1. Welcome

Welcome to this asthma toolkit aimed at improving the health and wellbeing of children and young people with the condition. The purpose of this toolkit is to ensure there is a more holistic and joined up approach to caring for young people with asthma. We are bringing together useful tools, guidance and information to help improve consistency of care and to share learning.

We are working hard to improve health and care in London. Read our asthma standards and ambitions for children and young people here.

2. Providing essential services

Pharmacies have an essential role in dispensing medicines in the management of asthma e.g. inhalers and in ensuring the safe and effective use of these medicines in children and young people.

As experts in medicines, pharmacists can provide advice on the side effects and the benefits of medicines. As asthma patients can frequently experience changes in their medication e.g. increasing or decreasing dosages or the introduction of new inhalers, pharmacists can reinforce the reasons for any changes and also provide reassurance on the appropriateness of any changes. This is a valuable resource for parents.

Through services such as repeat dispensing, community pharmacists can detect under or over usage of particular types of inhalers which may indicate that asthma is not controlled.

Pharmacies can dispose of unwanted inhalers and other medicines safely. This may be especially important in reducing confusion when inhalers change and in ensuring that patients regularly change spacer devices.

Signposting to other services is an important role held by pharmacies. Being part of a local community they are able to advise on access to different types of services e.g. Out of Hours, stop smoking services and immunisation services. Equally they can signpost patients to validated information resources such as national charities e.g. Asthma UK and NHS Choices.

Through the sale of over the counter medicines and by offering expert advice on prescription medicines such as inhaled corticosteroids they are able to promote self-care in patients. Self-care is an important aspect to successful asthma management, patients and parents need to be empowered to manage their asthma and pharmacies provide a valuable information resource in local communities in order to do so.

Increasingly pharmacies are recognised as having an important public health role. As part of their NHS contractual framework pharmacies participate in public health campaigns. These may be national campaigns e.g. Stoptober or local campaigns.
3. Involvement in public health campaigns and interventions

RAISING AWARENESS OF ASTHMA MANAGEMENT IN CHILDREN & YOUNG PEOPLE IN LONDON

All community pharmacies in London participated in a public health campaign to raise awareness of asthma management in children and young people in July 2015. In addition, pharmacies were asked to participate in an audit to gather “real world” information on asthma management in children and young people up to 18 years of age.

Pharmacies were asked to provide a brief intervention and in addition ask some questions and record the results.

The campaign ran for 10 weeks, over 65% of pharmacies took part in the audit and gathered information on over 9600 children and young people. The audit gained national recognition and highlights the role pharmacies have in gathering public health data but also how important their role is in asthma management in children and young people.

You can see the results from the campaign here.

You can download full details of the campaign, including the questions asked in our resource section.

WHAT IS HAPPENING WITH THE INFORMATION GATHERED?

Clinical Commissioning Groups (CCGs) across London have received individual data sets showing the results for their populations. There are significant differences between CCGs and within CCG population especially based upon age. It is hoped that this data will be utilised by commissioners in designing asthma service pathways for children and will lead to the inclusion of community pharmacies in these pathways.

Find out your local results in our results pack or by contacting sara.nelson@nhs.net
4. Advanced services

MEDICINES USE REVIEWS (MUR) AND PRESCRIPTION INTERVENTION SERVICES

These interventions involve accredited community pharmacists undertaking structured adherence-centred reviews with patients receiving prescribed medicines, particularly those receiving medicines for long term conditions like asthma.

MUR are designed to support a more in depth medication review, therefore should not be confused with medication reviews which may be performed by a GP or Specialist Nurse in a GP Practice. It could should take 10-15 minutes to complete and normally occurs face to face in the pharmacy during which the patient has the opportunity to discuss any issues or concerns they may have with taking their medicines.

Nationally agreed patient groups have been defined for targeting through MURs, thus guiding pharmacists in the appropriate selection of patients who may benefit the most from this service. Patients with respiratory disease are one such group.

MUR provide a perfect platform to assess inhaler technique or collect an Asthma Control Test (ACT) score or to discuss any side effects or concerns patients may have with their medicines. They are also valuable in reinforcing key messages in relation to asthma management.

MUR can be used to establish:

- Correct or reinforce good inhaler technique.
- If there a personalised asthma action plan? Is it up to date?
- Is the child on the correct management step? Remembering to step up during exacerbations and step down following improvement.
- Does the child have a spacer? Is it compatible with the metered dose inhaler (MDI)? Is it due for replacement?
- Over use of relievers or under use of preventers/ inhaled corticosteroid (ICS) in the last 12 months.
- Address any issues or concerns the child or parent may have e.g. long term use of ICS.
- Promote important public health messages- recognition of trigger factors, reinforce the importance of flu vaccination and participation in an active lifestyle.

MUR can be offered to children and young people as well as adults who regularly use the pharmacy. It’s worth noting the following advice issued to community pharmacists from the Pharmaceutical Services Negotiating Committee (PSNC).

CAN CHILDREN HAVE AN MUR?

The MUR needs to be conducted with the patient in order to comply with the Directions. An MUR could be conducted with a patient who is a child if they are Fraser competent (i.e. they have the capacity to give informed consent) and are able to fully engage in the discussion with the pharmacist. Under the current regulatory framework it is not appropriate to conduct an MUR for the parent, carer or guardian of a person who is not competent. Where an MUR is to be conducted with a competent child, the pharmacist should be aware of the local safeguarding (child protection) policy and guidelines and should know where to refer any young person who they are concerned about.

NEW MEDICINE SERVICE (NMS)

This service provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence; it is initially focused on particular patient groups and conditions.

Starting a new medicine or a change in prescribed regime can lead to confusion and uncertainty in patients which can lead to non-adherence issues. For example, when patients step up in asthma management, this can be a particularly anxious time for the parents of children with asthma.
Again NMS is equally applicable to children and young people as it is to adults. It can be a valuable tool in identifying issues with non-adherence at an early stage in treatment.

MUR and NMS services are available in most pharmacies in London.

**SHARED LEARNING**

Here are some examples of how MUR and NMS services in pharmacies can be utilised by local GPs to enhanced asthma management from Islington, Manchester and South Yorkshire. Although some examples have not been aimed at children, they could be easily adapted.

**ISLINGTON TOP 5 PHARMACY TIPS CAMPAIGN**

Islington Clinical Commissioning Group (CCG) issued guidance to community pharmacists to consider when they were providing a Medicines Use Reviews or New Medicine Service.

1. **CHECK INHALER TECHNIQUE WHEN DISPENSING NEW INHALERS**

There is no point stepping up medication if it is not being delivered affectively. All children regardless of age should be using an MDI with a spacer. For teenagers it may be appropriate for them to have a breath activated device for their reliever in addition to their MDI and spacer.

2. **ASK ABOUT ASTHMA CONTROL**

Ratio of Reliever to Preventer medication

Number or Repeat Reliever prescriptions >6 / year should prompt an asthma review by a GP.

Parents can fill out a patient assessment form to help you understand how well a child’s asthma is controlled; Asthma Control Test (ACT) score, available on ‘Asthma and you’ website. The website takes them through a series of questions about their asthma to give an Asthma Control Score. (ACT/C-ACT). This has been developed for use in the North Thames Collaboration for Leadership in Applied Health Research and Care (CLAHRC)

Alternatively you can use one of the Asthma Control sheets in our online resource section:

- St Georges Hospital ACT English
- St Georges Hospital ACT in Hindi
- St Georges Hospital ACT in Gujerati
- St Georges Hospital ACT Polish
- St Georges Hospital ACT Somali
- St Georges Hospital ACT Tamil
- St Georges Hospital ACT Urdu

3. **ASK IF THE CHILD HAS AN ASTHMA PLAN**

All children should have an asthma plan completed by their doctor or nurse. If parents do not have one they should book an Asthma review with their healthcare professional. Asthma plans are available here or on the Asthma UK website.

4. **ASK ABOUT SMOKING**

Children are more likely to have more respiratory problems and the worst asthma control if parents smoke (even if that is outside). Offer “Quit smoking - very brief advice” to parents.

Fifteen per cent of teenagers will smoke. Do not forget to ask them and offer the same help.

5. **ASK ABOUT FLU VACCINE**

All children with asthma should receive the flu vaccine each year.

You can view the Top Five step by step flyer here. Why not adapt it?
The aim of the service was to provide an enhanced medicines use review (MUR) service for asthma and COPD patients to achieve a number of objectives. Although this service was not directed at children and young people with asthma it could be adapted to do so.

The pharmacists asked patients to complete the Asthma control test measure of condition control at months 0 and 6. They used an In-check-DIAL device to measure inspiration rate for metered dose inhalers (MDIs) and dry powder inhalers (DPIs). Some pharmacists also had an Aerosol Inhalation Monitor (AIM) machine in-store to check flow, synchronisation and breath holding for patients using MDIs.

If a patient’s visual check of technique was moderate or poor (as opposed to good), they were asked to return. At this point the pharmacist could give education and/or recommend a change in device or the addition of a spacer (both of which would need the agreement of the prescriber).

A brief second consultation was done in month 3-4, repeating the Incheck measurement and technique check with ongoing advice.

At month six the enhanced MUR consultation and control measures were repeated. Pharmacists were asked to give smoking cessation advice as appropriate.

You can find out more in the Greater Manchester summary report.

Although this service was not directed at children and young people with asthma it could be adapted to do so.

In a project run by the pilot Pharmacy Local Professional Network for NHS South Yorkshire and Bassetlaw between September 2012 and March 2013, 93 pharmacies provided advice to patients about their respiratory diseases (specifically asthma or COPD), their use of different medicines, inhaler technique and symptom control in MUR and NMS consultations.

1,616 consultations took place and in each consultation the patient’s inspiration rate (IR) for each device used was tested at the start and again following the pharmacist’s advice. The project demonstrated that by the end of the consultations pharmacists had helped more than 1,000 patients to meet the target IR for their inhaler.

For example, of 803 patients using MDI inhalers 21.7% achieved an acceptable IR before MUR/NMS but this increased to 98.6% after the patients received an MUR/NMS.

Further information on this project and others can be accessed on the Pharmaceutical Services Negotiating Committee website.
5. Providing enhanced services

**PHARMACY URGENT REPEAT MEDICATION SERVICE (PURM)**

This is a patient referral service through NHS 111 for patients who have run out of their repeat medication.

Across London up to 30% of NHS 111 calls (350 each day at weekends) are for urgent repeat prescription requests. Most of these calls will result in a referral to Out of Hours GP to organise a prescription which can take up significant capacity within NHS111 and Out of Hours. The PURM enables NHS 111 calls for repeat medicines to be redirected to a community pharmacy. Patients are referred by NHS 111 to a participating pharmacy where they collect a supply without needing a prescription or GP consultation.

This service is valuable support for asthma patients is available in approximately 500 pharmacies across London, with access in every borough. It also aims to prevent patients presenting at Accident and Emergency requesting their repeat medication.

You can find out more in the NHS England PURM pharmacy summary.

**COMMUNITY PHARMACY FLU IMMUNISATION SERVICE**

In London, NHS England has commissioned community pharmacies to provide NHS flu vaccinations and Pneumococcal vaccinations as part of the capital’s annual campaign since 2013/14. London has been a pioneer in pharmacy based NHS immunisation services with over 67% of pharmacies in the capital participating and services is set to continue in 2016/17 campaign in London.

According to Asthma UK everyone with asthma who is six months and older should have a flu jab. You can read the advice on its website.

**STOP SMOKING SERVICES**

Local authorities commission these services from pharmacies. They are available in every Borough in London. However, there are variations in the number of pharmacies that provide the service locally. It is best to check with the local stop smoking service or on NHS choices to confirm if a pharmacy offers the service and to what age groups.

Greater use of community pharmacy stop smoking services can be achieved by promoting them as part of medicines optimisation services such as MUR or medication reconciliation exercises in GP Practices.
Optimising a person’s medicines is important to ensure they are taking their medicines as intended and can support the management of long term conditions, multi-morbidities and polypharmacy (many different types of medicines).

Shared decision making is an essential part of evidence based medicine, seeking to use the best available evidence to guide decisions about the care of the individual patient, taking into account their needs, preferences and values.

Clinical commissioning groups (CCGs) employ pharmacists to work in teams in supporting prescribers such as GP and Practice Nurses in using the best available evidence to guide decisions in the effective and cost effective prescribing of medicines for their patients.

Giving someone a medicine is one of the most common interventions made in the NHS to improve health and well-being but evidence shows that prescribers can often be unsure at what the best choice of medication is for a patient and patients are often unsure of taking their medicines. This is no different in the management of asthma in children and young people.

In 2015, NICE issued guidance on medicines optimisation to the NHS.

The Royal Pharmaceutical Society produced a guide to support the medicines optimisation agenda.

This guide suggests four principles for medicines optimisation, aiming to lead to improved patient outcomes:

- Aim to understand the patient’s experience
- Evidence based choice of medicines
- Ensure medicines use is as safe as possible
- Make medicines optimisation part of routine practice.

SHARE LEARNING

Here are some examples of activities CCG pharmacists have undertaken to improve medicines optimisation in asthma, these could be adapted for use in children and young people. Islington CCG and Croydon CCG medicines optimisation teams have provided audit templates which have been designed and used by CCG pharmacists to monitor appropriate prescribing of inhalers in asthma management against national and local prescribing guidelines.

These types of audits are performed against the patients GP practice records and can highlight patients who are under or overdosing in the use of their medication or patients using medication which does not match with the “step” in asthma management guidelines.

These audit designs and supporting templates can be easily adapted by CCGs to focus on the prescribing of inhalers in children and young people.
ONLINE TOOLS AND RESOURCES FOR CCG MEDICINES OPTIMISATION TEAMS

You will find prescribing guidelines, campaign ideas, inhaler technique tips and much more to help improve asthma care in pharmacies in our online toolkit.

You can learn more from the South West Respiratory Network website.

Asthma UK has also published guidance on how make the most of your pharmacist.

TAKING A LEAD ROLE

The impact of GP Practice based medicine optimization audits could be increased by the inclusion of community pharmacists. The community pharmacy asthma management audit in children and young people highlighted medicine usage which would not be detected by GP Practices e.g. emergency inhaler requests.

There is also an opportunity for a much greater role for community pharmacists in asthma care pathways in particular in patient education, inhaler technique assessment and in the development and maintenance of personalized asthma action plans.

Pharmaceutical Services Negotiating Committee has produced resources on utilising community pharmacy in asthma management website.

7. Activity already underway