

Service Guide

Improving Inhaler Technique Through Community Pharmacy

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Greater Manchester LPC:

<http://psnc.org.uk/greater-manchester-lpc/service-information/improving-inhaler-technique-through-pharmacy-service-resources/>

Commissioned by Greater Manchester Health and Social Care Partnership

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Key Principles

This Service Delivery guides aims to support community pharmacy teams to deliver the 'Greater Manchester Improving Inhaler Technique Through Community Pharmacy' Service.

The Service Delivery Guide is a practical manual on how to deliver the service, including a step-by-step guide on how to engage with clients, record service delivery and claim service payments. **It does not replace the formal contractual arrangement between the pharmacy and the Commissioner to provide the service. Pharmacy staff must make sure that they work within the service specification provided by the commissioner.**

Pharmacies operating this service must be authorised by Greater Manchester Health and Social Care Partnership to provide the service.

This is done via an authorisation signed by both the commissioning organisation and the community pharmacy.

Service Summary

The 'Improving Inhaler Through Community Pharmacy' Service is commissioned by Greater Manchester Health and Social Care Partnership for patients with COPD or asthma with the following aims:

- **Improved patient outcomes through;**
 - Assessment of inhaler technique;
 - Improved patient understanding and hence adherence with inhaler therapy;
 - Optimum use of inhaler therapy;
 - A reduction in adverse events associated with inhaler treatment;
 - Ensuring that patients who smoke are offered appropriate advice with regards to stop smoking

- **Reduction in waste of inhaler therapies through;**
 - Improved inhaler technique and improved use of therapies, leading to a reduction in wasted doses.
 - A possible reduction in prescribed inhalers for poorly controlled conditions
 - Patients being encouraged to order only the prescription items that they need.
 - Patients who are enrolled into the service should be encouraged to recycle their used inhalers. For patients who return their used inhalers at the 2nd visit, these inhalers can be checked to see if they really are empty

- **Measurable outcomes**
 - Reduced prescribing of reliever inhalers as preventer inhalers are used more effectively.
 - Reduced need for additional therapy for poorly controlled asthma or COPD.
 - Prescription synchronisation as only the inhalers needed are ordered leading to a reduction in time spent both ordering and dispensing repeat medication and the possibility of excess ordering being reduced.

- Improved management of patient's asthma or COPD, measured through the use of technique demonstration and standard questions at initial screening and during follow up consultation.

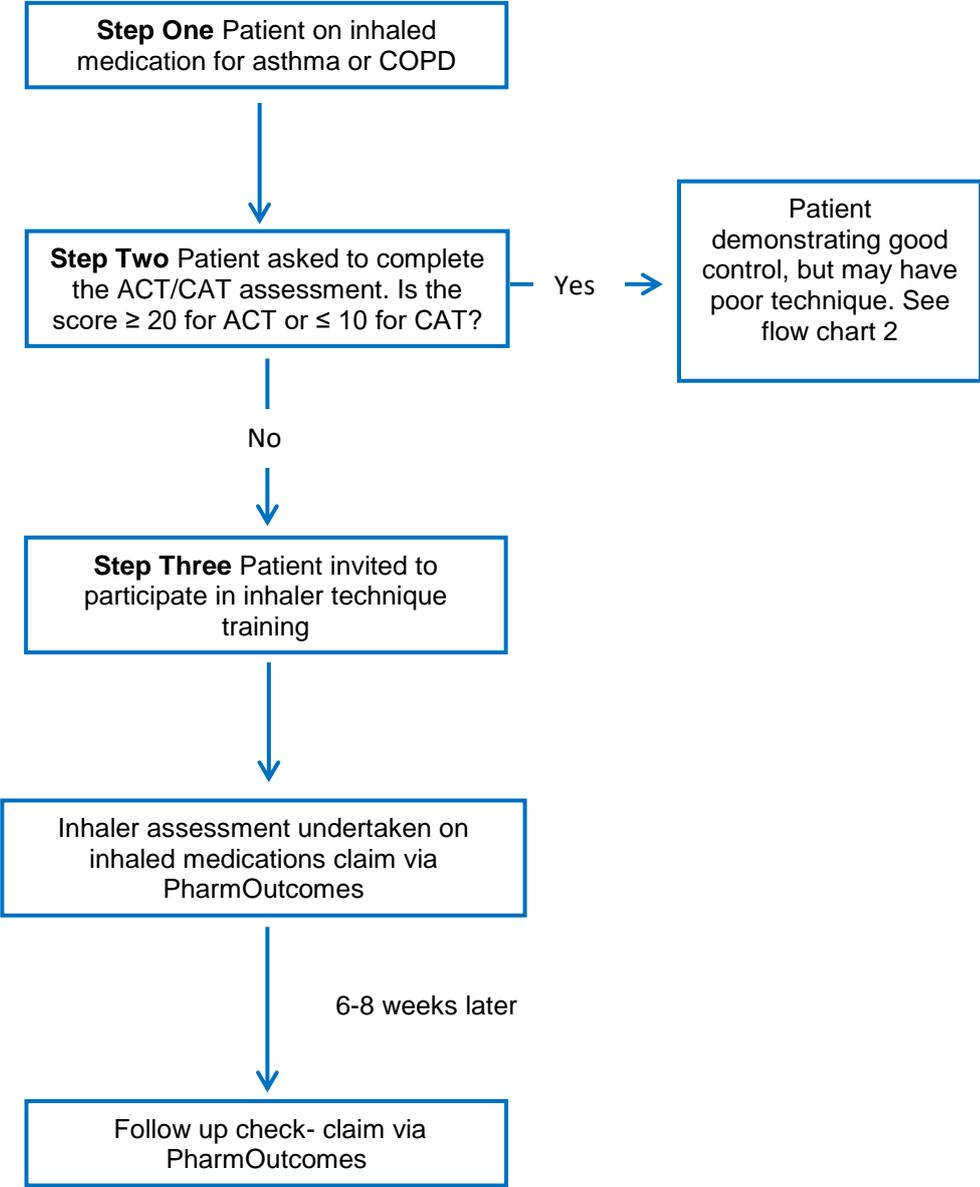
The service is aimed at patients with a diagnosis of Asthma or COPD who are registered with a GP in Greater Manchester and involves an initial inhaler technique review followed by a follow-up after 6-8 weeks. The consultation should take place in a consultation room on the pharmacy premises and be with the patient (not carer or parent).

In exceptional circumstances, the service can be provided in the patient's home; however prior permission must be granted from the Commissioner.

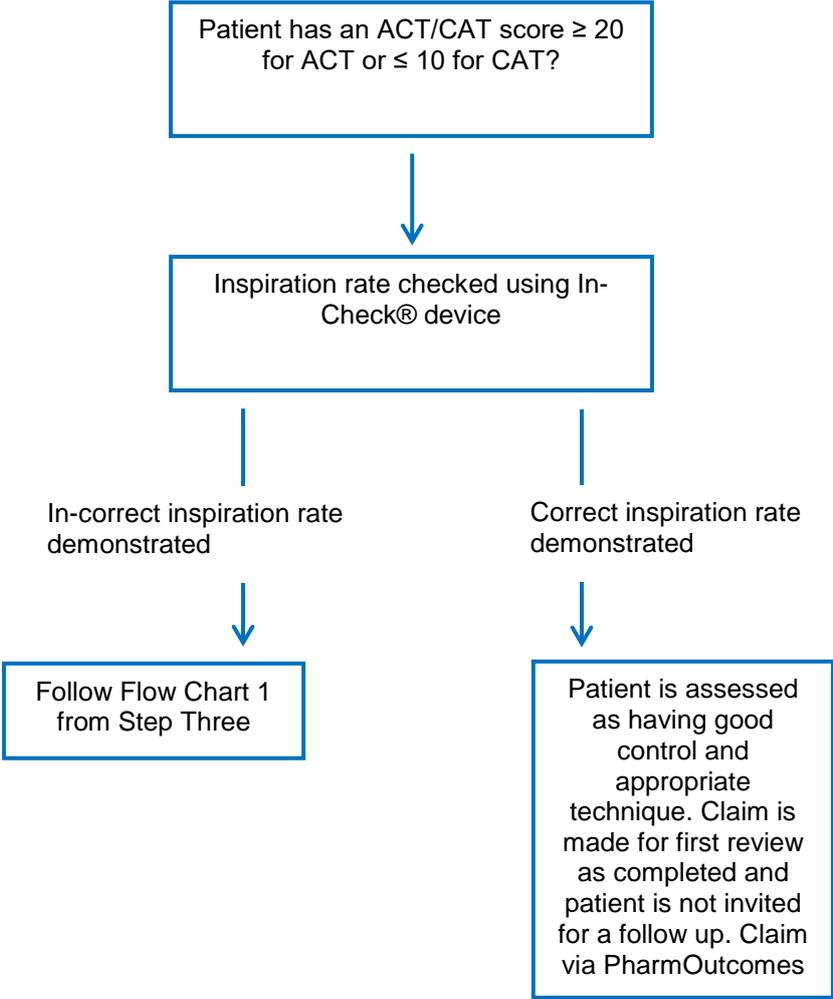
Pharmacists and their staff must ensure that the service is used as intended and commissioned. This service is commissioned using a limited budget, with a specific target group. The service has specific aims and objectives.

It is important that service providers adopt this approach to service delivery. A responsible approach to service delivery will demonstrate that community pharmacy can, and has, met the desired outcomes of the commissioner within a target budget. This will strengthen any case for ongoing service commissioning.

Inhaler Technique Patient Pathway Flow Chart 1



Inhaler Technique Patient Pathway Flow Chart 2



The Service

The service must be delivered by a Pharmacist who can meet the required competencies. A member of the pharmacy team may assist the pharmacist in the administration of the non-clinical aspects of the service including recruitment, completion of the 'About the Patient' section of the paperwork, completion of the ACT or CAT assessment and transfer of information to PharmOutcomes; this member of staff must be working under the full supervision of an accredited pharmacist.

All other pharmacy staff must be aware that the pharmacy provides the service, who can deliver the service and ensure that the pharmacy offers a user-friendly, non-judgemental approach to service delivery.

A copy of the service specification and SLA can be downloaded from your LPC website or from PharmOutcomes.

Patient Eligibility

Confirm that the patient is eligible to participate in the service.

Eligible patients must be:

- 1. Registered with a GP in Greater Manchester*
- 2. Patients do not need to have been prescribed inhaler therapy or have used the pharmacy for a minimum amount of time before being offered the service*
- 3. Present in the pharmacy (for child under 16, the parent or guardian must also be in attendance)*
- 4. Diagnosed with Asthma or COPD*
- 5. The pharmacist must take reasonable steps to ensure the patient has not received the service from a different pharmacy in the last 12 months.*

Registered with a participating GP in Greater Manchester

The PharmOutcomes service has been configured so that only GPs in Greater Manchester can be selected. Data should **ideally** be entered whilst patient facing to avoid confusion when entering retrospective data; where this is not possible data should be entered as soon as practical with extra care being taken to ensure that the patient is registered with a participating GP.

Those patients not registered with a GP or registered with a GP from outside the area should be offered inhaler technique training via the normal NMS / MUR route if appropriate.

1) Patients do not need to have been *prescribed inhaler therapy or have used the pharmacy for a minimum amount of time before being offered the service*

The service is open to all patients who present in the pharmacy with a prescription for an inhaler and a diagnosis of Asthma or COPD.

2) Present in the pharmacy (If child under 16, the parent or guardian must also be in attendance)

The patient must be in attendance for the service to take place. (For a child under 16, both the patient and their parent or guardian must be in attendance). If the patient cannot attend the pharmacy and in exceptional circumstances the GMHSCP may, with prior permission, allow the service to be carried out in the patient's home.

3) Diagnosed with Asthma or COPD

The patient must have a diagnosis of Asthma or COPD for the service to be provided. Those patients with an unknown diagnosis should be offered inhaler technique training via the normal NMS / MUR route if appropriate.

4) The pharmacist must take reasonable steps to ensure the patient has not received the service from a different pharmacy in the last 12 months

As the patient does not need to attend the pharmacy on a regular basis to receive the service, it is expected that the pharmacist reassures themselves that the patient has not already received the service elsewhere in the last 12 months.

5) Consultation room

It is expected the service should take place in a consultation room.

Inhaler Technique Consultation

1) Initial Consultation

- Print a copy of the consultation form or input directly to PharmOutcomes and obtain written consent by printing the consultation when complete.
- A copy of the consultation form can be downloaded from the LPC websites.
- Patient eligibility checked, written consent given and service explained.
- Initial paperwork completed or information collected on PharmOutcomes and ACT / CAT completed.
- Pharmacist to carry out assessment with an emphasis on Inhaler Technique and using In- check where appropriate.
- Invite the patient to a follow-up appointment 6-8 weeks later. Ideally this appointment should be made at this point.
- A notification must be sent to patients GP if recommendations are made or a referral required. This can be sent on paper or via PharmOutcomes if the GP has provided a secure e-mail address.
- It is important to ensure that patients return for the follow -u visit that pharmacists or their staff obtain a phone number and email address from the patient during the initial consultation. An email and/ or text message should be sent to the patient one week before their follow up appointment to ensure that they attend.
- Patients must be given an appointment care with the date and time of their follow-up appointment together with the pharmacy phone number, should they wish to reschedule.

2) Follow-up Consultation

- Welcome the patient back to the service.
- Pharmacist to complete the follow-up assessment (Appendix 3) The consultation can be recorded on the paper based form and then transferred to PharmOutcomes or recorded directly on PharmOutcomes.
- A notification must be sent to patients GP if recommendations are made or a referral required. This can be sent on paper or via PharmOutcomes if the GP has provided a secure e-mail address.
-

Please note: Consultation and consent forms must be retained in the pharmacy for two full financial years.

Competency requirements to Deliver the Service

The Pharmacist must complete their Declaration of Competence on CPPE to provide the inhaler service and this should be retained in the pharmacy for monitoring purposes.

<https://www.cppe.ac.uk/services/declaration-of-competence>

Face to Face training sessions are being provided for pharmacists and CPPE provide a range of training options that can be accessed:

- Inhaler Technique
- Asthma Focal Point
- CPPD Focal Point

Safeguarding

Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection and safeguarding vulnerable adult procedures.

When dealing with all patients' pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

If anyone in the pharmacy team becomes aware of a potential safeguarding, child protection or vulnerable adult issue this should be dealt with using the pharmacy's Safeguarding Policy and discussed with social services.

Even if the concern felt to be minor, or if you are not sure if the concern is a safeguarding matter, social services would rather you contact them to discuss the concern than to assume someone else is dealing with the matter.

Promoting the service

Pharmacies should contact their local GP practices to let them know that they are providing the service.

Pharmacies should consider offering to speak to the practice staff about the target group of patients and to explain how the service works.

Where inhaler services have worked well in other areas this has been achieved by strong, ongoing communication between the local pharmacies and GP surgery. Dialogue about the patients referred back to the GP, the suitability of patients signposted to the pharmacy by the GP practice have resulted in clear pathways for patients. Patients know they are getting good quality care from the pharmacy.

A poster to promote the service in your pharmacy can be downloaded from your LPC website.

How to provide a successful service

A team approach will be essential in delivering a successful service.

All the pharmacy team, including part-time staff and locum pharmacists, need to be aware of the service and how it operates to ensure the pharmacy offers an effective service which is part of the day-to-day activity of the team.

Actions

- Discuss the Inhaler Service with the team
- Explain who the target patients for the service are and the service aims
- Agree how pharmacy staff will signpost suitable customers into the service

Payment- Claims

The pharmacy will be paid £10 for the Initial Consultation and £7 for the follow-up. The pharmacy must complete a minimum of 5 reviews before payment can be claimed.

This includes all costs including:

- Set-up costs
- SOP Development
- Staff time to provide the service
- Printing and providing information sheets
- Completing claim forms and audit
- Staff Training

Payments will be made based on the information recorded on PharmOutcomes. Payment will be made to pharmacies on a monthly basis.

Post payment verification checks may be conducted for each pharmacy at least annually, but may occur more frequently dependent on the value of the claims and the accuracy of previous checks. Post payment verification checks can be made using PharmOutcomes or may require a visit to the pharmacy.

Standard Operating Procedure (SOP)

The pharmacy should have a SOP in place for all the services the pharmacy provides, including the Improving Inhaler Technique Through Community Pharmacy Service.

SOPs are necessary to demonstrate to commissioners that the pharmacy is meeting the requirements of the service and to ensure that the service is provided in a safe and consistent manner.

An SOP should:

- Define staff roles and responsibilities
- Include any relevant signposting information
- Include the process for error and near miss reporting
- Be regularly reviewed and kept up to date
- Be signed and dated by all staff (including locums) operating under the SOP
- State the date of production and review date.

Check with the Superintendent before you write any SOP because they are ultimately responsible for its content. A template SOP has been included with this guide (Appendix 1)

Link to Podcasts

- <http://wessexahsn.org.uk/videos/show?tag=Inhaler+Technique&page=3>

Nice Guidance

- Asthma - <https://www.nice.org.uk/guidance/qs25>
- COPD - <https://www.nice.org.uk/guidance/qs10>
- CKS Asthma - <https://cks.nice.org.uk/asthma>
- CKS COPD - <https://cks.nice.org.uk/chronic-obstructive-pulmonary-disease>

BTS Guidance

- Asthma - <https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma/>

GMMMG

- COPD Formulary - [GMMMG-COPD-Inhaler-Guide-September-2018.pdf](#)
- Respiratory Formulary - <http://gmmmg.nhs.uk/docs/formulary/ch/Ch3-complete.pdf>

Charities & Resources

- British Lung Foundation - <https://www.blf.org.uk>
- Asthma UK - <https://www.asthma.org.uk>
- Smokefree - <https://www.nhs.uk/smokefree>
- Cancer Research UK- <https://www.cancerresearchuk.org>
- Be Clear on Cancer - <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/be-clear-on-cancer>
- Patient.co.uk – Asthma - <https://patient.info/health/asthma-leaflet>
- Patient.co.uk – COPD - <https://patient.info/health/chronic-obstructive-pulmonary-disease-leaflet>

CPD

- CPPE – Inhaler Technique for Health Professionals <https://www.cppe.ac.uk/programmes/l/inhalers-e-02/>
- CPPE – Inhaler Technique Training Videos - <https://www.cppe.ac.uk/programmes/l/inhalers-e-00/>

Appendix 1

Template Standard Operating Procedure for the Improving Inhaler Technique Through Community Pharmacy

Pharmacy Name		SOP version	
Date of SOP preparation:		Date SOP effective from:	
SOP prepared by:		Review date for SOP:	

<p>Objective To define the procedures of the 'Improving Inhaler Technique Through Community Pharmacy' service in order to ensure that the service is conducted as commissioned and is provided to a high quality in a consistent, professional and accurate manner.</p>	
<p>Scope This procedure applies to all staff participating in the provision of the Service.</p>	
<p>Responsibilities The responsible pharmacist in charge of the community pharmacy is responsible for ensuring that the Service is carried out as detailed in this SOP and in line with the local service agreement.</p> <p>Each person delivering the service is responsible for ensuring that they work under this SOP and have read the service specification.</p>	
<p>Person Requirements The service is to be provided by a Pharmacist who can meet the competencies as stated within the service specification.</p>	
<p>Facilities The part of the pharmacy used to deliver the service should provide a sufficient level of privacy for those accessing the service; this should in general be the consultation room.</p>	
<p>The process stages</p>	
1	<p>Confirm patient eligibility. Eligible patients must:</p> <ul style="list-style-type: none"> • Be registered with a Greater Manchester GP Practice • Be present in the pharmacy • Have a diagnosis of asthma or COPD <p>Agree to sharing details of the consultation with their registered GP</p>
2	<p>Consultation room It is expected that the service is carried out in a private area of the pharmacy; ideally this should be the consultation room.</p>
3	<p>The Initial Consultation</p> <ul style="list-style-type: none"> • The pharmacist, who can be supported by a trained member of staff, will complete the initial paperwork or input directly on to PharmOutcomes and complete the ACT / CAT form. • The pharmacist will assess the patient's disease control and inhaler technique using the standard consultation form, appropriate placebos and In-check as appropriate. • The pharmacist will use their professional judgement to determine the most appropriate course of action for the patient and make recommendations to the patient / GP as needed. (Pharmacists are accountable for the patient management decisions they make in the course of providing the Service). • The patient should be invited for a follow up 6-8 weeks later (Please note if the patient demonstrates good technique and control using the In-check and ACT / CAT then they should not be invited back for the 2nd visit).

4	<p>The Follow-up Consultation</p> <ul style="list-style-type: none"> • The pharmacist, who can be supported by a trained member of staff, will complete the ACT / CAT form again. • The pharmacist will assess the patient's disease control and inhaler technique using the standard consultation form appropriate placebos and In-check as appropriate. • The pharmacist will use their professional judgement to determine the most appropriate course of action for the patient and make recommendation to the patient / GP as needed. (Pharmacists are accountable for the patient management decisions they make in the course of providing the Service).
5	<p>Records</p> <p>Bolton Consultations should be recorded on PharmOutcomes. Ideally this should be done at the time of the consultation.</p> <p>A copy of the consultation outcomes must be sent to patients GP. This can be sent via PharmOutcomes if the GP has provided a secure e-mail address or can be printed and sent in your usual way.</p>
6	<p>Clinical Governance</p> <p>Confidentiality is a matter of both law and ethics. All staff must respect the confidentiality of information relating to the patient and their family acquired in the course of the service provision. Such information should not be disclosed to anyone without the consent of the patient.</p> <p>All forms and paperwork containing personal information of a patient should not be left unattended and must be kept securely when not in use, to prevent any unauthorised access to the data.</p>
7	<p>Incident and Near Miss</p> <p>Any near miss or incident occurring while undertaking this service should be reported to the Responsible Pharmacist immediately. The Responsible Pharmacist must carry out any necessary action and report the incident / near miss as per the pharmacies own Incident Reporting policy and procedure.</p>
8	<p>Audit (Review procedure)</p> <p>Competency checks and audits will be carried out at random intervals to ensure that every member of pharmacy team delivering the service is familiar and up to date with the procedure at all times.</p> <p>This SOP will be reviewed at least every 2 years or following any critical incident.</p>

Staff signature (To be signed by all those working within the SOP (including locums))

I have read and understood the implications of the SOP

Name	Job role	Signature	Date

Disclaimer: This document is an example SOP for the Service. Pharmacies may adapt to suit local needs or alternatively develop their own. Each pharmacy is responsible for producing their own SOP which conforms to both the service specification and the usual processes within the pharmacy.