



Community Pharmacy Public Health Campaign and Additional Audit

**Raising awareness of asthma management in
children & young people in London**

Guidance: July 2015

**Community pharmacy Public Health Campaign and
Additional Audit
Raising awareness of asthma management in children & young
people in London: Guidance**

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1 Executive summary

Asthma is the most common long-term medical condition in children. In London, there is currently:

- Rising mortality rates in children, most pronounced in respiratory disease
- High variation in diagnosis, treatment and care of asthma
- Low numbers of children with a personal asthma action plan or receiving asthma reviews.

Community pharmacies are in a strong position to support the improvement of these outcomes by helping to raise awareness for asthma management in children and young people. They can do this by sharing key public health messages on inhaler technique, the use of spacer devices, smoking and immunisation.

For this campaign, pharmacies are required to target parents and carers of children with asthma, as well as young people with asthma using the pharmacy, and hold a brief intervention to discuss awareness of asthma management.

The public health campaign has a unique additional element in the form of an audit. For this additional audit, pharmacies have been provided with seven questions to ask in relation to asthma management and an online tool to record responses:

- Does the child or young person have an asthma action plan or “wheeze plan”?
- In the last 12 months, has an assessment of inhaler technique by a doctor, nurse or pharmacist occurred?
- Does the child or young person use a spacer device?
- Does the child or young person smoke?
- Does the child or young person live with someone who smokes?
- Did the child or young person have a flu vaccination last year?
- In the last 12 months, have you had to make an emergency request for an inhaler from your pharmacy, GP, Out of hours services, Walk-in Centre or A&E?

As part of NHS England’s commitment to innovation highlighted in the [Five Year Forward View](#), participation in this additional audit will attract a payment of £75.00. London LPCs support this innovation and urge all pharmacies to maximise every patient contact and data collection opportunities.

The responses are to be recorded using an online [survey](#) tool accessible on any web-based device e.g. pharmacy PC, smartphone, tablet, laptop, smartwatch. It can be accessed here:

<https://cypasthma.typeform.com/to/riOkWV>

The public health campaign and additional audit, which will run concurrently from Friday 24 July to Friday 18 September 2015 across all pharmacies in London and aims to provide key public health messages and gather information on current levels of awareness of asthma management in children and young people (CYP).

Participation in the public health campaign is mandatory under the *Essential Service 4* of the Community Pharmacy Contractual Framework.

The use of the survey tool to gather additional data for the audit is voluntary and will attract a payment.

The whole pharmacy team, not just the pharmacist, can support the delivery of both the campaign and additional audit.

2 Background

Asthma is a long-term inflammatory condition that affects the airways. The usual symptoms include wheezing, difficulty in breathing, chest tightness and coughing, particularly at night or in the early hours. Its severity varies from mild, moderate to severe and can cause physical and psychological distress affecting quality of life. It cannot be cured, but with appropriate management, quality of life can be improved. Asthma is most common between ages of five to 15 years.¹

The UK has among the highest prevalence rates of asthma symptoms in children worldwide. Asthma prevalence is thought to have plateaued since the late 1990s.²

Facts about asthma in the UK

5.4 million People are currently receiving treatment for asthma, 1.1 million of whom are children.

1 in 11 children have asthma, on average there are two children with asthma in every classroom.

There were 25,073 emergency hospital admissions for children in 2011-2012. On average that's one every 21 minutes.

There were 1,167 deaths from asthma in 2011 (18 of these were children aged 14 and under).

An estimated 75% of hospital admissions for asthma are avoidable.

As many as 90% of the deaths from asthma are preventable.

The NHS spends around £1 billion a year treating and caring for people with asthma.

Source <http://www.asthma.org.uk/asthma-facts-and-statistics>

In London, hospital mortality rates for children are rising in comparison with other parts of the UK. This is most pronounced in respiratory disease (see figure one), hence why the London Strategic Clinical Network for children and young people is focusing on developing ways to improve services for asthma.

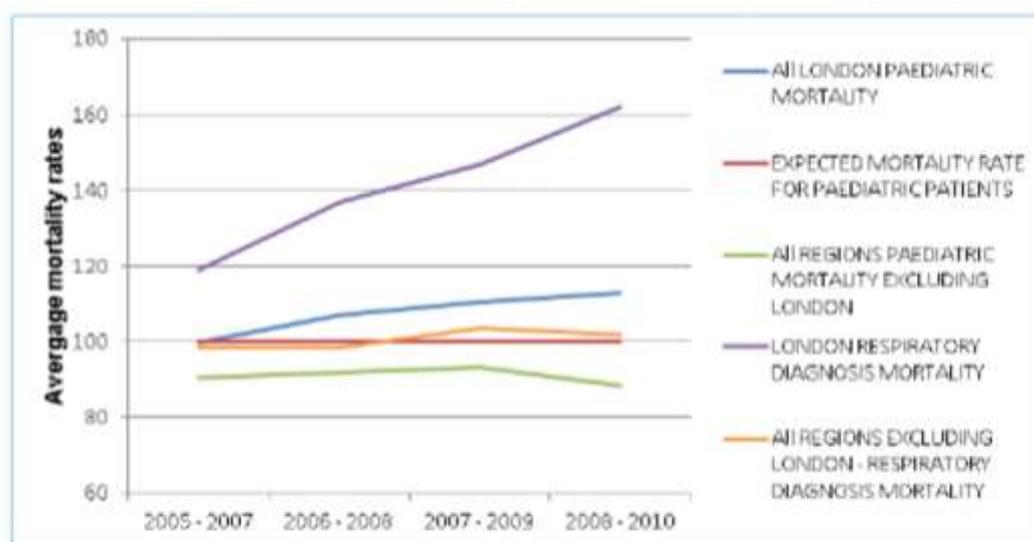
There are comprehensive BTS/SIGN guidelines on the management of asthma³. These emphasise the importance of self-management plans, smoking cessation, appropriate pharmacological therapy and systematising annual reviews. Community pharmacists may already be familiar with these guidelines and some of the key recommendations can be found in [Appendix three](#).

¹ <https://www.nice.org.uk/guidance/ta38>

² <http://www.asthma.org.uk/asthma-facts-and-statistics>

³ <https://www.brit-thoracic.org.uk/clinical-information/asthma/>

Figure one:
Emergency in hospital mortality, 2005-2010-3 year rolling average
 Source NHS England



* In order to calculate standardised mortality rates, the expected mortality will always be set at 100

The National Review of Asthma Deaths⁴ (NRAD), published in 2012, has made a number of recommendations, some of which are illustrated in figure two below.

Figure two:
Summary of relevant NRAD recommendations

All patients should be provided with a personal asthma action plan (PAAP), which can help them to identify if their asthma is worsening and tell them how and when to seek help. *An example of a PAAP or "wheeze plan" is in [Appendix Four](#).*

Patients with a PAAP were four times less likely to die from an asthma attack.

77% of patients had no record of having a PAAP

People with asthma should have a structured review by a healthcare professional with specialist training in asthma, at least annually. People at high risk of severe asthma attacks should be monitored more closely, ensuring that their personal asthma action plans (PAAPs) are reviewed and updated at each review.

Factors that trigger or exacerbate asthma must be elicited routinely and documented in the medical records and personal asthma action plans (PAAPs) of all people with asthma, so that measures can be taken to reduce their impact

All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required.

⁴ <https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths#attachments>

An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and also checked by the pharmacist when a new device is dispensed.

Non-adherence to preventer inhaled corticosteroids is associated with increased risk of poor asthma control and should be continually monitored.

The use of combination inhalers should be encouraged. Where long-acting beta agonist (LABA) bronchodilators are prescribed for people with asthma, they should be prescribed with an inhaled corticosteroid in a single combination inhaler.

Parents and children, and those who care for or teach them, should be educated about managing asthma. This should include emphasis on 'how', 'why' and 'when' they should use their asthma medications, recognising when asthma is not controlled and knowing when and how to seek emergency advice.

Efforts to minimise exposure to allergens and second-hand smoke should be emphasised, especially in young people with asthma

This public health campaign seeks to promote some of the key messages from NRAD, notably the importance of a personal asthma action plan, inhaler technique and use of spacers for children and young people with asthma. NRAD was also highly supportive of the role of the pharmacist in asthma management.

3 About the campaign and additional audit

3.1 Introduction

This campaign and enhanced audit is based around the delivery of previous NHS England pharmacy public health campaigns and a pharmacy clinical audit delivered in 2013. This delivery model produced very high response rates of up to 78% and positive feedback from participating pharmacies. Previous campaigns also produced significant public health data and demonstrated the powerful resource of the community pharmacy network across London (approximately 1,850) in gathering up to date population based data.

In 2013, the community pharmacy public health campaign focussed on awareness of flu immunisation. Over 1,472 pharmacies in London made 163,094 contacts, that's an average of 111 contacts per pharmacy!

NHS England wishes to build on the success of previous campaigns by using pharmacies to highlight some important aspects of asthma care and gather some basic public health data on current asthma management for children and young people in London.

The audit is a unique additional element which comprises seven questions and an on line survey tool to support the pharmacy in data collection.

This campaign has been developed with the help of members of the London Children & Young Peoples (CYP) Asthma Pharmacy Steering Group which is part of the London Strategic Clinical Network for CYP hosted by NHS England. This

steering group includes pharmacists from secondary care, CCGs and community. NHS England is grateful for their support.

3.2 Aim

To provide key public health messages in relation to asthma management and gather information on current levels of awareness of asthma management in children and young people (CYP) in London.

3.3 Scope

The campaign and additional audit are targeted at parents and carers of children and young people from 0-18 years of age with asthma, using community pharmacies in London and receiving treatment for asthma. There are an estimated 200,000 children and young people in London with asthma.

While it is for a specifically-defined patient cohort within the London population, these patients or their carers regularly use community pharmacy services. It is therefore anticipated that every pharmacy will have the ability to engage in brief interventions in the promotion of this campaign and additional audit.

3.4 Timeframes

This campaign and additional audit will run for eight weeks from Friday 24 July to Friday 18 September 2015. This time period has been chosen as national data shows a significant increase in contacts with NHS services relating to children and young people with asthma in mid-September, particularly A&E presentations and hospital admissions. Delivering a public health campaign in advance may help the NHS manage this significant increase in demand.

Running the campaign and additional audit for eight weeks increases the opportunity of prescription contacts which may result in an opportunity for a brief intervention.

3.5 What are pharmacies asked to do

The campaign is designed to be a brief intervention based around the supply of a prescription, the purchase of an over-the-counter medicine, requests for a repeat prescription, request for an emergency supplies or in the provision of advice on general health and well-being.

In the context of Essential Service 4,⁵ this is an opportunity to provide health promotion advice around asthma management with the patient/parent or carer.

In order to focus the discussion on asthma management and keep the intervention very brief the pharmacy has been provided with an audit made up of seven questions. These questions have been designed to target the health promotion activity towards asthma control.

These questions are:

⁵ <http://psnc.org.uk/services-commissioning/essential-services/public-health/>

- Does the child or young person have an asthma action plan or “wheeze plan”?
- In the last 12 months, has an assessment of inhaler technique by a doctor, nurse or pharmacist occurred?
- Does the child or young person use a spacer device?
- Does the child or young person smoke?
- Does the child or young person live with someone who smokes?
- Did the child or young person have a flu vaccination last year?
- In the last 12 months, have you had to make an emergency request for an inhaler from your pharmacy, GP, Out of hours services, Walk-in Centre or A&E?

The additional audit requires pharmacies to gather responses to these seven questions as part of providing information on general health and wellbeing to children and young people with asthma. The brief intervention, including delivery of the audit, should take just a few moments and also provides an opportunity to refer patients into other pharmacy services (Appendix One)

In the spirit of innovation encouraged by the [Five Year Forward View](#), NHS England is providing funds to support pharmacies in the delivery of the additional audit built into the campaign’s design. This provides an opportunity to utilise community pharmacies to gather data on asthma management in CYP. The London Strategic Clinical Network for CYP has expressed an intention to utilise this data in developing ways to improve services for asthma in the future.

There is a lot of autonomy in how pharmacies provide interventions as part of health promotion messages to the population; this has been illustrated in the data from previous campaigns. NHS England and the London Strategic Clinical Network for CYP wish to utilise this behaviour.

This brief intervention can be delivered:

- Directly to the patient or a parent/carer or with both parties present in the pharmacy
- Outside of the pharmacy as part of a telephone or online consultation
- By any member of the pharmacy team.

To make delivery of the brief intervention and data collection as easy and quick as possible for the pharmacy and patients, responses are recorded using an online [survey](#) tool accessible on any web-based device e.g. pharmacy PC, smartphone, tablet, laptop, smartwatch. This may also be referred to as an APP. It can be accessed here: <https://cypasthma.typeform.com/to/riOkWV>

An algorithm has been developed to support pharmacies in the management of responses to the seven questions ([Appendix one](#)). This provides suggestions to the responsible pharmacist as to how the pharmacy may manage responses in the context of other pharmacy services and national guidance on asthma management.

Participation in the campaign and additional audit provides the pharmacy with an opportunity to promote other pharmacy services, such as advanced services, stop smoking and immunisation services.

Pharmacies do not have to record any further actions suggested in Appendix One as proof of participation in the campaign. Further actions could be Medical Use Reviews (MUR), referrals to GP, inhaler technique assessment, request for prescriptions, referrals to other services such as stop smoking or immunisation services. These do NOT form part of the recording requirements of this campaign and additional audit.

4 Contractual responsibility

Community pharmacies must participate in up to six public health campaigns in each calendar year as instructed by NHS England^{6 7}. Participation is mandatory under Essential Service 4 of the Community Pharmacy Contractual Framework.

Pharmacies who do not participate may be in breach of their contractual agreement with NHS England.

Participation in the additional audit using the survey tool is voluntary; however London LPCs and NHS England urge every pharmacy to participate and maximise every opportunity for data collection.

Due to the significance this audit could have on future asthma services NHS England will fund pharmacy participation.

5 Frequently-asked questions

5.1 How do pharmacies demonstrate participation?

For the public health campaign –the following can apply

- Participation in the audit using the survey tool or
- Completion of a Declaration Record (to be issued by NHS England).

For the voluntary additional audit

Pharmacies can demonstrate participation by recording responses using the online [survey](https://cypasthma.typeform.com/to/riOkWV) that can be accessed here: <https://cypasthma.typeform.com/to/riOkWV>.

Responses can be recorded in real time during the brief intervention or retrospectively; it is up to the pharmacy to decide what works best in their setting. Data can be submitted for up to seven days after the end of the campaign on Friday 25 September (see [Appendix two](#) for information on data collection).

Based on previous audits and public health campaigns NHS England has an expectation of an average of 15 patient entries per pharmacy but in anticipation of reaching this target, pharmacies will receive a fixed payment of £75.00 for a minimum of six patient entries using the survey tool.

⁶ <http://www.legislation.gov.uk/uksi/2013/349/contents/made>

⁷ <http://psnc.org.uk/contract-it/the-pharmacy-contract/>

5.2 How will pharmacies submit data?

For the additional audit all responses are to be recorded in an online [survey](#) that can be accessed from any web-based device here:

<https://cypasthma.typeform.com/to/riOkWV>

Please refer to [Appendix two](#) for guidance on data collection and submission.

5.3 Are responses required to all the questions?

Ideally yes, but if a patient or representative is unable to provide a response to every question then the responses for only those questions answered should be submitted. The data collection web tool allows for this scenario and the submission will still suffice as meeting contractual requirements for participation in the campaign.

5.4 Will pharmacies receive any payment for participation?

For the public health campaign this is covered under the community pharmacy contractual framework therefore attracts no additional payment

For the additional audit using the survey tool the pharmacy will receive a fixed payment of £75.00.

5.5 How does the pharmacy receive payment?

NHS England will be able to monitor data collection remotely through the online survey for each individual pharmacy. Separate information on the payment process will follow from NHS England.

5.6 How long will the campaign run?

This campaign will run for eight consecutive weeks from Friday 24 July to Friday 18 September 2015.

5.7 Is patient identifiable data being collected?

No, pharmacies should assure patients if they have any concerns that no patient identifiable data is being gathered and all data will be anonymised at a London level.

5.8 Do I need to tell local GPs about this campaign?

If you wish to tell your local GPs or community nursing colleagues about this campaign that is absolutely fine. NHS England has a communications strategy to support this campaign which will inform GPs, CCGs, Public Health England, Asthma UK, acute trusts, community nursing services, stop smoking services and schools or colleges about this campaign. There will also be a press release and social media feeds.

5.9 Why should pharmacies participate in this campaign?

There is a contractual requirement for community pharmacies to participate in up to six public health campaigns per year as instructed by NHS England; this is one of those campaigns for 2015.

There is also an opportunity for a £75.00 payment if the pharmacy participates in the audit.

This campaign is reliant upon the counselling skills of community pharmacists and their support staff as well as their ability to make brief interventions, highlighting important public health messages, in the everyday delivery of pharmacy services.

The London Strategic Clinical Network for children and young people has specifically identified community pharmacy as having the potential to further improve the quality of asthma care experienced by children and young people. This public health campaign and additional audit is the first step in promoting increased utilisation of community pharmacy in asthma management across London.

The data collected as part of this campaign will add to the evidence base for asthma management in children and young people. It has the potential to be used to inform future commissioning of support services for children and young people within London including services from pharmacies.

The campaign also offers opportunities to promote other local pharmacy services, examples of which are considered in Appendix One.

Figure three:
Guidance from PSNC on providing Medicine Use Reviews to Children

Q. Can children have an MUR?

A. the MUR needs to be conducted with the patient in order to comply with the Directions. An MUR could be conducted with a patient who is a child if they are competent (i.e. they have the capacity to give informed consent) and are able to fully engage in the discussion with the pharmacist. Under the current regulatory framework it is not appropriate to conduct an MUR for the parent, carer or guardian of a person who is not competent. Were an MUR to be conducted with a competent child, the pharmacist should be aware of the local safeguarding (child protection) policy and guidelines and should know where to refer any young person who they are concerned about.

Source <http://psnc.org.uk/services-commissioning/advanced-services/murs/mur-faqs/>

Evidence from the Pharmaceutical Services Negotiating Committee (PSNC) indicates that there is a low uptake of advanced pharmacy services by children and young people, which may be because of a commonly-held belief amongst community pharmacists that they are unable to provide advanced services to this patient group. This is not the case and PSNC have attempted to highlight the issue (see figure three).

Advanced services such as medicine use reviews are for everyone who regularly uses the pharmacy regardless of their age. It is hoped that this campaign will support the need for an increased provision of advanced services to CYP with asthma.

There are already examples of community pharmacies being utilised to provide inhaler technique services to children using medicine use reviews, to reduce asthma-related deaths and to contribute to asthma management programmes within the NHS.^{8 9 10}

5.10 Who can I contact in NHS England if I have any questions?

The following email - england.londonpharmacy@nhs.net - can be used for pharmacies to submit questions or queries relating to the campaign. Please ensure you write your pharmacy name, F-code and Borough in the subject line of your email. Emails will be monitored on a daily basis Monday to Friday by NHS England Regional Area Team.

5.11 What resources are available to support the campaign?

Two supporting patient information leaflets are recommended for this campaign; both are downloadable free of charge to pharmacies.

- <http://www.asthma.org.uk/downloads#ChildDownloads> or
- <http://shop.blf.org.uk/collections/hcp/products/asthma-hcp>

In addition pharmacies are requested to direct children and young people, or their parents/carers to the following websites, if additional information on asthma management and general health and wellbeing is required.

- [NHS Choices](#)
- [Asthma UK](#)

Community pharmacists regularly deliver asthma management through the delivery of essential and advanced pharmaceutical services. It is this expertise that the campaign wishes to harness.

As a healthcare professional, community pharmacists should consider their own individual competence in inhaler technique and their ability to demonstrate good technique to a parent, child or adolescent (figure four). Therefore, this campaign also provides an opportunity for continuing professional development (CPD) in asthma management using the referenced sources already provided and the following resources:

- [BTS/SIGN guidelines](#)
- [NICE Quality Standards for Asthma](#)

⁸ <http://www.chemistanddruggist.co.uk/news/hospital-urges-pharmacists-end-child-mur-stigma>

⁹ <http://www.pharmaceutical-journal.com/news-and-analysis/news/pharmacies-could-play-a-role-in-reducing-asthma-related-deaths/20068498.article>

¹⁰ <http://www.hsj.co.uk/Journals/2015/06/05/v/j/d/HSJ-LGC-Pharmacy-Supplement-Jun-2015.pdf>

Figure four:
How good is YOUR inhaler technique?

Many health professionals also do not know how to use inhalers correctly and are therefore not in a position to coach patients effectively. One study showed that 91% of healthcare professionals who teach patients how to use inhalers could not demonstrate all the recognised steps involved in administering an MDI¹¹.

Asthma UK provides a series of [demonstration videos](#) for healthcare professionals

NHS Choices provides a short video describing the [inhaler technique](#)

Association of Respiratory Nurse Specialist (ARNS) provides a series of [demonstration videos](#) which aim to show how to deliver inhaler technique training to patients

Education for Health provides a completely free on [e-learning module](#) which should take 45 minutes to complete with a certificate issued on completion. This module aims to help you support children who have asthma by raising your awareness of the condition and how it's managed and exploring plans you may need to ensure that children with asthma are supported.

Depending on individual learning needs, it may be applicable for pharmacists and their supporting staff to utilise some of the resources in figure four.

¹¹ http://thorax.bmj.com/content/65/Suppl_4/A117.3.abstract

Appendix one: management of patient responses as a result of a brief intervention

For the Enhanced Audit Please find suggestions of how responses as a result of a brief intervention could be managed by the pharmacy.

It is entirely down to the pharmacies' own discretion and professional practice as to how they chose to manage patients after they have received an intervention.

There is **no requirement** for the pharmacy to record what further actions it has taken such as an MUR or GP referral as part of this public health campaign.

1. Does the child or young person have an asthma action plan or wheeze plan?

Yes – record response in the online survey. No further action

No – record response in the online survey and refer patient to their GP or nurse to develop a plan

Don't Know – record response in the online survey and refer patient to their GP to establish if a plan exists as per good practice

[Appendix four](#) contains an example of personal asthma action plans for different age groups if an illustration is required

2. In the last 12 months has an assessment of inhaler technique by a Doctor/Nurse or Pharmacist occurred?

Yes – record response in the online survey. No further action

No – record response in the online survey and consider referring the patient for a medicines use review to assess inhaler technique or consider referring the patient to their GP/nurse for an inhaler technique assessment

Don't Know – record response in the online survey and consider referring for a medicines use review or to their GP/nurse.

Numerous studies over the past 30 years have shown that many patients cannot use inhalers correctly and over 50% of patients struggle to use a metered dose inhaler (MDI) properly¹²

¹² <http://www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Management/Overviews/Inhaler-use-technique-and-related-interventions-anannotated-Bibliography>

3. Does the child or young person use a spacer device?

Yes – record response in the online survey. No further action

No – record response in the online survey and refer the patient to their GP or nurse to request a spacer device or consider for a medicines use review. Spacer devices could also be sold over the counter.

Don't Know – record response in the online survey and refer patient to their GP or consider a medicines use review.

A press-and-breathe pressurised metered dose inhaler used with an appropriate spacer is recommended as the first choice of inhaler for use with inhaled corticosteroid medicines for asthma (preventers). If a clinician believes that it is so unlikely that an individual child will use the press-and-breathe inhaler and spacer properly that his or her asthma control may be affected, other inhalers should be considered.¹³ This NICE guidance refers to children between 5 and 15 years of age.

4. Does the child or young person smoke?

Yes – record response in the online survey and counsel on stop smoking; consider referral into stop smoking services

No – record response in the online survey. No further action

Among pupils aged 11 to 15, in England, in 2012, 23 per cent of pupils had tried smoking at least once¹⁴. In 2010, 12% 15-year-olds smoked regularly, despite the fact that it is illegal to sell cigarettes to children aged under 18¹⁵ so don't forget to ask them if they smoke and offer them the same support and advice as you would to an adult.

5. Does the child or young person live with someone who smokes?

Yes – record response in the online survey and counsel on risk of exposure to second hand smoke, consider referral into stop smoker services for the *person(s) who smoke*.

No – record response in the online survey. No further action

Efforts to minimise exposure to allergens and second-hand smoke should be emphasised, especially in young people with asthma.¹⁶

¹³ <https://www.nice.org.uk/guidance/ta38>

¹⁴ <http://www.hscic.gov.uk/catalogue/PUB11454>

¹⁵ http://www.lho.org.uk/LHo_Topics/national_Lead_areas/nationalsmoking.aspx#Prevalence

¹⁶ <https://www.rcplondon.ac.uk/projects/national-review-asthma-deaths#attachments>

6. Did the child or young person have a flu vaccination last year?

Yes – record response in the online survey. No further action

No – record response in the online survey and counsel on access to immunisation services

Children and young people with asthma are a recognised high risk group, who will benefit from a seasonal flu vaccination

7. In the last 12 months, have you had to make an emergency request for an inhaler from your pharmacy, GP, Out of hours services, Walk-in Centre or A&E?

Yes – record response in the online survey and counsel, consider a medicines use review

No – record response in the online survey. No further action

Appendix two: recording a brief intervention

For the enhanced audit an online survey has been designed to support the recording of brief interventions. The tool is free to use and open to all pharmacies across London therefore you will need to enter your ODS code (formally known as an F code) **each time** an entry is made to identify the data as coming from your particular pharmacy.

The [survey](https://cypasthma.typeform.com/to/riOkWV) is accessible on any web-based device e.g. pharmacy PC, smartphone, tablet, laptop, smartwatch. It can be accessed here: <https://cypasthma.typeform.com/to/riOkWV>

Most responses can be recorded using drop down menus or selecting answer options making recording quick and easy.

1. Name of the pharmacy

This is a mandatory field. Free text entry is required.

Note: post address is not required

2. London borough

This is a mandatory field. A drop down menu will be available, this only relates to the location of the pharmacy and NOT where the patient lives.

3. Pharmacy ODS code (F code)

This is a mandatory field. Free text entry is required. The Pharmacy Manager/Owner will be aware of this code.

4. Age of the child

This is not mandatory however, supplying the age of the child or young person will greatly add to data analysis. Free text entry required.

For questions 4 to 10, select the appropriate answer:

5. Does the child or young person have an asthma action plan or wheeze plan?
6. In the last 12 months has an assessment of inhaler technique by a Doctor/Nurse or Pharmacist occurred?
7. Does the child or young person use a spacer device?
8. Does the child or young person smoke?
9. Does the child or young person live with someone who smokes?

10. Did the child or young person have a flu vaccination last year?

11. In the last 12 months, have you had to make an emergency request for an inhaler from your pharmacy, GP, Out of hours services, Walk-in Centre or A&E?

The online survey will be available seven days before the campaign starts and for seven days after the end of the campaign. It is anticipated that many pharmacies will submit data in “real time” as they progress with delivering the campaign; feedback from pharmacies indicated this would be the best solution for their working environment therefore the tool was designed with this in mind. Equally data entry could be performed at the end of the working day as a single task. Pharmacies are invited to use whatever works best in their individual settings.

No patient identifiable data is being entered as part of this campaign. NHS England plans to send out anonymised London-wide activity data as the campaign progresses.

NHS England will use an emailing tool to liaise with pharmacies. This tool gives NHS England the ability to monitor when the pharmacy opens the emails, deletes the email or unsubscribes from the email. It is important that NHS England has up to date and appropriate email addresses for corresponding with the pharmacy.

Some additional points to consider when recording a brief intervention:

Are there a minimum or maximum number of brief interventions required as part of participating in the campaign?

There is no maximum number but a minimum of six entries is required in order to receive payment. NHS England and the London Strategic Clinical Network for CYP would encourage pharmacies to engage with as many patients as possible; every intervention counts and contributes to the evidence base for analysis of the impact of community pharmacy in health promotion.

Does the pharmacy have to complete a spreadsheet as in previous campaigns?

No, the online survey will do everything for you and is the only recording activity required for the campaign.

What happens if the survey tool does not work?

Contact NHS England (London) on england.londonpharmacy@nhs.net for help and advice.

What happens if the pharmacy cannot engage parents/carers or patients to participate?

The online survey provides the ability to record a contact which did not result in any responses.

If this occurs, the pharmacy should enter responses for question 1 to 4 in the survey tool as proof of an attempt to engage and leave questions 5 to 11 blank or with no responses.

This type of entry would count towards the minimum six entries to receive a £75 payment

What happens if no relevant parents/carers or patients make contact with the pharmacy during the campaign?

There are over 200,000 children and young people with asthma in London. Parents and carers of these children and young people are regular users of pharmacies. It is therefore very unlikely that this scenario occurs however if it does please contact NHS England (London) at the end of the campaign to discuss. This is valuable research but equally NHS England (London) will agree with the pharmacy about how to accept they have participated in the campaign.

Can more than one brief intervention occur with the same patient?

For this campaign a patient can only receive one intervention therefore only one intervention per patient should be captured using the online survey.

Can the public use the online tool to enter data?

No, the tool has been design only for pharmacy use and the link should NOT be shared with the public.

Appendix three: extracts of KEY recommendations from BTS/SIGN Asthma Guidelines (2014)

Please find the guidelines online [here](#).

Supported Self-Management

All people with asthma (and/or their parents or carers) should be offered self-management education which should include a written personalised asthma action plan and be supported by regular professional review.

Prior to discharge, inpatients should receive written personalised asthma action plans, given by healthcare professionals with expertise in providing asthma education.

Adherence to long-term asthma treatment should be routinely and regularly addressed by all healthcare professionals within the context of a comprehensive programme of accessible proactive asthma care.

NICE quality statement 3: People with asthma receive a written personalised action plan.

NICE quality statement 5: People with asthma receive a structured review at least annually.

NICE quality statement 9: People admitted to hospital with an acute exacerbation of asthma have a structured review by a member of a specialist respiratory team before discharge.

Non- Pharmacological Management

Parents with asthma should be advised about the danger to themselves and to their children with asthma, of smoking, and be offered appropriate support to stop smoking.

Weight loss in overweight patients has many health benefits, and should be supported in people with asthma; if successful, it may lead to improvements in asthma symptoms.

Breathing exercise programmes (including physiotherapist-taught methods) can be offered to people with asthma as an adjuvant to pharmacological treatment to improve quality of life and reduce symptoms.

Inhaler Devices

Prescribe inhalers only after patients have received training in the use of the device and have demonstrated satisfactory technique.

In children, pMDI and spacer are the preferred method of delivery of β_2 agonists or inhaled corticosteroids. A face mask is required until the child can breathe reproducibly using the spacer mouthpiece. Where this is ineffective a nebuliser may be required.

NICE quality statement 4: People with asthma are given specific training and assessment in inhaler technique before starting any new inhaler treatment.

Pharmacological Management

Before initiating a new drug therapy practitioners should check adherence with existing therapies, inhaler technique and eliminate trigger factors.

Inhaled corticosteroids are the recommended preventer drug for adults and children for achieving overall treatment goals.

The first choice as add-on therapy to inhaled corticosteroids in adults and children (5–12 years) is an inhaled long-acting β_2 agonist, which should be considered before going above a dose of 400 micrograms BDP or equivalent per day and certainly before going above 800 micrograms BDP.

The first choice as add-on therapy to inhaled corticosteroids in children under five years old is a leukotriene receptor antagonist.

If asthma control remains suboptimal after the addition of an inhaled long acting β_2 agonist then the dose of inhaled corticosteroids should be increased to 800 micrograms/day in adults or 400 micrograms/day in children (5–12 years), if not already on these doses.

Appendix four: examples of Asthma Action Plans

Asthma Action Plan for under 5 years of age



Under 5s asthma action plan

Keep this plan safe and take it with you every time your child sees their GP or asthma nurse. If you're worried about your child's asthma don't put off asking for help or advice.

Zone 1	
Your child's asthma is under control if:	
<ul style="list-style-type: none"> • They've very few or no asthma symptoms during the day or night (wheezing, coughing, shortness of breath) • They can do all the things they normally do without asthma symptoms 	
Action	Continue your child's usual medicines as prescribed.
If your child has preventer medicine it should be taken every day , even when your child is feeling well.	
Name: <input type="text"/>	Name: <input type="text"/>
Dose & time: <input type="text"/>	Dose & time: <input type="text"/>
Action	Reliever medicine should only be used if your child has asthma symptoms or as directed by your GP or asthma nurse.
Name: <input type="text"/>	Name: <input type="text"/>
Dose & time: <input type="text"/>	Dose & time: <input type="text"/>
Other medicines: <input type="text"/>	
If your child is always in Zone 1 it may be possible to reduce (step down) their medicine but only after talking to their GP or asthma nurse.	
Zone 2	
Your child's asthma is getting worse if any of these things happen:	
<ul style="list-style-type: none"> • They need to use their reliever inhaler more than three times a week • They've got a cold • They've been waking with asthma symptoms • They've got asthma symptoms when active 	
Action	Continue your child's preventer medicines as instructed by your GP or asthma nurse below.
Name: <input type="text"/>	Name: <input type="text"/>
Dose & time: <input type="text"/>	Dose & time: <input type="text"/>
Action	Start using your child's reliever medicines as instructed by your GP or asthma nurse below.
Name: <input type="text"/>	Name: <input type="text"/>
Dose & time: <input type="text"/>	Dose & time: <input type="text"/>
Other medicines: <input type="text"/>	
If your child is often in Zone 2 speak to your GP or asthma nurse as their usual medicines may need to be changed. When your child's asthma is back under control you'll be able to go back to Zone 1.	

Zone 3

Your child's asthma is bad if any of these things happen:

- They're waking at night with asthma symptoms
- The effects of their reliever inhaler aren't lasting 3-4 hours or working within 15 minutes
- They're unable to do the things they normally do without getting symptoms

Action Continue your child's **preventer** medicines as in Zone 2 and instructed below.

Name: Name:
Dose & time: Dose & time:

Action Give your child their reliever medicine as follows:

Action If your child has been given steroid tablets, start them as instructed and make an urgent appointment.

Give prednisolone 5mg tablets all together straight away and then give the rest of the doses every morning for days or until your child has completely recovered.

If your child's asthma is not back at Zone 1 when they've finished their steroid tablets, make an urgent 'on-the-day' or emergency appointment to see their GP. Your child may need to continue with steroid tablets until recovery (Zone 1).

Zone 4

Your child is having an asthma attack if any of these things happen:

- Their reliever inhaler does not help or last
- They're very distressed by their asthma symptoms
- They're too breathless to talk, eat or drink
- Their lips are blue
- They're using tummy or neck muscles to breathe

Action **Get help immediately**

- Call 999 or your GP urgently
- Give two puffs of their reliever inhaler (one puff at a time) every two minutes – they can have up to ten puffs.
- Give steroid tablets if you have them and did not use them in Zone 3

Asthma UK Helpline
0800 121 62 44

Visit
www.asthma.org.uk

Email
info@asthma.org.uk

Name: GP:
Parent: Surgery contact no:
Contact no: Drug allergies:

Asthma action Plan for 6 to 12 year olds



My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

Name:



And what to do when your asthma gets worse.

1. My asthma medicines

- My best peak flow is
- My preventer inhaler is called and its colour is
- I take puff/s of my preventer inhaler in the morning and puff/s at night. I do this every day even if I feel well.

Other asthma medicines I take every day:

- My reliever inhaler is called and its colour is . I take puff/s of my (colour) reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

Does playing, running or doing PE normally make it hard to breathe?




If yes I take puff/s of my (colour) reliever inhaler beforehand.



What asthma medicines do you take every day?

2. When my asthma gets worse

I will know my asthma is getting worse if:

- I have a cough, wheeze, it is hard to breathe or my chest hurts, or
- I am waking up at night because of my asthma, or
- I am taking my reliever inhaler every day, or
- My peak flow is less than

When this happens: I keep taking my preventer medicines as normal.

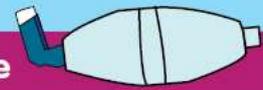
And also take puff/s of my (colour) reliever inhaler every four hours.

If I am not getting any better I should see my doctor or asthma nurse today.



What should you do when your asthma gets worse?

Remember to take your inhaler with a spacer if you have one



3. What to do when I have an asthma attack

I am having an asthma attack if:

- My (colour) reliever inhaler is not helping, or
- I can't talk or walk easily, or
- I am breathing hard and fast, or
- I am coughing or wheezing alot, or
- My peak flow is below

When this happens: I should take puffs of my (colour) reliever inhaler every two minutes (up to ten puffs) until I feel better.

I am feeling better, but I don't want this to happen again so I need to see my doctor or asthma nurse today.



I still don't feel better and I have taken ten puffs. Now I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another puffs of my (colour) reliever inhaler every two minutes (up to ten puffs).



My asthma triggers:

(Write down things that make your asthma worse so you can stay away from them.)

I need to see my asthma nurse every six months at least

Date I got my asthma plan:

My next asthma review:

Doctor's/asthma nurse contact details:

Where can I find out more?

Asthma UK is dedicated to improving the health and well-being of the 5.4 million people in the UK with asthma including 1.1 million children.

Asthma UK Adviceline
Ask an asthma nurse specialist
0800 121 62 44
asthma.org.uk/adviceline

Asthma UK
Summit House, 70 Wilson Street,
London EC2A 2DB
T 020 7786 4900
F 020 7256 6075

Asthma UK Cymru
Eastgate House, 35-43 Newport Road,
Cardiff CF24 0AB
wales@asthma.org.uk

Asthma UK website
Read the latest independent advice and news on asthma
asthma.org.uk
kickasthma.org.uk

Asthma UK Northern Ireland
Ground floor, Unit 2 College House,
City Link Business Park, Durham Street,
Belfast BT12 4HQ
ni@asthma.org.uk

Asthma UK Scotland
4 Queen Street,
Edinburgh EH2 1JE
scotland@asthma.org.uk



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Asthma action plan for over 12 years, adolescents and adults

! MY ASTHMA TRIGGERS
Taking my asthma medicine each day will help reduce my reaction to these triggers. Avoiding them where possible will also help.

! MY ASTHMA REVIEW
I should have at least one routine asthma review every year.

I will bring:

- My action plan to see if it needs updating
- My inhaler and spacer to check I'm using them in the best way
- Any questions about my asthma and how to cope with it.

Next asthma review date:

___ / ___ / ___

GP/asthma nurse contact

Name: _____
Phone number: _____

Out-of-hours contact number
(ask your GP surgery who to call when they are closed)

Name: _____
Phone number: _____

Get more advice & support from Asthma UK:

- Speak to a specialist asthma nurse about managing your asthma on: **0800 121 62 44**
- Get news, advice and download information packs at: **www.asthma.org.uk**



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*Adams et al, Factors associated with hospital admissions and repeat emergency department visits for adults with asthma, Thorax 2005;55:164-172

Use it, don't lose it!

Your action plan is a personal guide to help you stay on top of your asthma. Once you have created one with your GP or asthma nurse, it can help you stay as well as possible.

People who use their action plans are four times less likely to end up in hospital because of their asthma.

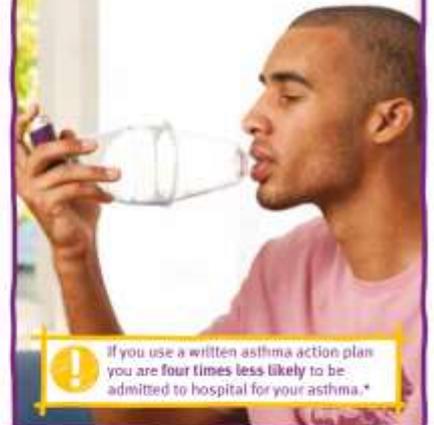
Your action plan will only work at its best to help keep you healthy if you:

- 1 Put it somewhere easy for you and your family to find** – you could try your fridge door, the back of your front door, or your bedside table.
- 2 Check in with it regularly** – put a note on your calendar, or a reminder on your mobile to read it through once a month. How are you getting along with your day-to-day asthma medication? Are you having any asthma symptoms? Are you clear about what to do?
- 3 Keep an extra copy yourself** – so you've got a handy back-up. You could have one at work, in your handbag or in your car glove compartment.
- 4 Give a copy to a key family member or friend** – ask them to read it and talk to them about your usual asthma symptoms so they can help you notice if you start to have them, and know what to do in an emergency.
- 5 Take it to every healthcare appointment – including A&E/consultant.** Ask your GP or asthma nurse to update it if any of their advice for you changes. Ask them for tips if you're finding it hard to take your medicines as prescribed.

THE STEP-BY-STEP GUIDE THAT HELPS YOU STAY ON TOP OF YOUR ASTHMA

Your asthma action plan

FILL THIS IN WITH YOUR GP OR ASTHMA NURSE



! if you use a written asthma action plan you are **four times less likely** to be admitted to hospital for your asthma.*

Name and date: _____

