

Greater Manchester Inhaler Technique Service: *Frequently Asked Questions*

Do I have to do this as part of an MUR?

No, this is a stand-alone service but you may find it useful to do the initial assessment as part of a MUR.

Do I have to follow up all patients?

A follow-up should not be carried out for patients with good control (using ACT or CAT score) and good technique.

Can I do this after a NMS?

Yes, you can deliver this service for new inhalers if the patient has a diagnosis of asthma or COPD.

How long should I leave before a follow up?

We recommend 8-12 weeks. Ideally, if you can capture the patient at week 8, then if the patient cannot attend for any reason you have some time to complete the follow-up.

How do I fit this consultation into daily work?

You can plan mutually convenient times with the patient.

How can I publicise the service?

The LPCs will host support materials including a poster and stickers which you can print off and use.

Are there any online resources?

There are numerous resources, many of which can be found via the LPCs' service website pages.

Do I need to write a SOP?

A template SOP has been written but this will need to be amended for your practice.

Do I need to raise an invoice?

PharmOutcomes will automatically generate an invoice. Payment will be made once you have completed five assessments. Please ensure that consultations are added to PharmOutcomes in a timely manner.

Do I need to complete any training before starting the service?

The LPCs are hosting training events to explain the service and there is space available for all pharmacies involved. This is not mandatory but is highly recommended. There are no formal training needs but you will need to satisfy the CPPE Declaration of Competence 'Improving Inhaler Technique Service.'

Do I need to complete any other paperwork before starting the service?

You will need to ensure the LPC has your banking details, a completed and signed SLA returned with a printed copy kept in the pharmacy and a printed copy of your Declaration of Competence Certificate on site.

Can my staff take on any of this responsibility?

Yes, and we would encourage this as the paperwork side and the ACT/CAT assessment can be done by a competent team member. However, the delivery of inhaler technique advice must be done by a pharmacist.

Can I provide advice to children?

Yes, there is no age restriction as long as the child is Gillick Competent.

I have lots of locums. Can they deliver the service?

Yes, any pharmacist can deliver the service as long as they have satisfied the CPPE Declaration of Competence 'Improving Inhaler Technique Service,' and keep a printed copy in the pharmacy.

Do I need to send a notification for all reviews to GPs?

No, there is no need to, although some GPs may find this information useful and valuable. Any referral or information that needs to be passed on should be done via the PharmOutcomes form and sent to GPs.

Will this service help me to meet the asthma quality payment criterion?

This service can go a long way to help you. If you can do the search for patients who have had more than six SABAs in six months without an ICS inhaler, and you feel patients would benefit from an inhaler technique check before a GP referral, you can invite these patients in and document you have actively done this.

Other potential challenges:**Challenge 1: My patients say they don't want these services**

Patients may be reluctant to receive services for a variety of reasons, including lack of time or feeling that they don't need help beyond that given by their GP. Try some of the following:

- Don't force it.
- Go beyond the GP – explain how services support GPs' work.
- Think about your terminology: many patients will be receptive to the offer of "a chat about medicines" but may be put off by words like "service" and "review".
- Use prompts: consider using patient queries or even planned GP reviews as triggers to offer services.
- Sell the benefits: emphasise the potential benefits of services.

Challenge 2: I'm too busy to stand at the counter looking for patients!

- Utilise your whole team!
- Make the most of your PMR system: many PMR systems can flag patients who are likely to be eligible for the service.
- Organise training: Ensure your staff are fully briefed.

Challenge 3: How can I reach patients who don't collect their own medicines?

- Take-home materials: Have materials ready for patients to take home.
- Be flexible: Ensure you are open to communicate in various ways – Text, email, phone etc.

Challenge 4: How can I balance unpredictable workloads with consultations?

- Plan your days: booking calls and appointments for times when the pharmacy tends to be less busy and use your wider team.
- Work in time slots: if you are agreeing to call a patient, ask for convenient time slots (e.g. 5-7pm) rather than a specific time.
- Be flexible: Ensure there is always someone able to provide the service.

Challenge 5: My patients forget appointments and don't answer the phone!

- Remind them: giving patients an appointment card or other written reminder of their planned consultation can be helpful.
- Embrace technology: if patients have requested a call at a certain time or booked a follow up appointment, you could remind them about this beforehand with an email or even a text message.
- The right number: Ensure you have the right contact details and more than one way of getting in touch.

Challenge 6: My local GPs just aren't interested in these services

GPs are often difficult to win over when it comes to pharmacy services, sometimes because they're under too much pressure to be interested, and sometimes because they don't see the value. Keep these facts in mind in any dealings with them and try the following.

- Think about the team: Engage the whole GP team.
- Work together: Work with pharmacies that are engaging with the same GP.
- Value their time: Try and find a way that works for them.
- Don't undersell yourself: Take the time to inform them of the benefits and successes of the service.
- Be concise: appropriate feedback and referral back to GPs.
- Keep up the momentum: if referrals from a practice are low, or start to dwindle, speak to them again.