

Practice Plus Webinar

**15th June
2022**

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PrescQIPP
Practice 

Deployment of Pharmacy Professionals within the PCN

Reactive to Proactive Medicines Optimisation (MO) roles

Steve Williams

Reactive Pharmacy Technician roles within PCN for last 4 years

- Medication requests via online that Rx team cannot handle
- Care home medication requests that Rx team cannot handle
- Medication requests that Rx team cannot handle when GP is off all week
- Technical medication requests that GPs need some help with
- Duty telephone appts re medicines booked by patient co-ordinators
- Technical medication questions from any clinician
- Technical medication questions from any admin team member
- New / deducted patients needing medicines added +/- issued

One page summary for primary care teams: What do I need to do?

Prevention and tackling health inequalities	Vaccination and immunisation	<ul style="list-style-type: none"> Provide flu vaccinations to: <ul style="list-style-type: none"> people aged over 65 people who are clinically at risk children aged 2 – 3
	Tackling health inequalities	<ul style="list-style-type: none"> Complete annual Learning Disability Health Checks and Health Action Plans for patients on the Learning Disability register Code ethnicity information for all patients in GP clinical systems.
	CVD prevention	<ul style="list-style-type: none"> Confirm or exclude hypertension diagnosis for more patients with high blood pressure, through clinically appropriate follow-up Prescribe statins to patients with higher CVD risk Refer suitable patients with high cholesterol levels to assessment for familial hypercholesterolaemia Treat patients with atrial fibrillation with DOACs in line with NICE guidance For patients treated with DOACs, consider prescribing more of them Edoxaban where clinically appropriate
	Personalised care	<ul style="list-style-type: none"> Refer patients to social prescribing where this could be beneficial
	Enhanced health in care homes	<ul style="list-style-type: none"> Ensure care home resident status is coded in GP clinical systems Provide key elements of the Enhanced Health in Care Homes service to care home residents Work to improve care and outcomes for care home residents, aiming for a moderate reduction in emergency admissions
A sustainable NHS	Anticipatory care	<ul style="list-style-type: none"> Provide effective long-term condition management and rapid response to acute presentation, aiming for a moderate reduction in emergency admissions for Ambulatory Care Sensitive Conditions (ACSCs)

Providing high quality care	Cancer	<ul style="list-style-type: none"> Ensure lower gastrointestinal two week wait (fast track) cancer referrals are accompanied by a faecal immunochemical test (FIT) result
	Access	<ul style="list-style-type: none"> Provide online consultations as part of a choice of ways to access GP services Develop and implement a plan to improve access for a patient group experiencing inequalities of access in your area Use pre-referral Specialist Advice (i.e. Advice and Guidance) services where appropriate Reduce waiting times for patients booking an appointment with a GP service Increase use of Community Pharmacist Consultation Service
	Structured medication reviews and medicines optimisation	<ul style="list-style-type: none"> Provide Structured Medication Reviews (SMRs) to patients who are eligible for them Review patients who are prescribed medicines, alone or in combination, which have higher risk of harm such as dependency or gastrointestinal haemorrhage. Review patients who are prescribed DOACs, recording their creatinine levels, weight and calculating Creatinine Clearance to ensure the dose is correct
	Respiratory care	<ul style="list-style-type: none"> Increase use of inhaled corticosteroid (ICS) inhalers for appropriate asthma patients to improve disease management and reduce unnecessary SABA use Decrease avoidable prescribing of SABA inhalers for asthma patients
	Environmental sustainability	<p>Alongside the indicators in the respiratory care area, deliver high quality, lower carbon respiratory care for patients:</p> <ul style="list-style-type: none"> Decrease use of MDI inhalers by prescribing dry powder inhalers (DPIs) and soft mist inhalers (SMIs) where clinically appropriate and agreed with patient through a shared decision making conversation When prescribing MDI salbutamol inhalers, prescribe inhalers which have lower carbon emissions (see IIF Guidance for details)

For detailed information, advice and clinical resources relating to all IIF indicators, please consult IIF 2022/23 Guidance on the NHS England and NHS Improvement [GP Contract webpages](#).

Task	NHS Driver for general practice
Medicines Reconciliation - non elective admissions for over 65s	WHO / NHSE/I Medication Safety agenda NHSE PCN DES / ARRS funding
Hazardous Prescribing Indicators: PINCER Disease Modifying Antirheumatic Drugs (DMARDs).	CQC Medicines Optimisation / Safety agenda NHSE PCN DES / ARRS funding
DOACs	IIF: 2021-23 Deliver better outcomes for patients on medication SMR 03 13 points CQC Medicines Optimisation / Safety agenda
Anti-platelets and NSAIDSs re Gastroprotection	IIF: 2021-23 Deliver better outcomes for patients on medication SMR 02 A-D 16 points in total
Hazardous Prescribing Indicators: Dependence forming medicines	CQC Medicines Optimisation / Safety agenda NHSE PCN DES / ARRS funding
MHRA/ NHSE alerts adherence e.g. Valproate / Steroid cards	CQC Medicines Optimisation / Safety agenda NHSE PCN DES / ARRS funding
Antibiotic Stewardship	CQC Medicines Optimisation / Safety agenda NHSE PCN DES / ARRS funding
Medicines of low priority RED / £££ medicines	NHSE PCN DES / ARRS funding Dorset CCG / ICS
Low carbon inhaler switch	IIF: 2021-23 Help create a more sustainable ES-01: (MDI) prescriptions as % of all non-salbutamol inhaler prescriptions issued (27 points) ES-02: Mean carbon emissions per salbutamol inhaler (27 points)
SMR for learning disability patients	IIF 21/23 Learning Disability Health Checks
Community Pharmacist Consultation and New Medicines Service services	IIF 21-23 Support improved patient access to primary care services ACC-04 - 56 points

Proposal to move to dedicated Proactive MO work already agreed at WMC Exec

Friday 21st Jan 2022

- Pharmacy Technicians will have allocated sessions to concentrate on Proactive MO work for PCN
- Sessions will be flexible dependent on Pharmacy Team and wider PCN clinician cover
- Outcome for WMC list holders
 - During these sessions the WMC prescription team will send online prescription requests directly to GP list holders



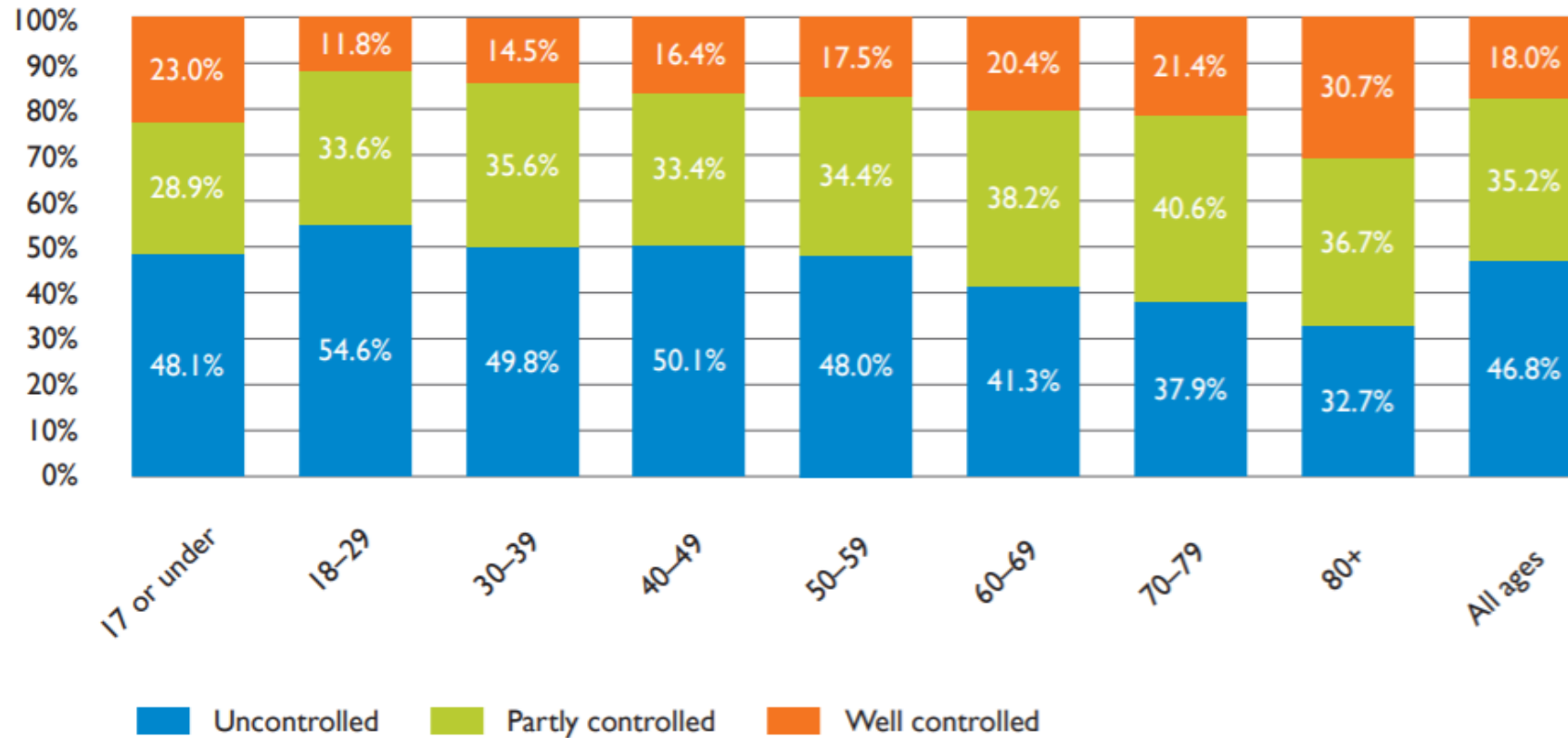
Inhaler Carbon Footprint and Asthma

Hetal Dhruve
17th June 2022

pMDi prescribing in England

	England: inhalers/year	England: % MDI	Sweden: inhalers/year	Sweden: % MDI	England: CO ₂ e (kt) per year	England: potential annual reduction of CO ₂ e (kt)
SABA	21 931 511	94	1 477 692	10	414.00	350.0
LABA	700 195	65	377 415	2	9.30	8.4
SAMA	421 191	100	No data	100	8.40	0
ICS	6 733 445	94	765 796	15	127.00	101.0
ICS+LABA	14 075 067	47	1 719 428	13	140.00	91.0
LAMA and LAMA+LABA	6 549 448	0	428 732	0	6.55	0
LAMA+LABA + ICS	5211	99	2 626	100	-0.10	0
Total	49 994 877	70	4 771 689	13	705.0	550.0

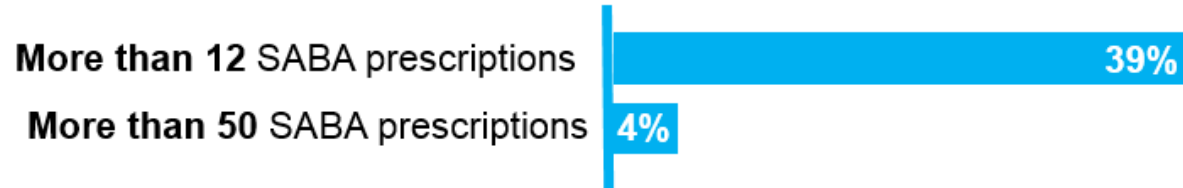
Asthma control



The Great Asthma Divide: the annual asthma survey 2019

National Review of Asthma Deaths (2014)

Patients for whom number of **SABA prescription** in the year leading to death was known (n=165)

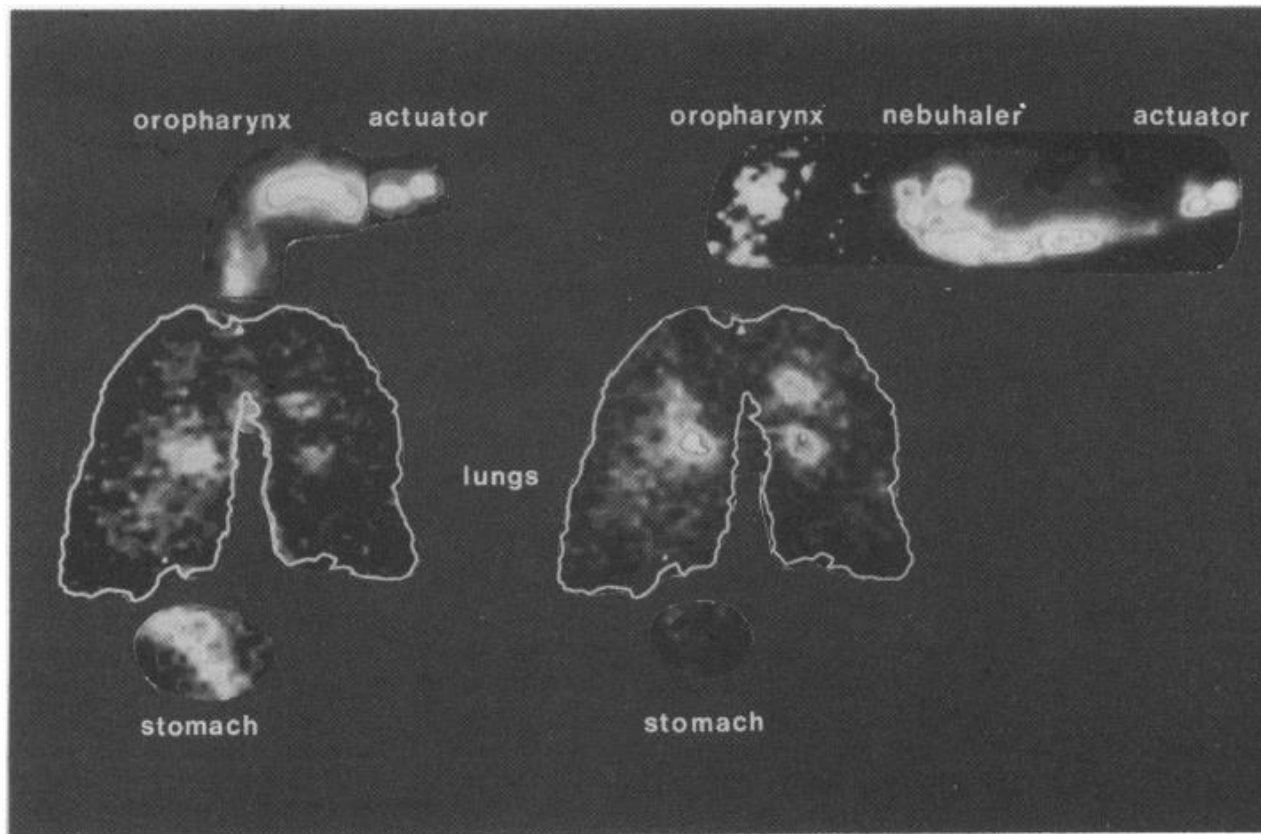


Patients for whom number of **preventer prescription** in the year leading to death was known (n=128)



Royal College of Physicians. Why Asthma Still Kills? The National Review of Asthma Deaths (NRAD) [online] 2014. Available from: <https://www.rcplondon.ac.uk/projects/outputs/why-asthma-still-kills>. Accessed March 2022

If pMDI is the most appropriate device, prescribe a spacer device



Inhaler Technique



J Sanchis et al. CHEST 2016;
150(2):394-406

The importance of device consistency in asthma

Patients with the same device

- Reduced SABA use ($p < 0.001$)
- Reduced ICS dose ($p < 0.001$)
- Reduced number of exacerbations

Outcome	Same device (n=3,428)	Mixed devices (n=5,452)	Pvalue*
Asthma control, [†] n (%)	2,767 (80.7)	4,300 (78.9)	-
Treatment success-1, n (%)	2,168 (63.2)	3,338 (61.2)	-
Treatment success-2, n (%)	2,388 (69.7)	3,762 (69.0)	-
Severe exacerbations, n (%)			
0	3,070 (89.6)	4,804 (88.1)	0.176
1	257 (7.5)	450 (8.3)	
2	63 (1.8)	123 (2.3)	
≥3	38 (1.1)	75 (1.4)	
Mean daily salbutamol dose [‡] , n (%)			
none	281 (8.2)	612 (11.2)	<0.001
≤3.5 doses/wk	851 (24.8)	1309 (24.0)	
>0.5-1 dose/d	1,159 (33.8)	1,720 (31.5)	
>1-2 doses/d	780 (22.8)	1,238 (22.7)	
>2 doses/d	357 (10.4)	573 (10.5)	
Mean daily ICS dose [‡] , n (%)			
1-100 µg/d	842 (24.6)	1,696 (31.1)	<0.001
101-200 µg/d	1,033 (30.1)	1,709 (31.3)	
201-400 µg/d	887 (25.9)	1,297 (23.8)	
>400 µg/d	666 (19.4)	750 (13.8)	
Disaggregated outcomes of the composite endpoints:			
≥1 hospital admission, n (%)	20 (0.6)	32 (0.6)	0.983
≥1 oral corticosteroid course, n (%)	356 (10.4)	643 (11.8)	0.148
≥1 course of antibiotics for LRTI, n (%)	384 (11.2)	646 (11.8)	0.618
Change in therapy, n (%)	863 (25.2)	1,449 (26.6)	0.143
≥50% increase in ICS dose, n (%)	445 (13.0)	729 (13.4)	0.597
Change in ICS drug	0	0	-
Change in inhaler device	299 (8.7)	585 (10.7)	0.002
Additional therapy	119 (3.5)	135 (2.5)	0.006

Higher resistance inhalers more likely to achieve good technique

UK asthma review service
checked resistance settings
matching their current preventer
inhaler device

n = 994, 64.3% F

PIFR pass rates

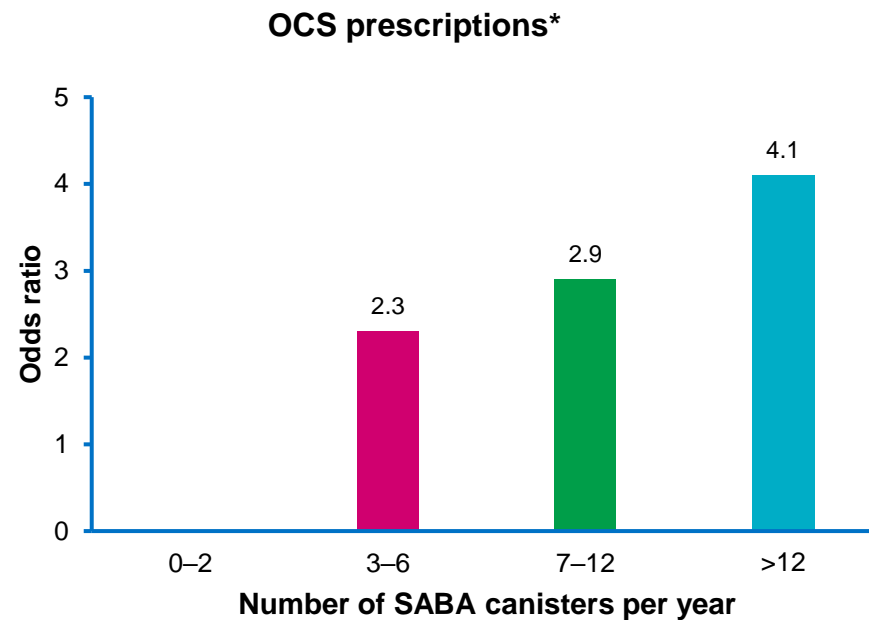
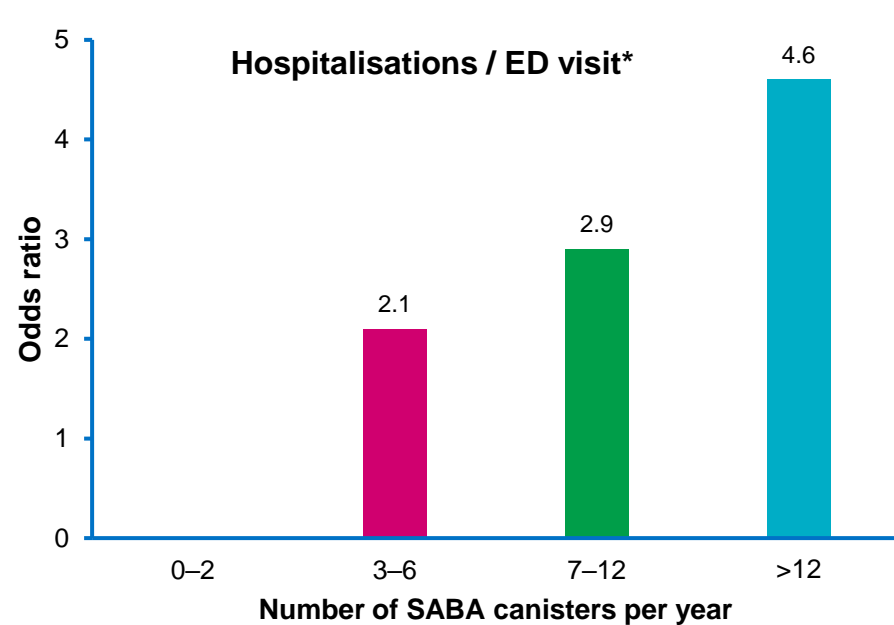
- High resistance (30-90L/Min) – 931 (93.7%)
- No resistance (pMDI) - 701 (70.5%)

p < 0.001

Inhaler device	In-Check DIAL G16 resistance setting*	In-Check DIAL G16 flow rate denoting clinically effective range
Handihaler	High	30-90 L/min
Easyhaler (monotherapy)	High	30-90 L/min
NEXThaler	Medium high	30-90 L/min
Twisthaler	Medium high	30-90 L/min
Easyhaler (combination)	Medium high	30-90 L/min
Turbohaler (Pulmicort)	Medium high	30-90 L/min
Turbohaler S (Symbicort)	Medium	30-90 L/min
Clickhaler	Medium	30-90 L/min
Spiromax	Medium	30-90 L/min
GenuAir	Medium	30-90 L/min
Ellipta	Medium low	30-90 L/min
Diskhaler	Medium low	30-90 L/min
Accuhaler	Medium low	30-90 L/min
Breezhaler	Low	30-90 L/min
Respimat	pMDI/none	20-60 L/min
pMDI	pMDI/none	20-60 L/min

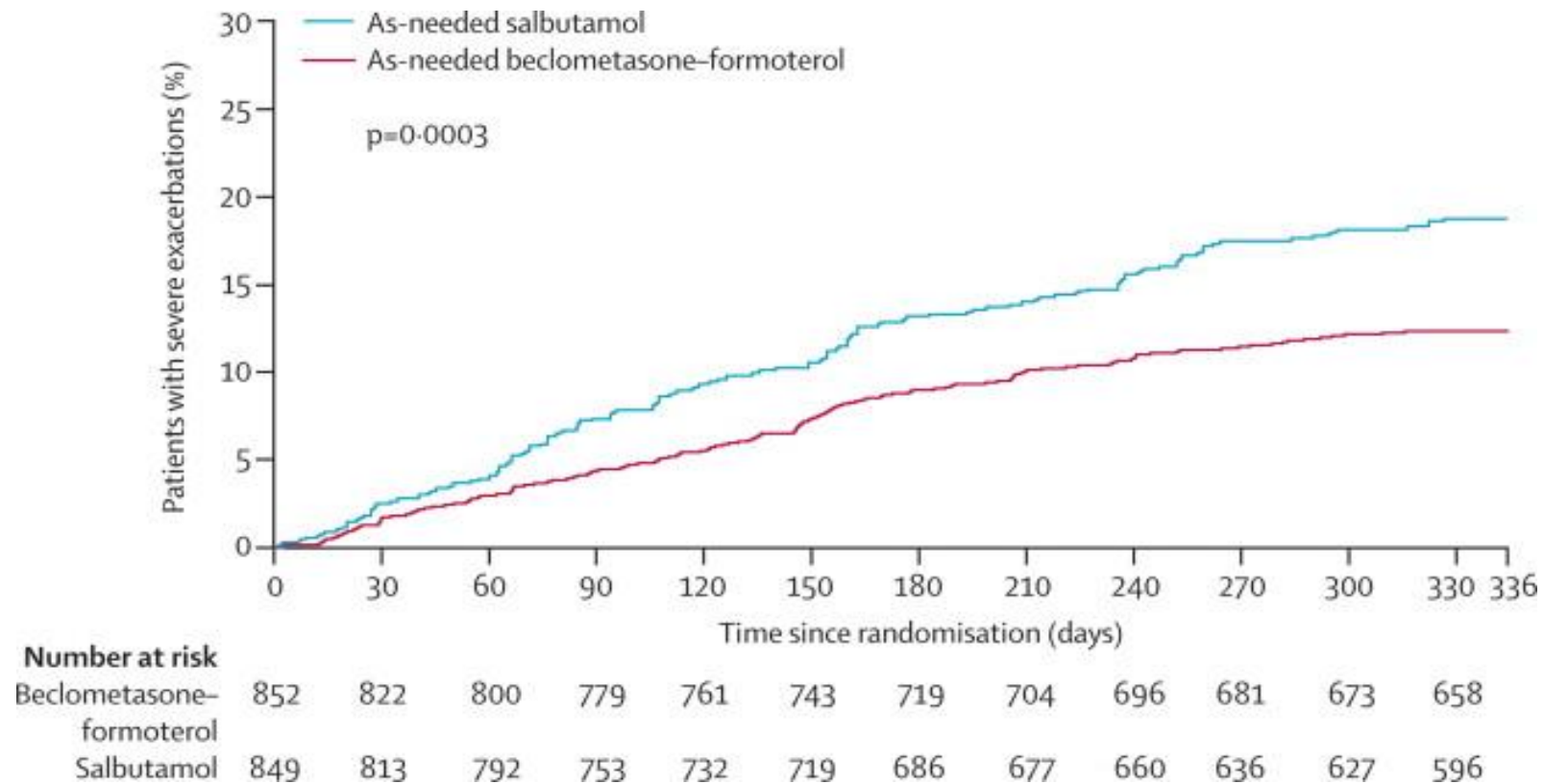
Haughney et al. JACI –IP
2021;9:890-6

Over-reliance on SABA is associated with an increased risk of severe exacerbations in asthma



1. Global Initiative for Asthma. 2020 GINA Report, Global Strategy for Asthma Management and Prevention. <http://www.ginasthma.org>.
2. Schatz M, et al. *J Allergy Clin Immunol*. 2006;117:995-1000.

MART therapy in Asthma reduces need for multiple inhalers



Papi, Alberto et al. The Lancet Respiratory Medicine, 2013

MART options

Fostair 100/6 MDI and Nexthaler - aged 18 + only

- The maximum dose is 8 inhalations per day.

Symbicort Turbohaler 100/6 or Symbicort 200/6 – aged 12+

- The maximum dose is 12 inhalations per day.

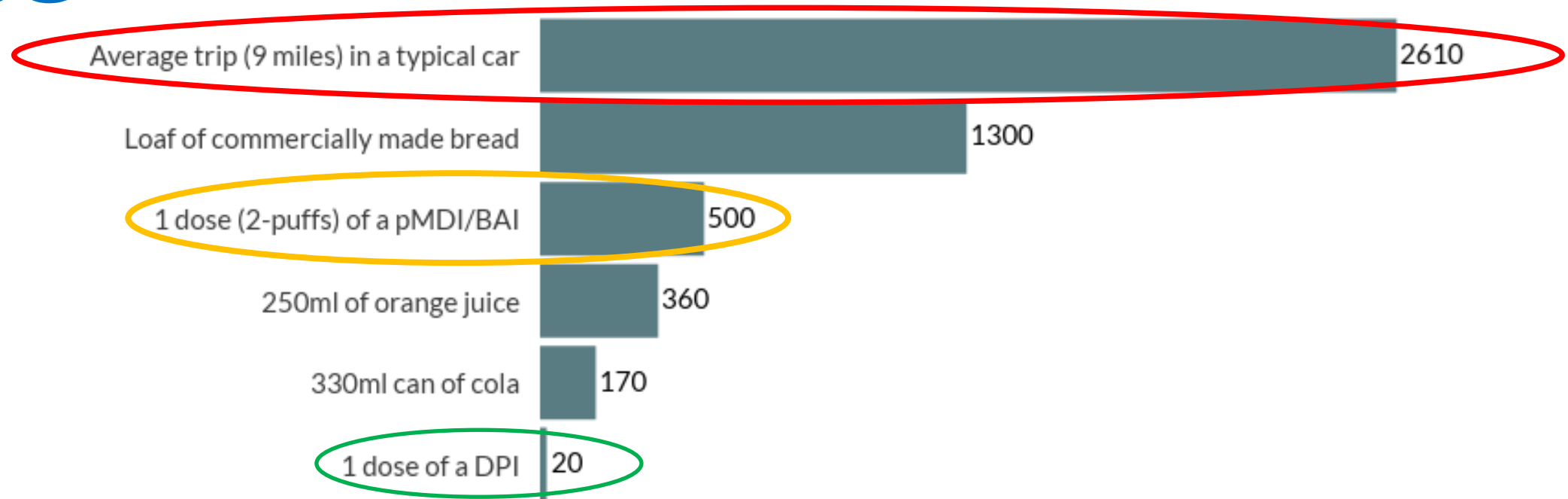
Duoresp Spiromax 160/4.5 - aged 18+ only

- The maximum dose is 12 inhalations per day.

Fobumix Easyhaler 80/4.5 easyhaler or Fobumix – aged 12+

- The maximum dose is 8 actuations per day.

The Greenest inhaler is the one the patient is able and willing to use



Treatment aim: prevent exacerbations/emergency visits

Prescribing of inhalers

Quality Improvement

- Ensuring **you** as an HCP know how to use and teach good inhaler technique (UKIG competency framework)
- Improving disease control
 - Smoking cessation
 - Pulmonary rehab
 - Vaccinations
- Reduce waste – inappropriate issues/inhaler recycling*
- Patient activation and self management
- Refer patients who are frequently exacerbating or not responding to treatment. Reconsider diagnosis
- Not all breathlessness is asthma or COPD

1. Usmani et al. Lancet 2019
2. Keeley et al. ERJ 2020

Low GWP prescribing options– examples

- Clenil 100 2p BD (£7.42/200 doses)
 - MDI option: Clenil 200 1p BD (£16.17/200 doses)
 - DPI option: Beclometasone Easyhaler 200 1p BD (£14.93/200 doses)
 - 30 day comparisons:
 - Clenil MDI 100 2p BD = £4.45
 - Clenil MDI 200 1p BD = £4.85
 - Beclometasone Easyhaler 200 1p BD = £4.48.
- Fostair pMDI to Fostair Nexthaler – dose and cost equivalent
- Avoid high carbon intensity propellants – Ventolin®, Flutiform®¹
- Consider combination inhalers
- Device consistency

1. Wilkinson et al. BMJ Open 2019

All-cause asthma and COPD exacerbations

- Mean number of all-cause admissions per week¹
 - 2018 - 173
 - 2019 - 179.7
 - 2020 - 113.8
- Lessons learnt from COVID-19 pandemic
 - Exacerbations are often caused by viruses – usually rhinovirus
 - ? Improvement in hand hygiene
 - ? Reduced exposure to viruses due to isolation
 - ? Improved adherence to preventers
 - ? Better self management.

Alignment with the DES contract

- Increase the percentage of asthma patients who are regularly prescribed ICS where indicated (aim by 2024-25 that 90% of those on asthma register will be regularly prescribed ICS)
- Reductions in avoidable SABA prescribing – only 10% prescribed 6 or more SABA per year.
- Increase in DPI/SMI prescribing – by 2023/24; only 25% of non-salbutamol inhalers prescribed will be pMDIs.
- Salbutamol prescribing with lower carbon intensity propellant

CO₂ acronym for GPs

- **Carbon friendly** (i.e. think DPI)
- **Overuse** (check Salbutamol overuse)
- **Optimal** (optimise use of ICS)

<https://www.prescqipp.info/our-resources/webkits/respiratory-care/>



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Respiratory care

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This page will bring together all the PrescQIPP respiratory care resources and campaign materials as well as showcase good practice examples of projects in respiratory care and signpost to self care resources available for organisations to use to support their own respiratory care campaigns.

General resources



Lowering the inhaler carbon footprint



This resource, jointly commissioned by NHSEI and PrescQIPP, supports the NHS objective for lowering the inhaler carbon footprint.

Inhaler carbon emissions data for each inhaler are provided.

The data tool provides comparative inhaler prescribing data at all levels. The inhaler switch tool allows users to view the impact of any inhaler switches on the inhaler carbon footprint and costs.

Future Practice Plus Webinars

Date	Key themes	Guest Presenters
20th July 2022	Behavioural science applied to Implementing deprescribing	Debi Bhattacharya Primary Care Pharmacist Professor of Behavioural Medicine University of Leicester
17 th August 2022	Hypertension management across your locality	Alison Warren Consultant Pharmacist Cardiology University Hospitals Sussex (Brighton) and Sussex Clinical Commissioning Groups
28 th September 2022	Managing Analgesic Reviews in people without capacity NICE guidance on dependence forming medicines	Emma Davies Advanced Pharmacist Practitioner in Pain Management Cwm Taf Morgannwg University Health Board