**Quality Payment Guide – Asthma**

**Criteria:**

On the day of the review, the pharmacy can show evidence of asthma patients, for whom more than 6 short acting bronchodilator inhalers were dispensed without any corticosteroid inhaler within a 6-month period, are referred to an appropriate health care professional for an asthma review.

**Review Points:**

There are two review points during the year, at which this Quality Payment can be claimed.

* Friday 28 April 2017
* Friday 24 November 2017

**Total Number of points – 20 (£1280)**

**Process:**

* Check every prescription for a short-acting bronchodilator inhaler against the PMR to check if the patient has had more than 6 inhalers in the last 6 months and not received a steroid inhaler. (For patients that are not known to the pharmacy and present with a prescription or are requesting an emergency supply the Summary Care Record could be checked). **All Staff who use the PMR system need to be aware of this requirement.**
* If a patient is identified, check that they are being treated for asthma and not COPD, then:
* Discuss how often the patients use their inhaler and if appropriate check inhaler technique and consider an MUR to help them to understand how to optimise the use of their medicines and management of their condition. (See Appendix 1 for Tops Tips for Asthma MURs).

**Data Collection**

* Record the conversation with the patient on the PMR.
* With patient consent refer to the GP for a review. This can be done either via PharmOutcomes or using a paper based option. (**Note:** PharmOutcomes will send a referral directly to the GP only if the GP has shared an e-mail address, if not the referral can be printed and sent to the GP).
* It is important that any advice given, MUR or inhaler check provided is noted in the referral to the GP practice, so that they know that the pharmacy has already taken positive steps to address the patient’s identified issues with asthma management.

Data collection forms, further information and a process flowchart can be downloaded from the PSNC website: <http://psnc.org.uk/wp-content/uploads/2016/11/PSNC-Briefing-068.16-Referrals-for-asthma-review.pdf>

**Brief your local GP practices:**

* It is important that you speak to your local practice so they are aware that you are providing this service and can work with you to ensure patients are followed up.

**Resources for your patients:**

**Inhaler Technique Videos from Asthma UK** <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/using-inhalers/#Videos>

**Asthma Control Test**: This is a simple tool to assess a patient's asthma control

Adult: See Appendix 2

Child: See Appendix 3

**Suggested Reading:**

NICE Clinical Knowledge Summary <https://cks.nice.org.uk/asthma>

National Inhaler Standards: <http://www.respiratoryfutures.org.uk/media/69774/ukig-inhaler-standards-january-2017.pdf>

**CPD to support the Criteria:**

The Centre for Pharmacy Postgraduate Education (CPPE) has a [**distance learning course**](https://www.cppe.ac.uk/programmes/l/asthma-p-02/) and [**e-assessment**](https://www.cppe.ac.uk/programmes/l/asthma-p-02/) on asthma, as well as inhaler technique training [**e-learning**](https://www.cppe.ac.uk/programmes/l/inhalers-a-02) and [**videos**](https://www.cppe.ac.uk/programmes/l/inhalers-e-00/), which pharmacists or pharmacy technicians may find useful to complete before incorporating the QP criterion into their daily practice.

**Appendix 1 - Top Tips for Asthma MURs**

* Check the patient’s PMR for frequency of ordering of medication before starting the review.
* Patients with asthma ordering more than six short-acting reliever inhalers over the last 6 months, without the use of a steroid require referral to the GP.
* Patients ordering more than twelve short-acting reliever inhalers over the last year may indicate poor control and that preventative treatments need to be stepped up
* Generally, patients with asthma should require thirteen inhaled corticosteroid (ICS) preventer inhalers per year (might be less for 200 dose metered dose inhalers).
* Is the patient prescribed a long-acting beta 2 agonist (LABA) without an ICS? This requires a review of the regimen.
* What does the patient know about their condition and its treatment?
* Has the patient had a review before? Who did the review? Does the patient see anyone else for their condition?
* Check adherence with the information from the PMR and document any reasons for non-adherence e.g. difficulty in using device, side-effects, perception of ineffectiveness, lack of knowledge of indications for different inhalers. Does the patient experience any problems taking / using their medicines?
* Assess inhaler technique - use In-check device if you have one. Would the patient benefit from a device switch, adding a spacer? Does the patient have the same devices i.e. MDI or Turbohaler?
* Give smoking cessation advice if appropriate.
* Does the patient need a flu vaccination?
* Does the patient have any questions / need more information about their medicines?

**Refer patients if they report:**

* 1. They use more than 6 short acting reliever inhalers over 6 months and do not use a steroid
  2. An increase in exacerbations
  3. Their symptoms are not controlled
  4. Side-effects of medicines
  5. Severe or life-threatening asthma exacerbation

**Appendix 2 – Asthma Control Test - Adults**

../Asthma-Control-Test.pdf

**Appendix 3 – Asthma Control Test - Children**../act_u12.pdf