



**ALL WALES PRESCRIBING GUIDELINES FOR ASTHMA AND COPD  
CLOSING DATE: MONDAY 6 JUNE 2016**

Please complete your personal details along with the Consultation Pro-forma **and** the Declaration of Interests form below. Please type directly into the forms and save with your initials (or other appropriate identifier) before returning to [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk).

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**CONSULTATION PRO-FORMA**

<b>Page/section number</b>	<b>Comment</b>
1.0 General principles	<p>CPW would support the establishment of All Wales Prescribing Guidelines for asthma and COPD. Alongside our GP colleagues, in order to provide continuity of service, community pharmacy practices need from time to time to rely on locum or relief pharmacists. Pharmacists and GPs providing services across Health Board boundaries find it difficult to keep up to date with different Health Board prescribing policies and the increased complexity that this approach brings with it.</p> <p>As the majority of inhaler prescribing is undertaken in primary care, it is evident that engagement of the community pharmacy network, in the provision of support to patient and prescribers, should be a key building block of any national guidance. As all inhalers prescribed in primary care will be supplied through a community pharmacy at some stage and the pharmacist will therefore interface with the patient it is surprising that engagement with the network across Wales is so sporadic.</p> <p>CPW believes that the network can provide support and reduce impact across the NHS in six key ways:-</p> <ol style="list-style-type: none"><li>1. Reducing prescribing variation by reviewing GP prescribing against national guidelines and providing feedback.</li><li>2. Ensuring that patients understand their medicines and are educated about their condition..</li><li>3. Supporting patients discharged from hospital following an emergency admission.</li><li>4. Improving asthma and COPD control by providing advice to patients on the correct use of their inhalers.</li><li>5. Reducing the cost of prescribing and reducing medicines wastage.</li><li>6. Supporting improved lifestyle choice by providing stop smoking support and advice on diet and activity levels.</li></ol>
2.0 Assessment of Asthma control	Community pharmacies across Wales, as a Welsh Government commissioned service, are able to provide a Medicines Use Review (MUR) to patients. This confidential service is designed

to increase patients' knowledge of medicines and to improve their understanding of how to use their medicines. As part of the provision of the MUR service to inhaler users a pharmacist will look at the balance between the use of reliever and preventer inhalers. In addition, to support the discharge of patients from one care setting to another community pharmacists provide a national Discharge Medicines Review (DMR) ensuring that the correct medicine reaches the patient.

CPW would therefore recommend in line with 2. above that the guidelines include a requirement that all patients prescribed inhalers should be encouraged to visit their community pharmacy on an annual basis for a Medicines Use Review. In addition the guidance should contain a requirement that the local community pharmacy is informed when a patient with a respiratory condition is discharged from hospital and that this is included in any discharge checklist employed by the hospital.

While the MUR will look at use of medicines, the number of MURs is limited and MURs cover a wide range of medical conditions. To ensure that respiratory patients receive the focussed support they require, CPW would recommend that a National Inhaler Technique Review Service is put in place and developed to include.

- A review of inhaler technique – both an initial review and a later review of technique.
- The completion of a validated symptom score.
- A PEF measurement of airflow.
- An assessment of exacerbation risk.
- Communication of findings to the GP practice.

CPW understand that inefficient inhaler technique is a common problem resulting in poor drug delivery, decreased disease control and increased inhaler use. Research shows that 20% of the medication in a metered dose inhaler (MDI) reaches the lungs (the other 80% being swallowed), whereas with a poor technique the percentage drops to between 0 and 10%. A small scale prospective study found that 92% of users have a poor inhaler technique (DH study); moreover, 94% of healthcare staff teach a poor technique.

The costs of poor inhaler technique to NHS wales and to patients are significant. A study of a community pharmacy inhaler technique review on the Isle of Wight in 2011, which has been published as a NICE Technology Appraisal, showed that:-

Reliever therapy (measured by ePACT) showed an immediate drop, and within the first year costs of selective beta-agonists fell by 22.7% - a saving greater than seven times the initial investment by the PCT. (measured as NIC/STAR PU - net ingredient cost per specific therapeutic group age-sex prescribing unit) and a decrease against trend of 25.2% in prescription numbers. Additionally, within 12 months, the Isle of Wight PCT was able to demonstrate through validated hospital data, and Hospital Episode Statistics that emergency admissions due to asthma had reduced by 50%, and deaths by 75%. Prescribing of selective beta-agonists is still falling, taking the PCT spend for bronchodilators to approximately 20% below the national average for this class of drugs. It is pleasing to note that use of ICS preventers, when compared with the trend for England, is also decreasing. Hospital inpatient costs for asthma-related

	<p>admissions have fallen by 66% since the project commenced. (figures from <a href="http://www.hesonline.nhs.uk">www.hesonline.nhs.uk</a>) South East Public Health Observatory (May 2009) have quoted IOW COPD admissions data as exceptionally good despite high prevalence and advise other PCTs to copy the IOW.</p> <p>A study by The Cambridge Consortium in 2012 involving over 4000 Asthma Control Tests supported the effectiveness of an inhaler technique review and support in community pharmacy. In relative terms, 40% of asthma patients showed better asthma control over the time period; 55% of COPD patients showed an improvement in symptom management.</p> <p>The direct programme benefits of the inhaler programme include:</p> <ul style="list-style-type: none"> <li>- Secondary care reduction in emergency admissions</li> <li>- Reductions in medicines waste</li> <li>- Reduced prescribing due to better symptom control</li> <li>- Patient knowledge, understanding and beliefs around medication</li> <li>- Patient quality of life</li> <li>- Patient outcomes (i.e. symptom control)</li> <li>- Skill of pharmacists in MURs</li> <li>- Enhanced contribution of pharmacists to a model of integrated care.</li> </ul> <p><b>These studies show that realisable savings in the cost of inhaler prescribing and a reduction in medicines waste, far exceed the costs of commissioning a community pharmacy service. Prudent Healthcare principles would therefore dictate that this service should be put in place on a national basis.</b></p> <p>There is a range of community pharmacy respiratory enhanced services commissioned across Wales in an ad hoc manner, CPW would welcome a review of existing services and, following the review, the creation of a single evidence based service to align with the publication of national guidelines.</p>
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**DECLARATION OF INTERESTS**

Do you have any business or personal interests that might be material and relevant to the project/document under consideration?

<b>Yes</b>	X
<b>No</b>	

If **yes**, please give details below:

<p>Community Pharmacy Wales (CPW) represents community pharmacy on NHS matters and seeks to ensure that the best possible services, provided by pharmacy contractors in Wales, are available through NHS Wales. It is the body recognised by the Welsh Assembly Government in accordance with Sections 83 and 85 National Health Service (Wales) Act 2006 as 'representative of persons providing pharmaceutical services'.</p> <p>CPW represents all 716 community pharmacy contractors in Wales. These include all the major pharmacy multiples as well as independent businesses. Contractors are located in high streets, town centres and villages across Wales as well as in the major metropolitan centres and edge of town retail parks.</p>
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