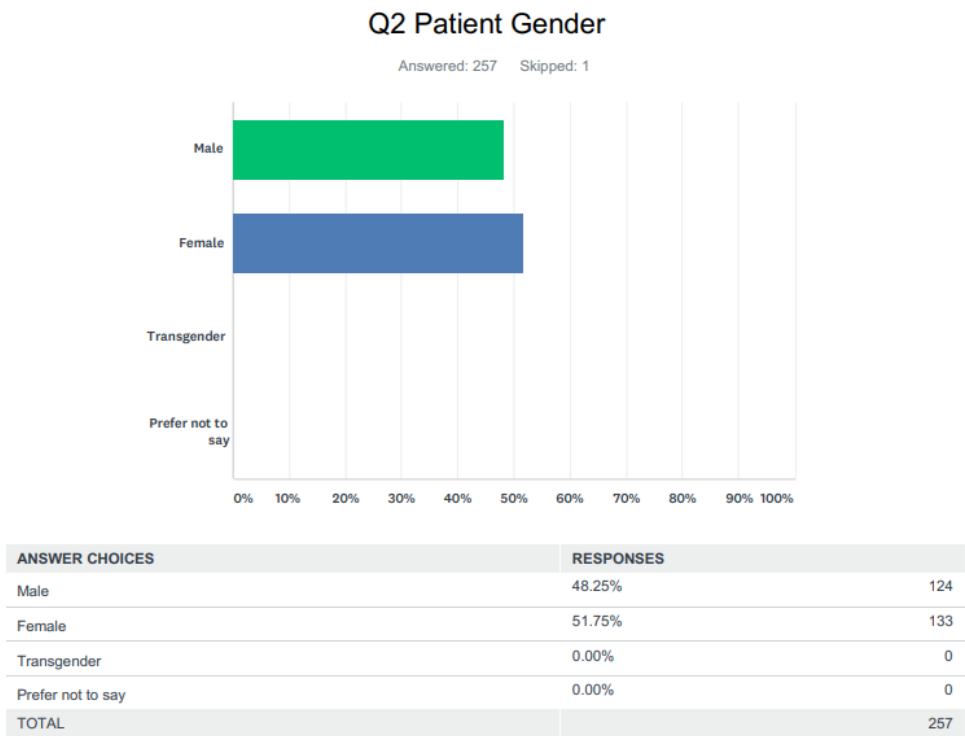


ANSWER CHOICES	RESPONSES	
Yes	71.70%	38
No	5.66%	3
Don't know	22.64%	12
TOTAL		53

Section Three: Identifying patients' self-management of their asthma condition including inhaler technique, compliance and asthma control

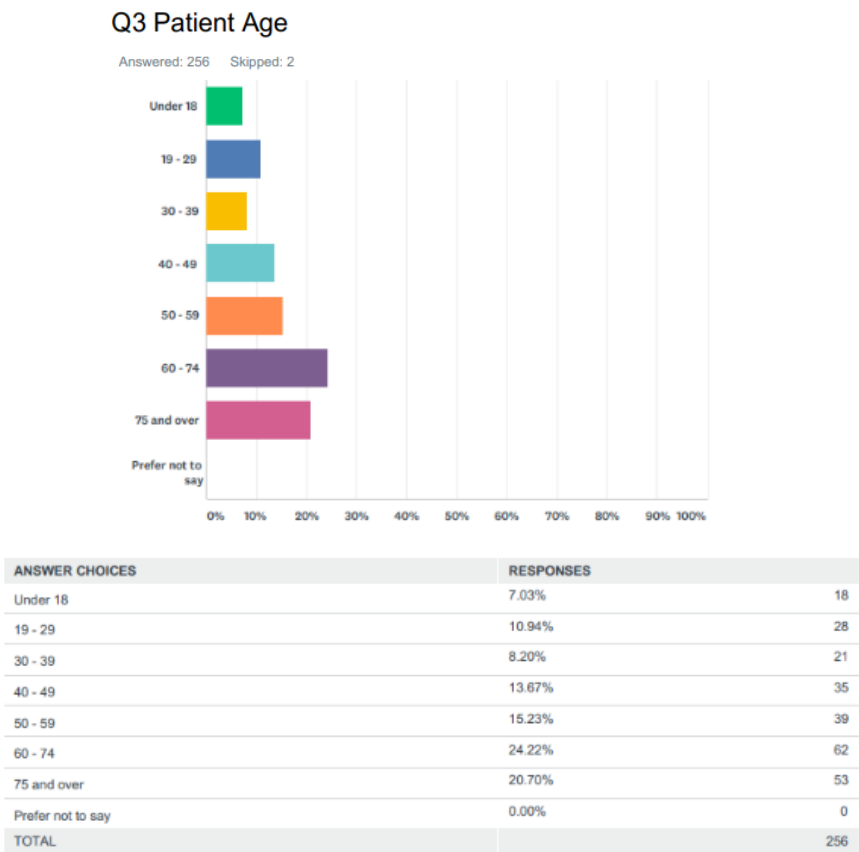
An equal number of male and female patients with asthma were approached as part of this section of the audit.

Figure 9: Patient Gender (patients n=258)



The majority of patients (24%) with asthma were in the 60-74 age group however there were interventions across all age groups with the majority aged under 60 (55%).

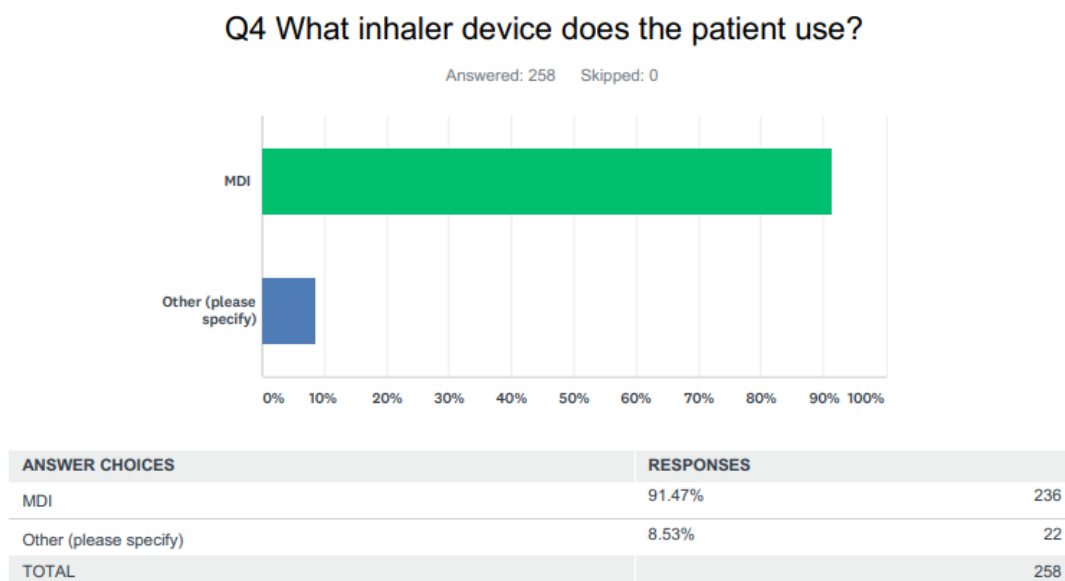
Figure 10: Patient Age (patients n= 258)



Inhaler technique

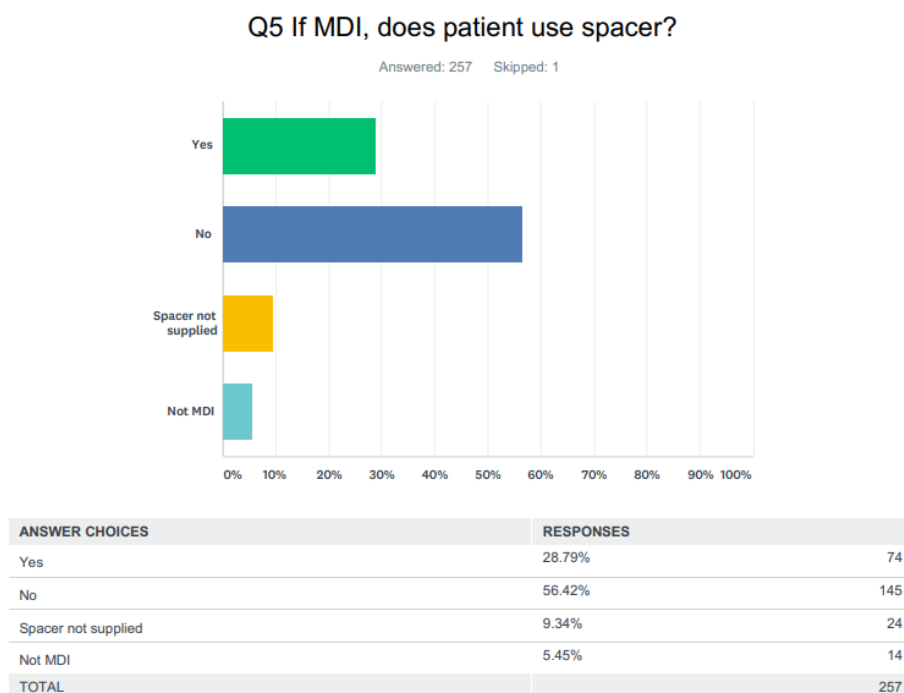
The majority of patients interviewed (92%) were using a metered-dose inhaler (MDI). A few patients were using an MDI and an accuhaler or a turbohaler or a nebuliser.

Figure 11: Inhaler device use (patients n=258)



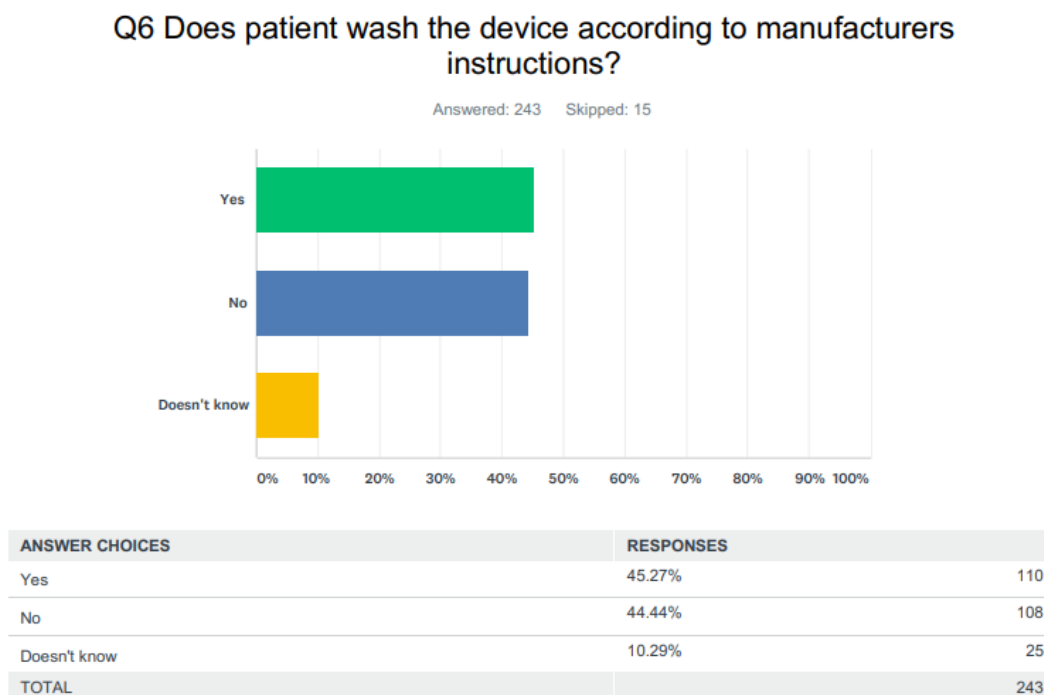
The majority of patients (56%) were not using a spacer with their MDI and a small proportion had not been supplied with a spacer (9%). According to the national British Thoracic Guidelines [BTS/SIGN British guideline](#) on the management of asthma published in November 2016 a spacer is particularly recommended with an MDI in children and those with acute asthma i.e. high doses of inhaled corticosteroid. Of the 18 patients that were aged under 18; five (38%) did not use a spacer with their MDI or had one supplied.

Figure 12: Patients using spacers and MDIs (patients n=258)



The BTS/SIGN national guideline advises washing according to manufacturer's directions. Almost half of those patients (44%) responded that they do not wash the device according to these directions.

Figure 13: Device washing adherence (patients n=258)



Patients did not regularly test their device with the majority only checking it sometimes (25%); occasionally (8%) and never (23%). More patients 112 (44%) regularly rinsed their mouth after using their corticosteroid inhaler.

Figure 14: Patient testing device (patients n=258)

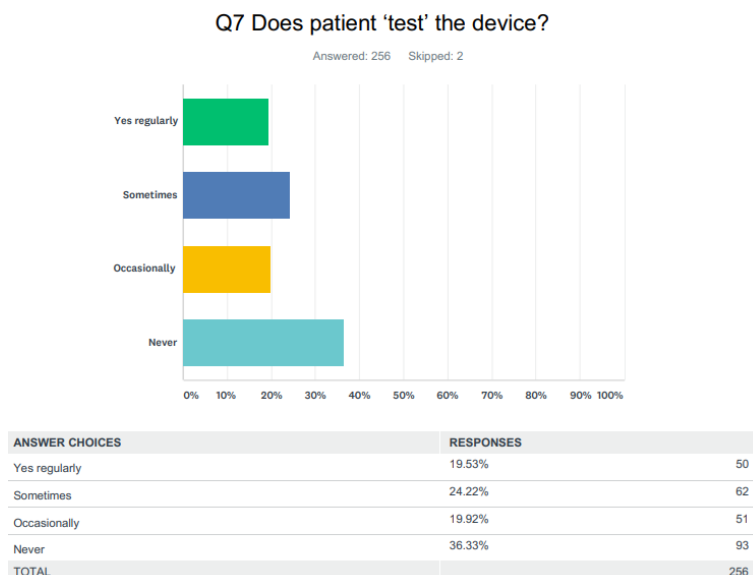
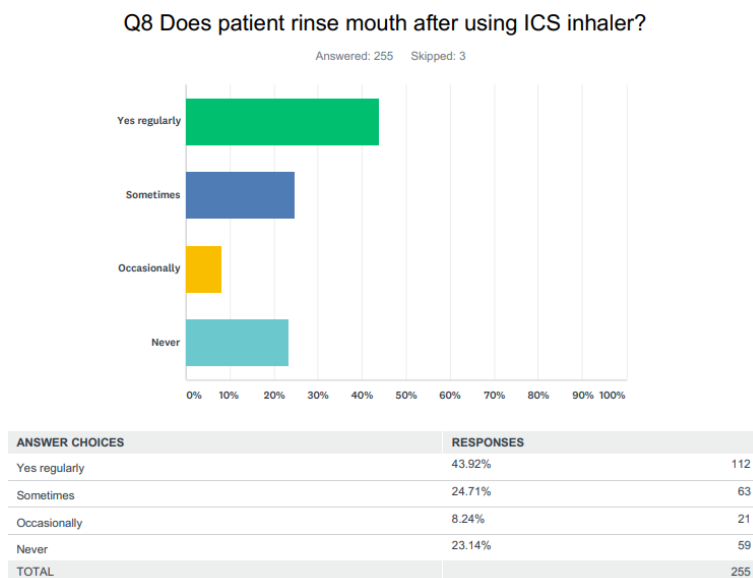


Figure 15: Patient rinsing mouth after inhaler (patients n=258)



200 (78%) patients were counselled on their inhaler technique by the pharmacist and 207 (80%) demonstrated correct inhaler technique.

Compliance

The majority of patients were using their inhalers according to their directions: 219 (87%) and the majority of patients were compliant with their current regime: 217 (86%).

The majority of patients indicated that they had no problems. All of the problems identified by the patients that were recorded are listed below.

Not using the corticosteroid inhaler; frequent use of a bronchodilator and incorrect or poor inhaler technique were the top three problems identified in discussions with patients.

- Not using corticosteroid inhaler i.e. clenil regularly x14;
- Frequent use of bronchodilator i.e. Ventolin, salbutamol x10;
- Incorrect or poor inhaler technique x 10;
- Did not know how to wash inhalers or did not wash regularly x2;
- Not been prescribed a corticosteroid inhaler and using bronchodilator often x2;
- Uncontrolled COPD x2;
- Did not hold breath after inhaling dose;
- Not compliant as did not understand inhalers;
- Patient often lets themselves run out of bronchodilator;
- Patient experiences side effect of dry mouth. Also experiences more wheezing with the Clenil. Advised the patient to use the Qvar inhaler that was prescribed by the nurse as an alternative rather than Clenil. Also counselled the patient on compliance and how important it is to use the steroid inhaler to gain control of the asthma;
- Patient had difficulty pressing the canister at the same time breathing in, coordination was the issue;
- Patient not shaking inhaler before use;
- Patient was switched to accuhaler as she had carpal tunnel on her hand but after her operation, she feels like she can use MDI again so she was not using her accuhaler as much;
- Symptoms improved so stopped;
- Wheezing.

195 (68%) patients were counselled on compliance with their inhaler by the pharmacist and 58 (22%) were referred back to the GP practice.

Asthma Control

The patients were asked three questions to ascertain whether their asthma was well controlled:

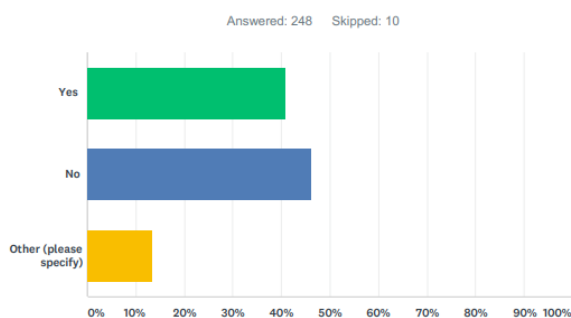
- 45 (18%) had difficulty sleeping due to their asthma (including cough symptoms);
- 92 (37%) had their usual asthma symptoms (eg cough, wheeze, chest tightness, shortness of breath) during the day; and
- 65 (26%) indicated that their asthma interfered with their usual daily activities e.g. school; sport; play activities.

Based on the above answers 58 (23%) patients indicated that their asthma was not well controlled.

Of the 258 patients 101 (41%) were counselled by the pharmacist and referred to their GP practice where appropriate.

Figure 16: Patient counselling and referral to GP practice where appropriate (patients n=258)

Q20 Was the patient counselled and referred to their GP if appropriate?



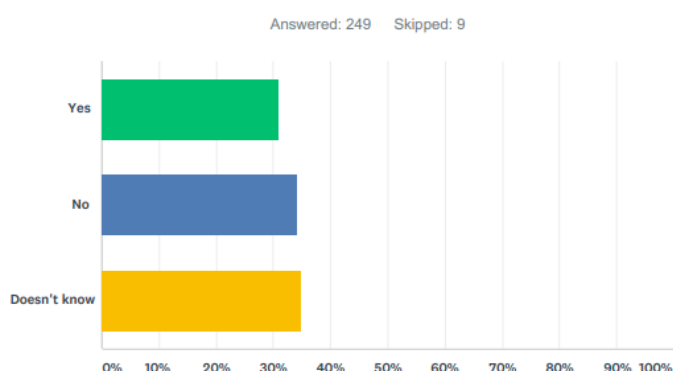
ANSWER CHOICES	RESPONSES
Yes	40.73% 101
No	45.97% 114
Other (please specify)	13.31% 33
TOTAL	248

Other responses indicated the following:

- Patient not feeling well and has made an appointment to see the GP x4
- Asthma well controlled and advised to continue good compliance or return with any issues x4
- Advised to make appointment to see asthma nurse x 3
- Patient has been to GP and issued with antibiotic for chest infection x2
- Patient has been to GP and issued with new corticosteroid x2;
- Counselling on importance of always having a bronchodilator available;
- GP had just seen for review as patient very confused, in regular contact with GP and will go back if symptoms do not improve;
- Patient under consultant care
- Reminded of importance of compliance but not referred
- Patient on rescue pack of Amoxicillin and Prednisolone
- Bronchodilator prescribed several times without a corticosteroid
- Counselling but patient happy on short acting bronchodilator
- Bronchodilator for sport is part of plan
- Has been given nebulas with nebuliser as had a chest infection which interfered with the asthma control
- Technique was problem - now much better controlled and no referral needed;
- Patient saw the nurse about inhalers in the last week

The majority of patients 87 (35%) were unaware whether they had an asthma management plan in place. Only 77 patients (31%) indicated that they had an asthma management plan in place.

Q21 Does the patient have an asthma management plan?



ANSWER CHOICES	RESPONSES	
Yes	30.92%	77
No	34.14%	85
Doesn't know	34.94%	87
TOTAL		249

Discussion

The results indicate that community pharmacists have a role in counselling patients on compliance and technique as well as ensuring patients are referred to the GP practice where necessary for further support. The emphasis of greater integration of pharmacy services with GP teams could include a specific asthma role. The Pharmaceutical Services Negotiating Committee published a [report](#) in August 2014 outlining the significant contribution that community pharmacies could make to the care of people with asthma to help improve their care and manage their condition and to reduce avoidable complications.

The audit results demonstrate the impact community pharmacies can make in this area for example, by identifying those with poor compliance; helping people to understand and use their inhalers correctly and getting them proper support by the GP practice when needed.

The results indicate that despite the NRAD report recommendations there is:

- continued under-use of preventer inhalers and excessive over-reliance on reliever inhalers; and
- the majority of patients do not have an asthma management plan in place.

Community pharmacies should be used to support those with asthma to free up capacity in general practice and to be proactive on monitoring where a patient's asthma condition could be worsening and providing the right level of support and referral where appropriate to help avoid unnecessary secondary care admissions or asthma deaths.

Appendices

Appendix One: Community Pharmacy Asthma Audit Paperwork and Questions

Community Pharmacy Asthma Audit

Introduction

To comply with the NHS contractual requirements associated with the Clinical Governance Essential Service, pharmacy contractors must perform an annual practice based audit. Audit is an integral aspect of ongoing clinical effectiveness and provides data of how patients are supported by community pharmacy systems and procedures.

Please remember that a clinical audit is a quality improvement process and should be viewed as a mechanism for gradually improving patient care. Helpful information on a guide to clinical audit can be found on the PSNC website: http://psnc.org.uk/wp-content/uploads/2013/07/a_guide_to_clinical_audit.pdf.

Hertfordshire LPC is committed to supporting contractors, and when audit results are collated and analysed, this will highlight opportunities for service developments locally and will provide robust evidence of community pharmacy teams' contributions to supporting patients with asthma.

Hertfordshire LPC has identified that an audit on asthma could help community pharmacies to meet their new quality criteria in relation to clinical effectiveness:

'On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6 month period, are referred to an appropriate health care professional for an asthma review.'

The value of this Quality Payment criterion is as follows:

Number of review points at which it can be claimed	Two
Points at any one review point	10
Total points over the two review points	20
Value of total points	£1,280

A key part of the audit is to scope community pharmacy services to support patients with asthma.

This audit aims to explore:

Section 1: Community pharmacy guidelines awareness and training (questions 2-6).

Section 2: Level of prescribing and process for patients with short-acting bronchodilator inhalers and a corticosteroid inhaler (questions 7-9).

Section 3: To identify patients' self-management of their asthma condition including inhaler technique, compliance and asthma control. This part of the audit(s) should be carried out over a 2 week period and a minimum of 5 patients presenting with a repeat prescription for an inhalation device during any two week period determined by the pharmacy will be invited to take part.

In order to make the data collection easier for this audit, both for pharmacies and for the collation of the data at the LPC office, we have provided an electronic version of the survey that the pharmacy must use in order to submit the completed data to the LPC office:

- Sections 1 and 2: <https://www.surveymonkey.co.uk/r/Pharmacyasthmaaudit16-17>
- Section 3: <https://www.surveymonkey.co.uk/r/patientasthmaaudit>

The LPC office will no longer accept paper documents as a submission from your pharmacy so please do not return them to the office. You do not need to return the completed paper copies of the form to the office.

Hertfordshire LPC will provide a summary of the audit data in early autumn 2017 and will of course securely store all information submitted electronically. The audit report will not disclose pharmacies' identities.

1.

Pharmacy Name:

ODS (F Code):

Post Code:

Email Address:

SECTION ONE: Community pharmacy guideline awareness and training

2. How many pharmacists that work regularly at the pharmacy have received sufficient training to be able to counsel patients on the correct use of inhaler devices?

.....

3. How many pharmacists that work regularly at the pharmacy have taken part in asthma educational updates within the past two years?

.....

4. How many pharmacists that work regularly at the pharmacy would benefit from inhaler technique training?

5. Is your pharmacy aware of the updated [BTS/SIGN British guideline](#) on the management of asthma from November 2016? (please only tick one answer)

- ☐ Yes and using in practice
☐ Aware of them but not read yet
☐ No

6. Is your pharmacy aware of the CCG guidelines for the management of asthma?

[East and North Herts CCG](#)

[Herts Valleys CCG](#)

- ☐ Yes and using in practice

- ☐ Aware of them but not read yet
- ☐ No

SECTION TWO: Level of prescribing for pts with short-acting bronchodilator inhalers&a corticosteroid inhaler

7. Identify patients across a one week period for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler and identify to who they were referred.

	Had 6 short acting bronchodilator inhalers dispensed in last six months	Not dispensed any corticosteroid inhaler	Date of intervention recorded	Inhaler Technique Review undertaken with patient	Medicines Use Review undertaken with patient	Referred to GP practice asthma nurse	Referred to GP	Referred to emergency care (urgent care centre, NHS 111, A&E) for urgent support	Date of referral recorded	Note of intervention and referral made on patient's PMR
Patient 1										
Patient 2										
Patient 3										
Patient 4										
Patient 5										
Patient 6										
Patient 7										
Patient 8										
Patient 9										
Patient 10										
Patient 11										
Patient 12										

Patient 13										
Patient 14										
Patient 15										
Patient 16										
Patient 17										
Patient 18										
Patient 19										

Other referral or intervention not identified above (please specify):

8. Does the pharmacy have a process in place for identifying and supporting patients for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler?

- ☐ Have already implemented PSNC suggested process <http://psnc.org.uk/wp-content/uploads/2016/11/Asthma-referrals-Suggested-process.pdf>
☐ No process in place but plan to implement either PSNC suggested process or another process shortly
☐ No process in place
☐ Have already implemented another process (please specify):

9. An asthma referral tool has been created by PharmOutcomes tool to allow pharmacies to record patient details who have consented to be referred to their GP practice because of them having been dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler. When this data is saved on PharmOutcomes a referral will automatically be sent to the patient's GP practice (if a secure email address is held for that GP practice on PharmOutcomes). Does the pharmacy plan to use this tool in the future in order to refer patients to GP practices?

- ☐ Yes
☐ No
☐ Don't know

SECTION THREE: To identify patients' self-management of their asthma condition including inhaler technique, compliance and asthma control

BTS/SIGN guidelines for asthma follow a step-wise approach depending on symptom control. If patients have poor technique or poor compliance it may lead to over prescribing in some patients in order to regain that control. Most patients are able to demonstrate good inhaler technique when they have the appropriate demonstration, unfortunately, many patients will not retain this information. The community pharmacist is a key member of the healthcare team who is able to advise patients on technique when a device is dispensed.

The aims of this part of the audit are to ensure:

1. All asthma patients prescribed an inhaler are able to use it correctly,
2. Patients understand why it's important to use their inhalers as prescribed
3. Patient's asthma is well controlled.

Through undertaking the audit pharmacists can assess how they can have an impact on:

- the patients' ability to use their inhalers properly (inhaler technique),
- the patients' compliance with their treatment and
- the patients' asthma control.

The audit(s) should be carried out over a 2 week period and a minimum of 5 patients presenting with a repeat prescription for an inhalation device during any two week period determined by the pharmacy will be invited to take part in the audit.

Please note for each patients' answer you will need to click done at the end of the questions and then start again with the survey to allow you to submit this information for each patient. You may find it significantly easier to enter the patient's responses online to the survey as you ask the questions. The LPC has allowed you to enter multiple entries in order for you to input this information.

We would like to acknowledge NHS Cumbria's Community Pharmacy Asthma Audit 2012-13 in developing this survey

(<http://www.cumbria.nhs.uk/ProfessionalZone/MedicinesManagement/EnhancedServices/Comm-PH-Asthma-Audit-2013.pdf>).

1. Pharmacy Details. ODS Code: F

2. Patient Gender?

- ☐ Male
☐ Female
☐ Transgender
☐ Prefer not to say

3. Patient Age?

- ☐ Under 18
☐ 19-29
☐ 30-39
☐ 40-49

- ☐ 50-59
- ☐ 60-74
- ☐ 75 and over
- ☐ Prefer not to say

INHALER TECHNIQUE

4. What inhaler does patient use?

- ☐ MDI
- ☐ Other (please specify):

5. If MDI, does patient use spacer?

- ☐ Yes
- ☐ No
- ☐ Spacer not supplied
- ☐ Not MDI

6. Does patient wash the device according to manufacturer's instructions?

- ☐ Yes
- ☐ No
- ☐ Doesn't know

7. Does patient "test" the device?

- ☐ Yes regularly
- ☐ Sometimes
- ☐ Occasionally
- ☐ Never

8. Does patient rinse mouth after using ICS inhaler?

- ☐ Yes regularly
- ☐ Sometimes
- ☐ Occasionally
- ☐ Never

9. Does patient demonstrate correct inhaler technique?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

10. Was the patient counselled on technique?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

COMPLIANCE

11. Inhalers used according to directions?

- ☐ Yes
☐ No
☐ Other (please specify):

12. Patient compliant with current regime?

- ☐ Yes
☐ No
☐ Other (please specify):

13. If a problem was identified what was this?

14. Was the patient counselled on compliance with their inhaler?

- ☐ Yes
☐ No
☐ Other (please specify):

15. Was the patient referred back to their GP practice?

- ☐ Yes
☐ No
☐ Other (please specify):

ASTHMA CONTROL

16. In the last month/week has the patient had difficulty sleeping due to their asthma (including cough symptoms)?

- ☐ Yes
☐ No

17. Has the patient had their usual asthma symptoms (e.g. cough, wheeze, chest tightness, shortness of breath) during the day?

- ☐ Yes
☐ No

18. Has the patient's asthma interfered with their usual daily activities (e.g. school, sport, play activity)?

- ☐ Yes
☐ No

19. Based on the answers above is the patient's asthma well controlled?

- ☐ Yes

- ☐ No
- ☐ Don't know

20. Was the patient counselled and referred to their GP if appropriate?

- ☐ Yes
- ☐ No
- ☐ Other (please specify):

21. Does the patient have an asthma management plan?

- ☐ Yes
- ☐ No
- ☐ Doesn't know

DRAFT