

Community Pharmacy Asthma Service Level Specification

Contract Specification 2015

1. Introduction

One of the key findings in the 2014 National Review of Asthma Deaths report was that in 84 (43%) of the 195 people who died there was no evidence that an asthma review had taken place in general practice in the last year prior to their death. Quality and Outcomes Framework (QOF) 2013-2014 Asthma exception rates for annual review of asthma vary in practices across Tayside and the average rate in Tayside was 35%.

There is concern that this proportion of patients have not engaged with primary care for asthma review and as a consequence NHS Tayside Respiratory MCN and Community Pharmacy Department have proposed and developed a model which would identify patients who have not attended GP asthma annual review and offer them the opportunity to have this done in a local community pharmacy when they attend to collect their inhaler prescription.

2. Service Aim

The aim of this project is to increase the number of asthma patients receiving an asthma review by a healthcare professional by offering reviews in community pharmacies to those patients who are identified as not attending their GP practice for review.

Yearly review is vital to ensure patients are on the right step in treatment therapy for their condition so they are not over or undertreated. Patients who fail to attend for review are at greater risk of being poorly controlled. Poor control is a risk factor for exacerbations which may result in a hospital admission. Overtreatment increases the likelihood of side effects and is undesirable and costly.

3. Service outline

GP practices (supported by pharmacy) will be asked to:

- a. Identify patients aged 12 years and over who do not attend (DNA) the practice for an annual asthma review
- b. Annotate the inhaler prescription on repeat which the patient gets regularly with the following message – CMS asthma review required. In vision use the note to dispenser box. In EMIS this will need to be added to the directions.
- c. On receipt of an asthma review document from the community pharmacy input the required information into the GP system and clinicians should take any appropriate action required if recommendations are made by the community pharmacy.
- d. Remove the message on the repeat prescription so that another review is not carried out by another community pharmacy.
- e. Remove the message on the repeat prescription if the pharmacy contacts you to say the patient refused and record this in the GP record.

Participating Community Pharmacists are asked to undertake the following:

- a. Ensure they are up to date with current asthma guidance and the Tayside formulary (appendix 4). Attendance at an asthma service educational session is desirable otherwise competency should be demonstrated by other recognised educational activities.
- b. Have undertaken recent inhaler technique training and demonstrated competency.
- c. Review patients identified by practices by following the Tayside Asthma review and care planning document enclosed and make any appropriate recommendations. **Please ensure in all cases that you obtain consent to share the information with the GP and the Health Board and record a contact number if they consent to feed back.**
- d. Please note - **Patients aged under 14 yrs old should be accompanied by a parent or carer before undertaking a review.**
- e. Send a copy of the review to the GP practice and a copy to Diane Robertson at the Health Board along with associated claim form. **GP practices should be kept up to date weekly with any reviews carried out and sooner if necessary.**
- f. Alert the practice if the patient declines a review by sending them a review form informing them that the patient has declined review. This will ensure the message is removed from the prescription.
- g. Record the number of patients who have been reviewed.
- h. Audit the number of patients who have declined/unavailable for an asthma review with any reasons given and send in to Diane Robertson at the Health Board by 31st December 2015.
- i. Prior to commencing this service order in sufficient supplies of asthma action plans and asthma leaflets from asthma UK for use with patients.

4. Achievement Payments

A payment of £20 per patient for every patient recorded as having been reviewed between February 2015 and December 2015. £20 payment on submission of the audit of patients who decline review. The audit payment includes a payment for the purchase of a Clement Clarke peak flow meter

5. Withdrawal

Both parties will give a minimum of three months notice that they wish to withdraw from the contract.

6. Evaluation

The project will be evaluated by the Health Board and will focus on outcomes of the review including:

- a. Improvement in patient numbers receiving a yearly asthma review by a healthcare professional
- b. Number and % of patients requiring step up in treatment
- c. Number and % of patients requiring step down
- d. Number and % of patients requiring education on inhaler technique
- e. Number and % of patients receiving an asthma action plan
- f. Other

7. Tayside Asthma Review Documentation

Please complete the SLA (appendix 1) and return it to Diane Robertson.

Appendix 2 – claim form. Appendix 3 – assessment, review and care planning documentation. Appendix 4 – Tayside adult asthma chart.

Please send claims and copies of reviews marked private and confidential to:

Diane Robertson, Pharmacy Department, East Day Home, Kings Cross Hospital, Dundee. DD3 8EA

PHARMACEUTICAL CARE OF ASTHMATIC PATIENTS

PHARMACY - SERVICE LEVEL AGREEMENT

This document is an agreement between NHS Tayside and the undernoted community pharmacy contractor to assess and review asthmatic patients in line with the specification, who have been identified by a Tayside GP practice as not attending the practice for a yearly review of their asthma.

Name and Address of Contractor

Contractor Code: _____



In signing this document you are agreeing to provide services in accordance with the requirements of the Service Level Agreement as at 1st February 2015.

It is also your responsibility to ensure, within reason that any person you either directly employ or engage in providing this service from the pharmacy, complies with the appropriate specification standards and has the competency to undertake the review.

Signature:

Date:

(Signatory on behalf of the Contractor)

Signature:

Date:

(Signatory on behalf of the Health Board)

Please complete and return this agreement to Diane Robertson, Community Pharmacy Development, Kings Cross, Clepington Road, Dundee, DD3 8EA

PHARMACEUTICAL CARE OF ASTHMATIC PATIENTS

CLAIM FORM

Pharmacy stamp	Contractor code	Period of claim
		From ___/___/___ to ___/___/___

Service Provided	Fee applicable (£20 per service)	Number of times service provided	Total claim for period
Asthma Review			

I have enclosed the appropriate number of asthma reviews as to support the above claim and for evaluation purposes.

Authorised signatory for participating pharmacy _____ Date ___/___/___

FOR OFFICE USE ONLY

Date contact forms verified	___/___/___
Authorised signatory for payment	_____

Appendix 3

COMMUNITY PHARMACY ASTHMA REVIEW		
Patient Name:	CHI:	Reviewing Pharmacist :
GP Name & Address:	Address of Pharmacy:	
Patient consent for information to be shared with GP and Health Board Consent to feedback YES/NO contact number for feedback if consented -----		
Patient Signature:.....		Date:.....
REVIEW		Additional Comments / Details
How often are inhalers dispensed? (dispensed history if available and discussion with patient)	SABA Over ordering >11/yr N/A Over ordering >12/yr <input type="checkbox"/> About right 2-6/yr <input type="checkbox"/> Under ordering N/A <input type="checkbox"/> Unknown <input type="checkbox"/>	
Observe the patient using the inhalers Can the patient use each of their inhaler(s) correctly?	Reliever - poor/adequate/good	
If they use a spacer can they use it correctly?	Preventer poor/adequate/good	
How often does the patient use the preventer ICS/LABA inhaler(s) each day?	Spacer - poor/adequate/good	
Is this in keeping with the prescribed dose?		
How often do they use SABA inhaler?		
Asthma Control Test - ACT® During the past 4 weeks: How often did your asthma prevent you from performing everyday activities such as getting as much done at work, school or home? How often did you have shortness of breath? How often did your asthma symptoms (wheeze, coughing etc) wake you up at night or earlier than usual in the morning? How often have you used your reliever (usually your blue inhaler)? How would you personally rate your asthma control?	All of the time <input type="checkbox"/> 1 Most of the time <input type="checkbox"/> 2 Some of the time <input type="checkbox"/> 3 A little of the time <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 More than once a day <input type="checkbox"/> 1 Once a day <input type="checkbox"/> 2 3 – 6 times a week <input type="checkbox"/> 3 1 – 2 times a week <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 4 or more times a week <input type="checkbox"/> 1 2 – 3 nights a week <input type="checkbox"/> 2 Once a week <input type="checkbox"/> 3 Once or twice <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 3 or more times a day <input type="checkbox"/> 1 1 – 2 times a day <input type="checkbox"/> 2 2 – 3 times a week <input type="checkbox"/> 3 Once a week or less <input type="checkbox"/> 4 Never <input type="checkbox"/> 5 Not controlled <input type="checkbox"/> 1 Poorly controlled <input type="checkbox"/> 2 Somewhat controlled <input type="checkbox"/> 3 Well controlled <input type="checkbox"/> 4 Completely controlled <input type="checkbox"/> 5	Score 20 or more – symptoms may well be controlled Score 19 or less – symptoms may not be well controlled ACT SCORE = /25

Does the patient experience any side effects from asthma medicines? (fungal infection, hoarse throat, ulcers)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Peak Flow reading	PF =	
Date of last Asthma Review at the practice		
Is there a reason the patient has not attended the practice for review?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the patient aware of any triggers to asthma attacks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes – what are these?		
GENERAL ADVICE		
Smoking status: Smoker <input type="checkbox"/> Non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/>	Interested in stopping: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Smoking Cessation advice given if applicable?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Smoking Cessation support initiated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
OTC medication to avoid discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Weight and exercise discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Flu immunisation discussed	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Asthma Self management plan in place	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Given Asthma Action Plan	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Outcome of Review – recommendations/agreements

1. Patient recommended to attend practice for Asthma Annual review when invited

No further action required ☐

Areas for concern

Please consider following up these concerns:

1. _____
2. _____
3. _____

This review is suitable for chronic disease management should the practitioner identify serious and/or areas of concerns these should be managed in the appropriate manner.

Community Pharmacist (via CMS)

Care issue	Desired Outcome	Action
Compliance Ordering Pattern (looking at repeats)	Patient takes/uses medication as instructed.	Identify potential compliance issues. Advise on differences between reliever and preventer if above step 1, how and when to take.
Review of inhaler technique	Patient able to use device effectively to gain maximum benefit from medication	Demonstrate correct use of device using placebo, patient demonstrates using their medication. Observe patient technique and advise accordingly. If patient still unable to use device agree suitable alternative and communicate to practice.
Incorrect use of spacer device and maintenance (if applicable)	Patient uses spacer correctly and cleans it as recommended	Demonstrate correct use of spacer device and reinforce cleaning recommendation. Patient demonstrates correct use. Request a new one form surgery if required.
Symptom Control ACT score Peak flow reading	Patient controlled not experiencing daytime, night Time symptoms and can perform all tasks	Avoidance of triggers If symptomatic but non-compliant – reinforce treatment If asymptomatic and on high dose ICS – consider and discuss appropriate step down If symptomatic but compliant – consider step up if appropriate or refer
Non – Formulary Inhaler	Patient where appropriate on formulary choices	Consider at symptom control stage and compliance stage if appropriate to discuss switching to formulary ICS/LABA choices – fostair, flutiform or seretide accuhaler – see appendix 1 Tayside formulary guide.
Patient experiences symptoms whilst exercising but wishes to exercise	Patient able to exercise with minimal symptoms, uses SABA pre-exercise	Education re medication and what to do. If compliant but sub-therapeutic treatment recommend see practice / asthma nurse for a review. Patient to make appointment at surgery
Side effects e.g. fungal infection in mouth, hoarse throat, mouth ulcers	Patient free of oral side effects from ICS	Reinforce recommendation to always brush teeth and/or rinse mouth thoroughly after using an ICS and explain why, use of spacer device etc.
Long-term high dose steroid use (Appendix 1B & 1C)	Patient has a steroid warning card and if appropriate is on medication to prevent osteoporosis i.e. bone protection	Ensure patient has a steroid warning card. If on medication for osteoporosis ensure patient understands why and complies. Discuss steroid dose and bone protection.
Patient smokes	Smoking stopped	Reinforce how smoking affects the chest and asthma. Brief interventions to motivate patient to reduce or stop smoking. Offer smoking cessation service in pharmacy. NRT/ varenicline
Patient inactive and/or overweight.	Patient increases exercise and looks at diet to reduce weight.	Education re asthma exercise. Education re weight and lung function. Recommend exercise options Dietary advice.
Unaware that some OTC medicines should be avoided in asthmatic patients	Patient doesn't take medication that may make asthma worse.	Discuss OTC medication which may not be appropriate for some asthmatics e.g. NSAIDs
No flu immunisation (on inhaled steroids)	Patient gets annual flu immunisation	Promote recommendation
Non compliance with asthma review at practice	Patient attends practice for asthma review	Encourage patient to attend practice yearly for a review
No Asthma Self Management Plan	Patient has an asthma self management plan	Issue documentation from asthma UK.

Appendix 4: Inhaled Medicine Asthma Chart

NHS Tayside – Inhaled Medicine Chart Asthma 2015 FOR NEW ADULT ASTHMA PATIENTS

Establish the device best suited to individual patient, and follow associated pathway in step-wise approach to treatment. Check inhaler technique & compliance prior to stepping up.

