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North of England Commissioning Support

Why Asthma Still Kills
The National Review of Asthma Deaths (NRAD)

Summary of Recommendations for GP Practices and Community Pharmacies

Briefing for CCGs

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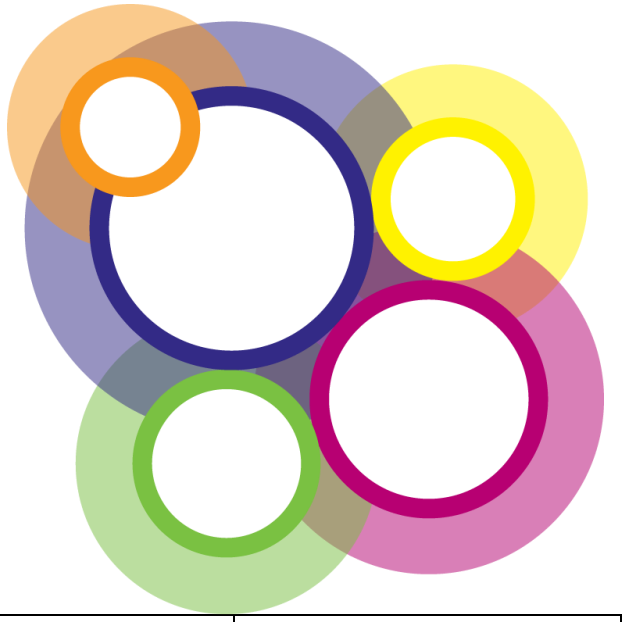

Document Summary

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Document Status

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Introduction

Why asthma still kills, the report of the National Review of Asthma Deaths was published on 6 May 2014. The report calls for an end to the complacency around asthma care, in order to save lives.

Deficiencies were found in routine asthma care and the report outlines recommendations to be taken forward by doctors, nurses, pharmacists, NHS service managers, policy makers, commissioner, patient and professional bodies, patients, parents and carers.

Among the key recommendations there are issues around prescribing and medicines use which are of great relevance to GP practice staff (particularly those running asthma clinics), and to community pharmacists. These key issues are detailed below:

Recommendation 1

All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for an urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required

Key finding:

There was evidence of excessive prescribing of reliever medication. Among 189 patients who were on short-acting relievers at the time of death, the number of prescriptions was known for 165, and 65 of these (39%) had been prescribed more than 12 short-acting reliever inhalers in the year before they died, while six (4%) had been prescribed more than 50 reliever inhalers. Those prescribed more than 12 reliever inhalers were likely to have had poorly controlled asthma.

Action for practices:

All asthma patients who have been prescribed more than 12 short-acting reliever inhalers in the previous 12 months should be invited for urgent review of their asthma control, with the aim of improving their asthma through education and change of treatment if required.

Action for pharmacies:

Community pharmacy staff should be vigilant for patients who are receiving many short-acting reliever inhalers within a short time frame. It may be appropriate to offer these patients advice about their usage of reliever medication, check their inhaler technique and prioritise for a medication usage review (MUR).

Recommendation 2

An assessment of inhaler technique to ensure effectiveness should be routinely undertaken and formally documented at annual review, and also checked by the community pharmacist when a new device is dispensed.

SIGN 141: British guidance on the management of asthma, October 2014 4.2.3 Good Practice Points

Every asthma consultation is an opportunity to review, reinforce and extend both the patient's knowledge and skills. This is true whether the patient is seen in primary care, the emergency department, or the outpatient clinic.

Action for practices:
Patients should be asked to bring their inhalers with them to their asthma review appointment. At the review, the patient should be asked to demonstrate inhaler technique and, if sub-optimal, advice given on correct usage of their inhaler(s).

Action for pharmacies:
When dispensing any inhaler, the pharmacist has a responsibility to ensure the safe and effective use of the inhaler device, and ideally requests the patient to demonstrate their ability to use it. This should take place annually as correct technique can drift over time.

When a new device is dispensed, the pharmacist must demonstrate the correct inhaler technique and check that the patient has understood the instructions and can demonstrate the correct use of the device

As part of their NHS contractual framework, Community Pharmacists are able to use the Medicines Use Review and New Medicines advanced services to target the above. Obtaining placebo inhaler devices

Placebo inhalers and training devices are available from the majority of inhaler manufacturers to support clinicians and patients with shared decision making around inhaler devices and assessing and demonstrating inhaler technique. Information on ordering placebo inhalers is available below.

Recommendation 3

Non-adherence to preventer inhaled corticosteroids is associated with increased risk of poor asthma control and should be continually monitored.

Key finding:
There was evidence of under-prescribing of inhaled medication (preventer medication). To comply with recommendations, most patients would usually need at least 12 preventer prescriptions per year. Among 168 patients on preventer inhalers at the time of death, either as stand-alone or in combination, the number of prescriptions was known for 128, and 49 of these **(**38%) were known to have been issued with fewer than four and 103 (80%) issued with fewer than 12 preventer inhalers in the previous year.

Action for practices:
A search should be carried out for ***asthma*** patients who have been prescribed or dispensed less than 12 inhaled corticosteroid inhalers (ICS) alone or ICS/long acting beta agonist (LABA) combination inhalers in the previous 12 months. This under usage of preventer medication should be discussed at the next asthma review appointment. If the patients identified above (<12 ICS or ICS/LABA combination inhalers in last 12 months) are also shown to be ordering more than 12 short acting beta agonist (SABA) inhalers in

the previous 12 months, then these patients should be prioritised for an **urgent asthma review**.

Action for pharmacies:
Pharmacists should be vigilant for patients who are dispensed reliever medication too frequently and/or preventer medication infrequently, and should provide appropriate advice about the need for regular usage of preventer medication in asthma. If appropriate, the patient could be offered an intervention MUR to address the problems identified.

Recommendation 4

The use of combination inhalers should be encouraged. Where LABA bronchodilators are prescribed for people with asthma, they should be prescribed with an inhaled corticosteroid in a single combination inhaler.

There is evidence of inappropriate prescribing of LABA bronchodilator inhalers. From available data, 27 (14%) of those who died were prescribed a single-component LABA bronchodilator at the time of death. At least five (3%) patients were on LABA monotherapy without inhaled corticosteroid preventer treatment.

Action for practices:
A search for patients on LABA monotherapy should be carried out; if any of these patients have ***asthma***, an urgent medication review is appropriate.

Action for pharmacies:
Pharmacists should be vigilant when dispensing LABA inhalers to patients. If a patient with asthma is being dispensed LABA monotherapy, the prescriber should be informed of the safety concerns, and the patient should be advised to make an urgent appointment for an asthma review.

Inhaler Technique eLearning

The inhaler technique eLearning programme can be accessed through the NECS learning website:

http://medicines.necsu.nhs.uk/education-training/inhaler-technique-elearning/

Obtaining placebo inhaler devices

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