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

 12 September 2019

Dear GP’s name or GP practice manager’s name

**Re: Patients with asthma – referral process**

I am writing to let you know about the process in our pharmacy for referring patients with asthma.

The Pharmacy Quality Scheme, previously known as the Quality Payments Scheme, which was introduced from December 2016, is continuing for 2019/20 and community pharmacy contractors are required to meet specific domains as part of the Scheme. One of these focusses around patients with asthma.

The asthma domain is 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, in addition to 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 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 Pharmacy Quality Scheme can also be found at: [psnc.org.uk/quality](http://www.psnc.org.uk/quality).

Yours sincerely

**Pharmacy manager' name**