

# Bradford Central 5 Community Partnership Inhaler Check-up Service

## Locally Commissioned Community Pharmacy Service

The Inhaler Check-up service is commissioned by The Bradford Moor Practice on behalf of the Central 5 Community Partnership (CP C5) in Bradford.

The service is being commissioned using funding provided to the Central 5 Community Partnership (CP C5) and aims to support patients prescribed inhalers for asthma or COPD to use their inhalers correctly and effectively, thus helping them better manage their condition.

The Inhaler Check-up service will target patients, registered with a GP practice in the Central 5 Community Partnership Area (appendix a), who are prescribed inhalers for asthma or COPD.

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

### Contents

1. Service Description .....	2
2. Duration .....	2
3. Premises.....	3
4. The Service.....	3
<i>Eligible Patients</i> .....	3
<i>Identifying Patients for the Service</i> .....	3
<i>Initial Consultation</i> .....	4
<i>Follow-up Consultation</i> .....	5
<i>Records</i> .....	5
5. Accessibility.....	6
6. Payment .....	6
7. Staff .....	7
8. Duty of Pharmacy Contractors.....	7
9. Confidentiality.....	8
10. Indemnity .....	8
11. Commissioner Responsibilities .....	8
12. Quality Standards.....	8
13. Governance .....	9
14. Safeguarding .....	9
15. Termination.....	9

## 1. Service Description

The 'Inhaler Check-up' Service is commissioned by The Bradford Moor Practice, on behalf of the Central 5 Community Partnership, and aims to support patients prescribed inhalers for asthma or COPD to use their inhalers correctly and effectively, thus helping them better manage their condition. The aims of this service include:

- **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 2<sup>nd</sup> 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, registered with a CP C5 GP practice (see appendix a), who are prescribed inhalers for asthma or COPD, and consists of an initial inhaler technique check/review and, if required, a follow-up check 6-8 weeks later. 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 shall take effect for a 12-month period commencing on 1 October 2019 and finishing on the 30 September 2020.

### **3. Premises**

- 3.1. The Inhaler Check-up consultations must be undertaken in a consultation room which meets the requirements as specified for the advanced service Medicines Use Review. However, the inhaler check service can also be provided in the patient's home where this service is requested by the patient and where the pharmacy has an existing clinical relationship with the patient (e.g. pharmacy services have previously been provided to the patient). Pharmacists/technicians providing off-site inhaler checks must have a valid DBS certificate (as per the requirement for providing off-site MURs).
- 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 CP C5 GP practice, (as listed at appendix a), 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 they:
  - are on inhaled medication for the treatment of either asthma or COPD
  - are able to speak and understand English or be supported in translation by the pharmacy team
  - are able to attend the pharmacy for both consultations
  - are prescribed inhalers
  - have not already received an Inhaler Check-up service from another pharmacy in the last 12 months.

#### *Identifying Patients for the Service*

- 4.3. 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).
- 4.4. The pharmacy will arrange a suitable appointment date and time for the patient (which may be immediately if appropriate).

### *Initial Consultation*

- 4.5. The consultation must be conducted by a pharmacist or registered pharmacy technician who has completed the required training for this service (refer to section 7).
- 4.6. The consultation must be carried out on the pharmacy premises in a consultation room which meets the requirements of the MUR service. However, the inhaler check service can also be provided in the patient's home where this service is requested by the patient and where the pharmacy has an existing clinical relationship with the patient (e.g. pharmacy services have previously been provided to the patient). Pharmacists/technicians providing off-site inhaler checks must have a valid DBS certificate (as per the requirement for providing off-site MURs)
- 4.7. The pharmacist / pharmacy technician will carry out the 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.
- 4.8. 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 2<sup>nd</sup> visit, and payment for the 1<sup>st</sup> consultation shall be made in full.**

- 4.9. An MUR could also be carried out and claimed if;
  - the patient is eligible, and
  - an MUR is suitable for the patient, and
  - the pharmacist conducts the MUR (pharmacy technicians are not able to conduct MURs under the MUR specification), and
  - all the requirements of the MUR service specification are fully met (note; where an offsite inhaler check is to be undertaken and the contractor wishes to also undertake an MUR they MUST ensure they have followed NHS England

process for undertaking offsite MURs – see <https://psnc.org.uk/services-commissioning/advanced-services/murs/conducting-murs-off-the-pharmacy-premises/>).

- 4.10. The pharmacy will record the consultation on PharmOutcomes within 48 hours of the consultation.

#### *Follow-up Consultation*

- 4.11. The patient will be offered a follow-up consultation 6-8 weeks following the initial consultation if required.
- 4.12. A follow-up consultation can only be carried out by the same pharmacy that carried out the initial consultation.
- 4.13. The follow-up consultation must be conducted by a pharmacist or registered pharmacy technician who has completed the required training for this service (refer to section 7).
- 4.14. The follow-up consultation will be carried out on the pharmacy premises in a consultation room that meets the requirements of the MUR service. However, the inhaler check service can also be provided in the patient's home where this service is requested by the patient and where the pharmacy has an existing clinical relationship with the patient (e.g. pharmacy services have previously been provided to the patient). Pharmacists/technicians providing off-site inhaler checks must have a valid DBS certificate (as per the requirement for providing off-site MURs)
- 4.15. The pharmacist / pharmacy technician will carry out the consultation as outlined at 4.7.
- 4.16. If a change of device or other inhaler intervention was recommended at the initial visit, the pharmacist/pharmacy technician shall check that this request has been actioned.
- 4.17. 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.
- 4.18. The pharmacist /pharmacy technician who carried out the consultation will complete the Inhaler Check-up Follow-up Consultation form.
- 4.19. The pharmacy will record the consultation on PharmOutcomes within 48 hours of the consultation.

#### *Records*

- 4.20. The pharmacy will maintain a record of the consultation(s) on PharmOutcomes.
- 4.21. The consultation must be recorded onto PharmOutcomes within 48 hours of the consultation.

- 4.22. Details of the consultation will be sent to the patient's GP via the notification function within PharmOutcomes.
- 4.23. The paper consultation records will be securely stored in the pharmacy between the patient's consultations.
- 4.24. 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 is unable to provide the service the patient should be directed to the nearest pharmacy that can provide it. The pharmacy should first 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 the initial consultation and £7 (+ VAT) for the 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 on a monthly basis based on the information recorded on PharmOutcomes.
- 6.3. 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.**
- 6.4. Where the service was carried out within a MUR then the pharmacy can also claim the MUR fee via the usual FP34c route. 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 registered pharmacy technician who has completed the required training for this service. They must have:
- Completed the CPPE Declaration of Competence self-assessment and declaration statement for Improving Inhaler Technique available at [www.cppe.ac.uk](http://www.cppe.ac.uk)
  - **AND**
  - Attended face to face inhaler technique training from an approved trainer in the last 3 years (attending the training event provided by the commissioner, see 7.2, counts as face to face training).
- 7.2. An Inhaler Check-up training event will be provided by the commissioner which covers:
- An overview of the Inhaler Check-up pharmacy service.
  - The rationale for improving inhaler technique (i.e. adverse impact of poor technique).
  - An overview of the range of inhaled drugs and devices.
  - Education on inhaled drugs (purpose, dose, side effects, adherence, ICS warning cards).
  - A practical session on inhaler technique with the most common devices.
  - Identification of resources (where to get more placebos, RightBreathe videos).
- 7.3. The pharmacist or registered pharmacy technician 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 providing the Inhaler Check-up Service do so in a manner compliant with the requirements of this service specification.
- 8.4. 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.
- 8.5. The pharmacy contractor is responsible for the ongoing supply of equipment such as the One-Way Mouthpieces for the In-Check DIAL device (participating pharmacies will be supplied with an initial supply of equipment).
- 8.6. 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 commissioner.

## **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. The commissioner 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. The commissioner will be responsible for the promotion of the service within the GP practices.
- 11.3. The commissioner will provide pharmacies with the necessary training and initial resource packs to be able to provide the service.
- 11.4. Community Pharmacy West Yorkshire, using funds provided by the commissioner, 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 CPWY evaluation or post payment verification of the service.
- 12.4. The pharmacy co-operates with any locally agreed 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. Service Targets**

13.1 The community pharmacy should provide a minimum of 2 inhaler checks per week.

### **14. Governance**

14.1. The pharmacy will effectively manage any complaints using the pharmacy's own internal complaints procedures which must meet the NHS pharmaceutical contractual standards.

14.2. The pharmacy will manage any incidents in line with the requirements of the NHS Contractual Framework for community pharmacy and ensure that any patient incidents that occur are reported to the NPSA via the NRLS on-line reporting system.

14.3. The pharmacy will inform the commissioner of any complaint / incident relating to the service.

### **15. Safeguarding**

15.1. When dealing with all patients pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

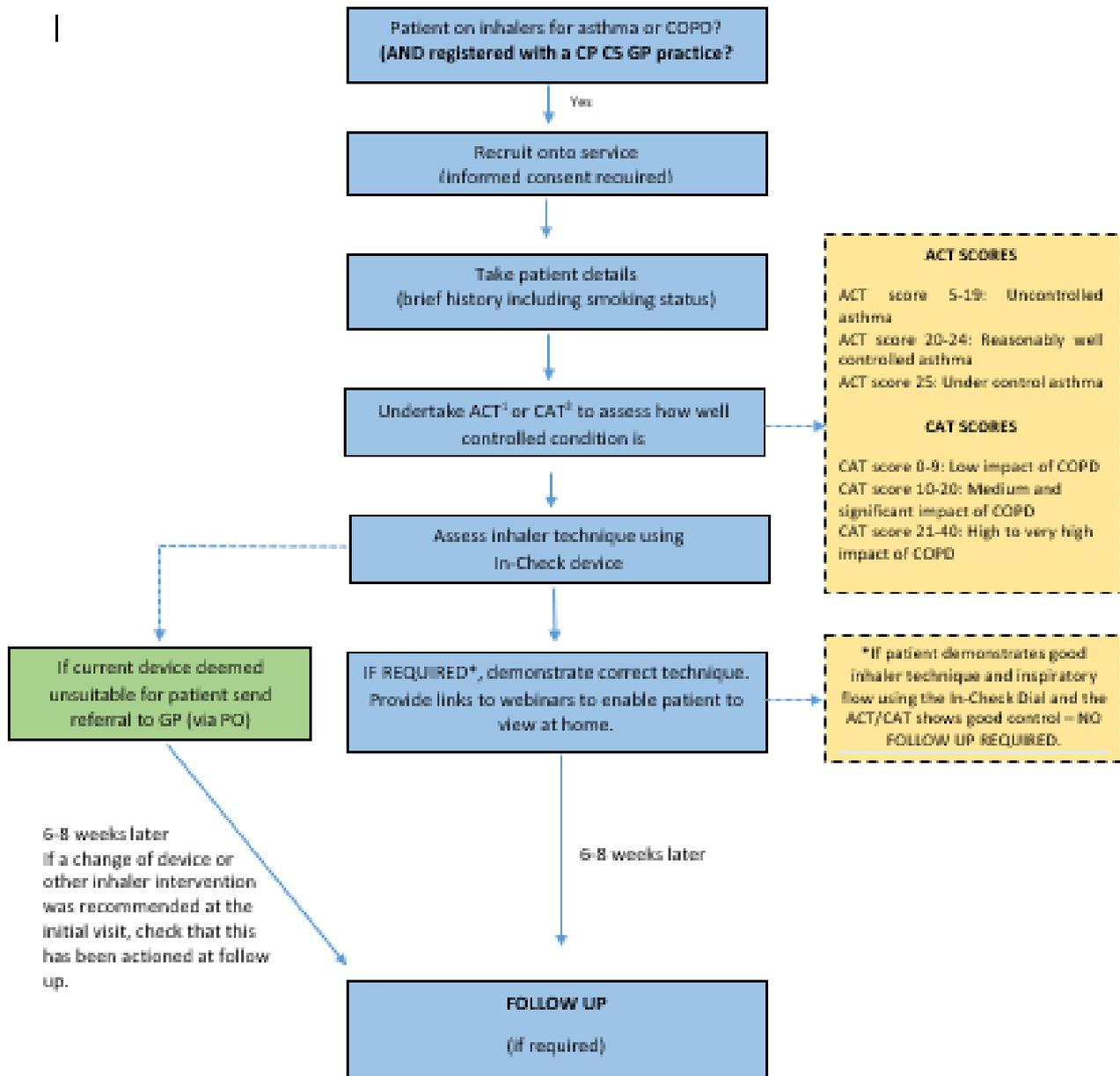
15.2. The pharmacy shall actively work to protect service users and their families from abuse and ensure that local multiagency safeguarding procedures are followed where there are any concerns of abuse in relation to any children or adults.

### **16. Termination**

16.1. Either party may terminate the agreement subject to providing one months' notice in writing.

16.2. The commissioner 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.

## Bradford Central 5 Community Partnership (CP C5) Inhaler Check-up Service Flowchart



1. ACT – Asthma Control Test
2. CAT – COPD Assessment Test

# Service Specification Agreement

## Inhaler Check-up Service - Central 5 Community Partnership (Bradford)

This document constitutes the agreement of the pharmacy in respect to the delivery of the Inhaler Check-Up Service commissioned by The Bradford Moor Practice.

PLEASE TICK

I have read the service specification for this service

The pharmacy **agrees** to provide the Inhaler Check-up Service in a manner compliant with the requirements of the service specification.

The pharmacy confirms that they will have an appropriate Standard Operating Procedure (SOP) in place for the provision of the Inhaler Check-Up Service

The pharmacy consents to the sharing and processing of service activity data with the Commissioner and Community Pharmacy West Yorkshire for the purpose of evaluating the service and making service payments

<b>Pharmacy Name:</b>		<b>ODS Code:</b>	
<b>Address:</b>			
<b>Postcode:</b>		<b>Telephone No:</b>	
<b>Email:</b>			

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 from 1<sup>st</sup> October 2019 to 30 September 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

Completed forms should be returned by Tuesday 29<sup>th</sup> October 2019 to:

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: <a href="mailto:info@cpwy.org">info@cpwy.org</a>
--	-----------------------	---

## Bradford Central 5 Community Partnership Inhaler Check-up Service – GP List

<b>PRACTICE</b>	<b>ADDRESS</b>	<b>B-CODE</b>
The Avicenna Medical Practice	The Bluebell Building, Barkerend Health Centre, Bradford. BD3 8QH	B83058
Bradford Moor Practice	The Bluebell Building, Barkerend Health Centre, Bradford. BD3 8QH	B83032
Moor Park Medical Practice	The Bluebell Building, Barkerend Health Centre, Bradford. BD3 8QH	B83661
Dr Akbar	The Bluebell Building, Barkerend Health Centre, Bradford. BD3 8QH	B83611
Bevan	14 Piccadilly, Bradford. BD1 3LS	B83657
Dr Hamdani	14 Institute Road, Eccleshill. BD2 2HX	Y01118
Dr Akbars @ HSB	Hillside Bridge Healthcare Centre, 4 Butler Street West, Bradford. BD3 0BS	B83638
Primrose Surgery	Hillside Bridge Healthcare Centre, 4 Butler Street West, Bradford. BD3 0BS	B83026
Valley View Surgery	Undercliffe Health Care Centre, 17 Lowther Street, Bradford. BD2 4RA	B83626
Peel Park Surgery	Undercliffe Health Care Centre, 17 Lowther Street, Bradford. BD2 4RA	B83629
Thornbury Medical Practice	20 Rushton Avenue, Bradford. BD3 7HZ	B83005