

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].

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

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. multimorbidities, 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

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

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

Developed by leading expect in behavioural medicine, Professor Rob Home, University College Landon (UCL). PCRG and Astra Zeneca provided input into the development of the Believer Reliance Test and so not have any editorial corrod, which is the responsibility of Professor Rob Home. The production and distribution of this total has been fully funded by Americance. **Reliever Reliance Test** This is a self-test designed to help you and your doctor, nurse or pharmacist to understand what you think about your Blue Reliever Inhaler for asthma and whether you might be relying on it too much. This is not medical advice. DO NOT stop or change your medication without consulting your health care professional. **PART 1 Your views about your Blue Reliever Inhaler** 1 Please circle the score that best represents your current view 2 Please write the score for each statement in the score box next to it 3 Please and up the scorests to get your total score at 1 Strongly and the score with your doctor, nurse or pharmacist These are statements other people have made about their Blue Reliever Inhaler. 1 Using my Blue Reliever Inhaler to treat symptoms is the best way to keep on top of my asthma. 1 Strongly 2 Disagree 3 Uncertain 4 Agree 5 Strongly agree 2 Disagree 3 Uncertain 4 Agree 5 Strongly agree 5 I profer to rely on my Blue Reliever Inhaler than my Steroid Preventer Inhaler. 1 Strongly 2 Disagree 3 Uncertain 4 Agree 5 Strongly agree 5 I profer to rely on my Blue Reliever Inhaler than my Steroid Preventer Inhaler. 2 Strongly 2 Disagree 3 Uncertain 4 Agree 5 Strongly agree 5 I profer to rely on my Blue Reliever Inhaler casily outweigh any risks. 3 Strongly 2 Disagree 3 Uncertain 4 Agree 5 Strongly agree 5 I profer to rely on my Blue Reliever Inhaler than my Steroid Preventer Inhaler. 2 Strongly 2 Disagree 3 Uncertain 4 Agree 5 Strongly agree 5 I profer to rely on my Blue Reliever Inhaler store only a week 5 More than 5 times a week 5 Lines a week 6 Lines

Stage 1
Outline agreed by project team

Complete

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

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/ipcrg-eposters



