Improving asthma outcomes in Ashford Clinical Commissioning Group via a Medicines Use Review

A Joint Working case study between Ashford CCG and Teva UK Limited

This is an example of how Ashford Clinical Commissioning Group (CCG) worked on a local joint working project with Teva UK Limited to deliver an MUR support programme, which included inhaler technique training, Medicine Use Review (MUR) training and other support services.

Project Rationale

Long-term conditions, including respiratory illness and asthma, featured in Ashford CCG’s 2013-14 plans and priorities.

Medicines Use Reviews (MURs) provide pharmacists with the opportunity to influence patients’ knowledge and adherence to treatment.

The joint working project was envisaged to help support and train surgery healthcare professionals (HCPs) and community pharmacists on inhaler technique to a consistently high standard.

Desired Outcomes

The objectives of this joint working project were:
1. Improve the education and experience of asthma patients as measured by a patient questionnaire
2. Train surgery HCPs and community pharmacists on inhaler technique to a consistently high standard as measured by them completing accredited training
3. Improve the volume, quality and delivery of asthma MURs as measured by pharmacy and patient questionnaires
4. Improve liaison between practices and pharmacy as measured by collective stakeholder feedback

Joint Working Project with Teva UK Limited

In order to achieve these outcomes, Ashford CCG worked in collaboration with Teva UK Limited as they provided:

- Project management and support of communication between pharmacy and practices
- Experience of delivering medicine use reviews through sponsoring the provision of National Service for Health Improvement (NSHI) to deliver an MUR support programme
- Teva UK Limited co-ordinated the project and provided a source of contact for all stakeholders involved

Both Ashford CCG and Teva UK Limited abided by the relevant regulatory bodies and guidance, including the ABPI Code of Practice.
Ashford CCG invited all those taking part in the project to a launch meeting/training workshop held in November 2013.

Accreditation on inhaler technique used the Vitalograph AIM 2 and ensured a consistent inhaler technique.

Prior to commencement of the project, a Practice Authorisation Form detailing the background to the project and an overview of activity to be conducted, was signed by individual practice GP project leads (authorised for and on behalf of the practice).

This allowed NSHI access to the practice patient record system to conduct an audit to identify patients who met the criteria for inclusion in the Assisted Asthma MUR project.

**Methodology and approach agreed**

**Training**

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**Authorisation**

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**Identifying patients**

The patient entry criteria for the project were such that appropriate patients were identified at a practice level.

These patients included:
- Patients who had not received an annual asthma review in the last 12 months
- Patients who had attended A&E or hospital as the result of an asthma attack in the last 12 months
- Patients who were using excessive amounts (more than 4 beta-agonists/year) of reliever medication in the previous 12 months
- Patients who were not compliant with their preventer medication
- Patients who had not received an inhaler technique assessment
- Patients who had not received medications in line with BTS/SIGN / Medicines Management recommendations

The outcome of the initial audit was discussed with the GP and agreement obtained for the use of the standardised template letter and inviting patients to attend an MUR with their usual pharmacy.

Over an agreed period, 515 letters were sent to patients informing them of the opportunity to attend their local pharmacy for review and what this service offered.

**Communication**

The five pharmacies taking part in the project were informed that the letters had been sent to patients from their ‘link’ practice, while all other Ashford pharmacies were informed that the project was underway.

Should patients attend one of the pharmacies not taking part in the project with an MUR letter, the pharmacies were directed to highlight this to the patients. In accordance with ABPI regulations, patients could not be directed towards any one pharmacy for their MUR.

**Outcomes achieved**

Following the initial mailing to patients, the response to the MUR invitation was an attendance rate of 5% (24 patients).

With agreement from the practice and pharmacies taking part in the project it was agreed that an additional mailing would take place with the objective of increasing attendance. The final attendance was 6% (33 patients).

**Issues identified at MUR associated to poor asthma control**

- 10/21 (48%) were not using their medication as prescribed
- 5/21 (24%) were overusing their B2 agonist
- 16/21 (76%) had poor inhaler technique
- 9/21 (43%) had asthma that affected their daily living

**Letters Sent**

- 80
- 120
- 105
- 98
- 112

**Total patients attended**

- 0
- 11
- 10
- 2
- 10

At the time of MUR, the pharmacist identified the following:
- 21/33 (64%) patients had issues highlighted that required attention
  - 15/21 (71%) had poor asthma control
  - 10/21 (48%) were not using their medication as prescribed
  - 5/21 (24%) were overusing their B2 agonist
  - 16/21 (76%) had poor inhaler technique
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MUR Patient feedback

All 33 Patients (100%) completed a questionnaire, evaluating the MUR experience immediately after their review.

Results were very encouraging and showed that:

- 67% of patients felt that they knew more about their asthma and their medicines
- 79% of patients felt that as a result of attending the MUR they had a better understanding of how to use their medicines
- 76% felt more confident in using their inhalers correctly

21 patients (64%) noted that they would do something differently as a result of their MUR. Changing how they would use their inhalers was a frequent response.

Benefits of Joint Working with Teva UK Limited

This project demonstrated a successful collaborative approach to address a significant issue facing the local health economy. A consideration for future projects will be to ensure greater engagement with pharmacists to improve both patient recruitment and project outcomes.

<table>
<thead>
<tr>
<th>Patients</th>
<th>Ashford CCG</th>
<th>Teva UK Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teva UK Limited believes better patient care can be achieved through joint working with the NHS</td>
<td>Improve the education and experience of asthma patients as measured by a patient questionnaire</td>
<td>Opportunity to build reputation and earn trust with NHS partners</td>
</tr>
<tr>
<td>Provide better asthma control and asthma management</td>
<td>Train surgery HCPs and community pharmacist on inhaler technique to a consistently high standard (via completion of accredited training)</td>
<td>This project delivered significant learns about effective collaborative working and underlying issues regarding asthma control</td>
</tr>
<tr>
<td>A high quality patient focused approach to asthma management</td>
<td>Improve liaison between practices and pharmacy as measured by collective stakeholder feedback</td>
<td>The project provided a real-life example of how joint working can work in the NHS to benefit patients</td>
</tr>
</tbody>
</table>

Joint working between Teva UK Limited and the NHS must be for the benefit of patients or the NHS and preserve patient care

References

1. Department of Health. Best practice guidance for joint working between the NHS and the pharmaceutical industry, 1 February 2008