

November 2016

PSNC Briefing 068/16: Quality Payments – referrals for asthma reviews

This PSNC Briefing provides an overview of how to achieve the ‘clinical effectiveness’ domain of the Quality Payment (QP) scheme. Further information on the QP scheme can be found in [PSNC Briefing 067/16 Quality Payments – what pharmacy contractors need to do](#).

Introduction

The Department of Health (DH) is introducing a QP scheme as part of the Community Pharmacy Contractual Framework in 2017/18. One of the domains of the QP scheme is ‘clinical effectiveness’ and the criteria for achieving this is:

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.

There are two review points for this criterion:

- Friday 28th April 2017; and
- Friday 24th November 2017.

At each review point, meeting this criterion is worth 10 points (£640), therefore a total of 20 points (£1,280) can be claimed in 2017 for achieving this criterion.

Short-acting acting bronchodilator inhalers

A short-acting bronchodilator (reliever) is the first treatment step for patients diagnosed with asthma. The following medicines are classed as inhaled short-acting bronchodilators:

- short-acting β 2 agonists; and
- ipratropium bromide.

β 2 agonist tablets or syrup and theophyllines are also classed as short-acting bronchodilators but for the purposes of the QP criterion these medicines are not included.

Short-acting β 2 agonists are the preferred short-acting bronchodilator as they work more quickly and / or with fewer side effects than the alternatives. An inhaled short-acting β 2 agonist should therefore be prescribed as the first step for all patients with symptomatic asthma.

Patients should not need to use their short-acting bronchodilator regularly, as good asthma control is associated with little or no need for them. The British Thoracic Society (BTS)/Scottish Intercollegiate Guidelines Network (SIGN) guideline states that if patients are being prescribed more than one short-acting bronchodilator inhaler device a month they should be identified and have their asthma assessed urgently (although for the purposes of this QP criterion, patients should be identified if dispensed more than 6 short acting bronchodilator inhalers without any

corticosteroid inhaler within a 6-month period). Measures may need to be taken to improve asthma control if this is poor¹ such as referring the patient for an asthma review, providing an inhaler technique check or a Medicines Use Review (MUR).

Process

Appendix A shows a suggested process for pharmacy teams to follow to incorporate this QP criterion into their daily practice.

This process looks to identify patients who have been diagnosed with asthma and have been prescribed more than 6 short-acting bronchodilators in the last 6 months as these patients are likely to require their asthma to be assessed urgently.

Patients that fall into this criteria may benefit from receiving a check of their inhaler technique and an MUR to help them to understand how to optimise use of their medicines and management of their condition. If these interventions are provided, it is important that this 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.

CPPE support

The Centre for Pharmacy Postgraduate Education (CPPE) has a [distance learning course](#) and [e-assessment](#) on asthma, as well as inhaler technique training [e-learning](#) and [videos](#), which pharmacists or pharmacy technicians may find useful to complete before incorporating the QP criterion into their daily practice.

Communicating with GP practices

Since contractors will be referring patients who meet the above requirements to their GP practice, it may be useful for contractors to speak to local GP practices to inform them of the referral requirement and to hear what feedback they would like to receive or how they would like patients to be referred. Where the notification to the GP practice is undertaken via hardcopy/fax the Community Pharmacy Referral Form (Appendix B) can be used.

Data collection

Contractors may be required to provide evidence to local NHS England teams to show that they have met the QP criterion. A data collection form is provided in Appendix C which could be used to aid this process. Please note, if this form is used, the left-hand side of the form containing patient information, should be hidden if it is shown to NHS England representatives to prevent a breach of patient confidentiality.

PharmOutcomes support

PSNC is working with Pinnacle Health Partnership LLP to make available to all contractors a PharmOutcomes module which will allow them to make records of these interventions and to electronically send referral notes to GP practices; further details on this will be provided on the PSNC website as soon as possible.

If you have any queries on this PSNC Briefing or you require more information, please contact [Zainab Al-Kharsan, Service Development Pharmacist](#).

¹ BTS/SIGN 141 British guideline on the management of asthma (October 2014) <https://www.brit-thoracic.org.uk/document-library/clinical-information/asthma/btssign-asthma-guideline-2014/>

Appendix A – Suggested process for referring patients for an asthma review

The pharmacy receives a prescription for a short-acting bronchodilator inhaler but the patient has not been prescribed a corticosteroid inhaler.



Check the patient's Patient Medication Record (PMR) to see how many short-acting bronchodilator inhalers the patient has received in the last 6 months and if they have received a corticosteroid inhaler in this period.



If the patient has received more than 6 short acting bronchodilator inhalers in the last six months without a corticosteroid inhaler, speak to the patient to confirm how they are using the short-acting bronchodilator inhalers and what condition they have.



COPD or other indication

If the patient has COPD or a different indication, they fall outside the QP criterion.



Asthma



Not known

If the patient does not know why they are using their inhalers try to contact the patient's GP practice to confirm the indication.

Discuss the issue with the patient and check their understanding of how to use their short-acting bronchodilator inhaler. Consider providing an inhaler technique check, Medicines Use Review (if appropriate) and other support as required.



If the patient is calling back to collect their prescription, highlight on the bagged-up medicines that the pharmacist would like to speak to the patient following your normal method to do this. If the patient is a delivery patient, telephone the patient.



Advise patient that they should see their GP or asthma nurse for a review of their inhalers. Seek verbal consent to refer patient to their GP or asthma nurse.



If consent is obtained, send a referral form to the GP practice using the method previously agreed with the GP practice.



Complete the data collection form and make a record on the Patient's PMR detailing the referral.

Appendix B – Referral form

<input type="checkbox"/>		Community pharmacy referral form		Date <input type="text"/>	
To (GP practice name)		<input type="text"/>			
Patient's name		<input type="text"/>			
Patient's address		<input type="text"/>			
Patient's DOB		<input type="text"/>	NHS number (where known)		<input type="text"/>
<p>This patient has been identified as having been prescribed more than 6 short-acting bronchodilator inhalers without any corticosteroid inhaler within a 6-month period. The patient has agreed that you may be notified of this, as there may be a need for their therapy to be reviewed.</p>					
Additional comments (e.g. actions taken following intervention such as inhaler technique check and/or Medicines Use Review)					
<input type="text"/>					
Pharmacy name		<input type="text"/>			
Address		<input type="text"/>			
Telephone		<input type="text"/>			
CONFIDENTIAL					

A standalone version of this form can be downloaded from the [PSNC website](#).

Annex C – Data collection form

Data collection form – Patients referred for an asthma review

Patient bag label	Date of intervention	Date of referral	GP practice	Action taken following the intervention, e.g. inhaler technique check, Medicines Use Review

CONFIDENTIAL

A standalone version of this form can be downloaded from the [PSNC website](#).