

INHALER TECHNIQUE SERVICE

Your health challenge

- Up to a third of people with asthma aren't using their inhaler in the right way¹
- Using the wrong technique can mean patients are more likely to get side effects, such as oral thrush or a sore throat¹
- People with asthma who are unable to use their inhaler correctly are at increased risk of poor asthma control, potentially resulting in an attack which may lead to the patient being hospitalised²



How can community pharmacies help?

Pharmacists are ideally placed to support patients to ensure they know how to use their inhalers correctly and provide ongoing support.

This can be offered opportunistically, without the need for an appointment and provides patients with more choice as to where they can access advice and support on their inhaler technique.

A respiratory inhaler technique service provided by community pharmacies in Thames Valley and Wessex³, showed that:

- 40% of patients with asthma had an improvement in disease control between their first and second review;
- 55% of chronic obstructive pulmonary disease (COPD) patients had improved symptom management;
- training patients on how to use inhalers was associated with a fall in emergency hospital admission numbers; and
- there is evidence that this was a relatively low cost-high impact intervention.

1. Asthma UK, *Using your inhalers* page website (accessed 25/04/19)
2. National Review of Asthma Deaths, *Why asthma still kills* (2014)
3. The Cambridge Consortium, *Evaluation of Inhaler Technique Improvement project* (2012)

CHOOSEPHARMACY

What the experts say

"I felt it was very informative and he concentrated on me! Until I understood properly. I hardly use my other inhaler now, whereas before I used both quite often. My chest feels lighter now."⁴

"The service is essential. After many years I found my technique was wrong. The pharmacist put me right and now I'm using far less inhaler and I feel a lot better. The pharmacist was excellent, explaining, and being patient. She was wonderful and professional."⁴

Comments from patients, Greater Manchester Inhaler Technique Service

"Did not realise I was not using my inhaler well until pharmacist showed me. More helpful than the hospital clinic"⁵

Comment from patient, Doncaster Inhaler Check Service

4. Report of the evaluation of the Greater Manchester Community Pharmacy Inhaler Technique Service (2014)
5. Doncaster CCG – Evaluation of a Community Pharmacy Inhaler Check Service (2014)

THINKPHARMACY

Potential benefits of a community pharmacy inhaler technique service

1. Patient contact

Adults visit a pharmacy 16 times a year, of which 13 visits are for health related reasons (excluding those who report never visiting a pharmacy). In addition, there are an estimated 1.6 million visits to community pharmacies each day, of which 1.2 million are for health-related reasons.⁶ Therefore community pharmacy teams have a high level of patient contact which enables them to easily talk to patients about their inhalers and assess technique.

2. Improved asthma care

People with asthma who are unable to use their inhaler correctly are at increased risk of poor asthma control, potentially resulting in an attack.² If more patients can access an inhaler technique service and learn to use their inhaler correctly, this may reduce the number of attacks, emergency hospital admissions and preventable deaths.

3. More accessible for patients

No appointments are needed to see a pharmacist and pharmacies generally have longer opening hours than GP practices including many being open at weekends. Since pharmacies are located near where people work and live (89% of the population in England has access to a community pharmacy within a 20 minute walk and over 99% of those in areas of highest deprivation are within a 20 minute walk of a community pharmacy)⁷ they are perfectly placed to catch the working population who may struggle to get an appointment during the traditional opening hours of a GP practice.

How might your local service work?

The service could be aimed at people with asthma and COPD.

The service could be offered to a certain group, for example, adults. Or there could be no age restrictions on the service as long as the patient was able to provide consent and the service was provided directly to the patient. Carers or patient representatives could be present if the patient provided consent for this.

The inhaler technique assessment could be offered as part of a Medicines Use Review (MUR) and/or the New Medicine Service (NMS).

If the service is linked to an MUR/NMS the maximum number of patients who could access the service would be as defined in the Drug Tariff. Other MUR/NMS requirements would also need to be met.

Patients could be identified in the pharmacy or referred by other healthcare professionals who feel that the patient may benefit from the service.

The service could be provided away from the pharmacy premises to allow housebound patients to access the service.

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The service should be carried out face-to-face and interventions made may include:

- advice on using inhalers to improve technique;
- effective use of regular inhalers;
- effective use of 'when required' inhalers;
- ensuring appropriate use of different types of inhalers;
- identifying when it may be appropriate to change inhaler type;
- assessing inspiratory flow rate using, for example, the In-Check Dial device;
- conducting Asthma Control Tests and COPD Assessment Tests to assess disease control; and
- appropriate referral to the GP practice.

The service could offer a follow-up brief intervention after a certain period of time, for example, after six weeks to check the patient is still using their inhaler correctly and provide the patient with an opportunity to ask any questions that they have thought of since the initial consultation.

6. Department of Health, *Pharmacy in England Building on strengths – delivering the future* (2006)

7. *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England, BMJ Open* (2014)