ASTHMA RIGHT CARE

QUESTION & CHALLENGE CARDS

Pharmacists

International Primary Care Respiratory Group

IPCRG

INTRODUCTION

The charity International Primary Care Respiratory Group (www.ipcrg.org/aboutus) is leading a social movement approach to create a desire for change in the management of asthma*. Our focus, in the first phase, is on the over-reliance on short-acting beta$_2$ agonists (SABA), and testing how to create a sense of discomfort and dissatisfaction with this amongst all stakeholders.

OUR "HUNCHES" DRIVING THIS PROGRAMME ARE THAT

- Whilst there is over-reliance, there is no consensus on what "over-reliance" looks like
- The initial conversations about SABAs that may effect a person's use in the future occur in many places eg community pharmacies and emergency departments as well as general practices/family physician offices
- We don't really know what people do if they don't come regularly to the practice
- Amongst the non-respiratory interested workforce, asthma is regarded as a low priority for change
- Previous approaches haven't really shifted that despite the evidence suggesting unwarranted variation in outcomes and avoidable mortality, morbidity and healthcare utilisation
- Without an appetite to change, it is difficult for messages about how to improve asthma care to be received and adopted

IPCRG has received funding from AstraZeneca to run the Delivery Team and for designing and printing these cards. The Delivery Team of patients, pharmacists and GPs are responsible for the content."

March 2019

ASTHMA RIGHT CARE

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QUESTION & CHALLENGE CARDS

PHARMACISTS

These cards are a way to trigger conversations and for you to share your thinking with others. We invite you to use them to start a discussion!

INSTRUCTIONS

1. Split into pairs or small groups
2. Choose a card from the pack
3. Read the question or comment
4. Take a few minutes to discuss the question or comment on the card and note down your key discussion points
5. Choose another card and follow steps 3 and 4 above
6. Feed back your discussion points to the full team/meeting

Sometimes pharmacists notice when patients are not collecting routine prescriptions for inhaled corticosteroids for asthma.

- Do you think it is important to improve the communication between the doctor and the pharmacist in these circumstances?
- How do you let the doctor know?
- How comfortable do you feel doing this?

How would you detect incorrect/inadequate asthma management?

Sometimes pharmacists detect an incorrect inhalation technique by patients with asthma.

- How will you alert the prescriber about the problem?
- What further training do you need to teach inhaler technique?
- When (how soon) do you think the patient's technique will need reviewing again?

On rare occasions pharmacists need to dispense urgently (without prescription) SABA inhalers.

Which of the following reasons do you think are acceptable for the pharmacist to issue an emergency SABA for asthma with no prescription?

a. Patient is feeling wheezy
b. A loan of one inhaler until the doctor can evaluate the patient after the weekend
c. Peak flow is 30–50% of best, and patient is struggling to speak.

Challenging question:

How safe do you feel dispensing these drugs over-the-counter?

1. A SABA inhaler for asthma
2. Morphine sulfate tablets
3. An antibiotic

Positive message:

Does this work?

“If you’ve got a diagnosis of asthma and are finishing more than 4* blue inhalers/relievers in a year, you need a review with your prescriber”

* Our team can’t agree on whether this should be 4 or 6. Would it change the impact if you changed the number?

Positive message:

Does this work?

“If you use more than 2 or 3* puffs a week of your blue/ reliever inhaler, go and see your doctor”

* What number would you use?

How can the pharmacy communicate key messages like these for patients with asthma to the general practice?

a) Please review because SABA appears to be on repeat: is the diagnosis asthma or COPD?
b) >4 SABA collected in a year; suggest review needed
c) ICS on repeat prescription, but not being collected by patient
d) Patient has poor inhaler technique during a review.
e) No issue of/no use of spacer (if applicable)
f) No issue of a Personal Asthma Action Plan
g) Medicine has NOT been prescribed by brand name and given an unfamiliar device they can't use