

October 2017

PSNC Briefing 014/17: Quality Payments – referrals for asthma reviews (v2)

This PSNC Briefing provides an overview of how to achieve the ‘referrals for asthma reviews’ quality criterion of the Quality Payments Scheme.

PSNC Briefing 068/16, published in November 2016, provided an overview of how to achieve the ‘referrals for asthma reviews’ quality criterion of the Quality Payments Scheme. At that time, some details relating to the gateway and quality criteria for the Quality Payments Scheme still needed to be clarified by NHS England, so as further information became available, PSNC included this on the Quality Payments pages of the PSNC website (psnc.org.uk/quality). Now that the outstanding matters have been clarified, following publication of the NHS England guidance documents, this PSNC Briefing provides revised guidance to contractors on meeting the ‘referrals for asthma review’ quality criterion of the Quality Payments Scheme.

Introduction

The Department of Health (DH) introduced a Quality Payments Scheme as part of the changes to the Community Pharmacy Contractual Framework (CPCF) in 2017/18, which commenced in December 2016. One of the domains of the Quality Payments Scheme is ‘clinical effectiveness’ and the criteria for achieving this is:

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.

There are two review points for this criterion, the first was Friday 28th April 2017, which has now passed, and Friday 24th November 2017.

At each review point, meeting this criterion is worth 10 points (£640), therefore a total of 20 points (£1,280) can be claimed in 2017 for achieving this criterion.

Short-acting bronchodilator inhalers

A short-acting bronchodilator (reliever) is the first treatment step for patients diagnosed with asthma. The following medicines are classed as inhaled short-acting bronchodilators:

- short-acting β_2 agonists; and
- ipratropium bromide.

β_2 agonist tablets or syrup and theophyllines are also classed as short-acting bronchodilators but for the purposes of the quality criterion these medicines are not included.

Short-acting β_2 agonists are the preferred short-acting bronchodilator as they work more quickly and / or with fewer side effects than the alternatives. An inhaled short-acting β_2 agonist should therefore be prescribed as the first step for all patients with symptomatic asthma.

Patients should not need to use their short-acting bronchodilator regularly, as good asthma control is associated with little or no need for them. The British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN) guideline states that if patients are being prescribed more than one short-acting bronchodilator inhaler device a month they should be identified and have their asthma assessed urgently (although for the purposes of this quality criterion, patients should be identified if dispensed more than 6 short acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period). Measures may need to be taken to improve asthma control if this is poor¹ such as referring the patient for an asthma review, providing an inhaler technique check or a Medicines Use Review (MUR).

Process

It is up to the contractor how they choose to engage and implement regular surveillance of patients' use of inhalers into their processes and procedures but at a minimum, historical dispensing of short-acting bronchodilators and steroid inhalers for patients should be assessed at every point a short-acting bronchodilator inhaler prescription is presented for dispensing for the treatment of asthma, without a prescription for a steroid inhaler also being presented at the same time. These tasks could be undertaken by any appropriately trained staff within the pharmacy team.

The surveillance could also include a combination of one or more of the following:

- monitoring the number of short-acting bronchodilator inhalers dispensed in a rolling 6-month period through the pharmacy patient medication records (PMR) or through routine or opportunistic access to the Summary Care Record;
- monitoring patient emergency supply requests for short-acting bronchodilator inhalers;
- monitoring out of hours or urgent prescriptions for short-acting bronchodilator inhalers;
- monitoring emergency supply requests through the [NHS Urgent Medicine Supply Advanced Service](#);
- monitoring repeat prescription requests for short-acting bronchodilator inhalers;
- monitoring the number of short-acting bronchodilator inhalers dispensed as part of an [MUR](#) or [New Medicine Service](#); and
- monitoring non-collection of prescriptions for steroid inhalers.

Where no patients are identified for referral, the contractor will still be eligible for payment if they can evidence that they have been working to identify suitable patients and that they have a process in place for referral should they identify someone.

If a patient does not wish to attend for an asthma review the pharmacist should discuss with the patient the risks of uncontrolled asthma and the benefits of preventative treatment and attending an asthma review. The pharmacy team should support the person to achieve the best asthma control possible. In this case the patient should not be continually referred for review.

Annex A shows a suggested process for pharmacy teams to follow to incorporate this quality criterion into their daily practice.

Patients that fall into this quality criterion may benefit from receiving a check of their inhaler technique and an MUR to help them to understand how to optimise use of their medicines and management of their condition. If these interventions are provided, it is important that this is noted in the referral to the GP practice, so that they know that the pharmacy has already taken positive steps to address the patient's identified issues with asthma management.

¹ BTS/SIGN 141 British guideline on the management of asthma (October 2014) <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014/>

CPPE support

The Centre for Pharmacy Postgraduate Education (CPPE) has a [distance learning course](#) and [e-assessment](#) on asthma, as well as inhaler technique training [e-learning](#) and [videos](#), which pharmacists or pharmacy technicians may find useful to complete before incorporating the quality criterion into their daily practice.

Referral to an appropriate healthcare professional

The contractor will normally be referring the patient to their general practice. The health care professional to whom the patient is referred should be a professional who has undertaken specialist training in asthma. This may be the patient's GP, GP practice based respiratory nurse specialist or 'asthma nurse'.

Since contractors will normally be referring patients to their GP practice, it may be useful for contractors to speak to local GP practices to inform them of the referral requirement and to hear what feedback they would like to receive or how they would like patients to be referred. **Annex B** shows a briefing document which can be used by contractors to talk local GP practice teams through the new referral process. This includes the main points that could be discussed with the local GP practice teams as well as frequently asked questions that contractors or team members may be asked, along with suggested answers.

Annex C shows a template letter that can be used by contractors in addition to the briefing document. Although the letter could be used instead of the briefing document, it may be useful for contractors to speak to the local GP practice teams to inform them of the referral requirement rather than just sending a letter. This will allow contractors to hear what feedback the local GP practice teams would like to receive or how they would like patients to be referred.

Where the notification to the GP practice is undertaken via hardcopy/fax the Community Pharmacy Referral Form (**Annex D**) can be used.

Data collection

Contractors may be required to provide evidence to local NHS England teams to show that they have met the quality criterion. A data collection form is provided in **Appendix E** which could be used to aid this process. Please note, if this form is used, the left-hand side of the form containing patient information, should be hidden if it is shown to NHS England representatives to prevent a breach of patient confidentiality.

PharmOutcomes support

Contractors can access support on [PharmOutcomes](#) for this quality criterion. This support is available to all contractors as PSNC has agreed to use their licence to provide access to the Quality Payments Scheme framework and asthma referrals service on PharmOutcomes.

This PharmOutcomes tool allows contractors 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 within a 6 month period. 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). Once a contractor has logged into PharmOutcomes, the tool can be accessed by clicking on the 'Services' tab on the PharmOutcomes homepage.

If you have any queries on this PSNC Briefing or you require more information, please contact [Zainab Al-Kharsan](#), [Service Development Pharmacist](#).

Annex A – Suggested process for referring patients for an asthma review

This is available as a standalone document at: psnc.org.uk/asthmareferrals

The pharmacy receives a prescription for a short-acting bronchodilator inhaler but the patient has not been prescribed a corticosteroid inhaler.



Check the patient's Patient Medication Record (PMR) to see how many short-acting bronchodilator inhalers the patient has received in the last 6 months and if they have received a corticosteroid inhaler in this period.



If the patient has received more than 6 short acting bronchodilator inhalers in the last six months without a corticosteroid inhaler, speak to the patient to confirm how they are using the short-acting bronchodilator inhalers and what condition they have.



COPD or other indication

If the patient has COPD or a different indication, they fall outside the quality criterion.



Asthma



Not known

If the patient does not know why they are using their inhalers try to contact the patient's GP practice to confirm the indication.

Discuss the issue with the patient and check their understanding of how to use their short-acting bronchodilator inhaler. Consider providing an inhaler technique check, Medicines Use Review (if appropriate) and other support as required.



If the patient is calling back to collect their prescription, highlight on the bagged-up medicines that the pharmacist would like to speak to the patient following your normal method to do this. If the patient is a delivery patient, telephone the patient.



Advise patient that they should see their GP or asthma nurse for a review of their inhalers. Seek verbal consent to refer patient to their GP or asthma nurse.



If consent is obtained, send a referral form to the GP practice using the method previously agreed with the GP practice.



Complete the data collection form and make a record on the Patient's PMR detailing the referral.

Annex B – GP practice briefing document

This is available as a standalone document at: psnc.org.uk/asthmareferrals



Briefing for GP practices: Patients with asthma – new referral process

Suggested points to highlight to GP practices about the new referral process for patients with asthma (a Quality Payment criterion of the Quality Payments Scheme)

- We want to let you know about a new process we will be implementing in our pharmacy.
- The Department of Health has imposed changes to the Community Pharmacy Contractual Framework ('the pharmacy contract') 2017/2018 including the introduction of a Quality Payments Scheme.
- The Scheme runs from December 2016 to March 2018 and rewards community pharmacy contractors who meet four gateway criteria and then meet up to eight Quality Payments criteria.
- One of the Quality Payments criteria is:
"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."
- We have therefore reviewed our processes and will be implementing a check into the dispensing process to highlight any patients who fall into this category.
- We do not envisage that we will identify many patients as we feel that either the GP practice team or ourselves would have identified these patients before the six-month period and appropriate action would already have been taken.
- However, if we do come across any patients, we wanted to make you aware that, with patient consent, we would be referring these patients to the GP practice as they may benefit from an asthma review.
- Before a referral is made we will carry out an inhaler technique check and, if appropriate, a Medicines Use Review. We will notify you on the referral form, if we have carried out either or both. Is there any other information you would like us to provide on the referral form?
- We can send the referral form via **[PharmOutcomes, NHSmail, post, fax (if the receiving fax machine is a safe haven fax) or hand deliver when we collect prescriptions - delete as appropriate]**. We would like to ensure you receive the referral form in the most convenient way for the practice, therefore please could you advise how you would like to receive the referrals?
- If you have any questions on this referral process, please do not hesitate to contact **[insert name of pharmacy manager]** on **[insert phone number]**. Further information on the Quality Payments Scheme can be found at: psnc.org.uk/quality



Frequently asked questions for GP practices

Q. Why has the Department of Health and NHS England introduced a Quality Payments Scheme?

NHS England has advised that the scheme encourages a range of activities, carried out by community pharmacists for the first time, designed to widen their role beyond dispensing to improving the quality of health care for patients while at the same time helping to ease demand on other areas of the health system.

Q. Who agreed that patients who fall into the Quality Payment criterion description should be referred to an appropriate healthcare professional for an asthma review?

There was no agreement between community pharmacy representatives on the introduction of the Quality Payments Scheme or an agreement on the criteria of the Scheme. The Scheme along with other funding changes to the Community Pharmacy Contractual Framework ('the pharmacy contract') were imposed on community pharmacy by the Department of Health and NHS England.

Q. Do any of the other Quality Payment criteria require the pharmacy team to make a referral to the GP practice?

No.

Q. How much is the pharmacy being paid to make these referrals?

The Quality Payment Scheme is being funded out of the overall funding for the pharmacy contract, which has been cut to £2.592 billion in 2017/18 (funding in 2016/17 was also cut from the original funding of £2.8 billion in 2015/16). Therefore, community pharmacy is being paid less money overall, but having to do more work to obtain the reduced funding.

If a community pharmacy meets the gateway criteria and the asthma referrals Quality Payment criteria they can claim £640 in April 2017 and November 2017 (£1,280 in total).

Annex C – Template letter for GP practice

This is available as a standalone document at: psnc.org.uk/asthmareferrals

Dear

Re: Patients with asthma – new referral process

I am writing to let you know about a new process we will be implementing in our pharmacy.

The Department of Health has imposed changes to the Community Pharmacy Contractual Framework ('the pharmacy contract') 2017/2018 including the introduction of a Quality Payments Scheme.

The Scheme runs from December 2016 to March 2018 and rewards community pharmacy owners who meet four gateway criteria and then meet up to eight Quality Payments criteria. One of the Quality Payments criteria is:

"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."

We have therefore reviewed our processes and will be implementing a check into the dispensing process to highlight any patients who fall into this category. We do not envisage that we will identify many patients as we feel that either the GP practice team or ourselves would have identified these patients before the six-month period and appropriate action would already have been taken. However, if we do come across any such patients, we wanted to make you aware that, with patient consent, we will be referring these patients to the GP practice as they may benefit from an asthma review.

Before a referral is made we will carry out an inhaler technique check and, if appropriate, a Medicines Use Review. We will notify you on the referral form, if we have carried out either or both. I have included a copy of the referral form with this letter; please let me know if there is any other information you would like us to provide on the referral form.

We can send the referral form via PharmOutcomes, NHSmail, post, fax (if the receiving fax machine is a safe haven fax) or hand deliver when we collect prescriptions. We would like to ensure you receive the referral form in the most convenient way for the practice, therefore please could you advise how you would like to receive the referrals?

Frequently asked questions can be found on the next page; however, if you have any further questions on this referral process, please do not hesitate to contact me. Further information on the Quality Payments Scheme can also be found at: psnc.org.uk/quality.

Yours sincerely

Annex D – Referral form

This is available as a standalone document at: psnc.org.uk/asthmareferrals

Community pharmacy referral form		Date	
To (GP practice name)			
Patient's name			
Patient's address			
Patient's DOB		NHS number (where known)	
<p>This patient has been identified as having been prescribed more than 6 short-acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period. The patient has agreed that you may be notified of this, as there may be a need for their therapy to be reviewed.</p>			
<p>Additional comments (e.g. actions taken following intervention such as inhaler technique check and/or Medicines Use Review)</p>			
Pharmacy name			
Address			
Telephone			
CONFIDENTIAL			

Annex E – Data collection form

This is available as a standalone document at: psnc.org.uk/asthmareferrals

Data collection form – Patients referred for an asthma review

Patient bag label	Date of intervention	Date of referral	GP practice	Action taken following the intervention, e.g. inhaler technique check, Medicines Use Review

CONFIDENTIAL