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## Do you meet the London Asthma standards for children and young people: Pharmacy?

All organisations/services\* must have a named **lead responsible and accountable for asthma** (which includes children and young people (CYP)). They must also all meet the organisational standards No 1-7 and patient family and support information provision and experience No 9-13. Please also the see the workforce education and training standards that are applicable to the setting No 38-42

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| **No** | **Standard** | **Evidence** | **Met**  **(Yes /No)** |
| 36 | There are systems in place to minimise prescription and drug administration errors. This includes:   * Utilising current systems to monitor adherence to national and local prescribing guidelines. * Development or identifying appropriate education and training resources to support adherence to prescribing guidelines. * Utilising current systems to monitor near misses and medication errors in primary and secondary care settings. | Operational policy for paediatric asthma service.  British National Formulary for children available.  Processes in place to minimise errors, reporting and review of errors and near misses and to spread learning.  Adherence to CQC standards in medicines management. |  |
| 37 | There are systems in place to:   * Identify, monitor, and manage through an alert system to clinicians the numbers of prescriptions for prednisolone, inhaled steroids, 10 or more preventer inhalers in a year, children with asthma and flu jab uptake. * Identify and manage CYP prescribed inhalers at doses higher than recommended in product licence. * Use MURs and new medicine reviews to promote medicines optimisation including inhaler technique assessment for CYP.   Note: Reviews with parents for younger children: PSNC guidance states the patient must be competent to give consent to receive the service and to share information as required by the consent arrangements in order to be eligible to receive the service. There is no minimum age, but pharmacists will know that the younger the child, the greater the likelihood is that they would not be competent.   * Use CCG medicines management teams to develop local prescribing guidelines to support evidenced based care for CYP. * Support coordination between CCG medicine management pharmacists, secondary care pharmacists and community pharmacists to monitor adherence to national and local prescribing guidelines. * Use community pharmacists to monitor and promote medicines optimisations initiatives through the application of clinical audits and health promotion campaigns within the community pharmacy contractual framework. | Policy in place for medicines optimisation.  Audits demonstrating numbers of patients in practice  with:  » Two or more prescriptions for prednisolone in a year.  » Number of inhaled steroids.  » Number of preventative inhalers is greater than 10.  » Flu vaccination uptake.  Local prescribing guidelines.  Participation in health promotion campaigns and audits |  |