

## Service Specification: Delivery of Inhaler Technique Review (for adults aged 18 and over)

Period:	August 2022 – March 2024 (Extended February 2023 to cover 2023/2024)
Date of Review:	April 2023
Version Control:	Version 4.0 (Contains updated prices for 2023/2024)

### Introduction:

This service specification outlines the service to be provided.

The specification of this service is designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services.

No part of the specification by commission, omission or implication defines or redefines essential or additional services.

The Provider providing the service must fully comply with the NHS Pharmaceutical Services regulations 2020 for the delivery of Essential Services and be registered with the GPhC.

All staff working for the Provider must conform to the NHS code of practice on confidentiality and to the Data Protection Act.

### Background:

The aim of this specification is to enable the Provider to play an even stronger role at the heart of more integrated out-of-hospital services for patients that deliver better health outcomes, more personalised care, excellent patient experience and the most efficient use of NHS resources.

### Service Outline:

This service aims to improve the management of patients with respiratory conditions by trained pharmacists & pharmacy technicians undertaking targeted inhaler technique training to ensure that patients use inhalers correctly.

This service can be offered to patient's **aged 18 and over** who meet the criteria. This includes patients who reside in a nursing or residential home or are housebound.

This could be part of a New Medicines Service (NMS) with patients who use inhalers or as a standalone intervention.

The Provider should also accept referrals from other members of the health care team who consider that a patient would benefit from this service.

The inhaler technique check will be carried out face to face with the patient in the community pharmacy or in the patient's usual place of residence.

The part of the pharmacy used for the provision of the inhaler check must meet the requirements for consultation areas.

The regular inhaler technique can be conducted every 24 months after the last one, unless in the reasonable opinion of the pharmacist/ pharmacy technician the patient's circumstances have changed sufficiently to justify one or more further consultations during this period.

An inhaler technique check should not be undertaken on a patient who has, within the previous six months, received the New Medicine Service for Asthma (NMS) and COPD, unless in the reasonable opinion of the Provider, there are significant potential benefits to the patient which justify providing further training to them during this period.

Interventions made as part of an inhaler technique check will, but not exclusively include:

- Advice on inhaler usage aiming to develop improved Concordance and understanding of respiratory condition; improved control of respiratory condition; a reduced need for SABA inhalers in patients with asthma
- Effective use of preventer inhalers
- Effective use of reliever inhalers
- Ensuring appropriate use of different inhaler types and devices e.g. spacers
- Identification of the need for a change of inhaler type to facilitate effective use
- Appropriate referral to GP practice or practice nurse/specialist respiratory nurse

The Provider will target patients who have been prescribed an inhaler and offer them a review and training in use of their inhaler, including but not limited to/for:

- Patients who overuse SABA regularly (use of more than 4 SABA in 12 months)
- Consideration for greener prescribing (I.e., changing Ventolin to Salamol), swapping inhalers to DPI with lower CO2 footprint
- Patients who regularly have RX for stand-by abx/steroids

The Provider will provide and maintain all equipment and consumables necessary for the delivery of this service.

In using PharmOutcomes, the Provider will ensure that the Patient Feedback Form is completed for each patient and a copy of the patient's Inhaler Technique Dataset is submitted to the patient's registered GP practice each time, as appropriate.

For any occasions where PharmOutcomes is unavailable, the Provider is to complete Appendix A (Patient Feedback Form) and Appendix B (Respiratory Service Dataset) instead.

On occasions when PharmOutcomes is unavailable and the appendices used instead, the Provider is to submit copies of:

- **Appendix A** - 'Patient Feedback Form' to the Commissioner via email to [syicb-doncaster.primarycare@nhs.net](mailto:syicb-doncaster.primarycare@nhs.net) monthly no later than 14 days after the month end to which the data relate or for March activity, forms must be submitted within 7 days of month end.
- **Appendix B** – 'Respiratory Service Dataset' to the patient's registered GP.

## Eligibility

All patients ordinarily resident in Doncaster i.e., within the electoral town boundaries as available at <https://www.doncaster.gov.uk/maps/doncaster-electoral-boundaries-map>

## Accreditation:

The service shall be provided by a practising pharmacist or pharmacy technician, registered with the General Pharmaceutical Council who declare themselves as competent in inhaler technique, evidenced by completing appropriate CPD (Recommended minimum standard CPPE inhaler technique training). This declaration will be necessary to register to claim for the provision of the service. Where pharmaceutical advice on medicines is required, the pharmacist must provide this.

It is the provider's responsibility to ensure that the relevant clinical competencies are in place for those staff they choose/instruct to deliver the enhanced service. The commissioner may ask for evidence in support of those staff identified to provide the service.

## Duties of the Commissioner

The Commissioner will be responsible for ensuring timely payments are made to Community Pharmacies which are participating in the scheme and will be responsible for dealing with operational and payment-based queries.

The Commissioner will, alongside relevant commissioner partners and LPCs, undertake audits of the scheme, including review of consultation data and budget analysis. Post payment verification checks may also be made.

The Commissioner will advertise and promote the key benefits of the Inhaler Technique service with General Practice and the public and with members of the public

## Quality

In the event of any adverse incident or near miss the pharmacy will:

- Undertake a root cause analysis of all incidents and will report these to NRLS available via the following link <https://report.nrls.nhs.uk/nrlsreporting/>
- Report any Serious Incidents related to the scheme to the Commissioner: [donccg.primarycare@nhs.net](mailto:donccg.primarycare@nhs.net). The NHS England Serious Incident Framework details the definitions and thresholds for serious incidents and is available via the following link <https://www.england.nhs.uk/patientsafety/wp-content/uploads/sites/32/2015/04/serious-incident-framework-upd2.pdf>

Any complaints about any aspect of the scheme should be documented and sent to the Primary Care Team [syicb-doncaster.primarycare@nhs.net](mailto:syicb-doncaster.primarycare@nhs.net)

## Payment:

Payment for the service **£10.74** per review/consultation.

Claims will be made via the PharmOutcome system

### **Data Reporting:**

Data for this will be reported monthly through the PharmOutcomes system

<https://pharmoutcomes.org/pharmoutcomes/>

Activity should be submitted within 14 days of month end for activity undertaken in the month to ensure that data is processed in a timely manner. Practices have a 3-month window in total for claims to be submitted but these will only be processed within the given 14-day window at beginning of each month. Late submissions will be processed in the preceding month but only within the given 3-month period. The commissioner reserves the right to withhold payment on activity not received within these time scales.

## Appendix A

### Inhaler - Use Review Service - Patient Feedback Form

Thank you for having your products reviewed at your local pharmacy. To see if you found the review useful, we would be grateful if you could answer a few short questions. All replies are strictly confidential, and it is not possible for anyone to identify you. If you have any questions about your review, please talk to your pharmacist.

#### Some Questions about you

<b>Please provide your age</b> (at time of consultation)					
<b>Before your review today at the pharmacy did you know that this service existed?</b>					
<b>Please rate how strongly you AGREE or DISAGREE with each of the statements below</b> (Please rate the statements below by ticking <u>one</u> box for EACH statement)	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Agree</b>	<b>Uncertain</b>
<b>I understand more about my condition since speaking to the Pharmacist/Pharmacy Technician</b>					
<b>The Pharmacist/Pharmacy Technician clearly explained how my products work</b>					
<b>I understand more about my products since speaking to the Pharmacist/Pharmacy Technician</b>					
<b>I feel more confident about my products since speaking to the Pharmacist/Pharmacy Technician</b>					
<b>The advice given to me by The Pharmacist/Pharmacy Technician was useful and helped me to understand how I can manage my condition better</b>					

<b>I would recommend this service to others</b>					
<b>Please write any other comments you have about this service:</b>					

**Thank you for your help with this. Please return to the pharmacy team on completion.**

## Appendix B

Respiratory Service Dataset (Please tick)					
Pharmacy Code				Date	
Professional Undertaking					
	Asthma	COPD	Unsure	Other (Please state)	
Diagnosis					
Understand 'control'?					
Has had previous Inhaler Instruction?	Yes - Previous Verbal Instruction			No Previous Instruction	
	Yes - Previous Practical Instruction				
SCR Available		Type/s Used by patient	Initial Inspiration Rate	Target Rate is achieved before leaving?	
Other Respiratory Treatments					
Tablets					
Other e.g., Nebuliser					
Inhaler Type					
pMDI					
pMDI + Spacer					
pMDI + Spacer with facemask					
Accuhaler					
Turbohaler					
Clickhaler					
Breezehaler					
Easyhaler					
Nexthaler					
Ellipta					
Other (please state type of inhaler)					
How often do you use your preventer Inhaler?	Regularly		History of oral thrush?		
	Sporadically		History of chest infections?		
	When required		Intervention required		
	Not used		Inhaler instruction only?		
	Not prescribed		Signposted to GP practice		
	Other		Contacted GP practice		
How often do you use your reliever Inhaler?	At least 3 times daily		Other advice given		
	1-2 times a day				
	1-3 times a day				
	3-6 times a week				

	Hardly Ever			
Have you used any standby antibiotics / oral steroids over last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, how many courses have you used in the last 12 months?	
Please advise about returning all used or old, unused inhalers to community pharmacy for safe disposal. Please advise against disposing of used inhalers in the household waste.				<input type="checkbox"/>
Please issue Steroid Emergency Card for patients on high dose ICS inhalers. See <a href="#">here</a> for further information.				<input type="checkbox"/>
Please indicate whether you referred patient to the GP practice for an asthma / COPD review.				<input type="checkbox"/>
Please indicate whether you recommended changing of an inhaler type (e.g., Ventolin to Salamol, pMDI to DPI or vice versa).				<input type="checkbox"/>
Patients may wish to use resources available from: 1. <a href="#">Asthma UK</a> 2. <a href="#">Right Breathe</a>				