Plymouth Pharmacy Inhaler Use Review Pilot

In order to support patients to get the maximal benefit from their inhalers, across Plymouth, community pharmacies are able to offer an inhaler use review in the pharmacy.

In Plymouth, prescribing data indicates we supply very low numbers of spacers. Plymouth is in the lowest 25% of national prescribing for spacers and our prescribing spend on inhaled steroids is 11% higher than expected compared to national data. 1

A spacer may help with correct inhaler technique. Through this scheme a spacer can be supplied, if required, following inhaler technique review if it will help the patient to use their MDI (metered dose inhaler). Spacers reduce the need for correct co-ordination when inhaling and are particularly recommended where high doses of inhaled steroids are used.

This service is intended to support patients to gain maximal benefit from their prescribed medicines, and is not designed to be a replacement for the annual asthma review in the GP practice. The purpose of the review is to support patients prescribed steroid inhalers to correctly use their inhaler, check how regularly the inhaler is being used and signpost patients to smoking cessation services where relevant.

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1 Low spacer data from Presquipp CCG_Priorities_Report_201708_aug17data_v3 (1).xlsx

2 Epact data Jul – Aug 2017 Inhaled steroid Ratio Act Cost 111.98% vs national
Plymouth Pharmacy Inhaler Use Review Pilot

i. Pharmacy participation criteria
   a. Following discussion with Devon LPC this service was agreed to be delivered in a targeted group of pharmacies with capacity to deliver the service. (see appendix 5)
      i. In order to enable pharmacies to deliver the service, pharmacy technicians or pharmacists can complete the patient consultation.
      ii. In order to deliver the service the pharmacist or technician delivering the service must have attended a training session specifically for this service.
   b. Pharmacies will be remunerated for the service at the rates agreed with Devon Local pharmaceutical committee.
      i. There will be a payment of £20 for completing the review.
      ii. Following inhaler technique review, if a spacer is required for patients using a MDI, there is a reimbursement for the supplied spacer. The spacers which are included in the Devon formulary can be supplied, namely: Aerochamber Plus®: Standard device (blue) with or without mask or Volumatic® Spacer. This is reimbursed at the Jan 2017 BNF cost (see appendix 4) for the spacer + a standard dispensing fee of £1.29
   c. Following the review the outcomes need to be entered on PharmOutcomes for evaluation and to ensure payment to the pharmacy.
   d. The service is planned to run from 1st March 2018 - 31st August 2018. The end date may be shortened or extended if necessary and this will be communicated via the LPC.
   e. Incheck® Devices have previously been provided to all Plymouth pharmacies and will not be supplied to pharmacies for this scheme.

ii. Patient inclusion criteria
   a. Adults aged 18 or over prescribed inhaled steroids.
   b. Adults using high doses of inhaled steroids may particularly benefit from this service as high doses of steroids may be more likely to cause local side effects such as oral thrush.
   c. In line with the national Medicines Use Review scheme, this service can only be offered to patients who have been using the pharmacy for the dispensing of their prescriptions for the previous three months

iii. Patient consent form
   a. Patients are not obliged to partake in the service
   b. Each patient can be reviewed a maximum of once in this pilots.
   c. Patients can only be reviewed with their consent once they have completed a consent form
   d. Retain patient consent form as per MUR service specification / SOPs

iv. Feedback arrangements Via survey monkey https://www.surveymonkey.co.uk/r/PZMDL3T
   a. In order to evaluate the pharmacy inhaler review service it would be very helpful if patients completed an anonymous feedback survey one month after the review in the pharmacy. (Please complete evaluation form DD/MM/YY) The following questions would be asked:
      i. How satisfied were you with the inhaler review in the pharmacy:
         Not at all Satisfied, Partly Satisfied, Satisfied, More than Satisfied, Very Satisfied
      ii. Do you believe the inhaler review improved your understanding of your inhalers?
         Much worse, somewhat worse, stayed the same, somewhat better, much better
      iii. 1 month after the inhaler review in the pharmacy do you believe that your respiratory symptoms are:
         Much worse, somewhat worse, stayed the same, somewhat better, much better
      iv. Would you agree to have a more detailed respiratory review in the pharmacy in future for example discussing symptom severity and changes to your prescribed inhalers?
         Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree
      v. If you were smoking at the time of the inhaler review, did this change following the review?
         Nonsmoker at time of review, Stopped Smoking, Reduced Smoking, Smoking status unchanged

2
Patient consent to participate in the Plymouth Pharmacy Inhaler Use Review

- In order to support patients to get the maximal benefit from their inhalers, across Plymouth, pharmacies are able to offer patients an optional inhaler use review in the pharmacy.
- For some patients, a spacer (plastic tube) may help with correct inhaler technique. A spacer can be supplied by the pharmacy through this scheme where it is thought it will help you use your inhaler correctly.
- This service is intended to support patients to gain maximal benefit from their prescribed medicines, and is not designed to be a replacement for the annual review in the GP practice.
- The purpose of the review is to support patients prescribed steroid inhalers to correctly use their inhaler, check how regularly the inhaler is being used, and signpost patients to smoking cessation services where relevant.

By consenting to the review in the pharmacy I agree:

- The information obtained during the service can be shared with:
  - My GP practice: A copy of this review will be sent to the GP practice for information only. This information includes your smoking status and details of inhaler usage.
  - NHS England/ Plymouth County Council / NHS NEW Devon Clinical Commissioning Group to allow them to evaluate the service.

- That this service is not a replacement for my annual review offered by my GP practice.

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<thead>
<tr>
<th>Patient name and address</th>
<th>Bag label</th>
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<th>Patient Name</th>
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<th>Patient Signature</th>
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1. Patient demographics
   a. This is asked for evaluation purposes to evaluate which patient groups have been reviewed using this service.
   b. Age
      i. 0–18 years [ ]
      ii. 19–24 years [ ]
      iii. 25–34 years [ ]
      iv. 35–44 years [ ]
      v. 45–54 years [ ]
      vi. 55–64 years [ ]
      vii. 65+ years [ ]
      viii. Prefer not to say [ ]
   c. Gender
      i. Male [ ]
      ii. Female [ ]
      iii. Other [ ]
      iv. Prefer not to say [ ]
   d. Respiratory Diagnosis – ask the patient to tell you why they are prescribed inhalers
      i. Asthma [ ]
      ii. COPD [ ]
      iii. Both Asthma and COPD [ ]
      iv. Another diagnosis [ ]
      v. Prefer not to say [ ]

2. Inhaler technique:
   a. Ask the patient to demonstrate their inhaler technique using their own inhaler. Then use an InCheck® to assess rate of inhalation, using the appropriate setting. For DPIs the inhalation should be forceful and deep, for MDIs the inhalation should be gentle and deep.
   b. For this review Good technique is defined as no problems observed, fair technique is defined as imperfect technique but still results in a delivered dose, poor technique is defined as a critical error which would result in dose not being given (such as not taking cap off MDI, or not loading a capsule in DPI)
      i. Inhaler technique checked with InCheck®Device [ ]
      ii. Metered dose inhaler technique good. [ ]
      iii. Metered dose inhaler technique fair [ ]
      iv. Metered dose inhaler technique poor. [ ]
      v. Dry powder inhaler technique good. [ ]
      vi. Dry powder inhaler technique fair [ ]
      vii. Dry powder inhaler technique poor. [ ]
   c. If MDI inhaler technique was poor – advise on correct use and inhalation rate, discuss use of a spacer with the patient and show video how to use a spacer hosted on the NEW Devon CCG website,
A spacer can support good inhaler technique for most patients. Only one spacer can be supplied per patient reviewed.

i. Spacer device supplied through pharmacy spacer supply scheme [ ]

ii. Aerochamber Plus® Standard device (blue) without mask [ ]

iii. Aerochamber Plus® Standard device (blue) with mask [ ]

iv. Volumatic® Spacer [ ]

d. If DPI technique was poor advise on correct use. If the patient is unable to inhale forcefully enough using the Incheck device® for a DPI, they should be advised to book a respiratory review with their respiratory nurse to consider an MDI. And explain why you are making this suggestion (an MDI may deliver more medicine to their lungs than the current inhaler).

i. Patient unable to effectively use the DPI and advised to book respiratory nurse review[ ]

3. Inhaler pickups over 12 months:

a. Check are steroid inhalers being picked up regularly (note the pharmacy will only see inhalers picked up in their own pharmacy)

b. Consider how many inhalers would be expected to have been collected (number of doses per inhaler/daily number of puffs = number of days inhaler should last)

i. Inhaler over ordering identified [ ]

1. If preventer inhalers have been over ordered remind the patient to use up the medicines they have at home before ordering more to avoid waste. Providing the patient is still using the same inhalers and they are in date.
   a. Patient advised to use up stockpile of medication [ ]
   b. Patient reminded prescribed medication should only be used by them [ ]

2. Where the patient is over ordering medications consider how the pharmacy can support the patient with this. Does the quantity on prescription need to change? Would ‘managed repeat’ services help?
   a. Support offered for accurate ordering of repeat medication [ ]

3. Medication waste leaflet supplied [ ]

ii. Inhaler adherence good [ ]

iii. Inhaler adherence poor [ ] (picked up 75% or fewer vs. expected preventer prescriptions)

1. Have inhalers been collected elsewhere e.g. a different pharmacy that explains low usage [ ]

2. If preventers have been under ordered remind this may contribute to increased symptoms. “It is estimated that between a third and a half of all medicines prescribed for long-term conditions are not taken as recommended and evidence in asthma confirms widespread non-adherence to regular preventer medication that increases over time. Poor adherence should always be considered when there is a failure to control asthma symptoms”

iv. Patient advised on medication side effects[ ]

1. One possible reason for poor adherence is concerns over medication side effects. You can advise
   a. “recent research has shown that the chance of side effects from taking a low dose of inhaled preventer medicine is very small”
   b. “Using preventer inhalers every day, as prescribed, means you’re less likely to need your reliever inhaler or a prescription of oral steroid tablets which will mean higher doses of steroids”
   c. “Some of the more common side effects are a sore throat, a hoarse voice, a mouth infection called thrush; you can avoid these side effects by making sure your medicine gets straight to your lungs and doesn’t stay in your

3 BTS guidance 2016 section 5.4.1.

4 Side effect statements all from https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/preventer/#effects
mouth and throat, or get absorbed into the rest of the body. You can do this by: using a spacer with your MDI inhaler, using good inhaler technique or rinsing your mouth out and brushing your teeth after using your inhaler

4. **Smoking status:**
   a. It is a patient’s choice whether they smoke or not, however all patients with respiratory long term conditions who currently smoke, should be offered support with stopping. Smoking reduces therapeutic response to inhaled steroids, and can permanently reduce lung function. “Patients are up to four times more likely to quit successfully if you use a combination of stop smoking medicine and specialist help and support from your local Stop Smoking Service”
      i. Ex-smoker [ ]
      ii. Never smoked tobacco [ ]
      iii. Smoker [ ]
   b. Ask if patients want support with stopping smoking there are a number of options available.
      i. Patients can ask for support in GP practice.
      ii. Patient can contact the Plymouth stop smoking service
         https://www.oneyouplymouth.co.uk/be-smoke-free/ or call 01752 437177
         1. Smoking Cessation advice given [ ]
         2. Not interested in stopping smoking [ ]

5. **Closing the consultation.**
   a. Once the 3 sections above have been completed remind the patient you will inform their GP surgery of the details of inhaler technique, inhaler adherence and smoking status.
   b. Give the patient the ‘Plymouth Pharmacy Inhaler Use Review – Patient information leaflet’ and remind them it would be helpful to complete an evaluation in 1 month time. (see appendix 1)
   c. If the patient wants the details of the Plymouth stop smoking services please provide this (see appendix 2).
   d. If medicines are over ordered give the patient waste leaflet (see appendix 3)
   e. Enter the necessary information on PharmOutcomes and supply a printed copy to the GP practice.
   f. Record in the pharmacy PMR that an inhaler review has been completed.

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5 Reference https://www.nhs.uk/smokefree/help-and-advice
Resources and Appendices:

1. Plymouth Pharmacy Inhaler Use Review – Patient information leaflet (2 sided)

2. Stop smoking support services in Plymouth

3. NEW Devon CCG “Did you know” waste leaflet

4. Spacer pricing BNF Jan 2017

5. Pharmacies agreed to offer the service

6. Contact details for placebo inhalers
Medication for Asthma or COPD is usually given by inhalation, using a variety of different inhaler devices. It is important that you understand how your inhalers work and that you have your inhaler technique checked regularly by a healthcare professional to ensure you are getting the most from your inhaler.

There are two main types of inhaled medication:

1. **Reliever inhalers**: a commonly prescribed reliever medication is a salbutamol. Reliever inhalers are usually blue and work quickly by relaxing the muscles surrounding your narrowed airways, allowing your airways to open wider and therefore making it easier for you to breathe. They often work within minutes and last three to five hours. It is important that you keep your reliever inhaler with you at all times as it works fast and therefore is effective at treating chest tightness or wheeze. Some relievers can temporarily increase your heart rate, or give mild muscle shakes; this is normally only when you use your inhaler more than prescribed. If you have asthma and you need your reliever more than twice a week your asthma is not well controlled and you are at higher risk of an asthma attack. You should book an asthma review at your GP surgery to discuss this.

2. **Preventer or Maintenance inhalers**: Your preventer inhaler works to minimise your daily symptoms, and means you are less likely to need your reliever inhaler. Preventers come in a variety of colours. They work to prevent the amount of inflammation in your airways. This eases the swelling and eases the narrowing of your airways and also reduces the amount of mucus that your lungs produce. Preventer inhalers do not give you immediate effects. The protective effect builds up over time and it can take up to seven days for preventer medicines to work. Once they start working, you may not need to use your reliever inhaler at all. If you stop using the preventer inhaler, the protection it gives your airways will start to reduce, so regular use is important for good symptom control. Some times in addition to inhalers, tablets are prescribed to treat Asthma or COPD such as montelukast and theophylline. Where prescribed these should also be taken regularly. If you have any concerns about how you are using your medication for asthma, please speak to your GP, nurse or pharmacist.

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6 Information leaflet adapted from Understanding your asthma medication leaflet, NEW Devon CCG.
https://www.newdevonccg.nhs.uk/respiratory/asthma-resources-102212
Inhaler devices: There are a range of different inhalers devices prescribed which fall into three categories.

1. **Metered dose inhalers**: deliver a specific amount of medicine into your lungs when you press down on the inhaler and inhale slowly and deeply through the mouthpiece. It is advisable to use a spacer device with metered dose inhalers to make it easier to inhale the medicine and reduce side-effects such as a sore mouth and throat. A spacer is a tube that fits onto your inhaler. At the other end of the tube is a mouthpiece to slowly breathe in and out of. A spacer allows you to activate the inhaler then inhale the medicine in two separate steps. This makes taking your inhaler easier as you don’t need to co-ordinate breathing and pressing the puffer at the same time.

2. **Breath-actuated metered dose inhalers**: deliver a specific amount of medicine into your lungs automatically when you inhale slowly and deeply through the mouthpiece.

3. **Dry powder inhalers**: deliver the medicine in the form of dry powder as you inhale fast and deeply through the mouthpiece. The dose will often need to be loaded into the mouthpiece prior to inhalation by opening, twisting or adding a capsule.

It is very common to have difficulties with using inhalers with the correct technique, but it is important to make sure you are using your inhaler properly so you’re getting all the benefits from your medicine. You should ask your GP, asthma nurse or pharmacist to check your inhaler technique regularly. Alternatively you can watch videos demonstrating correct inhaler technique here: [https://tinyurl.com/plymouthinhalers](https://tinyurl.com/plymouthinhalers)

**Evaluation**: In order to evaluate the pharmacy inhaler review service it would be very helpful if patients completed an anonymous feedback survey one month after the review in the pharmacy. [https://www.surveymonkey.co.uk/r/PZMDL3T](https://www.surveymonkey.co.uk/r/PZMDL3T)

(Please complete evaluation questionnaire DD/MM/YY) The following questions would be asked:

1. How satisfied were you with the inhaler review in the pharmacy:
2. Do you believe the inhaler review improved your understanding of your inhalers?
3. 1 month after the inhaler review in the pharmacy do you believe that your respiratory symptoms are:
4. Would you agree to have a more detailed respiratory review in the pharmacy in future for example discussing symptom severity and changes to your prescribed inhalers?
5. If you were smoking at the time of the inhaler review, did this change following the review?
Support in stopping smoking is available in Plymouth from:

Your GP practice – if you want support from your GP practice contact your surgery

Or

Via the Plymouth NHS stop smoking service “oneyouplymouth”
Please see their website for details of services they offer
https://www.oneyouplymouth.co.uk/be-smoke-free/
Alternatively the oneyouplymouth phone number is 01752 437177
Did you know as much as £5.5 million is wasted each year in Devon on unused medicines?

The same amount could pay for approximately:

- 730 heart bypass operations
- or 1,000 hip replacements
- or 2,235 knee replacements
- or 10,720 cataract operations

You can help us use this NHS money in Devon more wisely:

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<thead>
<tr>
<th>Check</th>
<th>Look at your supplies – order only the items that you need.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Listen</td>
<td>Listen to the advice from your doctor, nurse or pharmacist and take all medicines as instructed on the label.</td>
</tr>
<tr>
<td>Tell</td>
<td>Tell your doctor, nurse or pharmacist if your medicines are not agreeing with you or you have stopped taking them.</td>
</tr>
<tr>
<td>Tick</td>
<td>Using the counterfoil of the prescription, tick only the medicines you need, and remember “tick in haste – medicines waste.”</td>
</tr>
<tr>
<td>Open</td>
<td>Open your bag of medication while at the pharmacy. If you have item(s) not requested, or surplus to your needs for the next month, please return these before leaving.</td>
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Spacer pricing BNF Jan 2018.⁸

1. AeroChamber® Plus (GlaxoSmithKline UK Ltd) NHS indicative price = £4.90
2. AeroChamber® Plus with adult mask (GlaxoSmithKline UK Ltd) NHS indicative price = £8.17
3. Volumatic® (GlaxoSmithKline UK Ltd) NHS indicative price = £3.88

⁸ Prices sourced from https://www.medicinescomplete.com/mc/bnf/current/PHP94173-spacers.htm
Pharmacies agreed to provide the service.

Following discussion with Devon LPC this service was agreed to be delivered in a targeted group of pharmacies with capacity to deliver the service.

The LPC was provided with a list of GP surgeries identified as the top quartile of Western Locality prescribing “ADQ Usage Per Inhaled corticosteroids (BNF 3.2) COST based STAR PU Corticosteroids (Respiratory)” Jul – Sept 2017.

The pharmacies located close to these GP surgeries, which can deliver the service are;

- Boots Cattedown
- Boots Chard Road
- Boots Estover
- Boots Mudgett
- Boots Mudgeway
- Boots Ridgway
- Boots Salisbury road
- Day Lewis Saltash Road
- Devonport Pharmacy
- Hyde Park Pharmacy
- King Street Pharmacy
- Lloydspharmacy Honicknowle
- Milehouse Pharmacy
- Well Chaddlewood
- Well Kings Street
- Well St Budeaux Stirling Road
Contact details for placebo inhalers⁹.

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Placebo / training devices available</th>
<th>Contact details for orders</th>
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| GlaxoSmithKline UK Limited   | • Accuhaler®  
• Euvnas®  
• Ellipta®  
• Accuhaler® training whistle  
• Ellipta® training whistle  
• inspiratory flow mouth pieces for InCheck device | 0800 221 441 or https://hcp.qsk.co.uk/ or customercontact.uk@gsk.com |
| AstraZeneca UK Limited       | • Genuair®  
• Turbolink®  
• Turbulink® training whistle                                                                 | 01582 837637.                                                  |
| Boehringer Ingelheim Limited | • Respinat®                                                                                         | medinfo.lcs@boehringer-ingelheim.com or 01344 741 286           |
| Chiesi Limited               | • Metered dose inhaler  
• NextHal®                                                                                           | 0161 488 5555 and ask for Medical Information or medinfo.uk@chiesi.com |
| Novartis Pharmaceuticals UK Ltd | • Breezhaler®                                                                                      | sample.ukapproval@novartis.com                                  |
| TEVA                         | • Easi-breathe®  
• Metered dose inhaler  
• Autohaler®  
• Spiromax®  
• Zonds®                                                                                           | 0207 540 7117 or medinfo@teva.uk.com                            |

Current at May 2016

For inhalers not listed above consult the SPC for contact details for the company that manufacturers the device.

⁹ Copy of https://www.newdevonccg.nhs.uk/file?download=true&rid=115138