

November 2018

PSNC Briefing 060/18: Quality Payments – Asthma referrals

This PSNC Briefing provides contractors with updated guidance for the February 2019 review point on meeting the ‘referrals for asthma review’ quality criterion.

Introduction

A Quality Payments Scheme, which forms part of the Community Pharmacy Contractual Framework, was introduced from 1st December 2016. The original version of the scheme ran until 31st March 2018 and a total of £75 million was paid to community pharmacies for meeting the specified quality criteria.

The scheme was extended in March 2018 for the first six months of 2018/19, as part of interim arrangements prior to substantive negotiations for 2018/19 being undertaken. The extended Scheme had a review point in June 2018 and funding of £37.5 million.

In September 2018, a new Quality Payments Scheme was announced for the remainder of the 2018/19 financial year. The new scheme has funding of £37.5 million and a review point in February 2019. One of the domains of the Quality Payments Scheme is ‘clinical effectiveness’ and the criterion for achieving this is:

On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than six short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six month period, have since 29th June 2018 (i.e. the last review date) been referred to an appropriate health care professional for an asthma review; and

Can evidence that they have ensured that all children aged 5-15 years prescribed an inhaled corticosteroid for asthma have a spacer device where appropriate in line with NICE TA38 and have a personalised asthma action plan. Refer to an appropriate healthcare professional where this is not the case.

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 six short acting bronchodilator inhalers without any corticosteroid inhaler within a six 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).

Use of a spacer device with an inhaled corticosteroid for children aged 5-15 years

A press-and-breathe pressurised metered dose inhaler (pMDI) and suitable spacer device is recommended as the first-line choice for the delivery of inhaled corticosteroids as part of regular planned daily therapy for children aged 5-15 years, with the aim of maximising benefits of preventive therapy in attaining good asthma control, and minimising potential systemic absorption.²

Personalised asthma action plans (PAAPs)

Guidance from BTS/SIGN¹ states that all people with asthma (and/or their parents or carers) should be offered self-management education which should include a written personal asthma action plan (PAAP) (although for the purposes of this quality criterion, it is only patients aged 5-15 years that should be referred for a PAAP) and be supported by a regular professional review. It was also one of the key recommendations from the publication 'Why asthma still kills' by the National Review of Asthma Deaths which stated that all people with asthma should be provided with written guidance in the form of a PAAP that details their own triggers and current treatment, and specifies how to prevent relapse and when and how to seek help in an emergency.³

A PAAP tells the patient everything they need to know about looking after their asthma, including which medicines they should take each day, how to spot deteriorating symptoms and an asthma attack and what to do. Research shows that a patient using a PAAP means they are four times less likely to be admitted to hospital as a result of asthma. A template PAAP can be viewed on the Asthma UK website⁴.

Process

It is up to the contractor how they choose to engage and implement regular surveillance of patients with asthma into their processes and procedures but at a minimum, historical dispensing of short-acting bronchodilators and corticosteroid inhalers for patients, and use of spacer devices for children in particular, should be assessed at every point a prescription is presented for the treatment of asthma. 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 (SCR);
- for patients aged 5-15 years, checking the pharmacy PMR or through routine or opportunistic access to the SCR for spacer devices or asking the patient or parent/guardian whether they have purchased a spacer device without a prescription;
- asking patients aged 5-15 years or their parent/guardian whether they have been given a PAAP;

¹ BTS/SIGN 153 - British guideline on the management of asthma (September 2016) <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2016/>

² NICE TA38 - Inhaler devices for routine treatment of chronic asthma in older children (aged 5-15 years) (March 2002) <https://www.nice.org.uk/guidance/ta38>

³ National Review of Asthma Deaths - Why asthma still kills (August 2015) <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>

⁴ Asthma UK – Your asthma action plan (accessed 19/11/18) <https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/#>

- 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 and spacer devices for patients aged 5-15 years;
- monitoring the number of short-acting bronchodilator inhalers and spacer devices dispensed (for patients aged 5-15 years) dispensed as part of an [MUR](#) or [New Medicine Service](#); and
- monitoring non-collection of prescriptions for corticosteroid 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.

Please note, contractors are not required to supply a spacer device to the patient; however, if the patient or their parent/guardian wish to purchase it then this can be offered. Contractors are also not required to print or fill out a PAAP for a patient; they are only required to refer them to an appropriate healthcare professional.

If a patient does not wish to be referred to their GP or asthma nurse, the pharmacist should discuss with the patient the risks of not doing so and the benefits of 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 and **Annex B** show suggested processes for pharmacy teams to follow to incorporate this quality criterion into their daily practice.

Some 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.

CPPE support

The Centre for Pharmacy Postgraduate Education (CPPE) has an inhaler technique training [e-learning in the form of 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 C** 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.

Annex D 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 E**) can be used.

Data collection

Contractors may be required to provide evidence to NHS England to show that they have met the quality criterion. A data collection form is provided in **Appendix F** 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 asthma referrals service on PharmOutcomes.

There are two services available; one for patients for whom more than six short-acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a six month period and one for children who have not been prescribed a spacer device and/or a PAAP.

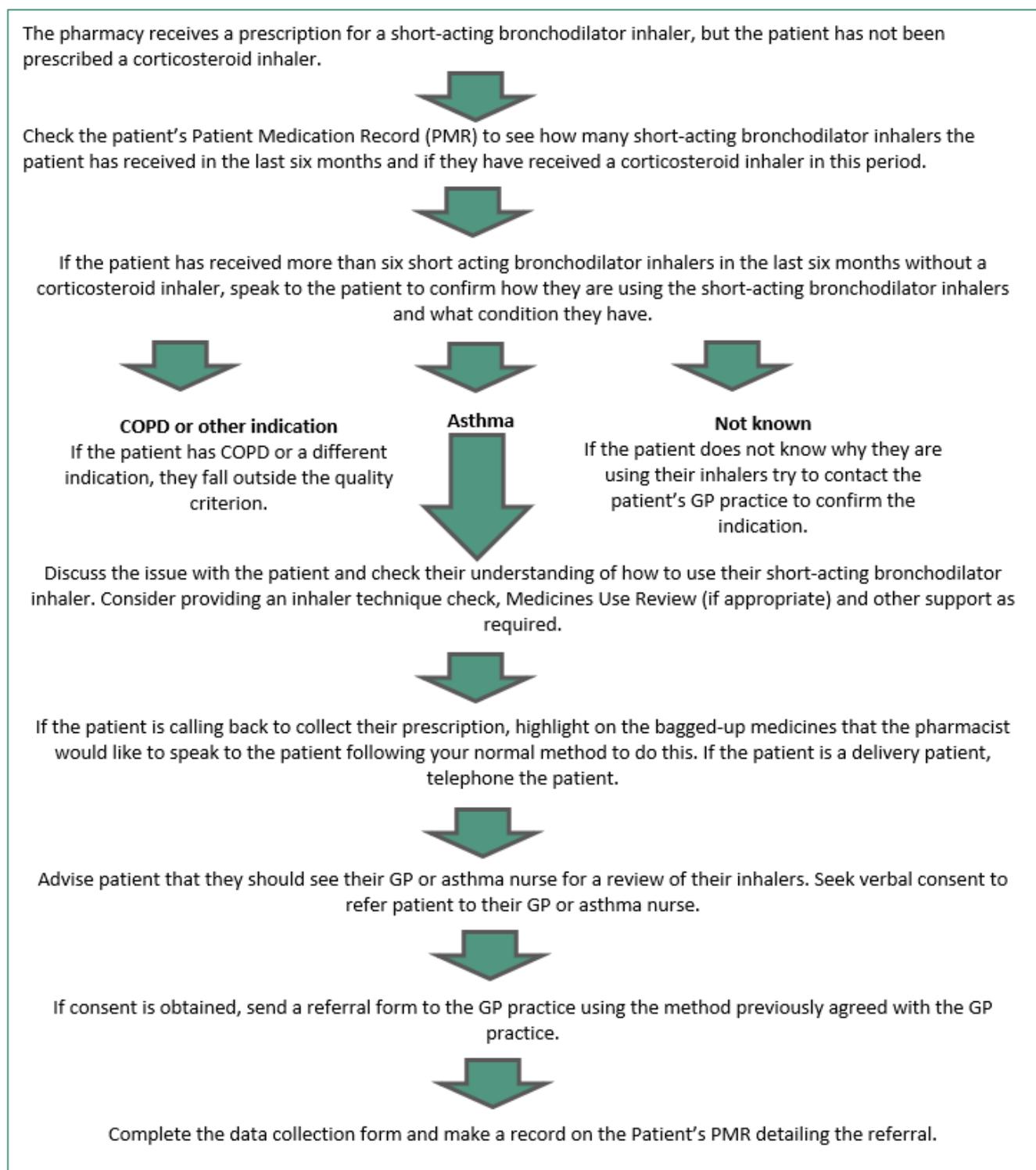
The PharmOutcomes tools allows contractors to record patient details who have consented to be referred to their GP practice. When this data is saved on PharmOutcomes, a referral will automatically be sent to the patient's GP practice (if an NHSmail email address is held for that GP practice on PharmOutcomes).

Once a contractor has logged into PharmOutcomes, the tool can be accessed by clicking on the 'Services' tab on the PharmOutcomes homepage; you should see 'Quality Payment criterion – Asthma referrals' and 'Quality Payment criterion – Children's asthma referrals' under the 'Quality Payment Criteria' heading.

If you have any queries on this PSNC Briefing or you require more information, please contact the PSNC Services Team at services.team@psnc.org.uk

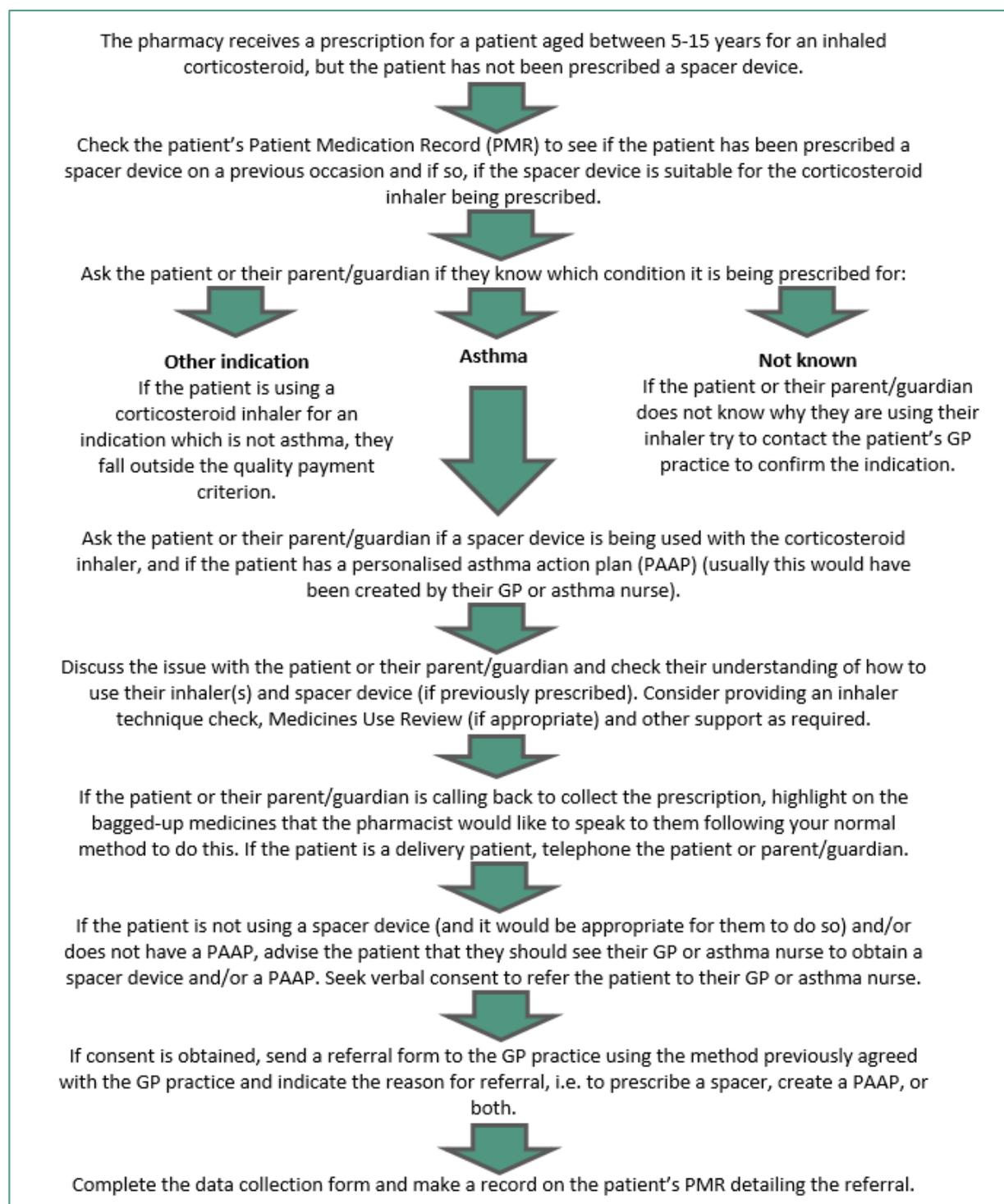
Annex A – Suggested process for referring patients for an asthma review: for patients who have had more than 6 short-acting bronchodilator inhalers dispensed without any corticosteroid inhaler within a 6 month period

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



Annex B – Suggested process for referring patients: for children aged 5-15 years who have been prescribed an inhaled corticosteroid for asthma without a spacer and/or do not have a personalised asthma action plan

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



Annex C – GP practice briefing document

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

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

Annex D – Template letter for GP practice

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

	Name of pharmacy Pharmacy address 1 Pharmacy address 2 Pharmacy postcode Pharmacy phone number Pharmacy email address
GP's name or GP practice manager's name Name of GP practice GP Practice address 1 GP practice address 2 GP practice postcode	
	19 November 2018
Dear GP's name or GP practice manager's name	
Re: Patients with asthma – new referral process	
I am writing 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 regularly review our dispensing processes to highlight any patients who fall into this category. 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 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 (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 contact me. Further information on the Quality Payments Scheme can also be found at: psnc.org.uk/quality .	
Yours sincerely	
Pharmacy manager' name	

Annex E – 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 with asthma has been identified as (tick all that apply):</p> <ul style="list-style-type: none"> Having been prescribed more than 6 short-acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period. <input type="checkbox"/> Not having been prescribed a spacer device. * <input type="checkbox"/> Not having a Personalised Asthma Action Plan. * <input type="checkbox"/> <p>*The patient is aged 5-15 years.</p>			
Consent has been obtained to notify you of this, as there may be a need for their asthma management to be reviewed.			
Additional comments (e.g. actions taken following intervention such as inhaler technique check and/or Medicines Use Review)			
Pharmacy name			
Address			
Telephone			

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Annex F – Data collection form

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

Data collection form – Referring patients with asthma			
Patient bag label	Date of referral	Reason for referral – please indicate A, B or C*	Action taken following the intervention, e.g. inhaler technique check, Medicines Use Review

*Reason for referral:

- A. Patient who has asthma has been prescribed more than six short-acting bronchodilator inhalers without any corticosteroid inhaler within a six month period.
- B. Patient who has asthma and is aged 5-15 years has not been prescribed a spacer device.
- C. Patient who has asthma and is aged 5-15 years does not have a Personalised Asthma Action Plan.

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