

SUMMARY

A Primary Care Pharmacist supported a respiratory hub pilot in North Tyneside CCG. The purpose of the hub was to deliver quality assured spirometry, diagnose, improve asthma management and assess the value of using Fractional Exhaled Nitric Oxide (FeNO) testing.

The pharmacist supported initial diagnosis, medicines optimisation and patient follow up. Patients on high dose inhaled corticosteroids were reviewed to assess symptom control, exacerbation history, inhaler technique and adherence. The pharmacist also reviewed patients overusing short acting beta agonists using FeNO testing and was trained in Cognitive Behavioural Therapy to support patients whose breathlessness was related to anxiety.

AIMS AND OBJECTIVES

- > The aim was to deliver quality assured spirometry and improve asthma management for patients in a Primary Care Network.

Reasons for implementing your initiative

The North Tyneside Medicines Optimisation team commissioned from NECS have been support respiratory reviews in primary care and seeking to help apply National Review of Asthma Deaths recommendations to minimise risks of asthma deaths.

The team needed a new approach to engage with patients to combat narratives such as '*I use my blue inhaler when I get breathless, it's the most important asthma treatment*'.

This risk of was compounded by the untimely death of a young asthmatic teenager who was overusing their Short Acting Beta- 2 Agonist (SABA) inhaler and underusing their regular inhaled corticosteroid inhaler.

The existing eligible population that might benefit from this service was 3598. This is the number of patients on the disease registers recorded with an asthma diagnosis as shown by the GP practice electronic patient record systems. Asthma prevalence across the Clinical Commissioning Group was just over 7.2% and slightly higher in the Primary Care Network at 7.34%

HOW YOU IMPLEMENTED THE INITIATIVE

The Medicines Optimisation Team joined forces with the local GP Federation to provide a respiratory hub within Primary Care Network in which this teenager had died. The initiative was aided by an education grant to purchase a FeNO machine and disposables. Barriers that had to be addressed included:

- > Inappropriate referrals and service non-attenders
- > Behaviour change for both patients and clinicians
- > Lack of understanding and need for training
- > Particularly vulnerable patient cohorts

KEY FINDINGS

Empowering patients can help engage patients to effectively reduce SABA overuse and improve adherence with preventative medicines. The success of the pilot has enabled a case to be made to the Clinical Commissioning Group to extend the service.

KEY LEARNING POINTS

Overall, the pilot has helped to educate practice nurses on appropriate patients to refer to the respiratory hub. Rapid uptake of the service would support diagnosis, improve medicines optimisation and reduce risk of asthma deaths. Specific learning includes:

- > Administrative support made a huge difference
- > Interpretation of spirometry requires broader understanding of the patient
- > There is a lack of understanding and training on FeNO use in primary care
- > There is a lack of funding for FeNO equipment



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