**Briefing for GP practices: Patients with asthma – the referral process**

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

* We want to let you know about the process in our pharmacy for referring patients with asthma.
* The Quality Payments Scheme, which was introduced from December 2016 by the Department of Health and Social Care, is continuing for the remainder of 2018/19 and community pharmacy contractors are required to meet specific criteria as part of the Scheme. One of these focuses around patients with asthma.
* Previously, one of the Quality Payments criteria was to show evidence of referral of patients with asthma who have had more than six short acting bronchodilator inhalers dispensed without any corticosteroid inhaler within a six-month period. The criterion has now been extended to include patients with asthma who are aged 5-15 years who have not been prescribed a spacer device and / or do not have a personalised asthma action plan (PAAP).
* We continually review our dispensing processes to highlight any patients who fall into the above categories.
* We do not envisage that we will identify many such patients, as we feel that either the GP practice team or ourselves would have identified these patients 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, a spacer device and/or a PAAP.
* 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](http://www.psnc.org.uk/quality)