

ASTHMA MANAGEMENT SERVICE

Your health challenge

- 46% of deaths included in the National Review of Asthma Deaths (NRAD) could have been avoided in patients had been better managed in the year before they died¹
- Most admissions are emergencies and 70% may have been preventable with appropriate early interventions²



How can community pharmacies help?

Currently, asthma reviews are mainly undertaken in surgeries by practice nurses and GPs. An NHS community pharmacy asthma management service gives patients with asthma an additional choice of where they can obtain expert advice, where they can receive a structured asthma review and reduces the need for GP appointments.

An evaluation of a community pharmacy asthma management service in Leicester showed:

- A significant improvement in the asthma control of patients who had not an asthma review at their GP practice within the last year;³
- a significant improvement in patients' quality of life;³
- a significant improvement in the inhaler technique of the 99% of patients who had their inhaler technique checked;³ and
- a 32% reduction in the number of visits to the GP for an asthma-related issue during the study.³

1. RCGP National Review of Asthma Deaths (NRAD)

2. DH Outcomes strategy for COPD and asthma in England 2011

3. SIMPLE approach to asthma management evaluation report 2012

CHOOSEPHARMACY

What the experts say

"The pharmacist provided more information on how to manage my asthma."³

Patient

"It is good that we have an alternative service to our GP practice to give advice."³

Patient

"A good in-depth service."³

Patient

"The greatest pride I take from this project is that we have improved patients' asthma control and their quality of life, and we have improved their engagement with asthma, and adherence."³

Anna Murphy, project lead, consultant respiratory pharmacist, University Hospitals of Leicester NHS Trust

THINKPHARMACY

Potential benefits of a community pharmacy asthma management service

1. Gives patients more choice

By commissioning a community pharmacy respiratory service patients are given more choice as to where they can receive advice and where they can get an asthma action plan from. The pharmacy setting also provides a more informal environment, which some patients may find less intimidating than a GP surgery.

FACT: Research carried out by the Royal Society for Public Health (RSPH) showed that 70% of the public surveyed felt comfortable receiving advice from their local community pharmacy.⁴

2. More accessible for patients

No appointments are needed to see a pharmacist and pharmacies generally have longer opening hours than GP practices including many being open at weekends. Since pharmacies are located near where people work and live (89% of the population in England has access to a community pharmacy within a 20 minute walk and over 99% of those in areas of highest deprivation are within a 20 minute walk of a community pharmacy⁵) they are perfectly placed to catch the working population who may struggle to get an appointment during the traditional opening hours of a GP surgery.

3. Improved asthma care

More patients will receive personal asthma action plans which are acknowledged to improve asthma care.¹ The SIMPLE study also showed that interventions by pharmacists resulted in significant improvements in asthma care, patient-perceived control of their asthma, quality of life, inhaler technique, adherence to preventer medicines, as well as a reduction in visits to the GP practice.²

How might your local service work?

The service could target a particular group of patients, for example, adults or children or could include both.

This service could be used as an extension of the existing Medicine Use Review (MUR) service or if the patient is not eligible for an MUR, then it could be provided as a stand-alone service.

During the consultation the pharmacist could discuss a number of things with the patient, for example, the Leicester SIMPLE service covered:

Stop smoking – Pharmacists offered encouragement and support to patients to give up smoking. Patients were signposted to the local NHS stop smoking service or recruited onto to the pharmacy's service (if applicable).

Inhaler technique – Many patients cannot use their inhalers correctly. Pharmacists offered advice and aimed to optimise patients' inhaler technique.

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Monitoring - Pharmacists assessed patients' control and severity of their asthma using assessment tools such as the asthma control test (ACT) and the Royal College of Physicians (RCP) 3 questions test.

Pharmacotherapy (Medicines) – Pharmacists reinforced the importance of taking medicines correctly and ensured patients understood why they had been prescribed their medicines. They also discussed potential side effects and aimed to improve patients' adherence.

Lifestyle – Pharmacists provided information on increasing exercise, hydration and nutrition. They also advised on alcohol intake and the importance of having vaccinations such as the flu vaccine.

Education – Pharmacists gained an understanding of patients' beliefs and understanding of their condition. They advised patients on their risk factors and came up with an action plan for them. Pharmacists followed-up with their patients at three and six months to ensure they had regular support and provided consistent messages.

4. RSPH Reducing Premature Mortality: the role of community pharmacies
5. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England, BMJ Open, August 2014