

Inhaler Check-up Service

Locally Commissioned Community Pharmacy Service

The Inhaler Check-up service is commissioned by NHS Leeds Clinical Commissioning Group (CCG) and aims to improve patients' ability to manage their own asthma and/or Chronic Obstructive Pulmonary Disease (COPD) through improving inhaler technique and ensuring that they are able to use their asthma and/or COPD inhalers effectively and correctly.

The Inhaler Check-up service will target patients with asthma and COPD within the Leeds CCG area over a period of 12 months. Across Leeds there are currently 50% of patients with asthma or COPD that have not had their inhaler technique checked in the last 15 months and there are over 1400 patients getting more than 6 Short Acting Beta-Agonists (SABA inhalers) in the last 12 months that are neither on the asthma nor COPD register.

The service involves an initial inhaler technique review and a follow-up 6-8 weeks later if required with a suitably competent pharmacist / pharmacy technician.

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1. Service Description

The 'Inhaler Check-up' Service is commissioned by Leeds CCG 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 Leeds and involves an initial inhaler technique review and a follow-up 6-8 weeks later if required. The consultation should take place in a consultation room on the pharmacy premises and be with the patient (not carer or parent).

- 1.1. Eligible patients will have an initial inhaler technique review and a follow-up 6-8 weeks later if required with a suitably trained pharmacist / pharmacy technician.
- 1.2. This service can be offered alongside a Medicines Use Review (MUR) if appropriate. The service can also be provided as a stand-alone service.

2. Duration

- 2.1. This agreement will be in force until 31st March 2020.

3. Premises

- 3.1. The Inhaler Check-up consultations will be undertaken in a consultation room which meets the requirements as specified for the advanced service Medicines Use Review.

- 3.2. The pharmacy must have a selection of placebo inhalers covering the different device types. The pharmacy must also have an In-Check Dial G16. The commissioner will provide the initial supply of this equipment; however, the pharmacy is responsible for sourcing and purchasing any subsequent equipment / supplies including In-Check one-way mouth pieces.

4. The Service

Eligible Patients

- 4.1. Only patients registered with a GP practice in the Leeds CCG area are eligible for this service. (PharmOutcomes has been setup to only allow these patients to access the service).
- 4.2. A patient can be included in the service if he/she:
- is on inhaled medication for the treatment of either asthma or COPD
 - is able to speak and understand English or be supported in translation by the pharmacy team
 - is able to attend the pharmacy for both consultations
 - is prescribed inhalers
 - has not already received an Inhaler Check-up service from another pharmacy
- 4.3. Those patients not eligible for the service can be offered a Medicines Use Review (MUR) where the patient and the pharmacist can cover the patient's medicines (including asthma or COPD medicines/ inhalers), checking and supporting adherence and inhaler technique, identifying and taking steps to resolve any problems, and answering any questions the patient has about their medicines.

Identifying Patients for the Service

- 4.4. The Inhaler Check-up service can be offered to any patient with a diagnosis of asthma or COPD who meets the inclusion criteria in 4.2 and has not accessed the service in the last 12 months.
- 4.5. Patients can be identified by any of the following routes:
- Patients identified at the point of dispensing (bag stickers will be provided to help identify patients)
 - Patient self-referral
 - Referral from GP practice (a letter will be sent to GPs to inform them of the service)
- 4.6. The pharmacy will arrange a suitable appointment date and time for the patient (which may be immediately if appropriate).

Initial Consultation

- 4.7. The consultation must be conducted by a pharmacist or registered pharmacy technician who has completed the required training and the CPPE Declaration of Competence for Improving Inhaler Technique available at www.cppe.ac.uk.
- 4.8. The consultation will be carried out on the pharmacy premises in a consultation room that meets the requirements of the MUR service.

- 4.9. The pharmacist / pharmacy technician will carry out a consultation as outlined below:
- The patient will be asked about their inhaler technique and recruited onto the service by a relevant pharmacy team member seeking informed consent.
 - The necessary information required by the service will be completed on PharmOutcomes by the relevant pharmacy team member together with the Asthma Control Test (ACT) or COPD Assessment Test (CAT) score depending on whether the patient has asthma or COPD.
 - The pharmacist 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 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 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.
 - An appointment shall then be made for the follow-up visit; the pharmacist will take an appropriate telephone number and an email address for the patient so that they can be reminded of their appointment.
- 4.10. The pharmacist / technician should arrange the date and time for the next consultation 6-8 weeks after the initial consultation if required.

Please note – if the patient demonstrates good inhaler technique and inspiratory flow using the In-Check Dial and the ACT/CAT shows good control, then they will NOT be invited back for the 2nd visit, and payment for the 1st consultation shall be made in full.

- 4.11. An MUR can also be carried out and claimed if;
- The patient is eligible, and
 - It is suitable for the patient, and
 - The pharmacist conducts the MUR (pharmacy technicians are not able to conduct MURs under the MUR specification)
 - All the requirements of the MUR service specification are fully met.
- 4.12. The pharmacy will record the consultation on PharmOutcomes within 48 hours of the consultation.

Follow-up Consultation

- 4.13. The patient will be offered a follow-up consultation 6-8 weeks following the initial consultation if required.
- 4.14. A follow-up consultation can only be carried out by the same pharmacy that carried out the initial consultation.
- 4.15. The consultation must be conducted by a pharmacist or registered pharmacy technician who has completed the required training and the CPPE Declaration of Competence for Improving Inhaler Technique available at www.cppe.ac.uk.
- 4.16. The consultation will be carried out on the pharmacy premises in a consultation room that meets the requirements of the MUR service.
- 4.17. The pharmacist / pharmacy technician will carry out the consultation as outlined above at 4.9.
- 4.18. If a change of device or other inhaler intervention was recommended at the initial visit, the pharmacist shall check that this request has been actioned.

- 4.19. If there has been no improvement in the technique or in the ACT/CAT scores (unless they were very good initially) then the pharmacist 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.
- 4.20. The pharmacist /pharmacy technician who carried out the consultation will complete the Inhaler Check-up Follow-up Consultation form.
- 4.21. The pharmacy will record the consultation on PharmOutcomes within 48 hours of the consultation.

Records

- 4.22. The pharmacy will maintain a record of the consultation(s) on PharmOutcomes.
- 4.23. The consultation must be recorded onto PharmOutcomes within 48 hours of the consultation.
- 4.24. Details of the consultation will be sent to the patient's GP via the reporting function within PharmOutcomes.
- 4.25. The paper consultation records will be securely stored in the pharmacy between the patients consultations.
- 4.26. The record on PharmOutcomes will be the enduring record of the consultation. Following completion of one or both of the Inhaler Check-up consultations and recording of the information onto PharmOutcomes the paper records can be destroyed in line with the pharmacy policy for confidential waste.

5. Accessibility

- 5.1. The pharmacy must ensure that there are sufficient members of staff that are able to provide the service before enrolling a patient.
- 5.2. If the pharmacy for whatever reason cannot provide the service, then the patient should be directed to the nearest pharmacy providing the service. The pharmacy should ensure that the pharmacy to which the patient is being signposted is able to provide the service by phoning the pharmacy to check before the patient leaves the pharmacy.
- 5.3. The pharmacy should inform the commissioner if they are unable to provide the service for an extended period (defined as 4 weeks or more) due to any circumstance.

6. Payment

- 6.1. Remuneration will be made to the pharmacy at £10 + VAT for initial consultation and £7 + VAT for follow-up consultation which includes:
 - Set up costs (SOP development, staff training etc)
 - Pharmacist / pharmacy technician time to provide the service
 - Associated staff time to support the provision of the service
 - Completing claim forms and audit
 - Ongoing supply of equipment such as One-Way Mouthpieces for the In-Check DIAL
- 6.2. Payments will be made based on the information recorded on PharmOutcomes.
- 6.3. Payment will be made to pharmacies on a monthly basis.
- 6.4. The pharmacy must record information onto PharmOutcomes within 48 hours of the consultation. Consultations recorded onto PharmOutcomes after 48 hours may not be paid. Claims submitted which relate to provisions over 1 month old will not be paid.
- 6.5. Where the service was carried out within a MUR then the pharmacy can also claim a MUR fee via the FP34c. When an MUR fee is claimed the pharmacy is responsible for ensuring that the consultation undertaken met all requirements specified for the MUR service.

7. Staff

- 7.1. The Service can only be provided by a pharmacist or pharmacy technician who has:
- 7.1.1. Attended face to face inhaler technique training in the last three years. An Inhaler Check-up training event will be provided by the commissioner which covers:
- Overview of the Inhaler Check-up pharmacy service
 - Rationale for improving inhaler technique (i.e. adverse impact of poor technique)
 - Overview of range of inhaled drugs and devices
 - Education on inhaled drugs (purpose, dose, side effects, adherence, ICS warning cards)
 - Practical session on inhaler technique with most common devices
 - Identification of resources (where to get more placebos, RightBreathe videos)
- 7.1.2. Completed the CPPE Declaration of Competence self-assessment and declaration statement for Improving Inhaler Technique available at www.cppe.ac.uk.
- 7.2. The pharmacist / pharmacy technician(s) undertaking the service should ensure that the entire pharmacy team is made aware of the Inhaler Check-up Service.

8. Duty of Pharmacy Contractors

- 8.1. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are competent to deliver the service, have relevant knowledge and are appropriately trained in the operation of the service.
- 8.2. The pharmacy contractor must hold evidence of competency to provide the service for each pharmacist who conducts pharmacy initial consultations (i.e. retain copies of the Declaration of Competence statements for each pharmacist and technician) and make these available to the commissioner on their request.
- 8.3. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within local protocols.
- 8.4. The pharmacy should maintain appropriate records to ensure effective ongoing service delivery and audit.

9. Confidentiality

- 9.1. Both parties shall adhere to the requirements of the Data Protection Act 1988 and the General Data Protection Regulations (GDPR) and the Freedom of Information Act 2000.
- 9.2. Any approaches by the media for comments or interviews must be referred to the commissioning CCG.

10. Indemnity

- 10.1. The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement. Proof of adequate insurance should be provided to the commissioner if requested.

11. Commissioner Responsibilities

- 11.1. NHS Leeds CCG will provide the funding for PharmOutcomes for the recording of relevant service information for the purposes of audit and the claiming of payment.
- 11.2. NHS Leeds CCG will be responsible for the promotion of the service within the GP practices.
- 11.3. NHS Leeds CCG will provide pharmacies with the necessary training and resource packs to be able to provide the service.

- 11.4. NHS Leeds CCG will provide the initial supply of equipment to include placebo inhalers and In-Check DIAL device.

12. Quality Standards

- 12.1. The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 12.2. The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service are competent to deliver the service.
- 12.3. The pharmacy participates in an annual NHS Leeds CCG organised, LPC (Community Pharmacy West Yorkshire) agreed, audit or post payment verification of service provision.
- 12.4. The pharmacy co-operates with any locally agreed Leeds CCG assessment, which has been agreed with the LPC, of service user experience.
- 12.5. The pharmacy is making full use of any promotional material for the service, made available by the commissioner.
- 12.6. The pharmacy has appropriate health promotion and self-care material available for the user group and promotes its uptake.

13. Governance

- 13.1. The pharmacy will effectively manage any complaints using the pharmacy own internal complaints procedures which must meet the NHS pharmaceutical contractual standards.
- 13.2. The pharmacy will manage any incidents in line with the requirements of the NHS Contractual Framework for community pharmacy ensures that any patient incidents that occur are reported to the NPSA via the NRLS on-line reporting system.
- 13.3. Additionally, the pharmacy will inform the commissioning CCG of any complaint / incident relating to the service.

14. Safeguarding

- 14.1. When dealing with all patients pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.
- 14.2. The pharmacy 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.

15. Termination

- 15.1. Either party may terminate the agreement subject to providing one months' notice in writing.
- 15.2. The commissioning CCG may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

Service Specification Agreement

Inhaler Check-up Service - Leeds Clinical Commissioning Group

This document constitutes the agreement of the pharmacy in regards to the delivery of the NHS Leeds CCG Locally Commissioned Pharmacy Inhaler Check-up Service.

- I have read the service specification for this service Please tick
- The pharmacy **agrees** to provide the Inhaler Check-up Service in accordance with the service specification
- The pharmacy consents to the sharing and processing of service activity data with NHS Leeds CCG and Community Pharmacy West Yorkshire for the purpose of evaluating the service and making service payments

Pharmacy Name:		ODS Code:	
Address:			
Postcode:		Telephone No:	
Email:			

The above-named pharmacy will undertake this Local Service in accordance with the service aims and requirements as set out in the service specification.

This agreement will be in force until 31st March 2020.

Signature on behalf of the Pharmacy:

Please ensure you follow your company's process for signing of contracts and agreements.

Signature	Name	Date
	GPhC No	

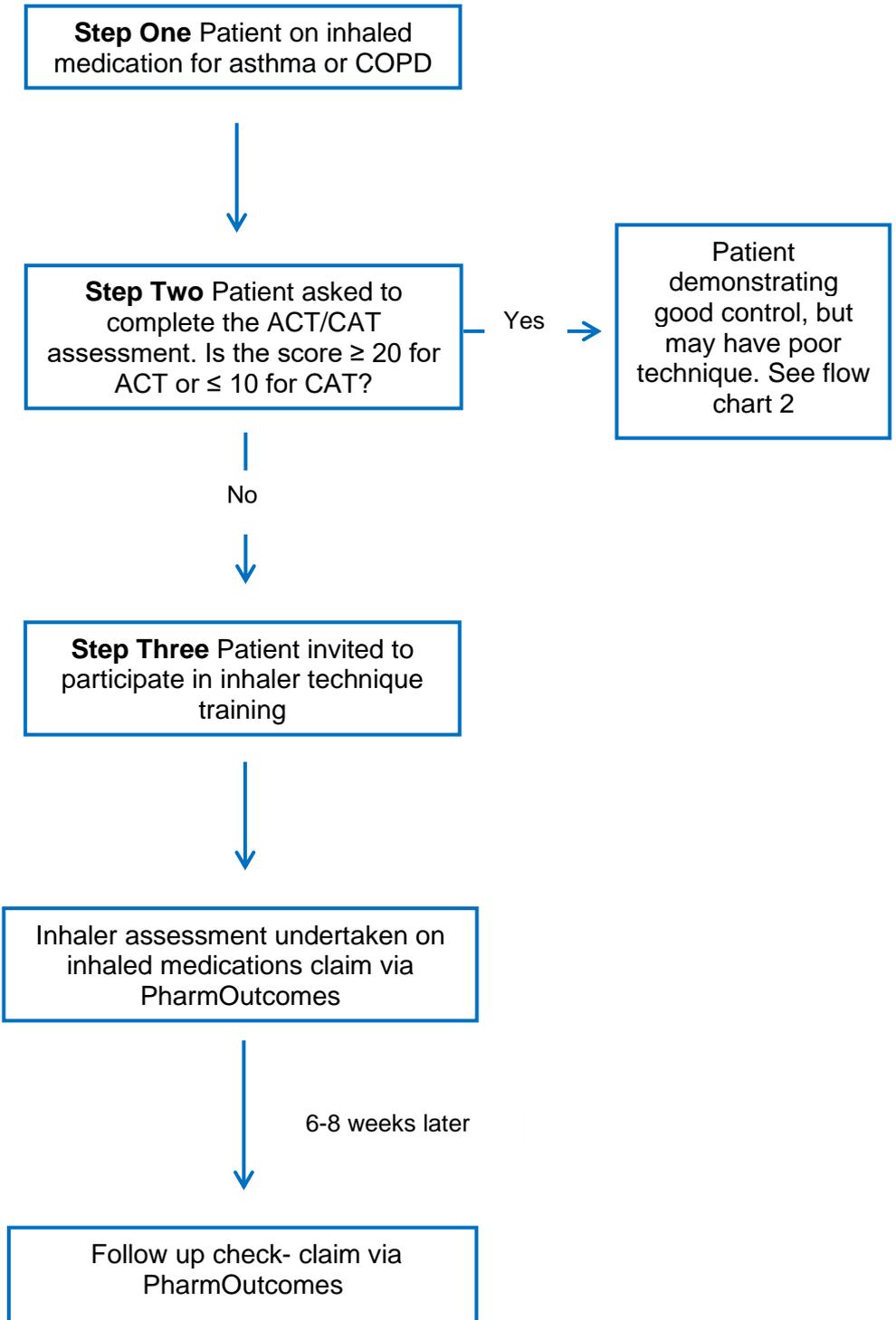
Signature on behalf of the Commissioner:

Signature	Name	Date

Freepost RSXK-TTAT-BXGU Community Pharmacy West Yorkshire Brooklands Court Carr Moor Side Leeds LS11 5HL	(No postage required)	By Fax on: 0113 341 0351 By Email to: info@cpwy.org
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Inhaler Technique Patient Pathway Flow Chart 1



3. Inhaler Technique Patient Pathway Flow Chart 2

