

Severe Asthma and Biologics The Role of the Pharmacist - Survey Results

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November 2020

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1. Background

The report 'Living in Limbo' produced by Asthma UK highlights only 22% of patients that require biologic treatment are currently receiving it. To explore the barriers to uptake and implement initiatives to improve patient access to life saving treatment, the Accelerated Access Collaborative (AAC) have approved asthma biologics as a wave 2 Rapid Uptake Product. As part of the AAC review process, a panel of experts including clinicians (pharmacists and doctors), representatives from National Institute for Health and Care Excellence (NICE), the Academic Health Science Network (AHSN), and the National Clinical Director for Respiratory recommended focusing on twelve priority areas to support further uptake of asthma biologics. One of those priority areas was to explore referrals from pharmacists and the role of the pharmacist in the new care model.

To understand the current role of the pharmacist in the severe asthma care pathway, it is important to first understand any national specifications and guidance for pharmacists in this area and, how this influences service delivery models. The National Service Specification for Severe Asthma recommends that multidisciplinary teams, hosted by specialist respiratory centres, should include a pharmacist. However, the activity of the pharmacist within these teams is not specifically stated leading to variation in activity. In secondary care, the role of the pharmacist in respiratory care is influenced more by clinical guidelines such as NICE and BTS/SIGN guidance rather than specifications for service delivery. This can lead to respiratory care roles being combined with other responsibilities reducing the pharmacist's capacity to focus on respiratory care. In primary care, the NHS Long Term Plan makes specific reference to primary care network (PCN) pharmacists supporting with medication reviews, educating patients on inhaler technique and contributing to multidisciplinary practice. However, the PCN pharmacist roles are new so there may be a time delay before this aim can be fully delivered.

To enable a wide range of opinions on the current, and potential role, of the pharmacist in severe asthma to be gained in a timely way, a survey was developed and circulated via various pharmacist networks. The aim of this survey was to understand:

- What activity pharmacists are currently undertaking in the care of patients with severe asthma
 - Where the activity is taking place
 - Initiatives that are currently being delivered that could potentially be scaled up and spread
 - Front-line clinician views on how the role of the pharmacist could be further developed
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2. Survey design

Pharmacists were asked about their current activity and, any potential involvement that they thought was possible in specific areas. These were:

- Identification of patients
- Referral of patients
- Initiation of asthma biologic treatment
- Prescribing of asthma biologic treatment
- Monitoring of asthma biologic treatment
- Counselling of patients on treatment
- Education of healthcare professionals
- Other ideas that could enhance the role

The survey was circulated via various networks. These were:

- Specialist respiratory pharmacist networks
- UKCPA Respiratory Group
- NHS England and Improvement contacts
- AHSN Medicines Optimisation Leads
- Acute Trust Chief Pharmacists
- Clinical Commissioning Group Medicines Optimisation Leads
- Primary Care Network pharmacist groups
- Practice based pharmacist groups

The survey was compiled using SurveyMonkey and circulated from 9th October to 31st October 2020.

Asthma Biologics: The Role of the Pharmacist

General information

The Accelerated Access Collaborative has selected Asthma Biologics and Fractional Exhaled Nitric Oxide breath analyser (FeNO) as wave 2 Rapid Uptake Products. The aim of the programme is to support the uptake of these NICE approved products over the next two years to ensure patients that need the treatment can access it in a timely way.

Current challenges

- Initial evidence suggests it can take up to 12 years to identify and initiate an eligible patient with severe asthma onto a biologic agent
- Currently estimated that the eligible population requiring biologics is 8,600 with uptake for biologics between 8,000-10,000 (16-19%)
- There is significant variation in identification of severe asthma patients, referral, triage and prescribing of biologics in this population.

Oxford Academic Health Science Network is the national lead for the Asthma Biologics programme. A workstream within this programme is exploring the role of pharmacists in identification, referral, prescribing and monitoring of patients for asthma biologics and their involvement in the severe asthma pathway. We want to understand what is currently happening and what the potential is. We are hoping to find existing or new, innovative care models that can be developed, or promoted and spread.

To help to us with this programme of work, we would be grateful if you could help with some local information by completing this short survey.

OK

3. Profile of responders: organisation

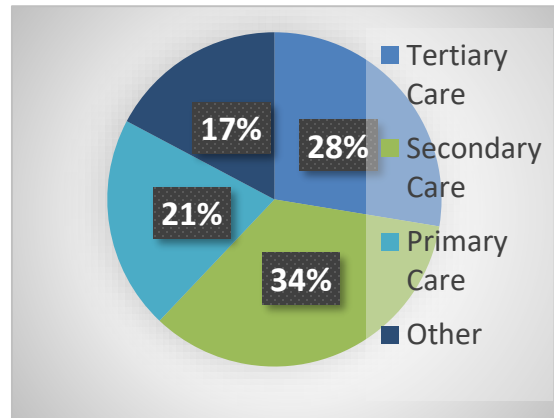
Responses were received from 29 pharmacists working for various organisations. This included tertiary centres; Acute Trusts; Clinical Commissioning Groups (CCG); Primary Care Networks; GP Practices; Academic Health Science Networks and the Primary Care Respiratory Society

Primary Care

- Gloucestershire CCG
- North of England Commissioning Support
- Mandeville Practice
- Warrington CCG
- North Central London CCG (2)

Secondary Care

- Southport Hospital
- Dudley Integrated Health and Care NHS Trust
- University Hospitals of Derby & Burton NHS FT (2)
- Liverpool University Hospitals NHS FT
- Buckinghamshire Healthcare NHS Trust
- North Cumbria Integrated Care NHS FT
- East Kent Hospitals NHS FT
- Airedale NHS FT
- University College Hospital London



Other

- Alder Hey Children’s Hospital
- Birmingham Children’s Hospital
- Imperial College Health Partners (AHSN)
- Innovation Agency (AHSN)
- Primary Care Respiratory Society

Tertiary Care (Respiratory)

- Royal Brompton Hospital Trust
- Nottingham University Hospitals
- Oxford Radcliffe Hospitals NHS FT
- University Hospitals of Leicester NHS Trust
- Manchester University NHS FT
- Leeds Teaching Hospitals NHS Trust
- Cambridge University Hospital
- North Bristol NHS Trust

3. Profile of responders: role

Various pharmacist roles were represented. The roles included those purely dedicated to respiratory care, those that combined respiratory care with other specialities, more generalist roles through to commissioning and programme manager roles.

Role	Number
Consultant Respiratory Pharmacist	3
Specialist Respiratory Pharmacist	12
CCG Medicines Optimisation Lead	4
Emergency Admissions Unit Specialist Pharmacist	1
Specialist in Pharmaceutical Public Health	1
Lead Pharmacist - Commissioning & Outsourcing	1
Divisional Lead Pharmacist	1
Lead Clinical Pharmacist Medicine and Emergency Services	1
Medicines Optimisation Programme Manager	2
Lead Pharmacist- Medicine	3

4. Current areas of activity (1)

24% said
yes

Identification

Pharmacists were asked, in their organisations, if pharmacists supported identification of patients with severe asthma that may be eligible for biologic treatment. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care. One pharmacist worked for the AHSN.

Models described

"I am part of the tertiary severe asthma MDT - Main job is to carry out the medication adherence checks for patients who have been referred to us and are potential biologic candidates."

"All patients thought to be eligible for biologics for severe asthma are referred to my clinic where I ensure they are on optimal therapy, including adherence assessment and inhaler technique assessment. I also confirm courses of steroids and eosinophil, IgE levels. Non-adherent patients go through a review patient where we work to optimize therapy then reassess suitability for biologics."

"Dedicated severe asthma pharmacist sits within tertiary severe asthma service. own clinic list for asthma meds optimisation, adherence assessment and assesses if patients meets NICE criteria. Patient then presented at severe asthma MDT for approval"

"I review patients along with the consultants to establish if a patient is suitable. Organise tests and initiate treatment myself."

"Patients are reviewed in clinic by the pharmacist and presented to the Difficult asthma MDT if a biologic suitable. Pharmacy (tech or pharmacist) collates adherence data All patients agreed by MDT are reviewed by the pharmacist to provide meds optimisation, to ensure NICE/licensing is ticked, BlueTEQ, patient info and prescription. Follow up also at 6 months or 12months depending on service. Also primary care work - identifying patients on OCS or frequent courses - case finding"

4. Current areas of activity (2)

14% said
yes

Referral

Pharmacists were asked, in their organisations, if pharmacists were involved in referring patients with severe asthma for initiation of biologic treatment. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care.

Models described

"If a patient is seen on the ward with asthma and appears to be a potential candidate, I call the severe asthma consultant to review the patient"

"Patients reviewed in clinic - identified as adherent and medicines are optimised - taken to MDT for discussion"

"I assess new patients in our new patient MDT clinic. I look at adherence, inhaler technique, therapies trialled, steroid courses, asthma phenotype (eosinophils or IgE). We then discuss these patients in our MDT meeting post clinic and identify any patients that are suitable for biologics."

"I sit as a 'consultant' in our difficult asthma clinic and will start patients after discussion in MDT"

4. Current areas of activity (3)

17% said
yes

Initiation

Pharmacists were asked, in their organisations, if pharmacists were involved in initiating patients with severe asthma on biologic treatment. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care.

Models described

“Once a patient has been identified or a biologic, the MDT ensure all the information has been collected e.g. adherence checks, FeNO, and discuss which biologic is suitable for the patient. A paper Blueteq form is filled out and signed by a severe asthma consultant and a date of initiation is found for the patient. The Pharmacist completes the electronic Blueteq form and prescribes all biologics”

“Pre-biologic clinic Blueteq and prescription through pharmacist”

“Any patient that I deem suitable for biologics I will counsel them on the treatment and put them through our regional MDT where they will be approved and then the nurses will administer the treatment”

4. Current areas of activity (4)

24% said
yes

Prescribing

Pharmacists were asked, in their organisations, if pharmacists prescribed biologic treatment. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care.

Models described

"Prescription request comes through from homecare, template is generated on webhiss, signed and forwarded to homecare team to process. Asthma nurses will sort prescribing for outpatient clinic - occasionally sign for them if they haven't got a Dr in clinic to sign (as cannot prescribe and administer)"

"Prescribe all biologics for first two hospital administrations and then all homecare (including homecare for the spoke hospitals)"

"Initial and all biologic prescriptions are through pharmacist"

"I prescribe biologics for patients attending our severe asthma biologic clinic and those on homecare. I work alongside our severe asthma nurses to do this as they are also NMPs. I ensure all my prescriptions receive a clinic check from one of our respiratory pharmacy team."

"Pharmacist prescribes once approved to commence biologics by severe asthma mdt. Also prescribes continuation prescriptions including homecare Rx"

"Usually prescribe for continuation, but just taking turns depending on whether consultant or pharmacist was more readily available at point of request from specialist respiratory nurse"

4. Current areas of activity (5)

38% said
yes

Monitoring

Pharmacists were asked, in their organisations, if pharmacists support with monitoring of patients on biologic treatment. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care. One pharmacist worked for the AHSN.

Models described

"We participate in six month and annual review to monitor efficacy, Will have telephone consultation with patient if needed due to adr/homecare issue/reduced compliance etc."

"Monitor bloods at initiation, month 1, 3, 6 12 then 6 monthly thereafter before further prescriptions are issued. If any problems, escalated to the severe asthma doctors for review."

"6 months and 12 months Oral steroids step down"

"I attend one of our biologic clinics weekly to assess patients for steroid reduction. I will meet with the patient when they attend for their injection and give them a steroid reduction plan. I also monitor the asthma biologic patient as part of our MDT meetings"

"Pharmacist will check blood results prior to supplying therapy but do not routinely monitor effectiveness of treatment as this is done by specialist nurses/consultants"

"Mostly checking that newly initiated patients meet the criteria/dosing correct vs. IgE levels and weights/blueteq correctly filled in"

"Pharmacist reviews patient in opd clinic at 16/52 for monitoring and assessment and also to begin weaning of maintenance prednisolone (if applicable)"

"Treatment course/frequency reviewed with any recent blood tests at point of resupply of medication"

4. Current areas of activity (6)

21% said
yes

Counselling

Pharmacists were asked, in their organisations, if pharmacists were involved in counselling patients prescribed biologic treatment. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care. One pharmacist worked for the AHSN.

Models described

“Initial counselling about the medication to be issued, then education on the homecare process”

“Pre-initiation”

“I counsel all patients in my biologic clinic prior to starting the biologic.”

“pharmacist (along with asn's) will counsel patients on drug prior to starting biologic. majority of this now done by ASN's but pharmacist will do this if seeing patient in clinic anyway.”

4. Current areas of activity (7)

34% said
yes

Training

Pharmacists were asked, in their organisations, if they were involved in training healthcare professionals on severe asthma or asthma biologics. Most of the pharmacists that stated their organisation was involved, worked in either a secondary or tertiary care setting. One pharmacist worked across primary, secondary and tertiary care. One pharmacist worked for the AHSN.

Models described

“Ad hoc training lectures on severe asthma and treatments”

“Training provided to SpR covering the service ie) doses, homecare prescription troubleshooting etc”

“Provide training to junior pharmacists on wards, pre-reg pharmacists at regional days, ACP study days, and other ad hoc requests”

“Educational sessions in house when required”

“Talks and training sessions”

“I carry out education sessions on severe asthma treatments including biologics for a variety of staff and students. This includes the pharmacy team, ward teams, severe asthma teams and other respiratory teams. I also teach undergraduate pharmacists and medical students and the junior medical staff.”

“pharmacist acts as mentor to asn's along with training respiratory pharmacist team on severe asthma & biologic therapy . Also provides education to wider pharmacy team , medical staff and nursing staff within organisation and out of organisation. “

5. Potential roles (1)

86% said
yes

Identification

Pharmacists were asked, in their organisations, if pharmacists were not currently involved in identification, if there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

"Pharmacist to screen patients who are inpatients on respiratory wards to identify suitable patients - pharmacist to attend respiratory clinics and complete a pre-screen to identify suitable patients - attend respiratory MDT to help identify patients who are suitable for said medication - there is a specialist pharmacist technician who manages home care and high cost drugs that could play a vital role in actually identifying suitable patients based on set criteria"

"We are developing population health management approaches to LTCs. In this case it would involve identifying cohorts of patients who are refractory to optimised treatments in primary care and who have had adherence and environmental factors addressed, ideally under the oversight of an MDT. A pharmacist could play a key role in identifying cohorts and assessing eligibility / potential benefit of biologics."

"I can see a role in identify patients, supporting compliance & concordance prior to starting biologics. Also a clear role of prescribing and monitoring of biologics"

"Potential for this in Asthma hubs in primary care"

"Closer working relationship with asthma specialist in secondary care would be a good starting point to create a pathway."

"I work in a respiratory hub using FeNO testing and yes, this may have a use in helping identify patients with more severe asthma, who may be struggling despite high dose ICS/LABA, good inhaler technique and adherence"

"Yes. Regular outreach into wards for difficult asthma patients, as well as pharmacist involvement in asthma clinic"

5. Potential roles (2)

62% said
yes

Referral

Pharmacists were asked, in their organisations, if pharmacists were not currently involved in referring patients with severe asthma for initiation of biologic treatment if they thought there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

“Our pharmacist could review patients admitted as in patients with asthma to ensure they are picked up by respiratory team.”

“Yes - if there was a dedicated role for a respiratory pharmacist to do this (time, money, skills, back fill etc are all factors). To see patients in clinic alongside Drs and to be part of specialist MDT discussions. They could be 'referred' for review as well from wards such as a MU”

“In future if asthma pharmacist seeing patients independently of asthma team, then potentially could refer. However given current setup of services, asthma pharmacist would not refer.”

“With the right specialist training. By following NICE guidance to ensure the patient fits the pathway and is suitable for biologic treatment. - the pharmacist can and should be allowed to complete the pre-screening - the pharmacist should then be allowed to submit referrals to the respiratory team. Suitable patients could be identified by the respiratory pharmacists by running reports by the use of coding data, to identify patients who have asthma with repeated hospital admissions for the condition”

“Absolutely. Pharmacist is in a prime position to ensure those who might benefit are referred.”

“Yes potentially- we do a lot of respiratory work so this could be an extension of that. Currently we review those using excess SABA and/or high dose ICS in asthma and those using multiple rescue packs in COPD”

“I think would be something that pharmacists could do, with specific pathway and referral criteria in place and knowing also where the patient would be referred to as patients do not want to travel too far.”

5. Potential roles (3)

69% said
yes

Initiation

Pharmacists were asked, in their organisations, if pharmacists were not currently involved in initiating patients on a biologic treatment if they thought there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

"A pharmacist could support this service as often the team are stretched as also manage home oxygen patients and patients with bronchiectasis."

"Could do with guidance, dedicated role and organisational support"

"Hospital pharmacists could potentially have a role in ongoing prescribing and follow up."

"Potentially pharmacists can prescribe as its within my remit, however in practice no current need to do so."

"Yes, if we move into clinics as planned Also creating more robust systems for monitoring steroid usage to determine efficacy and also to maintain compliance with inhaled therapies"

"With adequate training - identify suitable patients from ward admissions, reports and MDT - pre screen patients - refer to respiratory nurse or consultant for further screening - pharmacist can help secure bluetec/funding - pharmacist can complete pre-monitoring required (vaccinations, bloods, spirometry) - pharmacist can hold respiratory clinics - pharmacist can monitor patients"

"IPs could develop competencies to prescribe biologics through directed learning, shadowing etc. This could be done is hospital or community."

"Yes, given suitable training, perhaps via the respiratory hub"

"This would need to be a CCG and secondary care joint piece of work"

5. Potential roles (4)

59% said
yes

Prescribing

Pharmacists were asked, in their organisations, if pharmacists were not currently prescribing biologic treatment, if they thought there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

"All biologics prescriptions are currently done mostly by specialist nurses and occasionally doctors. We have seen a shift to use homecare for patients since covid and find the team gets frustrated with the pathways so maybe a pharmacist supporting here would be useful."

"Yes if there was a dedicated role for this in conjunction with the resp team, currently there isn't"

"Initiation of biologic is undertaken at the MDT which is lead by Asthma Consultant. Physical prescribing of biologic is undertaken by specialist nurses. Potentially pharmacists can prescribe as its within my remit, however in practice no current need to do so."

"Independent prescribing and advanced clinical practitioners - if not prescribers can still conduct clinics if competent enough and provided adequate training - if patient identified as suitable, funding secured, pre screening and monitoring completed, pathway followed - can prescribe biologics or liaise with prescribing respiratory nurse or respiratory consultant to prescribe"

"Yes, given relevant training and support This could be done via the respiratory hub"

"Yes. Once decision to proceed, pharmacist could prescribe and reauthorise after annual reviews etc. But need additional funding resource to aid staffing"

"They are usually from secondary care, joint work would need to be done to change the process and not duplicate work"

"Possibly but would be a new role and would need appropriate funding and training. All local patients managed via tertiary centre at present. Some links with consultant respiratory pharmacist there."

5. Potential roles (5)

79% said
yes

Monitoring

Pharmacists were asked, in their organisations, if pharmacists do not support with monitoring of patients on biologic treatment, if there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

"If pharmacists were involved with continuing prescribing they could assist with ongoing monitoring"

"Review of patients blood results with the team, checking adherence to therapies (eosinophils, IgE etc plus FeNO)"

"I'd hope so with improved education and training and a suitable pathway for this to happen"

"Potential to do so. This would require a pharmacist embedded in the team."

"Potentially pharmacists can prescribe/monitor, however in practice no current need to do so as Nurses state they can manage workload."

"Pharmacists have access to bloods systems so can monitor patients bloods - can help interpret spirometry - specialist home care and high cost drugs technician can also help with this"

"Yes with appropriate competence development."

"Yes, again given training and seems most appropriate within the respiratory hub"

"Usually done in secondary care again under the specialist, this would need to be joint and fed into the patient treatment plan, there would need to be a support document for prescribers to explain what is needed when, payment for time possibly"

"Possibly but would be a new role and would need appropriate funding and training."

5. Potential roles (6)

62% said
yes

Counselling

Pharmacists were asked, in their organisations, if pharmacists were not involved in counselling patients if they thought there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

"If pharmacists were in the biologics clinics this would give opportunity for them to counsel patients and support them. Alternatively they could visit when patients day case as there is opportunity to discuss then but generally there are less day case patients now and more via homecare."

"Pharmacist would need to be part of the specialist clinic and team and discuss treatment options before starting but also address pt concerns, meds optimisation and adherence issues - could have a separate clinic slot to go through this with the patient"

"Absolutely, I think involving the local training hubs and organisations like PCRS, PCPA, CPPE, Asthma UK this could be improved"

"There is potential if a post were funded to run pharmacist led adherence and treatment initiation/monitoring clinics."

"Occasionally will discuss with patients during compliance check. Would do this in clinic as biologic review apt when undertake compliance check, med review and inhaler technique check"

"Pharmacist can attend clinics or day units where biologics administered to council patients - can be done over the telephone - pharmacist can attend consultation patient has with respiratory consultant to counsel patient - reducing workload of respiratory consultant and nurse "

"Yes, definitely - we are involved with patient counselling in many areas and certainly within the hub too"

"Counselling would be possible once there is understanding of the drug and monitoring, side effects etc."

"Possibly but would be a new role and would need appropriate funding. All local patients managed via tertiary centre at present."

5. Potential roles (7)

62% said
yes

Training

Pharmacists were asked, in their organisations, if pharmacists were not currently involved in training healthcare professionals on severe asthma or asthma biologics if they thought there was potential to do so. Pharmacists currently undertaking activity in this area are included in total.

Opportunities suggested

“As a pharmacist I am often asked specific questions that support the specialist nurses in doing training. If there was more time and involvement in the clinics this would naturally lead to opportunities to provide education.”

“Secondary and tertiary care specialists would be involved, but the long with primary care currently is small. I think getting the basics right in asthma needs improving in primary care, that maybe severe asthma is mixed up with poorly managed asthma”

“Respiratory pharmacist could hold seminars for staff which require training - can make training manuals - provide promotional material”

“As pharmacists develop expertise in this area, they will be expected to educate and train others.”

“Yes, we currently offer training to nursing staff and GPs on a variety of topics including respiratory matters so this might be an extension of that”

“It may depend on who you are training and why, what for.”

“Possibly but would be a new role and would need appropriate funding. All local patients managed via tertiary centre at present.”

5. Potential roles (8)

66%
offered
ideas

Other ideas

Pharmacists were asked if they had any other areas where they thought pharmacists could be involved in the severe asthma pathway.

Opportunities suggested

“Whole system approach so pharmacists from all sectors are involved in designing pathways to ensure the whole package of care is included”

“I think pharmacist would be useful in the counselling at discharge. Currently general ward nurses give out discharge medications in our trust and as the patients can be on varied wards these aren't specialist asthma nurses. The pharmacist would have opportunity to ensure medication taken correctly and help identify if patients on severe asthma pathway being treated correctly.”

“Be part of a multidisciplinary group so the knowledge and skill could be used in primary care”

“They need to be an established part of the service in line with national specifications like other HCPs e.g. nurse, psychologist. Research, tolerability and pt perspectives to tailor service given are all areas pharmacists can lead on, as well as being the 'go to' for queries e.g. an email inbox overseen by pharmacist (both pt and GP/other providers)”

“I think with more patients self-administering, primary care and community pharmacy teams need to be up-skilled in this area and can help advise patients accordingly. Some patients may become less adherent to their ICS and other treatments. They also might not have an up to date self-management plan. Digital platforms can be shared. Patient's at risk of exacerbation can also be spotted sooner possibly.”

“Adherence, initiation, monitoring, switching, meds optimisation/use reviews”

“Being involved with selection of patients being referred to the tertiary pathway - project underway”

5. Potential roles (9)

Other ideas (2)

Opportunities suggested

“Pharmacist could potentially be involved in the systematic assessment. Currently not in my trust, but potentially could if directorate were to choose that as direction to go into.”

“As mentioned we are hoping to set up clinics, it would also be good to be able to undertake reviews on ward for those with severe asthma regularly (rather than just ad hoc reviews if juniors flag to you) but do not have capacity. It would be brilliant if we were able to develop a consultant pharmacist post going forward”

“Procurement Free of charge schemes Prescription design Guideline / protocol Patient information Homecare services Adherence pathway Medicine optimisation Research / Audit “

“After care/follow up if patient discontinuing biologics. Completing appropriate questionnaires, completing bloods etc. - sorting out homecare if the biologic can be self administered”

“Use of FENO to titrate steroid doses. Inhaler technique assessment - cascade training throughout the system.”

“I think that the specialist severe asthma pharmacist has an important role in primary care. They should be carrying out virtual clinics within GP practices to identify severe asthmatic patients earlier and prevent further steroid damage. This is an excellent opportunity to upskill the primary care staff, to ensure appropriate referral, to identify high risk patients and to work at improving adherence to ICS and overuse of SABA.”

“Definitely room for pharmacist involvement at earlier stages of the severe asthma pathway but my view is that outside of a specialist centre, a focus on asthma biologics is a not particularly attractive area for a specialist pharmacist.”

5. Potential roles (10)

Other ideas (3)

Opportunities suggested

“Yes, perhaps in primary care if given further training on how to identify such patients to then support with referral “

“Hub and spoke model to liaise with other centres”

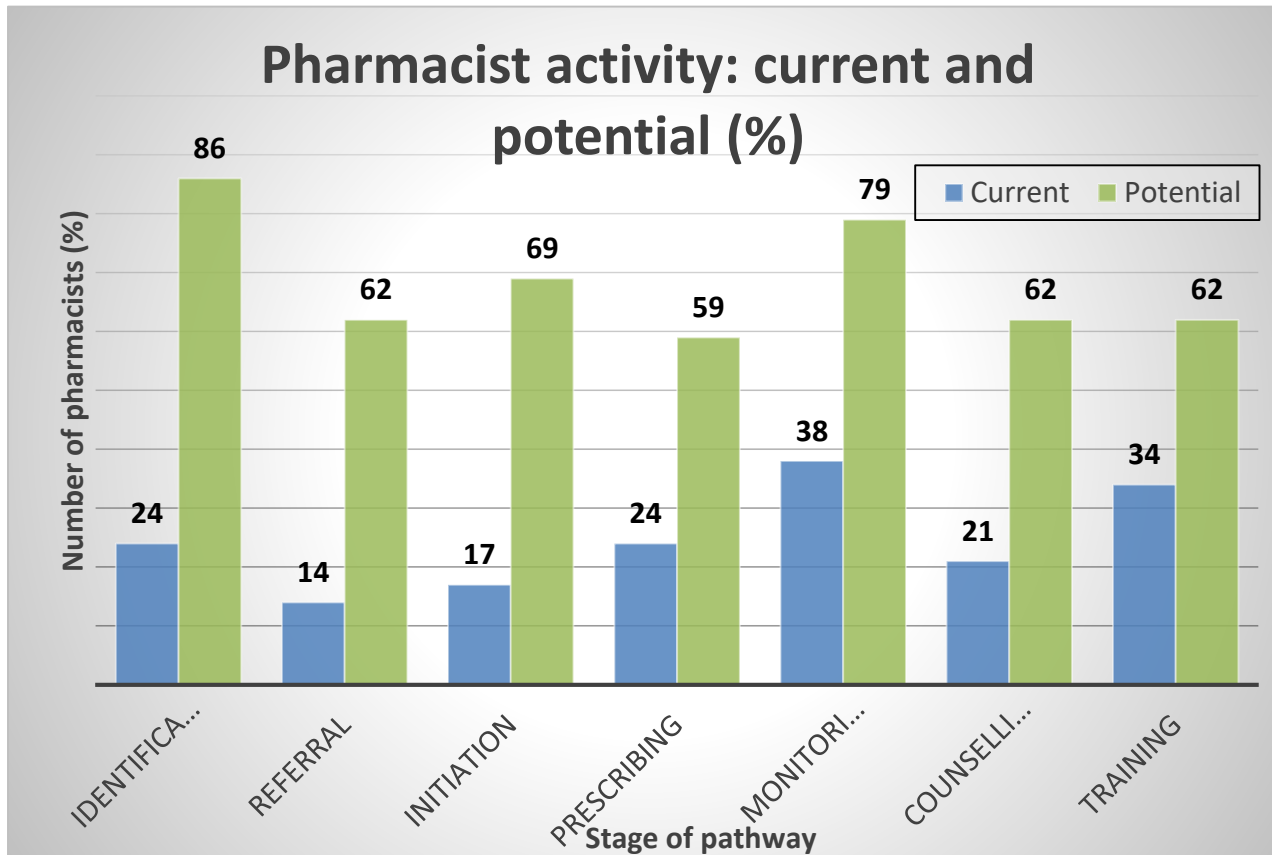
“Be part of the treatment pathway and approval process“

“Helping identifying patients in primary care who may have 'difficult ' asthma (rather than severe). Help develop methods to identify and address poor adherence in these patients in order that they do not need to progress onto biologic therapy. Provide education to all HCP's”

“In patient management, as well as identifying non compliance to steroids etc”

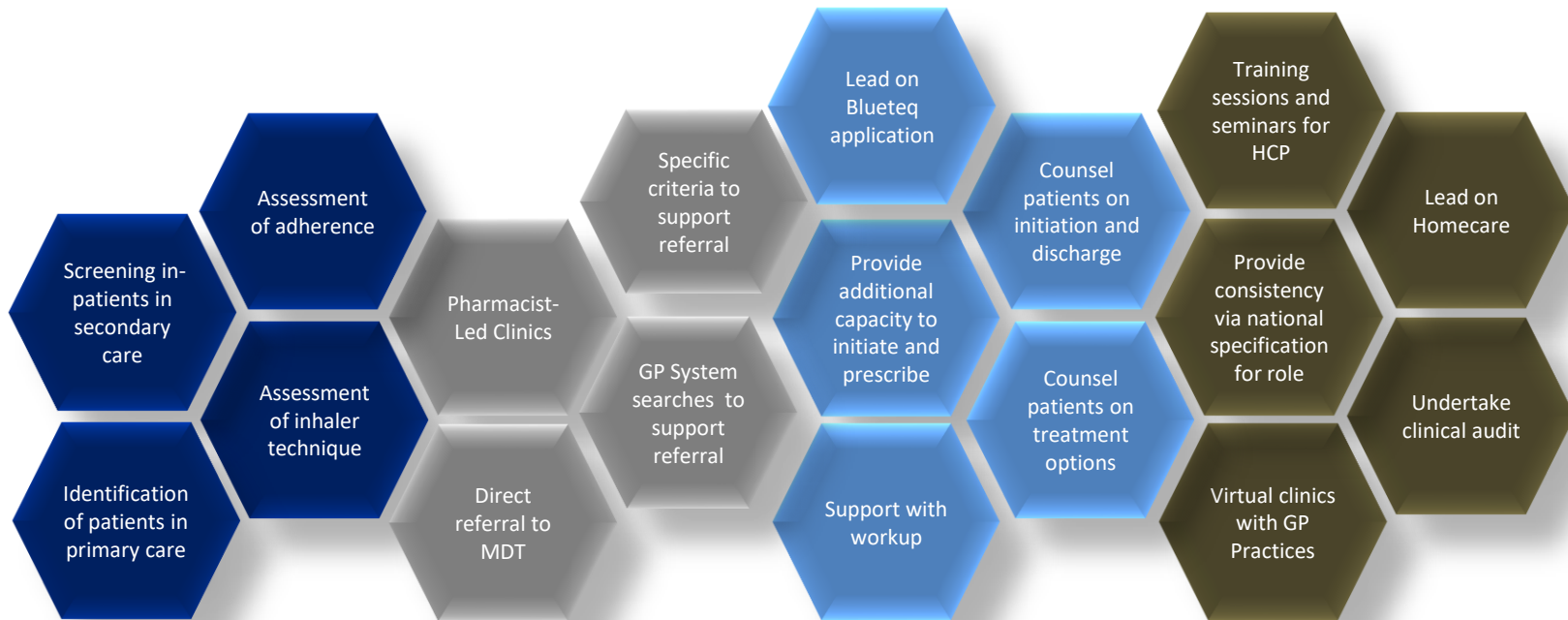
6. Emerging themes (1)

The majority of the current pharmacist activity related to severe asthma is taking place in either secondary or tertiary care. There is activity in a range of areas in the pathway but the prominent areas are related to monitoring and training. Respondents from all sectors expressed willingness and the potential to contribute more, particularly if guidance and support was provided. Respondents expressed that the area where the greatest improvement could be made was the identification of patients.



6. Emerging themes (2)

The themes of the current and potential pharmacist activity described by the respondents are captured below.



6. Emerging themes (3)

Considering all the thoughts and ideas presented by the respondents, the following areas could be further developed and evaluated for national, regional or local implementation.

1. Pharmacists supporting identification and referral of patients in primary care

This could involve training GP Practice of Primary Care Network Pharmacists; developing GP system searches to identify patients according to set criteria; assessing adherence and inhaler technique and having a pathway for direct referral to the multi-disciplinary team. Pharmacists working in primary care could be supported by specialist respiratory pharmacists via virtual clinics.

2. Pharmacists screening in-patients

With appropriate training and screening tools, ward-based pharmacists could identify and refer suitable patients for assessment for asthma biologic treatment.

3. Pharmacist-led clinics

Pharmacists in some centres are currently leading clinics where adherence is assessed; current treatment optimised and steroid courses confirmed. In some cases, pharmacists prescribe biologics for initial hospital administration and subsequent Homecare. Currently, clinics are being held in tertiary centres however, the potential for these to be held in alternative settings e.g. in asthma hubs that feed into the specialist centres could be explored

4. Pharmacist-led training for pharmacists and healthcare professionals

Specialist pharmacists could support with training and upskilling of new and junior pharmacists, and other healthcare professionals, in determining whether a patient has severe asthma or poorly controlled asthma and methods for assessing adherence

5. National guidance for the role of the pharmacist in severe asthma

National guidance would support consistency in the activity delivered by pharmacists in this area and set standards for best practice.

7. References

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