

# Bexley Asthma Management and Community Pharmacy Project

## Evaluation

### Introduction

The Bexley Asthma Management and Community Pharmacy Project was launched in September 2017. It was led and supported by Healthy London Partnership (HLP) Children and Young People's (CYP) team in partnership with the Bexley Commissioner for CYP Services. The project was also supported by the Local Pharmaceutical Committee (LPC).

The project aimed to improve CYP control and management of asthma through the use of opportunistic inhaler reviews conducted by pharmacists with patients visiting the pharmacy. In addition, the project aimed to:

- Utilise community pharmacists to identify patients aged between 5-25 years with poorly controlled asthma who would benefit from a full asthma review by their GP or practice nurse;
- Gather general information on the patient's asthma management and communicate this to the GP using a platform developed by Sonar Informatics. If any issues were detected by the pharmacist, a referral would be sent to the GP to follow up; and
- Emphasise the role pharmacists can provide in promoting good inhaler technique and supporting inhaler surveillance in primary care.

The project aligned with recommendations from the National Review of Asthma Deaths (NRAD) report and British Thoracic Society/Scottish Intercollegiate Guidelines Network to utilise pharmacists in asthma management.

A pre-launch session was carried out on 15 May 2017 with local pharmacies and GP Practices to explain the context of the project and discuss and agree the proposed pathway. Subsequent training sessions were held with GPs from three surgeries and pharmacists from 15 local practices. An additional 'refresher' session was held during the LPC's general meeting on 8 November 2017.

There was low take up of the project among pharmacists and only 19 reviews took place over the test period. It was therefore decided to carry out an evaluation to determine the underlying reasons. This is particularly relevant in light of discussions about extending the project further within the borough of Bexley and also interest among other areas in London in taking forward similar programmes.

## Methodology

Programme managers from HLP spoke to or received written feedback from 15 of 16 pharmacies that had either received training, been approached about undertaking training, or had been involved in the project without doing the training. It was found that several pharmacists who attended the training had left in the interim period. Conversations were held with pharmacists even when they had been unable to attend the training or find out about the project through other means, in an attempt to gain the greatest possible learning for the future.

When pharmacists had taken part in the training, the following questions were asked:

1. Having attended the training, are you confident to conduct an assessment or do you require further support?
2. Limited numbers have undertaken reviews. Why have people not taken part, in your view? What were the barriers to taking part?
3. Was the training helpful; was it detailed enough? What would you have done differently?
4. How easy is the protocol/Sonar platform to use?
5. Was the userguide helpful? Could it be presented differently to encourage participation?
6. (If they had undertaken a review) How has the programme gone? Is there any learning you could share?
7. Would putting a sticker on the medication pack encourage uptake? Would you use such stickers if the CCG provided them?

## Responses

### Reasons for limited involvement in the project

Overall, there was enthusiasm for the project and the subject matter, and some frustration that greater participation had not been possible.

A variety of reasons were highlighted by respondents for the limited uptake. Key issues included the small number of GP surgeries involved in the pilot: several of the pharmacies did not see many patients from the surgeries in question so their potential pool of patients was automatically reduced.

In some cases, pharmacists' roles had changed. Many pharmacists had left and were working in areas not taking part in the pilot. In one case, a pharmacist was working on care home prescriptions so did not see any relevant patients (although she did state that she would start using the protocol again when she returns to her previous role).

Another issue highlighted was that parents often collect prescriptions on behalf of their children, so the child is not there to take part in the review. One respondent reported that he had asked some parents to return with their children but that they had not done so. He also pointed out that very few young people visit the pharmacy.

Another pharmacist suggested that it would be helpful if GP surgeries directed patients to the service more effectively. Inhaler reviews may also be provided by in-house practice pharmacists or nurses: he suggested that it would be beneficial to everyone if this work could be shared.

Time constraints were also highlighted as a barrier. Pharmacists may be too busy and, if they work single-handedly, the opportunity to carry out reviews is limited.

### **Quality of the training**

Over half of respondents said they felt confident after the training to carry out the inhaler review. It was pointed out that the assessment and review of inhaler technique should be part of everyday work in any case so extensive training in this area was unnecessary – although another respondent stated that this element of the training had provided a ‘great clinical refresher’.

Two pharmacists said that the training was brief but informative and the session allowed them the opportunity to ask questions before using the service.

Other respondents suggested that more detail, greater clarity within the training and support afterwards would have been welcome.

One pharmacist said she would have appreciated more information on using the protocol in practice, and others suggested that it would have been helpful to have an interactive session using dummy patients to run through the protocol on screen.

Training on the means of claiming for the reviews was criticised by one respondent, who stated that it appeared to be complex and involve lots of ‘paperwork’.

One respondent said a more localised approach to training might be helpful, with GPs and pharmacists trained together. Timing training to suit both groups may be difficult, however. This particular pharmacy closes at lunchtime, which would allow pharmacists to visit the surgery and go through the training together, offering an easy opportunity. The same will not be true for other sites.

### **Ease of platform use**

Those respondents who had used the platform mainly stated that it was straightforward. One pharmacist reported that the platform and protocol were both excellent and very easy to use.

One criticism received was that the process was too lengthy and another pharmacist reported that the platform was not user-friendly, being too long and time-consuming for customers. They suggested that a paper version, which could be uploaded later on, would offer an easier option. Undertaking the review in this way may mean that some reviews are not uploaded to the system, however. Connection problems may have contributed to the problem in this case.

### **Comments on the userguide**

The length of the userguide was mentioned by several respondents as an issue. Some commented that it made the protocol look more complex than it is. Making it simpler and clearer, with bullet points, was recommended by one pharmacist.

Another pharmacist mentioned that they had not needed the userguide as they use the platform for flu vaccines and it is very intuitive.

## **Learning from conducting the reviews with CYP**

Very few pharmacists had actually undertaken reviews with patients, so there were not many responses to this question. The reviews that had taken place had gone well, and one respondent mentioned that the programme overall had gone well and that he had found it very worthwhile, with the potential to make a big difference to young patients' asthma control.

## **Use of stickers to remind parents/patients about the service**

There was support for this suggestion from around half of respondents, although several caveats were mentioned. It was clear that writing anything on the prescription itself might cause problems, but some thought that a sticker on the medication bag would be a good reminder for the patient or their parent/carer, and already happens for other medicines use reviews (MURs).

Some respondents questioned the use of stickers, however, with one stating that stickers do not work effectively as a reminder for the flu vaccine.

Another pharmacist was concerned about being able to fulfil the requirement if a patient then returned for a review at a busy time. He thought it would be better to talk to the patient or their parent at the time, ask them to return if they were unable to do the review at that point, and highlight a good time for a return visit. This would be a particular issue for smaller pharmacies, where time and staff availability to undertake reviews are more difficult. Larger organisations would be less likely to have this problem.

## **Additional feedback**

### **Timing**

An important issue highlighted in the evaluation was the hiatus between the training and the launch of the project, which was several months. Such a gap risks a loss of momentum and enthusiasm, as well as knowledge of the actual protocol and its requirements.

It was suggested that the programme team should only engage with pharmacists when everything is in place so that after the training they can start performing reviews straight away, while the knowledge is fresh in their minds and enthusiasm is high.

### **Improving patient recruitment**

Respondents stated that more effective recruitment was needed, particularly to encourage young people to visit their pharmacist.

One pharmacist suggested that it would be most helpful to send personalised text messages to patients, as they are able to do for people on smoking cessation plans. This system, set up by Greenwich Public Health, allows pharmacists to send messages such as 'well done, your measure today was X. Don't forget your next appt on Y'. It was felt that something along these lines would help improve patient numbers.

### **Poor communication and coordination**

Communication from the programme team to pharmacists seems to have been lacking in some cases. One pharmacist thought the pilot was only running during the AskAboutAsthma Campaign, which took place in September 2017. Emails do not seem to have reached the right recipients (one pharmacist said he must have 'missed the email' but was able to obtain the information from another pharmacist taking part in the pilot). Another reported being given two

days' notice to attend the training. The lack of notice meant that he was not able to take part in the training, and did not receive any further information about the programme.

Another pharmacist reported that the claims process appeared to be 'lots of work for not much reward' – which is not the case (the claims process was the same for other MURS or new prescriptions service). Confusion about the means of claiming for reviews may have discouraged participation.

Better targeting of pharmacists to take part in the training was also needed. One pharmacist who attended the training runs an online pharmacy and never comes into contact with patients, so was obviously unable to conduct any reviews.

Feedback from many other pharmacists was that they did not see patients from the three GP surgeries included in the project.

### **Interest in future working together**

Many respondents reported interest in working on this kind of project in the future. One pharmacist, who had not been able to take part because of lack of notice of the training dates, said he was enthusiastic about the content of the pilot, and would be keen to take part if it is expanded. He commented that he believed 60-70% of CYP are not using their inhalers properly and, as a result, are going back to their GPs and having their medication increased or changed unnecessarily.

Many pharmacists said they would be happy to take part if the pilot was rolled out over a larger area, and to participate in any future related training on the subject.

## **Conclusion**

There was much enthusiasm for the project and its content from pharmacists, belied by the actual number of reviews that have taken place to date. Key learning points for possible roll out of the programme appear to be:

- Identification of pharmacists suitable to take part needs to improve;
- Communication to pharmacists needs to be clear and simple;
- Training should include using dummy patients;
- There needs to be clarity over the claims process – eg. provision of a simple bulleted checklist;
- There needs to be a quick turnaround between training and launch;
- Support materials and a hotline to call for additional support would be welcomed;
- Streamlining and simplification of the userguide is needed;
- MUR type stickers should be provided for pharmacies that want them; and
- Additional means of recruiting patients, such as personalised text messages, should be explored.

Taking the learning from this evaluation and adapting the training and support materials and – perhaps most importantly – keeping momentum going by launching immediately following the training would be likely to result in far greater uptake of the protocol.

## **Acknowledgements**

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