Process:

Patient comes to pharmacy to collect medication..

- More than 6 salbutamol inhalers in last 6 months?
- o Emergency salbutamol inhaler request?
- Does not want preventer inhaler/only uses reliever?
- No asthma review in the last year or has no personal asthma action plan.

Project rationale:

Asthma in pharmacies project. NHS Bexley Clinical Commissioning Group working with Sonar Informatics, and Healthy London Partnerships.

Project to take what currently exists, and join it up effectively, rather than invent a whole new system. It is recognised to be mutually beneficial to patients, pharmacists and practices, so all are happy to engage.

Pharmacy asthma assessment completed and entered on template and sent through Sonar platform

- o Inhaler technique
- Asthma control test

Bexley Clinical Commissioning Group

Benefits

Payment by MUR or NMR

Increased patient appreciation of pharmacy skills and job satisfaction for the pharmacist.

The practice receives the assessment report via the Sonar Flu vaccine platform. Practices need to contact Sonar to update the email address that receives the reports to their EDT server so that they can go straight into the patients' notes and the GP work stream for review. If they do not have a Sonar log in they need to contact Sonar to get one. THIS IS ESSENTIAL to ensure reports are seen

Result picked up in GP surgery and redirected as appropriate (In Bexley Docman account to go into inbox of GP and attached to patient record) Then the GP needs to ensure one of the actions below happen.

This is the part which needs buy in by GPs and organisation assurance that the practice will ensure that they receive and action as required

VERY IMPORTANT TO GET BUY
IN FROM PRACTICES THEY
MUST GET THIS RIGHT

Red urgent needs appointment within a week

Amber needs appointment in the next 28 days

Green needs usual annual review

Next steps: In Bexley we are now rolling it out to all GPs a pilot of a few practices does not yield very many reviews as lack of co-location of GP and pharmacy was an issue. We also restricted the patients to those between 5 and 25 to ensure that only asthma patients were included. In the roll out we have extended the age to 35 years, but are keeping this as the forms are not relevant to COPD. It is envisaged that we could extend it further in the future to include COPD, but the asthma control tests would not be relevant, so another template would be needed.