

Non-clinical considerations when developing an asthma support pathway for use across UK community pharmacies

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Background

Published evidence shows that adult patients have a poor understanding of asthma and frequently overuse their reliever (SABA) inhaler. The Reliever Reliance Test (RRT) has been shown to be an effective way of helping asthma patients to use their inhalers in the prescribed manner[1].

Study question

Study question: Can the RRT be usefully included in support provided for asthma patients by community pharmacy teams?

A multi-stage scheme is currently underway to determine this involving the production of and evaluation of a protocol

Protocol outline

- Identify patients who appear to be over reliant on SABA inhalers
- Use the RRT as a starting point for a support pathway
- Ask patient to take RRT away and complete in own time
- Include offer of a support consultation, post-RRT
- Not to compromise the self-reflective nature of the RRT
- To be suitable for widespread use

Evaluation outline

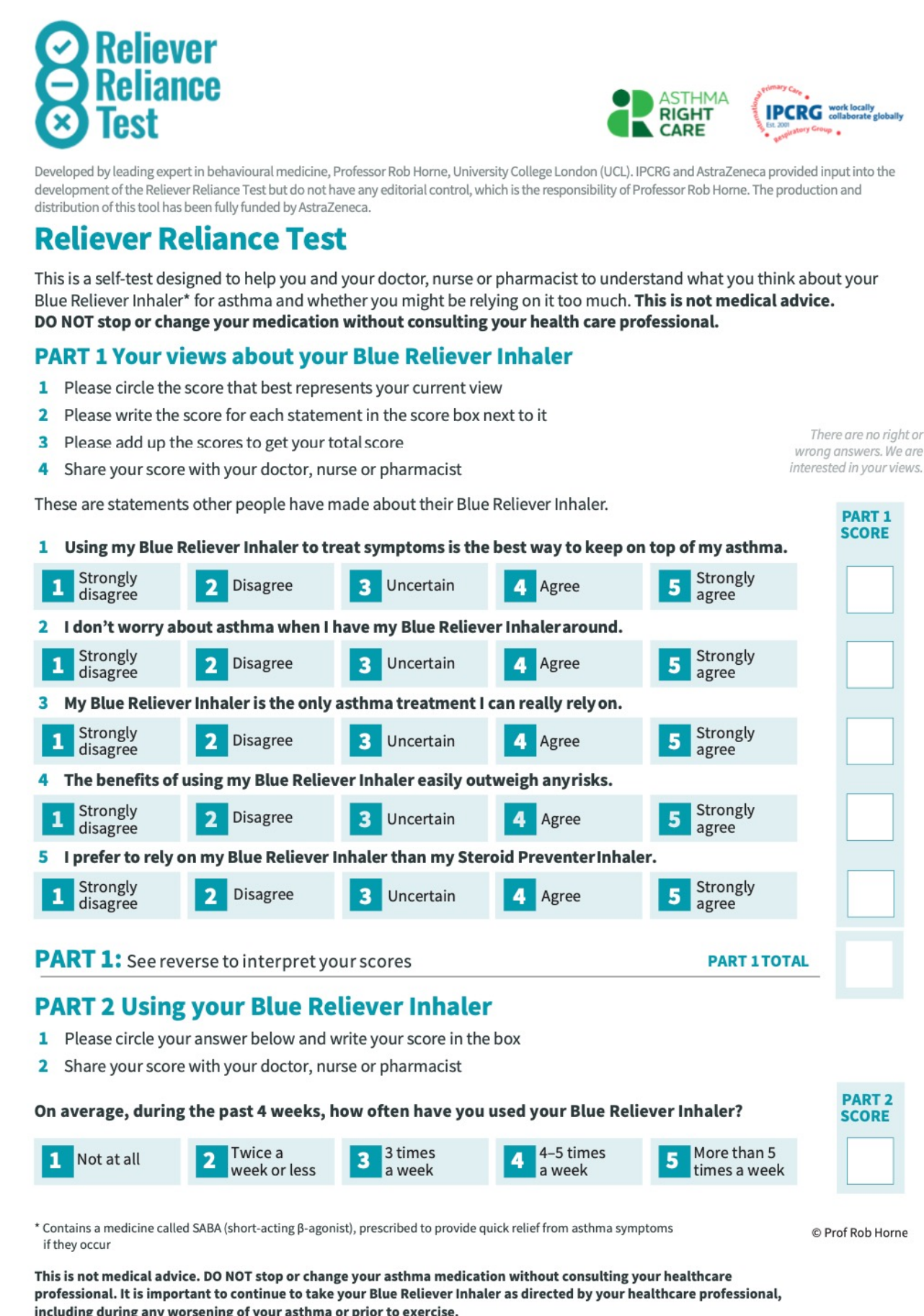
- Include quantitative and qualitative elements using questionnaires and feedback
- Collect and utilise pharmacists' experience of use of the RRT within a support pathway
- Include patients' experience of use of the RRT within a support pathway
- Determine pharmacist's personal responses to study question
- Meet exclusion criteria for ethics approval requirement

Protocol detail

- Introduce patient to RRT using a scripted introduction that offers an optional follow up consultation
- Recognise operational variables e.g. the mode of prescription presentation; day-to-day changes in personnel within the pharmacy; range of experience and expertise of pharmacy personnel
- Recognise patient differences e.g. multi-morbidities, disability, access to the pharmacy and language difficulties
- Utilise pharmacist knowledge of the patient, where it exists, and allow flexibility appropriate to patient circumstances
- Post-RRT consultation to include some recommended elements, but flexibility to match patient needs.
- Time involved should be kept to realistic minimum

Evaluation detail

- Ensure pharmacists' enthusiasm does not bias patient responses
- Include and record a mix of open and closed questions (getting verbal patient consent)
- Ensure questions can capture uncertainty and unexpected responses
- Keep record only of diagnosis, tools and referrals from post-RRT consultation
- Record patient demographics, if consent provided
- Time involved should be kept to realistic minimum
- Use paper recording; digital considered
- Identify, but not be constrained by, multiple limitations



Stage 1
Outline agreed by project team
Complete

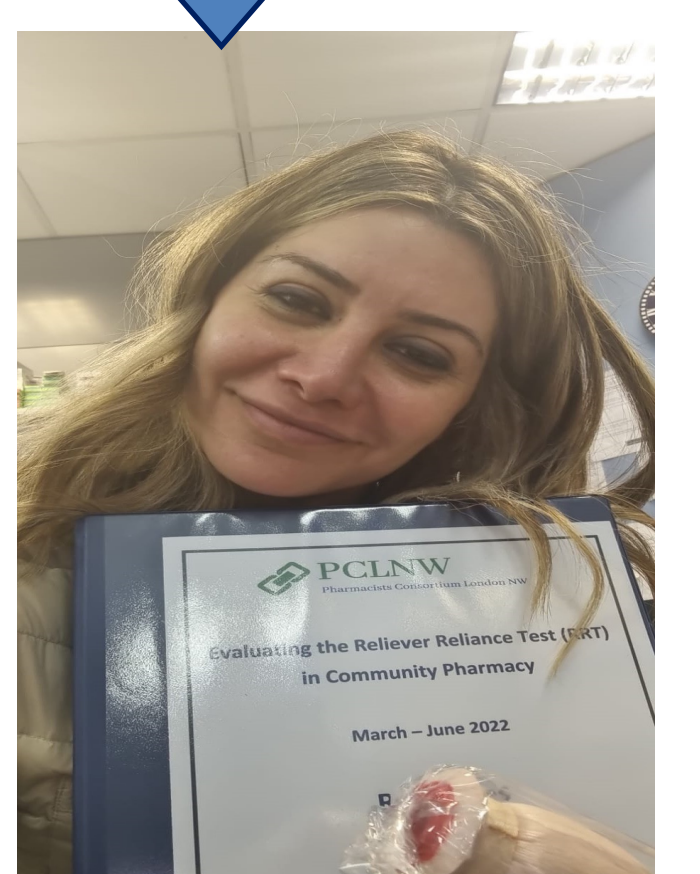
Stage 2
Outline fine-tuned by 12 pharmacists with community experience in two online Focus Group sessions
Complete

Stage 3
Programme running in 9 community Pharmacies
Nearing completion



Conclusion and Messages

Good service design requires detailed awareness of real-life variables. Details of the protocol and evaluation have been described elsewhere [2] but this report illustrates how knowledge and expertise fed into their design.



- References
- 1. Chan, A,H,Y., Katzer, C,B,, Horne, R. et al SABA Reliance Questionnaire (SRQ): Identifying Patient Beliefs Underpinning Reliever Overreliance in Asthma. J Allergy Clin Immunol Pract. 2020 Nov-Dec;8(10):3482-3489.e1. doi: 10.1016/j.jaip.2020.07.014.
- 2. Attar-Zadeh 2022 IPCRG World Conference <https://my.ltb.io/#/showcase/ipcrgeposters>

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