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

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

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| **Objective**  To define the procedures of the ‘Improving Inhaler Technique Through Community Pharmacy’ service to ensure that the service is conducted as commissioned and is provided to a high quality in a consistent, professional and accurate manner. | |
| **Scope**  This procedure applies to all staff participating in the provision of the Service. | |
| **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 service specification.  Each person delivering the service is responsible for ensuring that they work under this SOP and have read the service specification. | |
| **Person Requirements**  The service is to be provided by a Pharmacist or pharmacy technician who can meet the competencies as stated within the service specification. | |
| **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. Where a consultation is conducted remotely, the professional must ensure that the location within the pharmacy from which the remote consultation is conducted provides a sufficient level of privacy for the service user. | |
| **The process stages** | |
| 1 | **Confirm patient eligibility. Eligible patients must:**   * Be registered with a Greater Manchester GP Practice * Give consent for their information to be shared with their GP * Have a diagnosis of asthma, COPD, or dual diagnosis and use inhalers for their diagnosed condition |
| 2 | **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, including for remote consultations. |
| 3 | **The Initial Consultation**   * The pharmacist or pharmacy technician, who can be supported by a trained member of staff, will complete the initial documentation, or input directly on to PharmOutcomes and complete the ACT / CAT assessment * The pharmacist or pharmacy technician will assess the patient’s disease control and inhaler technique using the PharmOutcomes form, appropriate placebos and In Check as appropriate. * The pharmacist or pharmacy technician 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 within 12 weeks **(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 | **The Follow-up Consultation**   * The pharmacist or pharmacy technician, who can be supported by a trained member of staff, will complete the ACT / CAT assessment again. * The pharmacist or pharmacy technician will assess the patient’s disease control and inhaler technique using the PharmOutcomes form, appropriate placebos and In Check as appropriate. * The pharmacist or pharmacy technician 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 | **Records**  All consultations should be recorded on PharmOutcomes. Ideally this should be done at the time of the consultation.  A copy of the consultation outcomes must be sent to the patient’s GP if recommendations are made to the 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. |
| 6 | **Clinical Governance**  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.  All forms and documentation 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. |
| 7 | **Incident and Near Miss**  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. |
| 8 | **Audit (Review procedure)**  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.  This SOP will be reviewed at least every 2 years or following any critical incident. |

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

I have read and understood the implications of the SOP

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| Name | Job role | Signature | Date |
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**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.