

Service Guide

Improving Inhaler Technique Through Community Pharmacy

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Websites:

CPGM Healthcare Limited:

<http://www.cpgmhealthcare.co.uk/>

Greater Manchester LPC:

<http://psnc.org.uk/greater-manchester-lpc/service-information/improving-inhaler-technique-through-pharmacy-service-resources/>

Bolton LPC:

<https://psnc.org.uk/bolton-lpc/pharmacy-services-2/greater-manchester-services-new/improving-inhaler-technique-through-pharmacy/>

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Key Principles

This Service Delivery guides aims to support community pharmacy teams to deliver the 'Greater Manchester Improving Inhaler Technique Through Community Pharmacy' Service.

The Service Delivery Guide is a practical manual on how to deliver the service, including a step-by-step guide on how to engage with clients, record service delivery and claim service payments. **It does not replace the formal contractual arrangement between the pharmacy and the Commissioner to provide the service. Pharmacy staff must make sure that they work within the service specification provided by the commissioner.**

Pharmacies operating this service must be authorised by Greater Manchester Health and Social Care Partnership to provide the service.

This is done via an authorisation signed by both the commissioning organisation and the community pharmacy.

Service Summary

The 'Improving Inhaler Through Community Pharmacy' Service is commissioned by Greater Manchester Health and Social Care Partnership for patients with COPD or asthma with the following aims:

- **Improved patient outcomes through;**
 - Assessment of inhaler technique;
 - Improved patient understanding and hence adherence with inhaler therapy;
 - Optimum use of inhaler therapy;
 - A reduction in adverse events associated with inhaler treatment;
 - Ensuring that patients who smoke are offered appropriate advice with regards to stop smoking

- **Reduction in waste of inhaler therapies through;**
 - Improved inhaler technique and improved use of therapies, leading to a reduction in wasted doses.
 - A possible reduction in prescribed inhalers for poorly controlled conditions
 - Patients being encouraged to order only the prescription items that they need.
 - Patients who are enrolled into the service should be encouraged to recycle their used inhalers. For patients who return their used inhalers at the 2nd visit, these inhalers can be checked to see if they really are empty

- **Measurable outcomes**

- Reduced prescribing of reliever inhalers as preventer inhalers are used more effectively.
- Reduced need for additional therapy for poorly controlled asthma or COPD.
- Prescription synchronisation as only the inhalers needed are ordered leading to a reduction in time spent both ordering and dispensing repeat medication and the possibility of excess ordering being reduced.
- Improved management of patient's asthma or COPD measured through the use of technique demonstration and standard questions at initial screening and during follow up consultation.

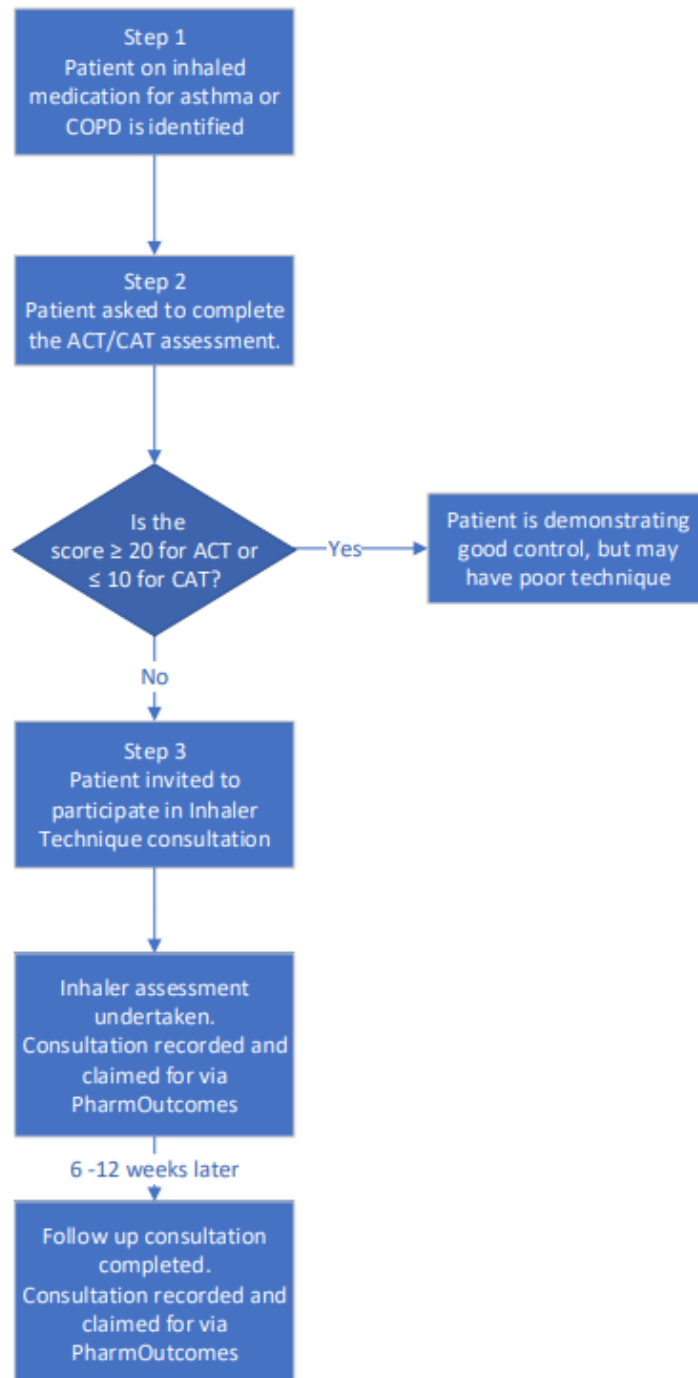
The service is aimed at patients with a diagnosis of Asthma or COPD who are registered with a GP in Greater Manchester and involves an initial inhaler technique review followed by a follow-up within 12 weeks. The consultation should take place in a consultation room on the pharmacy premises, or if conducted remotely, be delivered in such a manner that the service specification can be delivered in full; and be with the patient (not carer or parent).

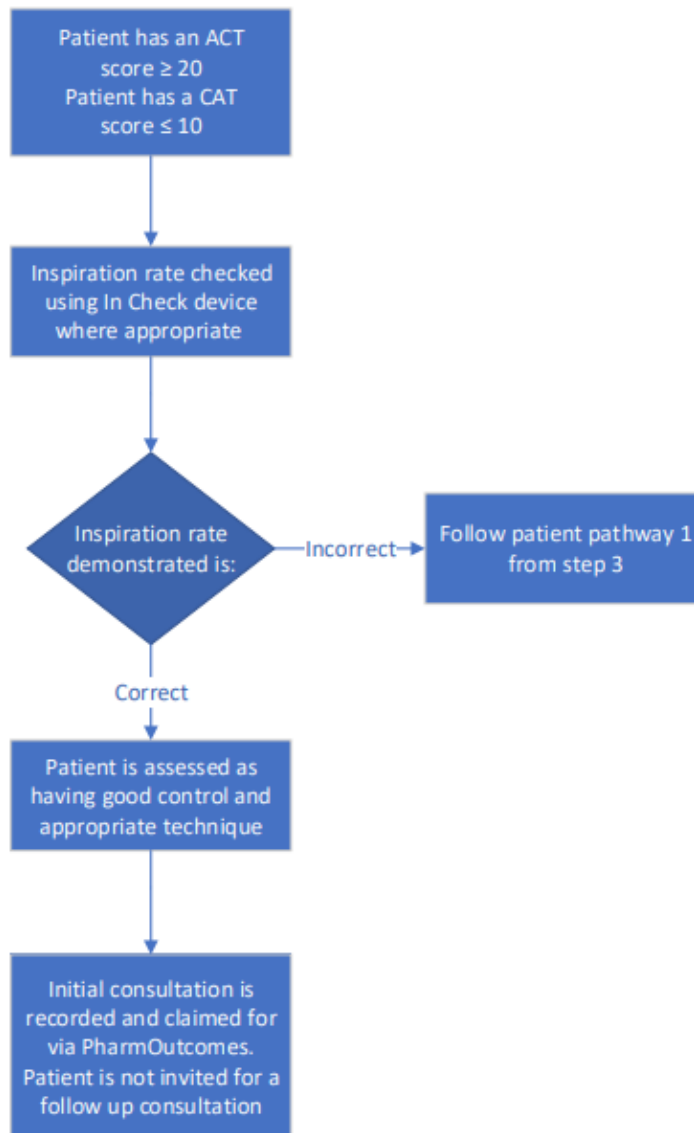
Pharmacists, pharmacy technicians and their team must ensure that the service is used as intended and commissioned. This service is commissioned using a limited budget, with a specific target group. The service has specific aims and objectives.

It is important that service providers adopt this approach to service delivery. A responsible approach to service delivery will demonstrate that community pharmacy can, and has, met the desired outcomes of the commissioner within a target budget. This will strengthen any case for ongoing service commissioning.

Inhaler Technique Patient Pathway: Patient Pathway Option 1

Initial Consultation & Follow up Consultation





The Service

The service must be delivered by a pharmacist or pharmacy technician who can meet the required competencies. A member of the pharmacy team may assist the pharmacist or pharmacy technician in the administration of the non-clinical aspects of the service including recruitment, completion of the patient details section, completion of the ACT or CAT assessment and input of information to PharmOutcomes; this member of staff must be working under the full supervision of an accredited pharmacist or pharmacy technician.

All other pharmacy staff must be aware that the pharmacy provides the service, who can deliver the service and ensure that the pharmacy offers a user-friendly, non-judgemental approach to service delivery.

A copy of the service specification can be downloaded from your LPC website or from PharmOutcomes.

Patient Eligibility

Confirm that the patient is eligible to participate in the service.

Eligible patients must be:

- 1. Registered with a GP in Greater Manchester*
- 2. Patients do not need to have been prescribed inhaler therapy or have used the pharmacy for a minimum amount of time before being offered the service*
- 3. Present in the pharmacy (for child under 16, the parent or guardian must also be in attendance)*
- 4. Diagnosed with Asthma, COPD or dual diagnosis*
- 5. The pharmacist or pharmacy technician must take reasonable steps to ensure the patient has not received the service from a different pharmacy in the last 12 months.*

Registered with a participating GP in Greater Manchester

The PharmOutcomes service has been configured so that only GPs in Greater Manchester can be selected. Data should **ideally** be entered whilst patient facing to avoid confusion when entering retrospective data; where this is not possible data should be entered as soon as practical with extra care being taken to ensure that the patient is registered with a participating GP.

Those patients not registered with a GP or registered with a GP from outside the area should be offered inhaler technique advice outside of this commissioned service if appropriate.

1) Patients do not need to have been *prescribed inhaler therapy or have used the pharmacy* for a minimum amount of time before being offered the service

The service is open to all patients who present in the pharmacy with a prescription for an inhaler and a diagnosis of Asthma or COPD.

2) Present in the pharmacy (If child under 16, the parent or guardian must also be in attendance) or for remote consultations, the platform used should allow full delivery of all requirements in the service specification

The patient must be in attendance for the service to take place. (For a child under 16, both the patient and their parent or guardian must be in attendance).

3) Diagnosed with Asthma or COPD

The patient must have a diagnosis of Asthma, COPD or dual diagnosis for the service to be provided.

4) The pharmacist or pharmacy technician must take reasonable steps to ensure the patient has not received the service from a different pharmacy in the last 12 months

As the patient does not need to attend the pharmacy on a regular basis to receive the service, it is expected that the pharmacists and pharmacy technicians reassure themselves that the patient has not already received the service elsewhere in the last 12 months.

5) Consultation room

It is expected the service should take place in a consultation room, or if delivered remotely in a location which preserves patient confidentiality.

Inhaler Technique Consultation

1) Initial Consultation

This service can be provided by a pharmacist or pharmacy technician who has completed the training requirements as outlined in the service specification

- The patient will be asked about their inhaler technique and recruited into the service by a relevant pharmacy team member seeking written informed consent
- The necessary information required by the service will be completed on PharmOutcomes by the relevant pharmacy team member together with the ACT or CAT score depending on whether the patient has asthma or COPD
- The pharmacist or pharmacy technician shall review the ACT/CAT score to see how well controlled or not the condition is. The patient's technique shall then be further assessed using the In-Check device (unless the patient always uses a spacer)
- The pharmacist or pharmacy technician shall, depending on the needs of the patient, demonstrate the correct technique for the device used and give the patient the link to the webinars to enable the patient to view these at home
- Should the pharmacist or pharmacy technician assess that the device being used by the patient is inappropriate in any way, they should make a recommendation to the patient's GP for a change of device
- Should the assessment identify that the patient's inhaler therapy could be rationalised (e.g. multiple device types to a single range) or optimised in any way, then the pharmacist taking professional responsibility for the service delivery. should make a recommendation to the patient's GP
- An appointment shall then be made for the follow-up visit; the pharmacist or pharmacy technician will take an appropriate contact details (e.g. telephone number or email address) for the patient so that they can be reminded of their appointment
- The patient will be given an appropriate appointment reminder prompt with the date and time of the appointment together with the phone number of the pharmacy should they need to change the appointment

Please note – if the patient demonstrates good technique and control using the In-Check and the ACT/CAT shows good control, then they will NOT be invited back for the 2nd visit, and payment for the initial consultation should be claimed.

2) Follow-up Consultation

This service can be provided by a pharmacist or pharmacy technician who has completed the training requirements as outlined in the service specification

- To be carried within 12 weeks after the initial consultation
- An appropriate pharmacy team member shall record the required patient information on PharmOutcomes. This shall include repeating the ACT/CAT scores, noting any improvement (or not) on the patient's initial scores

- The pharmacist or pharmacy technician shall assess the patient's technique using the In-Check device and ask if the patient needs any additional information to support improving their technique
- If a change of device or other inhaler intervention was recommended at the initial visit, the pharmacist or pharmacy technician shall check that this request has been actioned
- If there has been no improvement in the technique or in the ACT/CAT scores (unless they were very good initially) then the pharmacist or pharmacy technician will undertake a consultation with the patient to understand if they can offer any further help/support. The pharmacy shall be remunerated accordingly as they have completed both consultations
- If a positive change in ACT / CAT score is identified at this consultation, the pharmacy will be eligible to claim an additional £5.00 payment in respect of that patient

Patients, who after the follow up consultation still demonstrate poor technique, shall be referred to their GP practice via the local referral process. Guidance and a template form that can be utilised are available from GM LPC and Bolton LPC.

Competency Requirements to Deliver the Service

The pharmacy contractor has a duty to ensure that pharmacist or pharmacy technicians and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service.

The pharmacy contractor has a duty to ensure that pharmacist or pharmacy technicians and staff involved in the provision of the service are aware of and operate within local protocols.

Prior to commencing delivery of this service, pharmacists or pharmacy technicians must self-declare their competence using the 'Declaration of Competence (DOC) for Improving Inhaler Technique through Community Pharmacy' available at www.cppe.ac.uk. Pharmacists or pharmacy technicians should ensure they re-accredit in line with the requirements of DOC; this is usually every three years.

Prior to pharmacy technicians delivering the service they must also have undertaken face to face inhaler technique assessment training from an approved provider.

The pharmacy contractor is responsible for ensuring only pharmacists or pharmacy technicians holding a valid DOC provide this service. The contractor should retain a signed copy of the DOC on the pharmacy premises; a copy should be provided to the Commissioner if requested.

Pharmacists and pharmacy technicians must also attend a service delivery Inhaler Technique Training session from an approved provider every three years whilst delivering the service. pharmacist or pharmacy technician.

Safeguarding

The pharmacy contractor is reminded of their existing obligations to comply with local and national guidance relating to vulnerable adult procedures.

When dealing with all patients, the pharmacy team have a responsibility to consider if there is a potential safeguarding issue (e.g. repeated requests for analgesia for similar or unrelated conditions), including raising awareness with the patient's GP if appropriate.

The pharmacy team shall actively work to protect service users and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

Promoting the service

Pharmacies should contact their local GP practices to let them know that they are providing the service.

Pharmacies should consider offering to speak to the practice staff about the target group of patients and to explain how the service works.

Where inhaler services have worked well in other areas this has been achieved by strong, ongoing communication between the local pharmacies and GP surgery. Dialogue about the patients referred back to the GP, the suitability of patients signposted to the pharmacy by the GP practice have resulted in clear pathways for patients. Patients know they are getting good quality care from the pharmacy.

How to provide a successful service

A team approach will be essential in delivering a successful service.

All the pharmacy team, including part-time staff and locum pharmacists, need to be aware of the service and how it operates to ensure the pharmacy offers an effective service which is part of the day-to-day activity of the team.

Actions

- Discuss the Inhaler Service with the team
- Explain who the target patients for the service are and the service aims
- Agree how pharmacy staff will signpost suitable customers into the service

Payment- Claims

The pharmacy will be paid £10 for the Initial Consultation and £7 for the follow-up. An additional payment of £5.00 per patient will be payable if a positive change to ACT / CAT score is recorded at the follow up review.

This includes all costs including:

- Set-up costs
- SOP Development

- Staff time to provide the service
- Printing and providing information sheets
- Completing claim forms and audit
- Staff Training

Payments will be made based on the information recorded on PharmOutcomes. Payment will be made to pharmacies on a monthly basis.

Standard Operating Procedure (SOP)

The pharmacy should have a SOP in place for all the services the pharmacy provides, including the Improving Inhaler Technique Through Community Pharmacy Service.

SOPs are necessary to demonstrate to commissioners that the pharmacy is meeting the requirements of the service and to ensure that the service is provided in a safe and consistent manner.

An SOP should:

- Define staff roles and responsibilities
- Include any relevant signposting information
- Include the process for error and near miss reporting
- Be regularly reviewed and kept up to date
- Be signed and dated by all staff (including locums) operating under the SOP
- State the date of production and review date.

Check with the Superintendent before you write any SOP because they are ultimately responsible for its content. A template SOP has been included with this guide (Appendix 1).

Performance Management

The pharmacy contractor will have an NHS dispensing contract with NHS England Greater Manchester and must fully comply with its Terms of Service under The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, as amended, for delivery of Essential Services.

The commissioner retains the right to audit any part of the service at any time to ensure continued quality.

The commissioner reserves the right to ask for evidence from the Pharmacy that it is following the procedures outlined in this specification.

The service provider will co-operate with any commissioner-led assessment of service user experience or audit of the service in order to evaluate service provision and identify areas for service improvement.

The commissioner reserves the right to evaluate other health professionals' perception of the overall quality of the service

Changes to the level or quality of the service will not be introduced without prior agreement with the commissioner. Changes will be communicated and authorised in writing to all service providers.

Routine performance management of this service will be managed by CPGM Healthcare Ltd. (CHL). Performance management involves reporting on a provider's performance to a set of Key Performance Indicators (KPIs), support phone calls/visits to community pharmacies and other clinical support/guidance to community pharmacies.

A pharmacy who persistently fails to meet the required KPIs and service outcomes will be decommissioned and therefore no longer able to provide this locally commissioned service. Pharmacies who are decommissioned may also find themselves not included in future services commissioned by or through GMHSCP. It is in the interests of your patients, your pharmacy and of Community Pharmacies across Greater Manchester to demonstrate the benefit this service can bring to your patients with Asthma and COPD.

Key Performance Indicators (KPIs)

Pharmacy contractors agree to be measured against the following Key Performance Indicators:

- Each pharmacy will deliver a minimum of 1 consultation per month
- Each pharmacy will follow up patients where clinically appropriate and if not clinically appropriate will document the reasons why
- CAT/ACT score will be recorded for every consultation
- All patients who report they are a current smoker will be referred for smoking cessation advice/support and this will be recorded

Reports will be distributed on a regular basis to show KPI performance. Any contractor with queries about performance management, or who would like additional support should contact CHL via email: enquiries@cpgmhealthcare.co.uk

Link to Podcasts

- <http://wessexahsn.org.uk/videos/show?tag=Inhaler+Technique&page=3>

Nice Guidance

- Asthma - <https://www.nice.org.uk/guidance/qs25>
- COPD - <https://www.nice.org.uk/guidance/qs10>
- CKS Asthma - <https://cks.nice.org.uk/asthma>
- CKS COPD - <https://cks.nice.org.uk/chronic-obstructive-pulmonary-disease>

BTS Guidance

- Asthma - <https://www.brit-thoracic.org.uk/standards-of-care/guidelines/btssign-british-guideline-on-the-management-of-asthma/>

GMMMG

- COPD Formulary - [GMMMG-COPD-Inhaler-Guide-September-2018.pdf](#)
- Respiratory Formulary - <http://gmmmg.nhs.uk/docs/formulary/ch/Ch3-complete.pdf>

Charities & Resources

- British Lung Foundation - <https://www.blf.org.uk>
- Asthma UK - <https://www.asthma.org.uk>
- Smokefree - <https://www.nhs.uk/smokefree>
- Cancer Research UK- <https://www.cancerresearchuk.org>
- Be Clear on Cancer - <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/be-clear-on-cancer>
- Patient.co.uk – Asthma - <https://patient.info/health/asthma-leaflet>
- Patient.co.uk – COPD - <https://patient.info/health/chronic-obstructive-pulmonary-disease-leaflet>

CPD

- CPPE – Inhaler Technique for Health Professionals <https://www.cppe.ac.uk/programmes/l/inhalers-e-02/>
- CPPE – Inhaler Technique Training Videos - <https://www.cppe.ac.uk/programmes/l/inhalers-e-00/>

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

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

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: <ul style="list-style-type: none"> • 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	<p>The Initial Consultation</p> <ul style="list-style-type: none"> • 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	<p>The Follow-up Consultation</p> <ul style="list-style-type: none"> • 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	<p>Records</p> <p>All consultations should be recorded on PharmOutcomes. Ideally this should be done at the time of the consultation.</p> <p>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.</p>
6	<p>Clinical Governance</p> <p>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.</p> <p>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.</p>
7	<p>Incident and Near Miss</p> <p>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.</p>
8	<p>Audit (Review procedure)</p> <p>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.</p> <p>This SOP will be reviewed at least every 2 years or following any critical incident.</p>

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

I have read and understood the implications of the SOP

Name	Job role	Signature	Date

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.

