



**NHS**

**England**

London

# #AskAboutAsthma pharmacy webinar

**NHS England – London**

Babies, Children and Young People's Programme

# Housekeeping



Attendees should stay muted with camera switched off during the webinar.



Use the group chat feature to ask questions and please like any questions that you would like answered.



This session is being recorded. A link will be available after the webinar with the slides.



Please share what you learn on social media using the hashtag #AskAboutAsthma

# Agenda

#AskAboutAsthma pharmacy webinar

Tuesday 10 September 2024 7:30 – 8:30pm

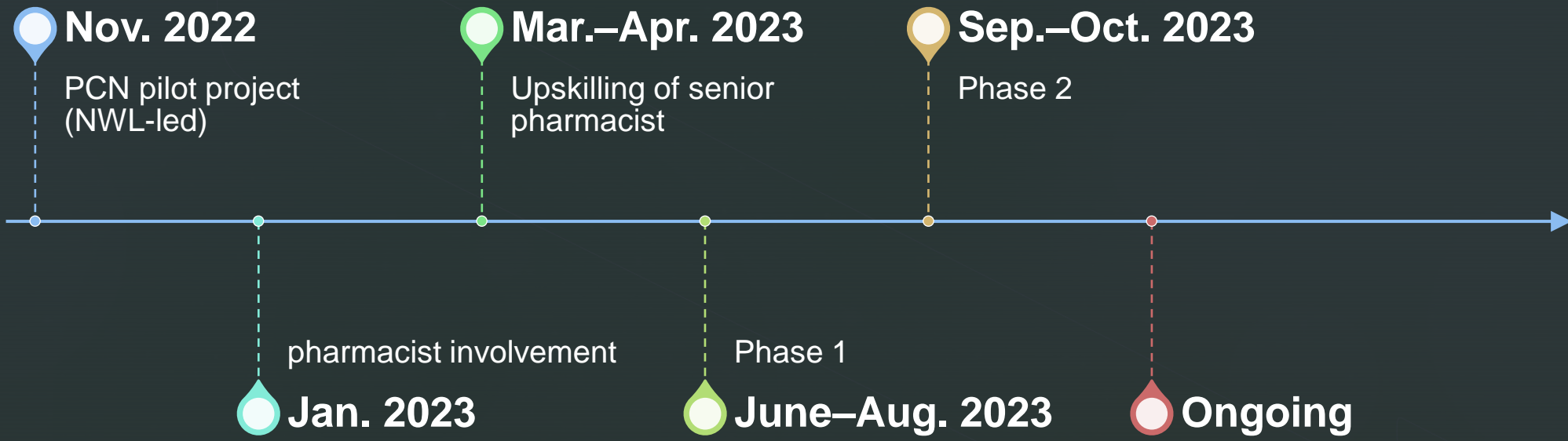
[Click here to join the webinar](#)

Topic	Speaker
	<b>Chair: Sukeshi Makhecha</b> Specialist Pharmacist, Paediatric Respiratory Medicine Evelina London Children's Hospital and Royal Brompton Hospital Pharmacy Asthma Group Co-Chair (subgroup of London Asthma Leadership and Implementation Group)
<b>Pharmacist-led children and young people's asthma service</b>	<b>Meropi Mastropetrou</b> Senior Pharmacist, Feltham and Bedfont Primary Care Network
<b>The value of community pharmacists in managing asthma holistically in Newham</b>	<b>Shilpa Shah</b> CEO, Community Pharmacy North East London
<b>Using data to help drive change: Baby steps to asthma right care</b>	<b>Darush Attar-Zadeh</b> Independent Prescriber and Children and Young People's Pharmacy Asthma Group Co-Chair (subgroup of London Asthma Leadership and Implementation Group)
<b>Q &amp; A</b>	<b>All</b>

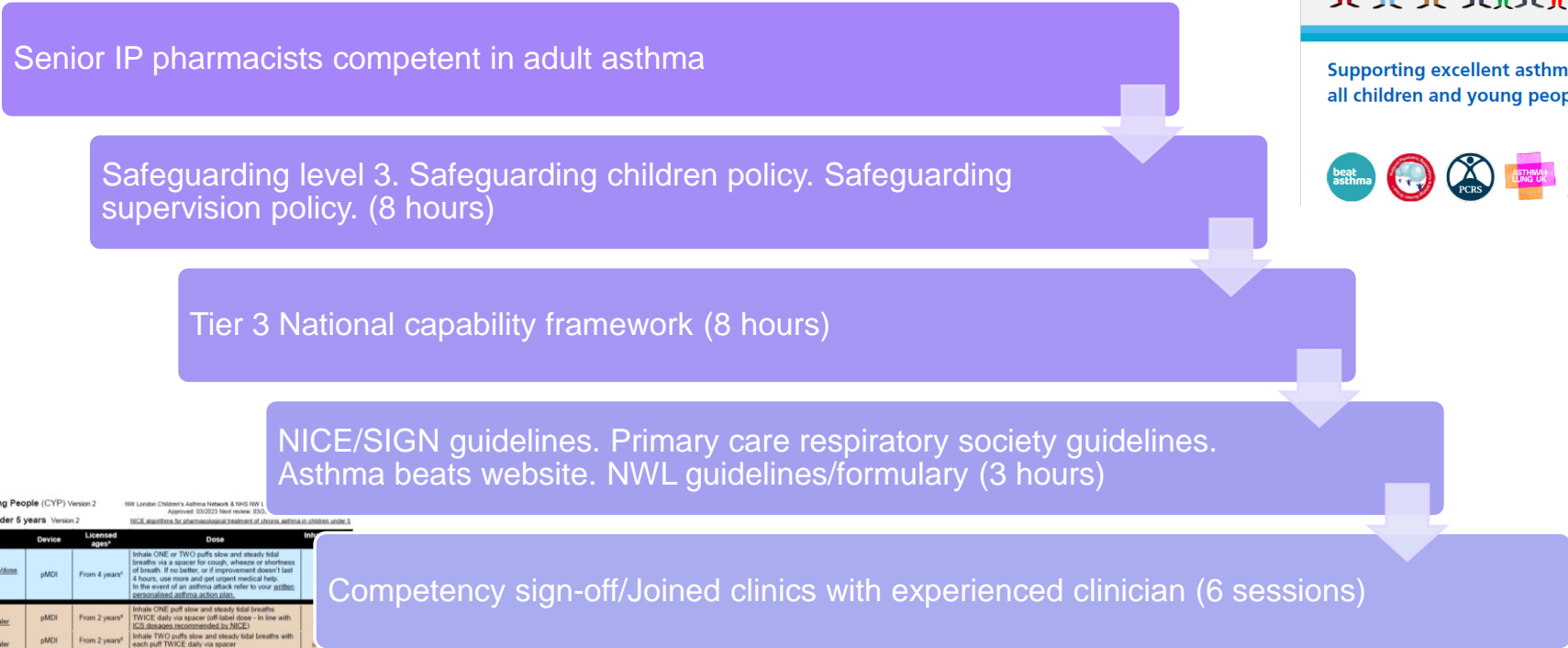
# Pharmacist-led CYP asthma service

Meropi Mastropetrou  
Senior Pharmacist  
Feltham and Bedfont PCN

# Timeline



# Upskilling of pharmacists



## The National Capabilities Framework for Professionals who care for Children and Young People with Asthma



Supporting excellent asthma care for all children and young people



**Asthma Prescribing Guide for Children and Young People (CYP) Version 2**  
**Asthma - Prescribing Guide for children aged under 5 years** Version 2

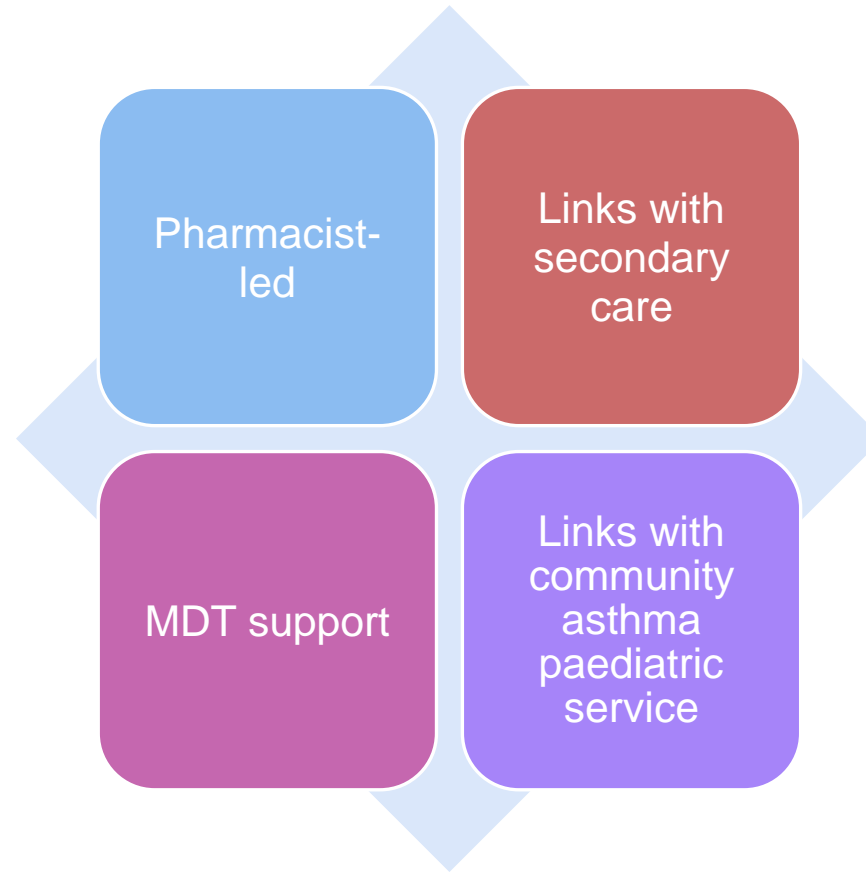
Inhaler name	Device	Licensed ages*	Dose	Price
<b>Short-acting beta2 agonist (SABA) as reliever therapy</b>				
Salbutamol 100micrograms/dose inhaler (CFC free) <sup>†</sup>	µMDi	From 4 years <sup>†</sup>	Inhale ONE or TWO puffs slow and steady tidal breaths via a spacer for cough, wheeze or shortness of breath. If no better, or if improvement doesn't last 4 hours, use more and get urgent medical help. In the event of an asthma attack refer to your asthma personalised asthma action plan.	
<b>Paediatric LOW dose inhaled corticosteroid</b>				
Clenil Modulite 50micrograms/dose inhaler	µMDi	From 2 years <sup>†</sup>	Inhale ONE puff slow and steady tidal breaths TWICE daily via spacer (off-label dose - In line with ICS dosages recommended by NICE)	£39.72 (monthly)
Clenil Modulite 50micrograms/dose inhaler	µMDi	From 2 years <sup>†</sup>	Inhale TWO puffs slow and steady tidal breaths with each puff TWICE daily via spacer	
Fluticadone 50micrograms/dose Evohaler	µMDi	From 4 years	Inhale ONE puff slow and steady tidal breaths TWICE daily via spacer	
<b>Leucotriene receptor agonists (LTRA)</b>				
Montelukast 5mg granules sachets sugar free	Granules	6 months – 5 years	Take the contents of ONE sachet in the evening	£57.49
Montelukast 5mg chewable tablets sugar free	Chewable tablets	2 years – 5 years	Take ONE chewable tablet in the evening	£13.42
<b>Paediatric MODERATE dose inhaled corticosteroid</b>				
Clenil Modulite 100micrograms/dose inhaler	µMDi	From 2 years <sup>†</sup>	Inhale TWO puffs slow and steady tidal breaths with each puff TWICE daily via spacer	£54.17 (monthly)
Fluticadone 50micrograms/dose Evohaler	µMDi	From 4 years	Inhale TWO puffs slow and steady tidal breaths with each puff TWICE daily via spacer	£79.44 (monthly)

**Footnotes**  
 µMDi = Pressurised metered dose inhaler; Sal = Breath-actuated inhaler; DPI=Dry powder inhaler  
 † Whole Systems Integrated Care (WSIC) Dashboard: Asthma Hub and London Asthma Division Support Text (LADST) (accessed using WSIC credentials) to set with risk  
 a. Not all products have a UK marketing authorisation for use at all dosages, or in all ages; if considering prescribing a product outside the terms of its marketing authorisation follow relevant professional guidance and take full responsibility for the decision. Check and document informed consent.  
 b. If a SABA is required 3 or more days a week for symptomatic relief, this is an indication of uncontrolled asthma.  
 c. The product licence also states: "Efficacy clinical studies conducted at the recommended dose, in patients < 4 years with bronchospasm associated with reversible obstructive airways disease, show that Ventolin Evohaler has a safety profile comparable to that in children > 4 years, adolescents and adults."  
 d. The product licence holder states that the age that Clenil (50mg and 100mg) can be used is from 2 years and onwards (as confirmed by personal communication).

# Risk stratification

- 5-18 years old CYP with confirmed/suspected asthma diagnosis and at high-risk of asthma attacks/hospital admissions:
  - >6 SABA the last 12 months
  - >2 courses of oral steroids the last 12 months
  - At least one asthma-related UCC/A&E attendance or hospital admission the last 12 months (secondary care data)

# Clinic model







# Clinic delivery

- 2 Band 8a senior pharmacists, competent in adult asthma
- 20 appointments per month (4 sessions)
- 30 minute each appointment
- Face-to-face
- Afternoon clinic to accommodate school hours on various locations/days through the week.

# KPIs: How to measure success



asthma reviews completed



medicine optimisation opportunities



SABA prescribed 12 months post-review



Courses of oral steroids prescribed 12 months post-review



Number of UCC/A&E attendance 12 months post-review

# Pre-clinic review of medical notes

Who/when diagnosed?

No of SABA the last year

No of ICS the last year

No of A&E/UCC admissions the last year

Secondary care input (current or in the past)

GP appointments/recent notes

Other medication/PMHx

# Asthma review

History (including PMHx, FHx)

Symptom control (ACT)

Inhaler technique

Different inhalers

Peak flow meter

Asthma action plan

Environment (mould, triggers, pollution)

Co-morbidities (hayfever, anxiety, reflux, obesity)

# Summary of Year 1



210 face-to-face appointments offered



110 patients reviewed  
Majority required follow-up



27 DNAs (not brought to appointment)



12 families had social prescribing input



39 asthma medication changes

# Common themes

01

**Adherence:**  
Biggest reason for  
treatment failure  
(check number of  
ICS ordered)

02

**Consider red flags:**  
SABA prescriptions,  
steroid courses,  
hospital admissions,  
A&E attendances,  
severity of episodes

03

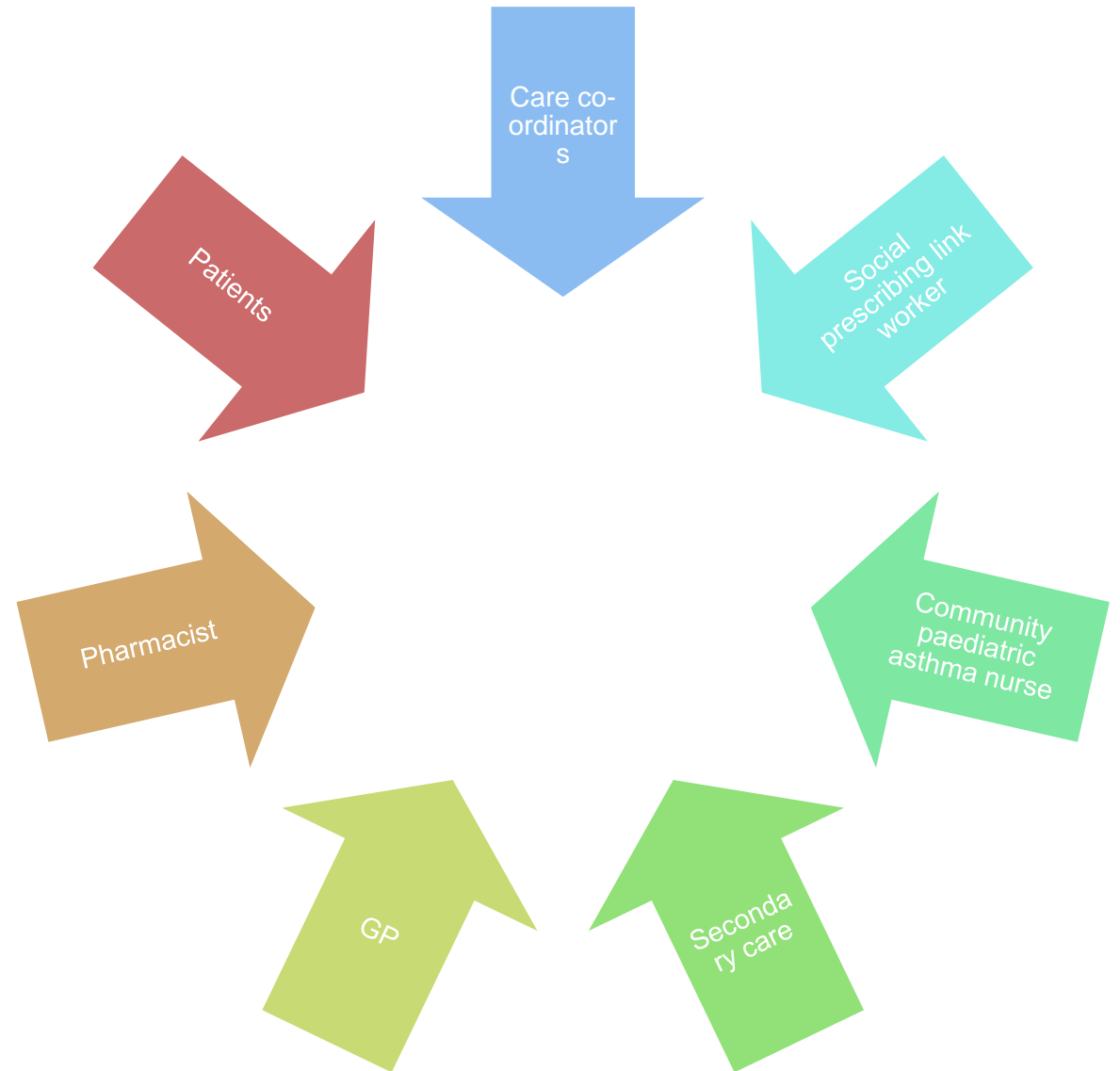
**Spacer** (with  
mouthpiece):  
Age-appropriate,  
cleaned/replaced  
regularly

## Clinical data from Phase 1 (June 2023-August 2023)

- 18 patients reviewed

	June 2022-June 2023	June 2023-June 2024
SABA prescriptions	146	80
Oral steroid courses	19	2
UCC/A&E attendances (asthma-related)	11	2

# Collaborative working



# Social prescribing link worker

Supporting those with at least 2 episodes of non-attendance

Engaged with 12 families– all attended after intervention.

Supported 3 families with housing/environment



# Involvement outside the clinic



STRONGER LINKS WITH  
COMMUNITY AND  
SECONDARY CARE  
TEAMS



EDUCATIONAL  
SESSIONS IN  
SCHOOLS.



COUNCIL  
INVOLVEMENT (ASTHMA  
FRIENDLY  
SCHOOLS, HOUSING)



RAISING AWARENESS –  
FAB PODCAST  
#ASKABOUTASTHMA  
SEPT 2023



PHARMACY GROUP  
MENTORING WITH  
CONSULTANT  
PAEDIATRICIAN



NWL-LED REVIEW OF  
ASTHMA TEMPLATE

# The value of community pharmacists in managing asthma holistically in Newham



- **13 pharmacies signed up to the service**
- **Walk in and Referrals from GP (IT platform in place)**
- **Children under 18**
- **Highest pollution levels in London**
- **Inhaler technique as well as lifestyle advice provided**

## Helping CYP live better with asthma

Using data to help drive change  
Baby Steps to Asthma Right Care



Darush Attar-Zadeh ([d.attar-zadeh@nhs.net](mailto:d.attar-zadeh@nhs.net))

CYP Pharmacy asthma group Co-Chair (subgroup of LALIG Leadership and Implementation Group)

# Asthma – protecting our population

## Questions that may cross your mind?

How many patients in my population (ICB, Borough, PCN, Practice) have been hospitalised and are at future risk of another attack?

What % of patients have had objective tests to support asthma diagnosis?

What % of people take the right treatment & in the right way?

What proportion are children and young people?

What proportion are current smokers or living in a highly polluted area?

Who's got asthma and possibly struggling to make ends meet?

What proportion of asthma patients don't have English as their first language and maybe struggling to understand text message alerts?

## High risk factors – some we can explore in pharmacy

➤ **Number of repeat SABA prescriptions in the past year?**

(6 or more = HIGH RISK)

➤ **Number of ICS prescriptions in the past year?** (Have they been prescribed an ICS? / Too few indicate compliance issues/poor understanding of treatment = HIGH RISK)

➤ **Number of courses of oral steroids in the past year?** (2 or more considered poor control = HIGH RISK)

➤ **Emergency attendances(GP/A&E) in the past year?**

(1 or more indicates poor control = HIGH RISK)

Show history for courses of the same ingredient... (i.e. Salbutamol)  
 Show history for the selected course only

Date	Type	Drug / Dose
▲ Salbutamol 100micrograms/dose inhaler CFC free		
10-Jun-2022 13:32	Switch To Trade	Salamol 100
06-Jun-2022 10:53	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
06-Jun-2022 09:43	Issued Medication Request	
01-Apr-2022	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
31-Mar-2022 11:29	Issued Medication Request	
03-Feb-2022	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
02-Feb-2022 10:53	Issued Medication Request	
06-Dec-2021 15:01	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
06-Dec-2021 14:38	Issued Medication Request	
05-Oct-2021 12:03	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
05-Oct-2021 10:52	Issued Medication Request	
05-Aug-2021 11:29	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
04-Aug-2021 14:07	Issued Medication Request	
04-Aug-2021 14:06	Dosage / Quantity Changed	TWO PUFFS
01-Jul-2021 14:58	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
01-Jul-2021 14:49	Issued Medication Request	
03-Jun-2021 11:35	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1
03-Jun-2021 09:28	Issued Medication Request	
05-May-2021	Medication Issued <a href="#">Cancel Issue</a>	Salbutamol 1

## Checking the PMR or GP systems

**28 SABAs in the last 12 months!**

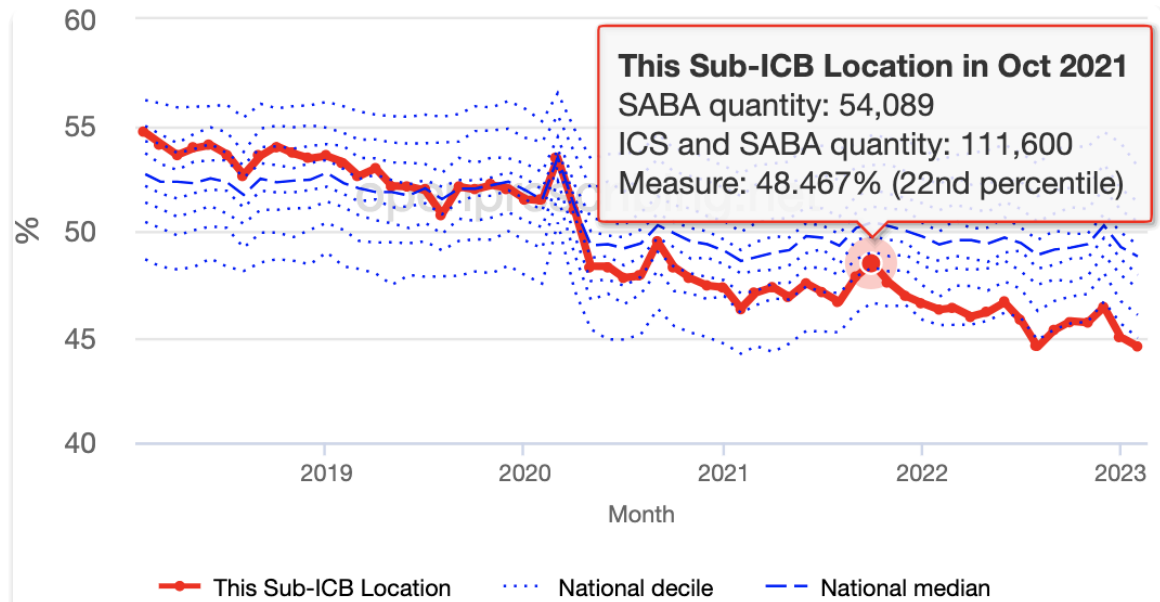
How can pharmacy teams be proactive rather than reactive to identify at risk CYP patients? **How many ICS were dispensed?**

# 11,311 less SABA prescribed since Oct 21 1567 more ICS prescribed since Oct 21

Open prescribing data – freely and easily accessible but not specific to CYP and asthma <https://openprescribing.net/> acting beta agonist inhalers

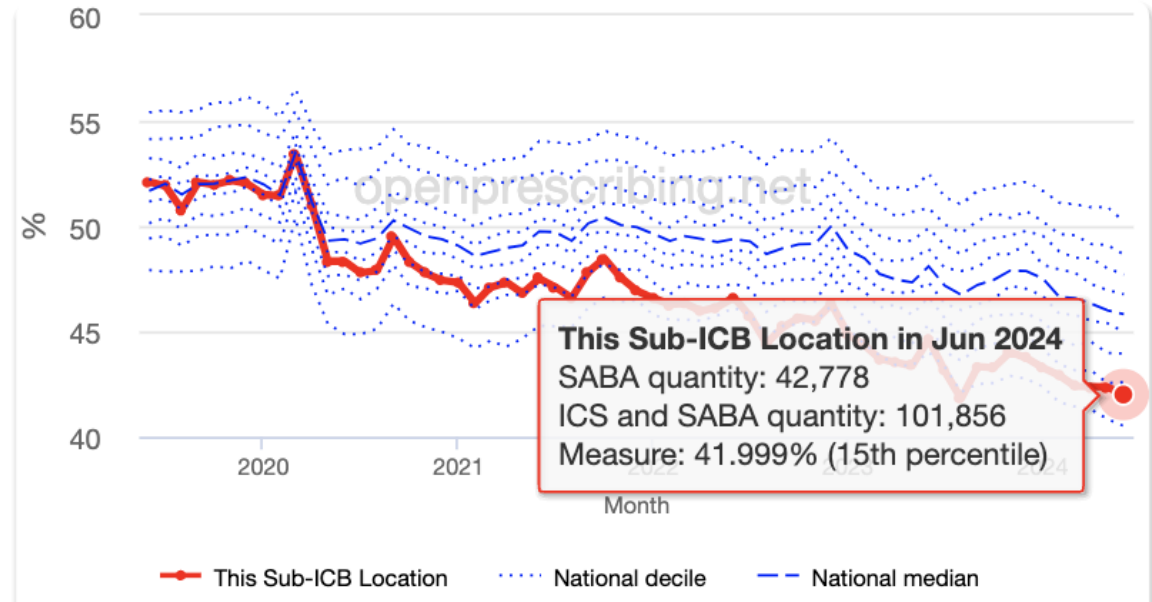
## Short acting beta agonist inhalers

Prescribing of short acting beta agonist (SABA) inhalers - salbutamol and terbutaline compared with prescribing of inhaled corticosteroid inhalers and SABA inhalers



Download data

Prescribing of short acting beta agonist (SABA) inhalers - salbutamol and terbutaline - compared with prescribing of inhaled corticosteroid inhalers and SABA inhalers



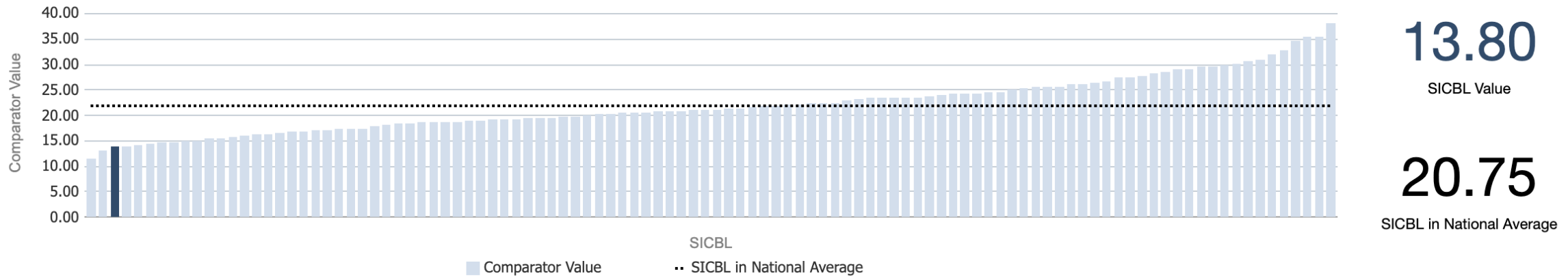
Download data



**Proportion of patients receiving 6+ SABA inhalers**  
 NHS NORTH WEST LONDON ICB - W2U3Z highlighted within results for all SICBLs during Jun-24

Numerator Definition Denominator Definition

Display:- Chart ▼

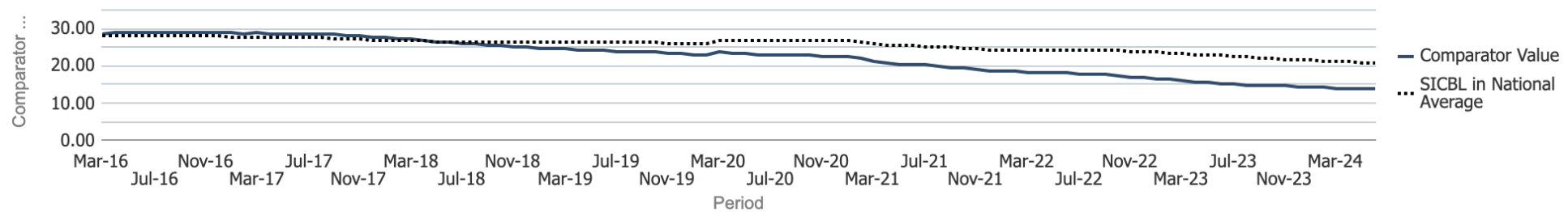


Refresh - Print - Export

NHS BSA prescribing data –accessible with login but not specific to CYP and asthma

**Proportion of patients receiving 6+ SABA inhalers**  
 Trend over time for NHS NORTH WEST LONDON ICB - W2U3Z

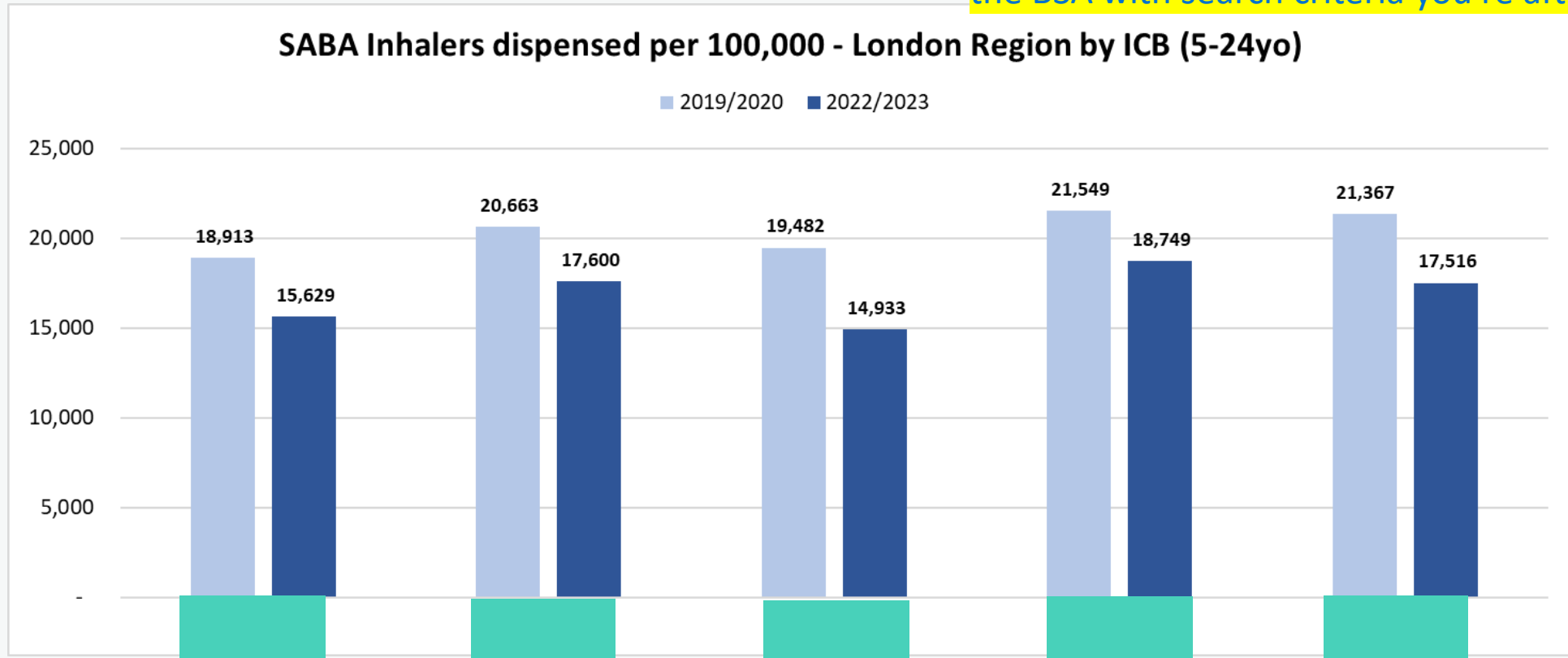
Display:- Chart ▼



# SABA by ICB: 2019/20 vs 2022/23 – Rate per 100,000

## London Region

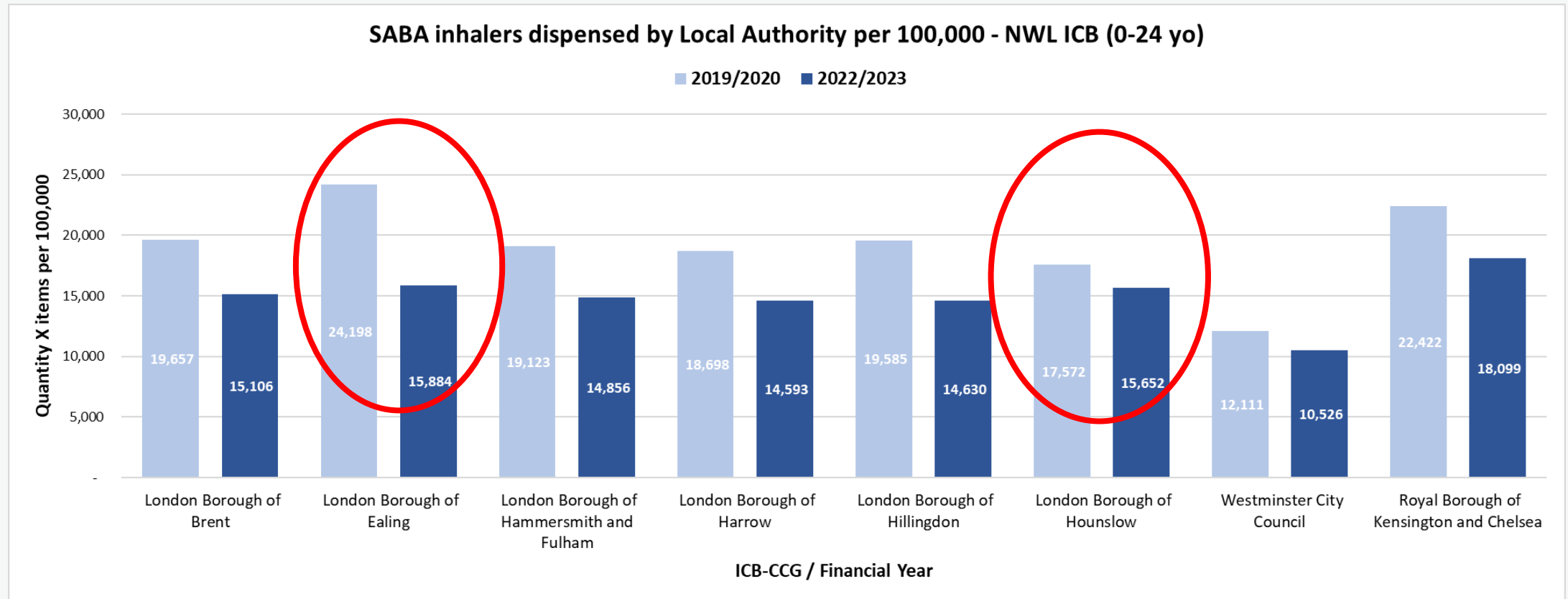
NHS BSA dispensing data – accessible with emailing the BSA with search criteria you're after



- Overall, in 2022/23, no. of SABA inhalers being dispensed per 100,000 has been lower than that of 2019/20 for all ICBs in London.
  - Patients residing in SEL ICB were dispensed more inhalers per 100,000 compared to other ICBs, for both financial years

# SABA by Local Authority – 2019/20 vs 2022/23

QI Projects in specific Borough's are shared, the data can show progress.  
e.g. Ealing has seen a huge drop in SABA dispensing after child deaths in NWL



- In NWL, patients residing in Ealing and Kensington and Chelsea had the most inhalers dispensed per 100,000
- More inhalers were dispensed per 100,000 0-24 year olds in 2019/20 compared to 2022/23, for patients residing in all Local Authorities

# THE CHILDREN AND YOUNG PEOPLE'S TRANSFORMATION PROGRAMME



## CYP Transformation Programme Dashboard

The dashboard provides a standard view across key CYP Transformation Programme workstreams.

Please select a workstream to begin.

Asthma workstream	Diabetes workstream	Epilepsy workstream
Obesity workstream	Oral health workstream	UEC workstream

For the best experience please set your screen and browser resolution to 100%.

Metric description	FAQ	Feedback form
--------------------	-----	---------------

NHS England dispensing data – accessible with login specific to CYP and asthma Includes ICS and SABA data, deprivation, age

<https://tabanalytics.data.england.nhs.uk/#/workbooks/9256/views>

# REDUCING HEALTHCARE INEQUALITIES FOR CHILDREN AND YOUNG PEOPLE

## CORE20

The most deprived 20% of the national population as identified by the Index of Multiple Deprivation



The Core20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

## PLUS

ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups



Target population

# CORE20 PLUS 5

Key clinical areas of health inequalities

1



## ASTHMA

Address over reliance on reliever medications and decrease the number of asthma attacks

2



## DIABETES

Increase access to Real-time Continuous Glucose Monitors and insulin pumps in the most deprived quintiles and from ethnic minority backgrounds & increase proportion of children and young people with Type 2 diabetes receiving annual health checks

3



## EPILEPSY

Increase access to epilepsy specialist nurses and ensure access in the first year of care for those with a learning disability or autism

4



## ORAL HEALTH

Address the backlog for tooth extractions in hospital for under 10s

5



## MENTAL HEALTH

Improve access rates to children and young people's mental health services for 0-17 year olds, for certain ethnic groups, age, gender and deprivation

# Asthma dispensing deep dive

Overall risk: Black | Financial year: 2022/23 | Age group(s): (All)

Clear all filters

### Risk categories

- Black** = Very high risk
- Red** = High risk
- Amber** = Medium risk
- Blue** = Lowest risk

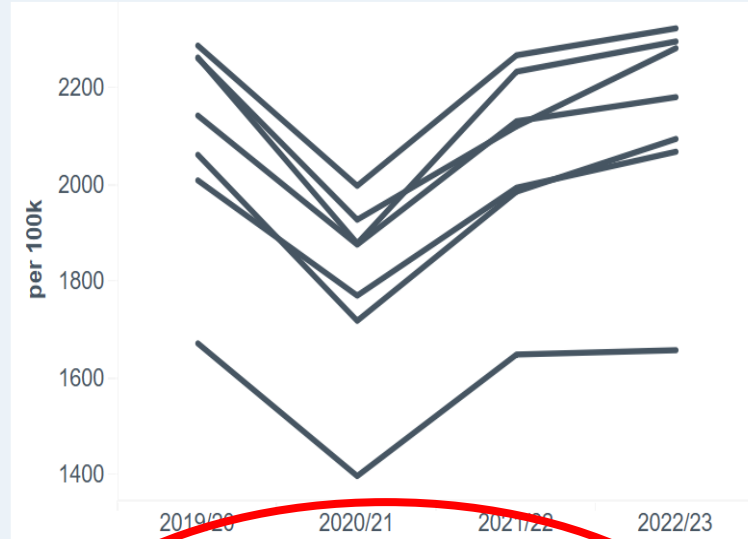
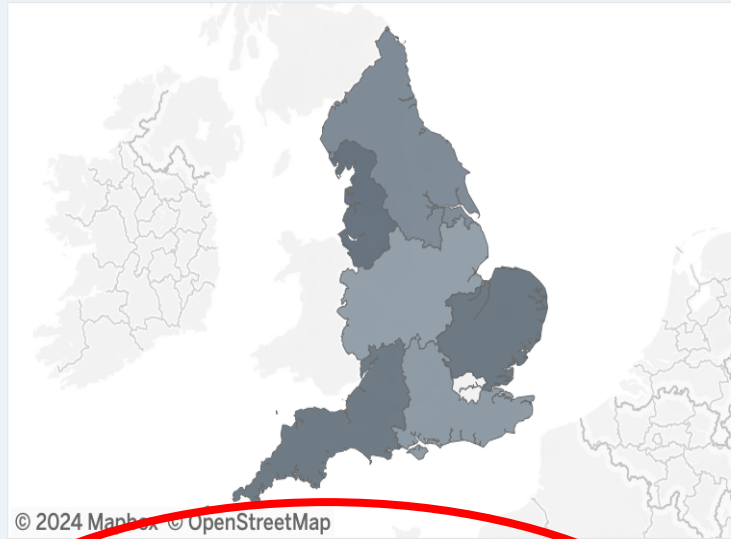
The overall asthma dispensing risk category considers patient's activity in a financial year for the over dispensing of SABA and the under dispensing of ICS preventers. For more details click the "Risk logic" button.

Risk logic

## Regional view

**Region Selector** ⓘ Click to select your region below. Press Ctrl and click for multi-select.

NORTH WEST REGION	2,326 per 100k
EAST OF ENGLAND REGION	2,299 per 100k
SOUTH WEST REGION	2,285 per 100k
NORTH EAST AND YORKSHIRE REGION	2,183 per 100k
SOUTH EAST REGION	2,097 per 100k
MIDLANDS REGION	2,070 per 100k
<b>LONDON REGION</b>	<b>1,659 per 100k</b>



Age(s)	per 100k
● Aged 0-1	720
● Aged 2-5	2,399
● Aged 6-10	2,213
● Aged 11-15	2,256
● Aged 16-19	2,144
● Aged 20-24	2,036

IMD Quintile	Total patients	Female	Male
Quintile 1	93,432		
Quintile 2	77,307		
Quintile 3	68,986		
Quintile 4	64,555		
Quintile 5	62,185		

# Dispensing Data:

## Risk categories

<b>Black</b>	= Very high risk
<b>Red</b>	= High risk
<b>Amber</b>	= Medium risk
<b>Blue</b>	= Lowest risk

The overall asthma dispensing risk category considers patient's activity in a financial year for the over dispensing of SABA and the under dispensing of ICS preventers. For more details click the "Risk logic" button.

Risk logic

## Contributing risk reason examples

A patient has been assigned **black risk category** for a drug which is **over dispensed SABA (excluding bricanyl and turbot)** and has also been assigned a **black risk category** for **under dispensed ICS Preventers (excludes combisal preventers)**, then both will appear as contributing risk reasons.

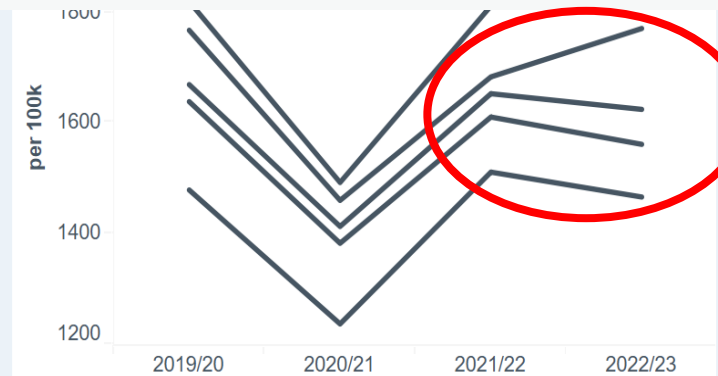
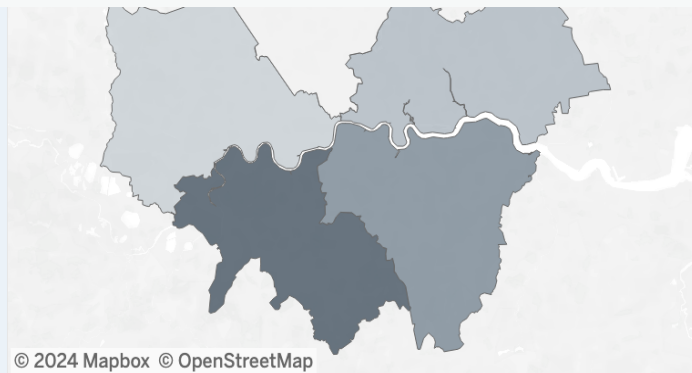
- CYP patients may not have a formal asthma diagnosis
- Black category will highlight 1 ICS dispensed in the last 12 months
- Potentially, it can identify single patients who receive 1 ICS and  $\geq 12$  SABA in 12

⊗ SABA (excludes Bricanyl, Terbut and Terbasmin)

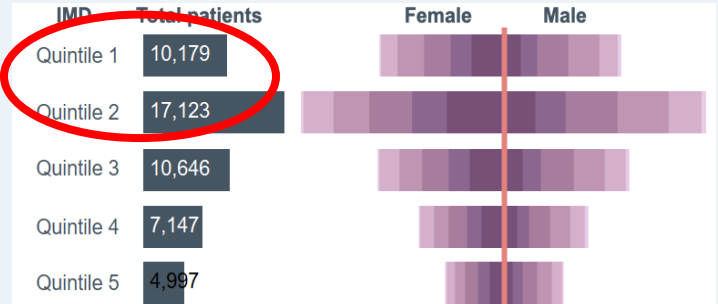
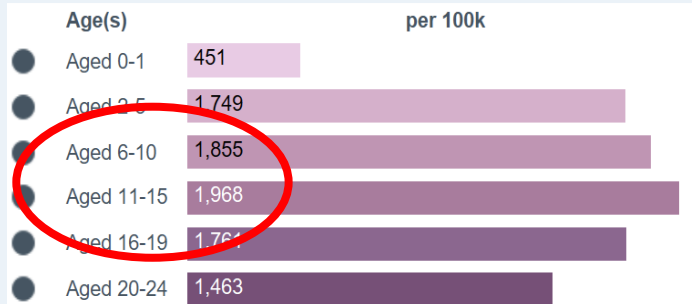
⊗ Symbicort 100microg/dose / 3microg/dose pressurised inh	8-11=Amber,4-7=Red,1-3=lack
⊗ Symbicort 200/6 Turbohaler	4-5=Amber,3=Red,1-2=Black
⊗ Symbicort 200microg/dose / 6microg/dose pressurised inh	4-5=Amber,3=Red,1-2=Black
⊗ Symbicort 400/12 Turbohaler	8-11=Amber,4-7=Red,1-3=lack
⊗ WockAIR 160micrograms/dose / 4.5micrograms/dose dry pdr inh	4-5=Amber,3=Red,1-2=Black
⊗ WockAIR 320micrograms/dose / 9micrograms/dose dry pdr inh	4-5=Amber,3=Red,1-2=Black
⊗ Airomir 100micrograms/dose Autohaler	3-5=Amber,6-11Red,12=>Black
⊗ Airomir 100micrograms/dose inhaler	3-5=Amber,6-11Red,12=>Black
⊗ AirSalb 100micrograms/dose inhaler CFC free	3-5=Amber,6-11Red,12=>Black
⊗ Asmasal 95micrograms/dose Clickhaler	3-5=Amber,6-11Red,12=>Black

# Data for all the London ICBs

NHS SOUTH WEST LONDON INTEGRATED CARE BOARD	1,937 per 100k
NHS SOUTH EAST LONDON INTEGRATED CARE BOARD	1,770 per 100k
NHS NORTH EAST LONDON INTEGRATED CARE BOARD	1,624 per 100k
NHS NORTH WEST LONDON INTEGRATED CARE BOARD	1,560 per 100k
NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD	1,465 per 100k



1 ICS dispensed in the last 12 months for 8796 CYP patients 6-15 year olds  
Why non adherent?



## Contributing risk reasons

	NHS SOUTH WEST LONDON INTEGRATED CARE BOARD	NHS SOUTH EAST LONDON INTEGRATED CARE BOARD	NHS NORTH EAST LONDON INTEGRATED CARE BOARD	NHS NORTH WEST LONDON INTEGRATED CARE BOARD	NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD
Under dispensed ICS Preventers (exclude combisal preventers)	1,205.7 per 100k	1,308.1 per 100k	1,247.1 per 100k	1,160.6 per 100k	1,095.7 per 100k
Under dispensed ICS combined - combisal & Combo preventers	516.8 per 100k	231.8 per 100k	202.2 per 100k	288.4 per 100k	
Over dispensed SABA (exclude bricanyl and terbutaline)	128.7 per 100k	182.1 per 100k	126.0 per 100k	63.6 per 100k	
Under dispensed ICS Preventers (exclude combisal preventers) & Under dispensed ICS combined - combisal & Combo preventers	62.9 per 100k	27.9 per 100k	36.1 per 100k	39.9 per 100k	

**NHS NORTH WEST LONDON INTEGRATED CARE BOARD**  
Risk category: BLACK

Contributing risk reasons: Under dispensed ICS Preventers (exclude combisal preventers)

Financial year: 2022/23  
Age group(s): All

Rate: 1,160.6 per 100k  
Total patients: 8,796



## Contributing risk reasons

	NHS SOUTH WEST LONDON INTEGRATED CARE BOARD	NHS SOUTH EAST LONDON INTEGRATED CARE BOARD	NHS NORTH EAST LONDON INTEGRATED CARE BOARD	NHS NORTH WEST LONDON INTEGRATED CARE BOARD	NHS NORTH CENTRAL LONDON INTEGRATED CARE BOARD
Under dispensed ICS Preventers (exclude combisal preventers)	1,205.7 per 100k	1,308.1 per 100k	1,247.1 per 100k	1,160.6 per 100k	1,095.7 per 100k
Under dispensed ICS combined - combisal & Combo preventers	516.8 per 100k	231.8 per 100k	202.2 per 100k	288.4 per 100k	216.1 per 100k
Over dispensed SABA (exclude bricanyl and terbutaline)	128.7 per 100k	182.1 per 100k	126.0 per 100k	<b>NHS NORTH WEST LONDON INTEGRATED CARE BOARD</b> Risk category: BLACK  Contributing risk reasons: Over dispensed SABA (exclude bricanyl and terbutaline) & Under dispensed ICS Preventers (exclude combisal preventers)  Financial year: 2022/23 Age group(s): Aged 2-5, Aged 6-10, Aged 11-15, Aged 16-19, Aged 20-24  Rate: 5.1 per 100k Total patients: 36	
Under dispensed ICS Preventers (exclude combisal preventers) & Under dispensed ICS combined - combisal & Combo preventers	62.9 per 100k	27.9 per 100k	36.1 per 100k		
Over dispensed SABA (exclude bricanyl and terbutaline) & Under dispensed ICS combined - combisal & Combo preventers	13.9 per 100k	10.1 per 100k	7.9 per 100k		
Over dispensed SABA (exclude bricanyl and terbutaline) & Under dispensed ICS Preventers (exclude combisal preventers)	9.7 per 100k	11.7 per 100k	6.7 per 100k		
Over dispensed SABA (exclude bricanyl and terbutaline) & Under dispensed ICS Preventers (exclude combisal preventers) & Under dispensed ICS combined - combisal & Combo preventers	2.0 per 100k	1.2 per 100k	1.9 per 100k	0.6 per 100k	1.3 per 100k

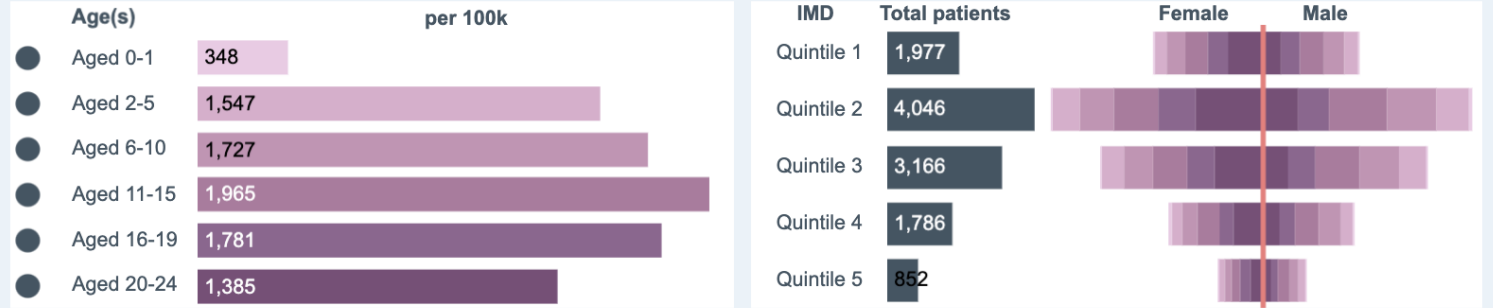
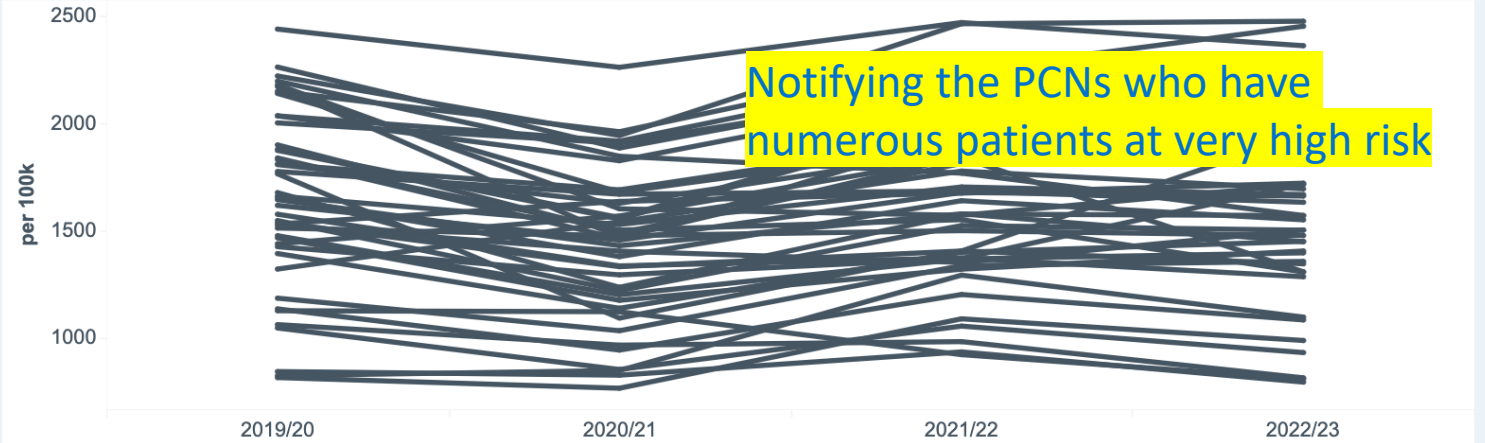
SABA training the brain to think it's the main inhaler  
 Are these 36 patients suitable for AIR or MART? >12 year olds

# PCN View

**PCN Selector** ⓘ Click to select your PCN below. Press Ctrl and click for multi-select.

ICB(s) selected: **NHS NORTH WEST LONDON INTEGRATED CARE BOARD**

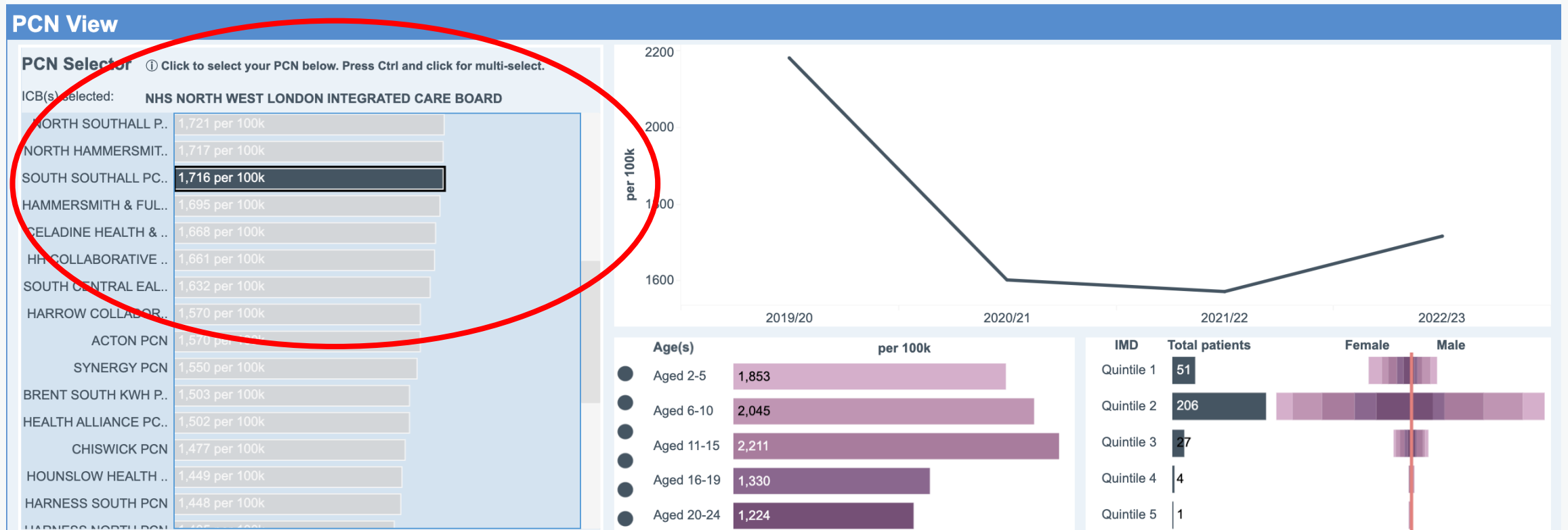
GREENWELL PCN	2,477 per 100k
LONG LANE FIRST CA..	2,454 per 100k
NORTHOLT PCN	2,363 per 100k
SPHERE PCN	2,129 per 100k
NGP PCN	2,061 per 100k
HEALTHSENSE PCN	2,050 per 100k
NEOHEALTH PCN	2,047 per 100k
GREAT WEST ROAD P..	2,008 per 100k
INCLUSIVE HEALTH P..	1,973 per 100k
BRENTWORTH PCN	1,960 per 100k
HAMMERSMITH & FUL..	1,947 per 100k
FELTHAM AND BEDF..	1,925 per 100k
COLNE UNION PCN	1,915 per 100k
KILBURN PARTNERS..	1,900 per 100k
NORTH CONNECT PCN	1,892 per 100k
THE PALING NETWORK	1,855 per 100k



## Contributing risk reasons

	GREENWELL PCN	LONG LANE FIRST CARE GROUP PCN	NORTHOLT PCN	SPHERE PCN	NGP PCN	HEALTHSENSE PCN	NEOHEALTH PCN	GREAT WEST ROAD PCN	INCLUSIVE HEALTH PCN	BRENTWORTH PCN	HA...
Under dispensed ICS Preventers (exclude combisal preventers)	1,877.9 per 100k	2,042.0 per 100k	1,840.9 per 100k	1,772.6 per 100k	1,533.6 per 100k	1,674.3 per 100k	1,275.6 per 100k	1,550.3 per 100k	1,380.8 per 100k	1,370.6 per 100k	1
Under dispensed ICS combined - combisal & Combo preventers	594.1 per 100k	361.0 per 100k	461.4 per 100k	293.5 per 100k	443.2 per 100k	345.7 per 100k	504.6 per 100k	347.3 per 100k	313.3 per 100k	407.6 per 100k	1
Over dispensed SABA (exclude bricanyl and terbutaline)	50.2 per 100k	107.1 per 100k	0.0 per 100k	62.1 per 100k	63.1 per 100k	66.2 per 100k	220.8 per 100k	158.4 per 100k	208.9 per 100k	138.5 per 100k	1

Notifying the PCNs who have made great progress on the very high-risk metric



# THE COMMUNITY PHARMACY PERSPECTIVE

DARVSH ATTAR-ZADEH



Visuals by: [www.listenthinkdraw.co.uk](http://www.listenthinkdraw.co.uk)

## Asthma Slide Rule

### 1. Questions for prescriber to ask themselves and a person with asthma

Using this slide rule, how much short-acting beta<sub>2</sub> agonist (SABA) also known as reliever/rescue/ salbutamol/'blue' inhaler would you think was acceptable for a person with asthma to take in a year, week or day before you thought a review was necessary? What made you choose that?

	Increasing SABA use											
Number of SABA inhalers Rx per year	1	2	3	4	5	6	7	8	9	10	11	12
Puffs of SABA used per year*	200	400	600	800	1000	1200	1400	1600	1800	2000	2200	2400
Puffs of SABA used per week	4	8	12	15	19	23	27	31	35	39	42	46
Puffs of SABA used per day	< 1	1	2	2	3	>3	4	>4	5	6	>6	7
Symptoms												

\*Some devices do not contain 200 puffs. Check the number in the devices you prescribe/dispense or use, and modify these messages accordingly

Suggestion: Try asking a person with asthma the following question before asking question 1 :  
'In the past 4 weeks, how often have you used your reliever/blue inhaler each day?'

Asthma Right Care Guidance Notes available at [www.pcrs-uk.org/asthmarightcare](http://www.pcrs-uk.org/asthmarightcare)

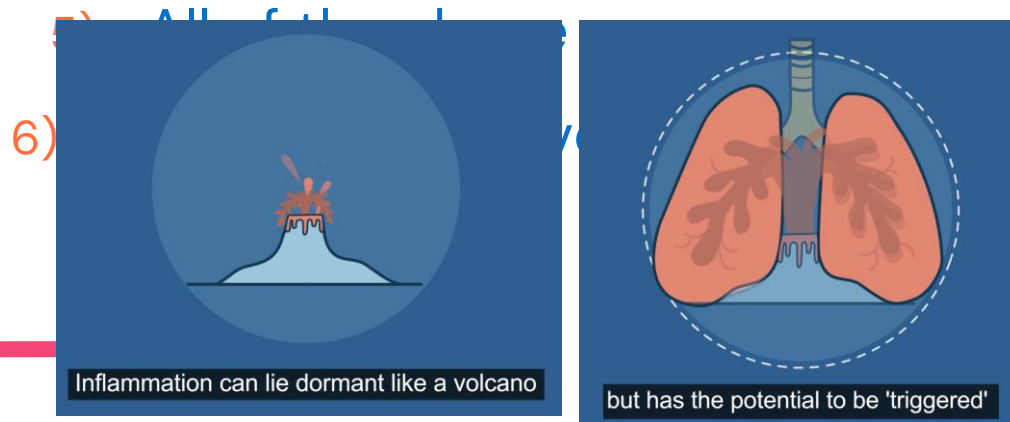
GB-13611 Date Of Prep - Aug 2018



# Inhaled Corticosteroid containing treatments

What words do you like to use to describe how they work?

- 1) The treatment to dampen down inflammation/stop eruptions
- 2) The treatment to open up the airways
- 3) Becoming your own plumber
- 4) The preventer treatment/Every day inhaler



**Metaphor:**

**Does this work for explaining when to use relievers and preventers for asthma?**

**“You have a leak in your house. You can do one of two things: use a bucket or call a plumber.”**

**What metaphors do you use?**

# A targeted approach to healthcare using data

## What next? More is needed

*“Having the air quality data, gender, age, social deprivation indices, seeing what their first spoken language all creates a picture. When using data it’s not just about the numbers, I feel like I can almost see the patient’s face.”*



## Helping CYP live better with asthma

Using data to help drive change  
Baby Steps to Asthma Right Care



Darush Attar-Zadeh ([d.attar-zadeh@nhs.net](mailto:d.attar-zadeh@nhs.net))

CYP Pharmacy asthma group Co-Chair (subgroup of LALIG Leadership and Implementation Group)