

4. Annual medication reviews and longitudinal care

A new service focussed on asthma patients would enable all people with asthma to have an annual review in their chosen pharmacy at a time convenient to them and very possibly without the need for an appointment.

5. Responsibility for care of people with asthma

If pharmacies were given lead responsibility for asthma care within local care pathways, along with read/write access to patients' records, they could take on responsibility for a significant cohort of patients from GP practices to release capacity, whilst keeping other health professionals updated about those patients.

What now? The next steps

PSNC believes CCGs are ideally positioned to implement some of these suggestions to help patients as part of local service development.

We would like to work with relevant stakeholders to develop a commissioning framework that would enable CCGs to easily adopt a standardised system to ensure they are meeting the needs of people with asthma most effectively.

References for the service examples cited are available in *Responding to the National Review of Asthma Deaths – The contribution that community pharmacies can make* – available at psnc.org.uk

PSNC (the Pharmaceutical Services Negotiating Committee) promotes and supports the interests of all NHS community pharmacies in England. We are recognised by the Secretary of State for Health as the body that represents NHS pharmacy contractors. We work closely with Local Pharmaceutical Committees to support their role as the local NHS representative organisations.



Community pharmacy and the management of people with asthma



The National Review of Asthma Deaths (NRAD) identified some clear gaps in the care of people with asthma. Of those who died:

- 39% had been prescribed **more than 12 reliever inhalers** in the previous year and 4% more than 50 reliever inhalers in the previous year)
- **10%** died within **28 days of discharge** from hospital after treatment for asthma
- **Only 23%** had a personal **asthma action plan**

We agree with the authors' recommendations on how care can be improved and the evidence suggests that there are a number of ways in which community pharmacies can help.

The community pharmacy evidence

A number of studies have showed how pharmacies can:

- Improve inhaler technique
- Improve asthma control and symptoms
- Carry out effective asthma reviews
- Reduce GP visits for asthma-related issues
- Reduce hospital admissions

An analysis of 4,600 asthma control tests and 448 COPD assessment tests carried out following respiratory Medicines Use Reviews (MURs) by community pharmacies in the South Central Region found the pharmacy consultations led to a **40% increase in the number of people achieving test scores representing good asthma control**

A community pharmacy asthma review service led to a **32% reduction in the number of GP visits for asthma-related issues**

An Isle of Wight respiratory MUR project led to a **75% reduction in asthma deaths**

An MUR service targeted at people with asthma led to a **25.2% reduction** in prescription numbers for reliever inhalers

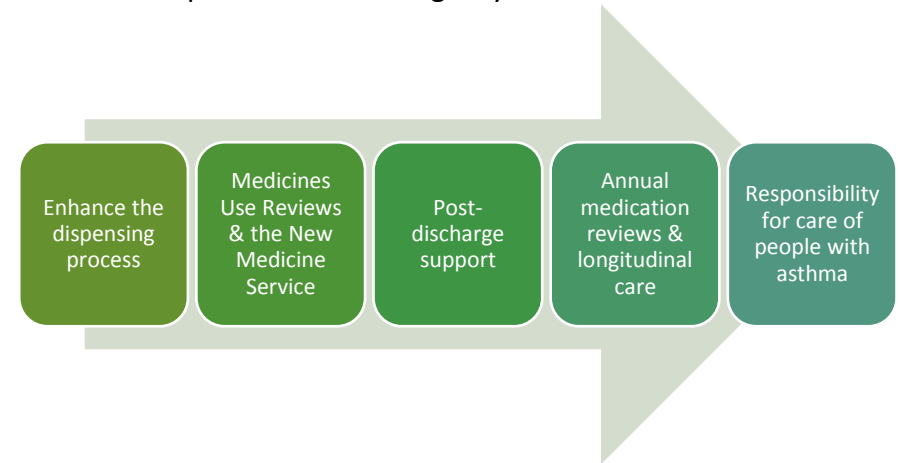
Emergency hospital admissions **reduced by 50%** following a pharmacy targeted MUR project

42% of patients seen by pharmacies in a Leicester project had **not had a GP asthma review in the past year**

In one local scheme pharmacies helped **more than 1,000 patients to meet target Inspiration Rates** for their inhalers, with the percentage achieving the targets for MDIs rising from **21.7% to 98.6%** after the intervention.

The future role for community pharmacy

PSNC believes that community pharmacy care for people with asthma could be developed in the following ways:



1. Enhance the dispensing process

Indicators could be developed for use during the dispensing process to enable pharmacies to identify people who are, for example, over-using reliever inhalers or under-using preventer inhalers.

2. Medicines Use Reviews (MURs) and the New Medicine Service (NMS)

The development of these services could focus the provision on a greater number of people with asthma. This may benefit from the registration of patients with an individual pharmacy to allow service management by commissioners, and from the identification of an asthma lead within each community pharmacy.

3. Post-discharge support

MURs could be extended to cover all people discharged from hospital following admission for asthma. This would require the cooperation of hospital colleagues and GPs so patients could be identified and made aware of the opportunity to have an MUR and for any relevant information to be shared.