



## **Make sure you get updates from us by joining the SPS Website**

You can register at [www.sps.nhs.uk](http://www.sps.nhs.uk) and once registered, you can go to the top right hand of the registration page and **'edit your profile'**

Choose your interests and networks including **Medicines Use and Safety Interest**

**Don't forget to tick the box at the bottom of the page to say you would like us to keep in touch!**

**You will then receive information and invitations to events run by the MUS Network**

**The first stop  
for professional medicines advice**





## **CONSULTANT PHARMACIST PODCASTS – new releases coming soon**

We have produced a series of podcasts interviewing Consultant Pharmacists about their specialty in the context of COVID-19. These are intended to provide hints and tips for all pharmacists.

Subjects include

- **Antimicrobials**
- **Cardiology**
- **End of Life Care**
- **Haematology**
- **Mental Health**
- **Paediatrics**
- **Respiratory**
- **Share Decision Making**

**Coming soon: Diabetes, HIV, neurology**

All recordings and more information can be found here

<https://www.sps.nhs.uk/articles/primary-care-professional-support-consultant-pharmacist-support/>



Medicines Use & Safety Webinar  
21 July 2020

## COVID-19 and Respiratory Health

- The webinar itself will start at 1pm. Shortly before 1pm the SPS webinar host will be doing sound checks so bear with us if you hear this more than once!
- **To join the audio call 0203 478 5289 Access code: 163 168 3524#**
- The webinar will be recorded, and both recording and slide set will be available on the SPS website – under Networks (you need to be logged onto the SPS site to access the recording)
- All Attendees are muted. If you want to make a comment or ask a question – please use the “chat” function. (You need to choose to direct your question to “All Participants” from the drop-down box)
- The presenters will answer questions at the end of the presentation



## Upcoming MUS Events

### WEBINARS (with reference to COVID-19):

**8 September    Care of people who use illicit drugs in the hospital setting**

### NETWORK EVENT:

**3rd November (anticipated):**

- **Virtual conference around how and why pharmacists will see hospital patients in the future**

# COVID-19 and Respiratory Health

**Hosted by:**

**Gráinne d'Ancona** - Consultant pharmacist, respiratory and sleep medicine

**Hetal Dhruve** - Respiratory PhD pharmacist

**Alicia Piwko/Maeve Savage** – Integrated respiratory care pharmacists

Guy's and St Thomas' NHS Foundation Trust in London



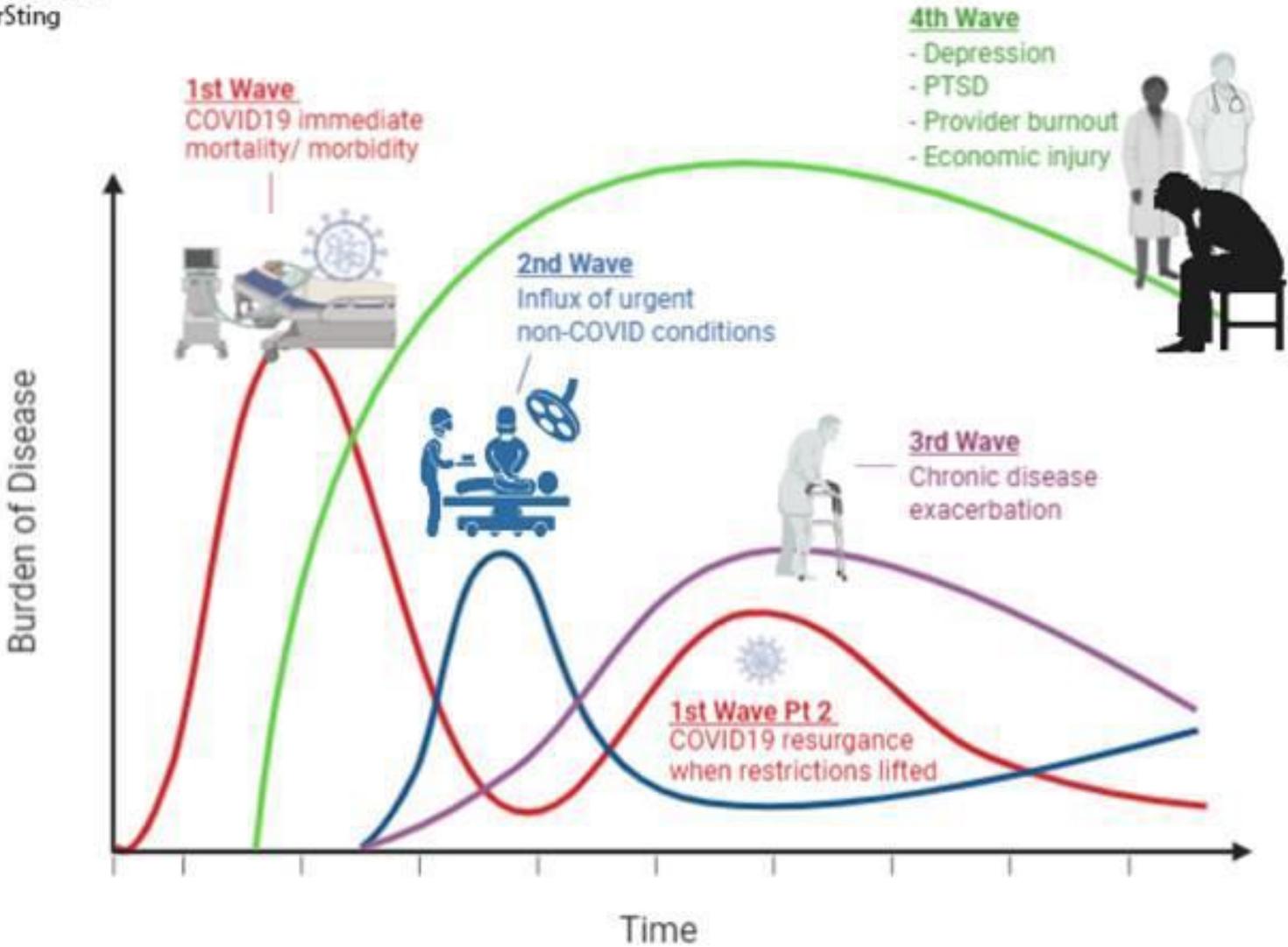
# Gráinne d'Ancona

Consultant pharmacist respiratory and sleep medicine

Guy's and St Thomas' NHS Foundation Trust (**GSTT**)

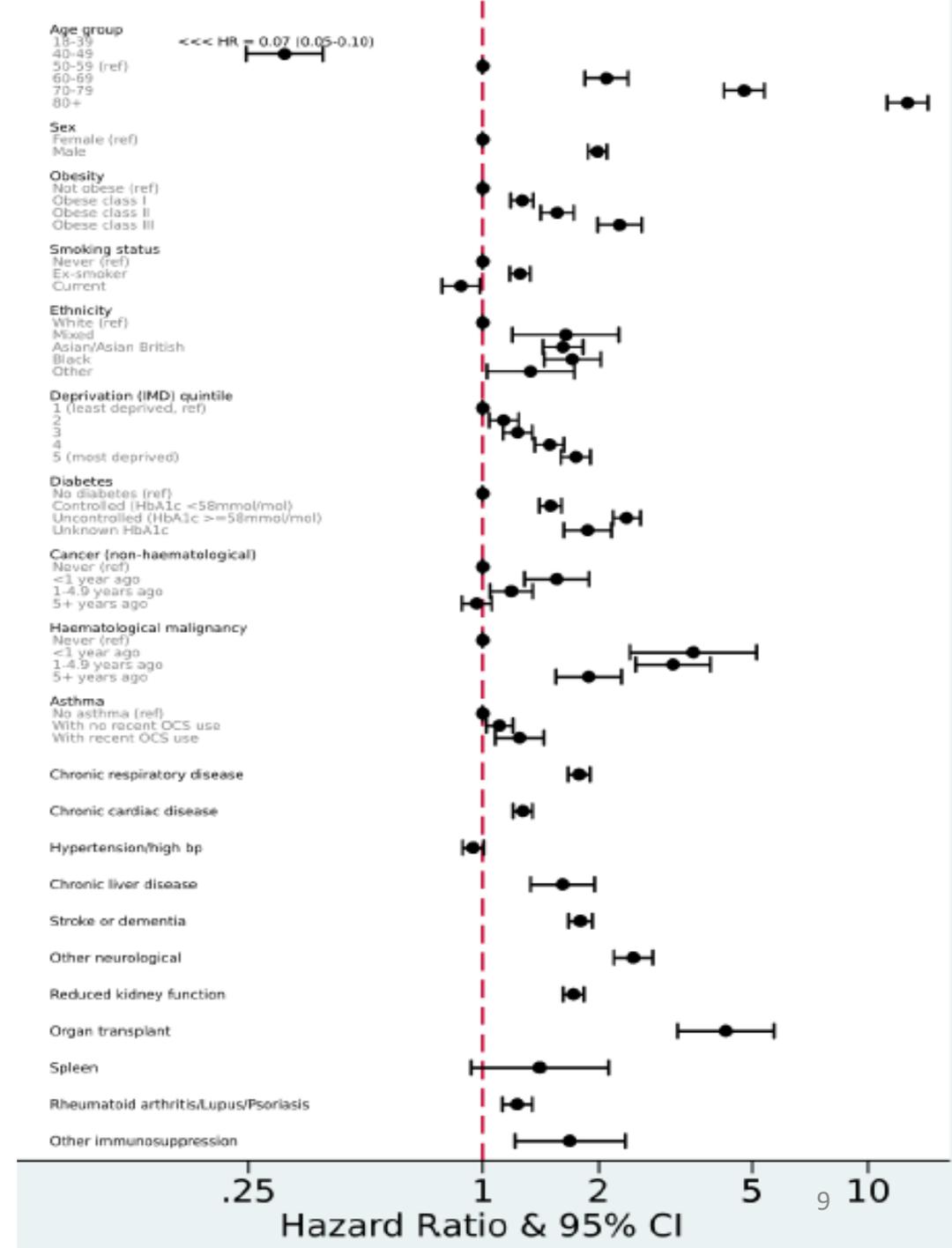
# What is the impact of COVID?

@JesseOSheaMD  
@VectorSting

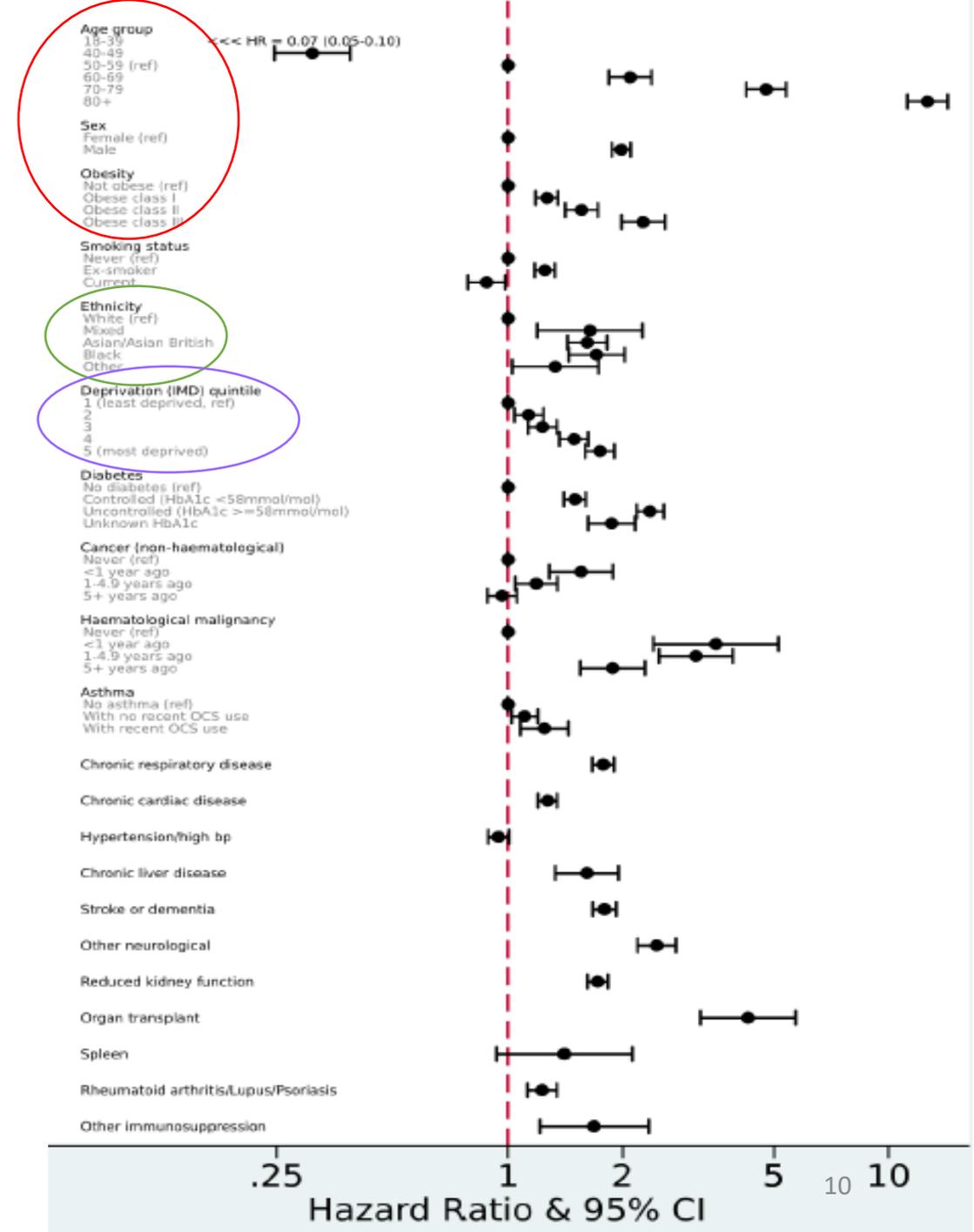


Who is at particular risk (of complications)?

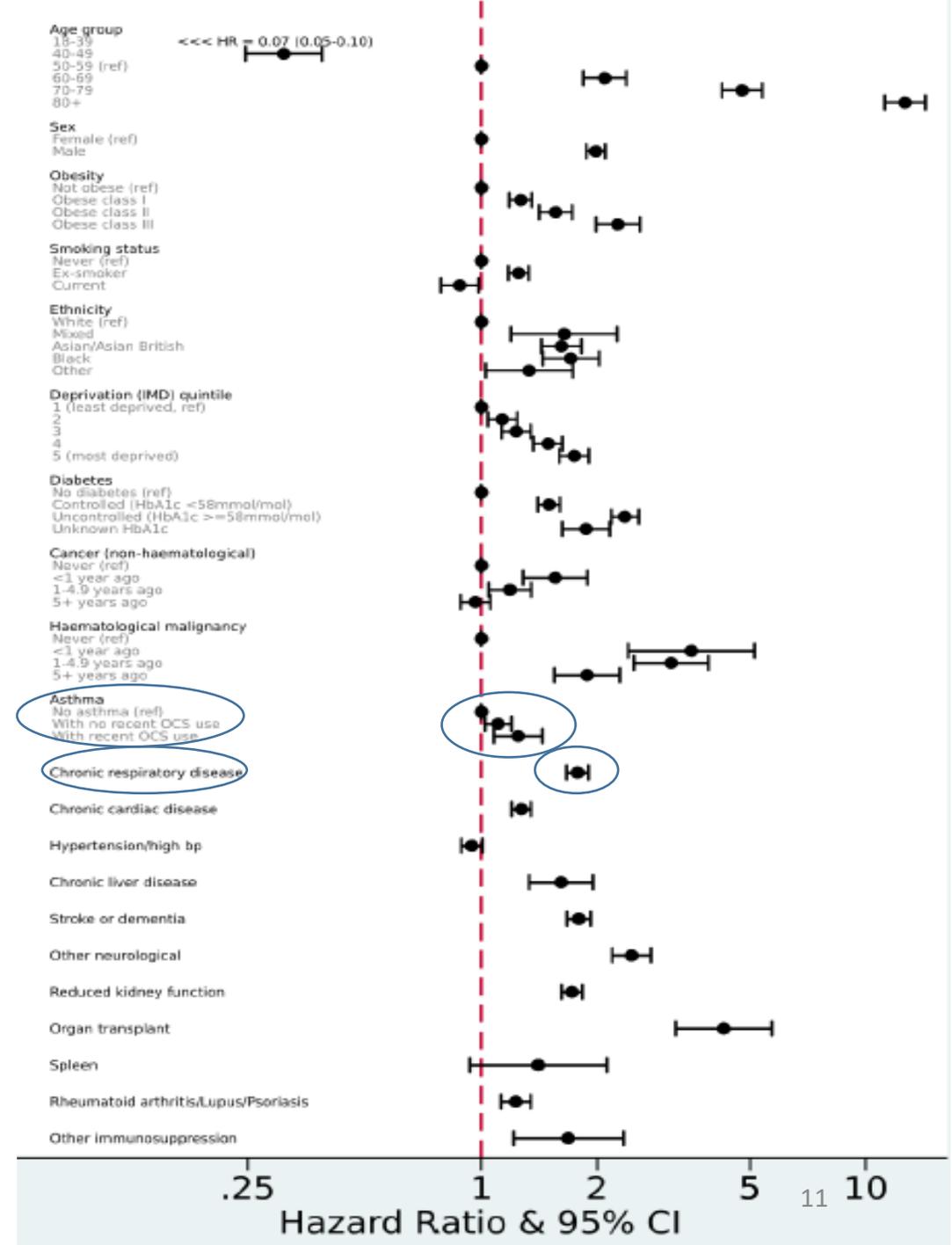
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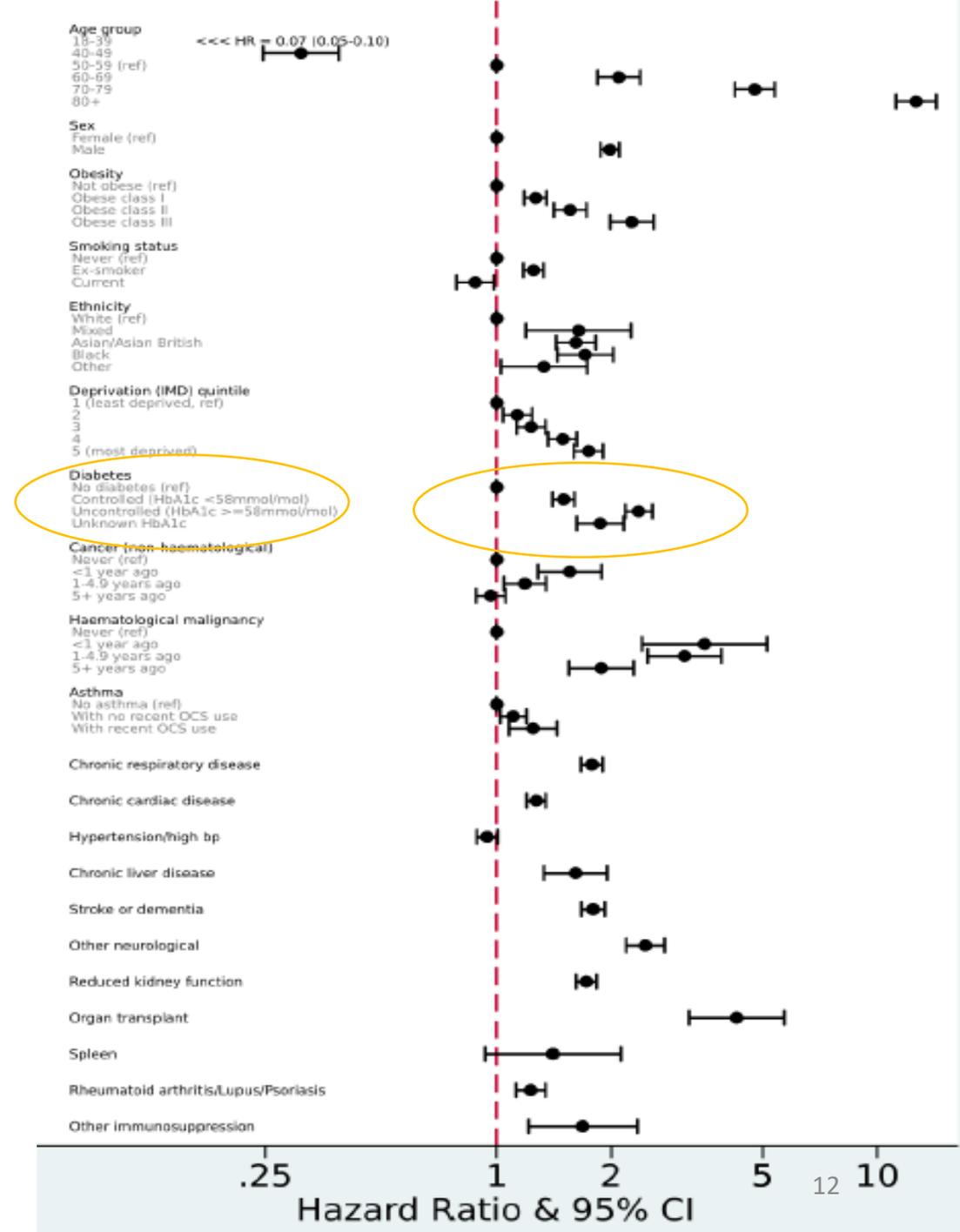
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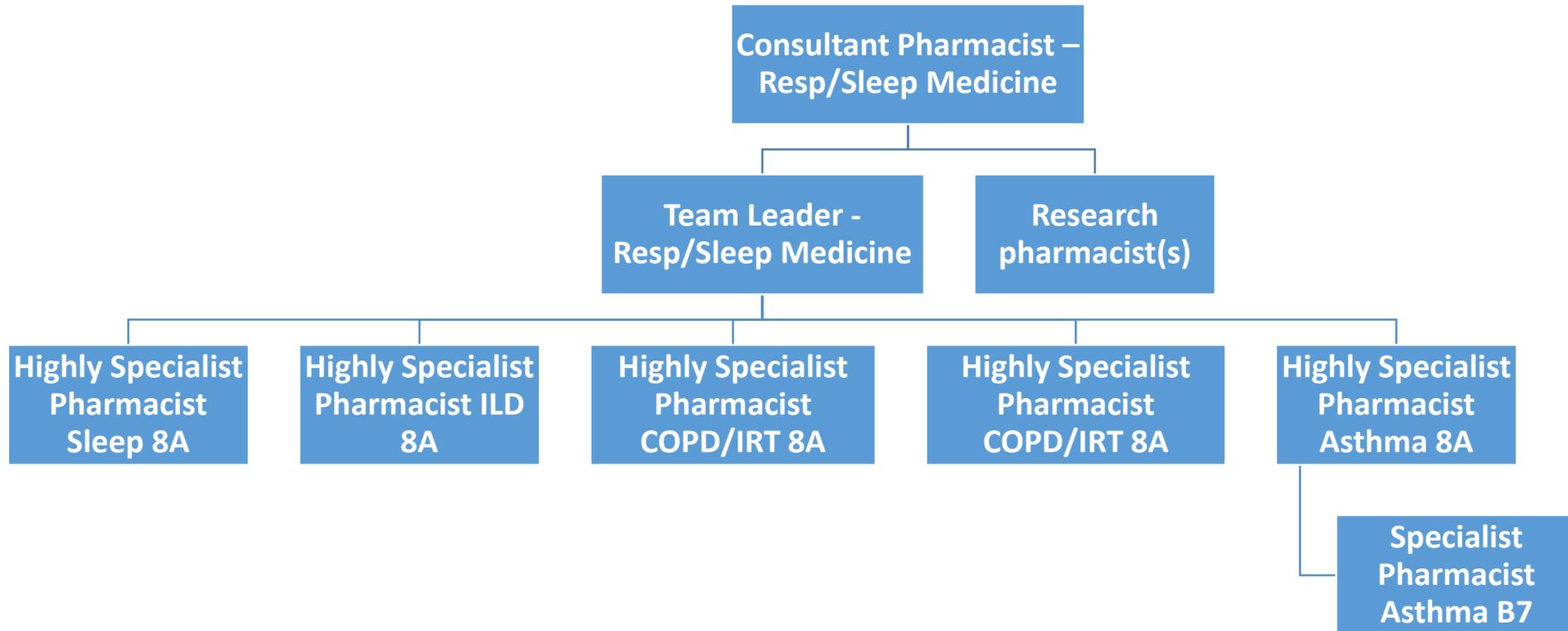
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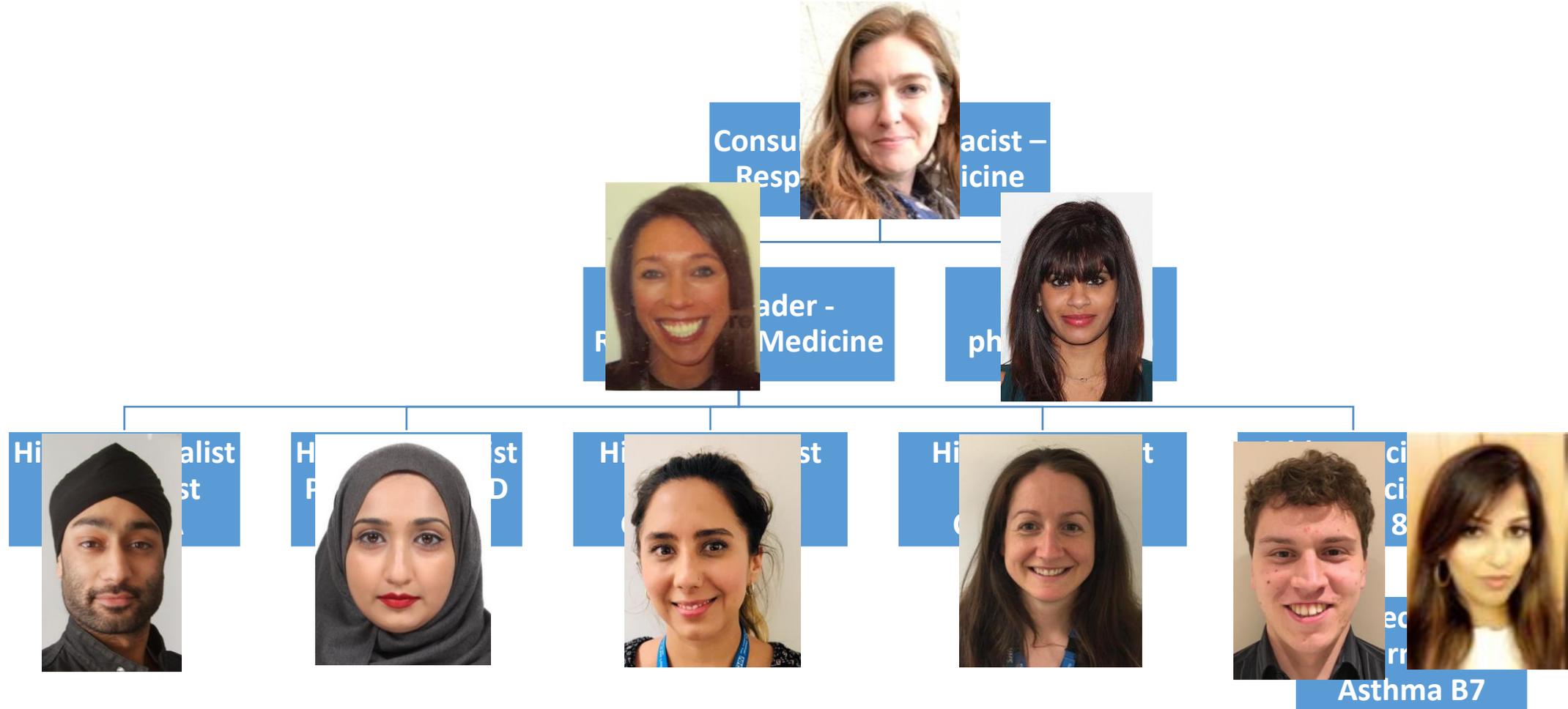
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# Respiratory pharmacy team at GSTT



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# Did tasks change due to COVID-19?

- Face to face clinics
- Telephone consultations
- In-patient ward rounds
- MDT participation
- Co-ordinate home care and shared care
- Guideline development, provide education & training, research & evaluation

# Hetal Dhruve

Respiratory PhD pharmacist

Guy's and St Thomas' NHS Foundation Trust and  
Kings College London

# Asthma care in the UK

- Every patient with asthma has a review in general practice.
- NRAD 2014<sup>1</sup> – 90% of deaths were preventable
  - poor adherence to ICS/overuse of SABA
  - reviews delivered by HCPs who are not trained in asthma
- Blakely 2019<sup>2</sup>: 85% of eligible patients with severe asthma not referred  
Median waiting time from eligibility to referral – 880 days.
- Asthma UK<sup>3</sup>: 29% of HCPs had a threshold of 3+ admissions to warrant referral to specialist.

Delayed effective treatments for severe asthmatics = increased risk of exacerbations.

1 Levy ML. National Review of Asthma Deaths (NRAD). *Br J Gen Pract.* 2014;64(628):564. doi:10.3399/bjgp14X682237

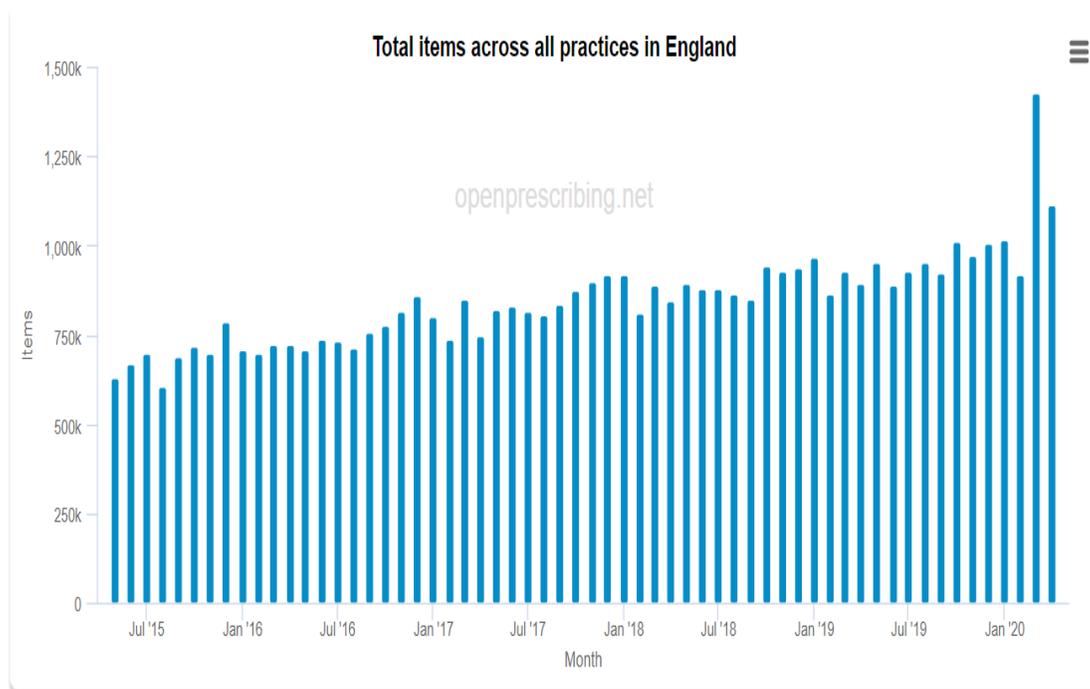
2 Blakey JD, Gayle A, Slater MG, et al. Observational cohort study to investigate the unmet need and time waiting for referral for specialist opinion in adult asthma in England (UNTWIST asthma). *BMJ Open* 2019;9:e031740.

3 Asthma UK Publication – Slipping Through the Net 2019

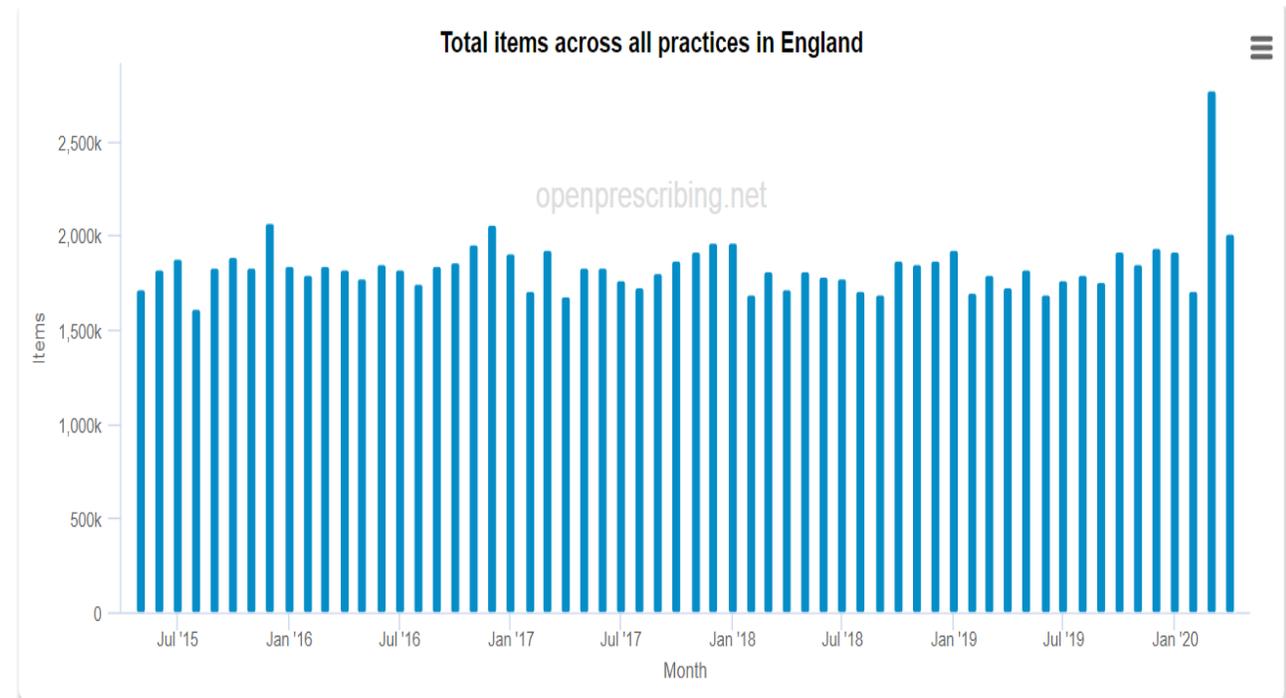
# Optimisation of Asthma In those with uncontrolled Symptoms (OASIS)

- Digital Tool – ReferID developed to improve adherence to national guidelines
  - Adherence to ICS – prescription refill and self reported.
  - Inhaler technique
  - Identification of triggers
  - Medicines optimisation (increase/decrease reduce dose of ICS)
  - SABA overuse.
  - Identification of patients that are frequently exacerbating and would benefit from referral to secondary care.
  - **HCP does not need to be trained in asthma**
- Re-designed pilot clinical trial to support primary care in delivering high quality reviews via video/telephone consultations.

# Behaviour of respiratory patients during the COVID-19 pandemic



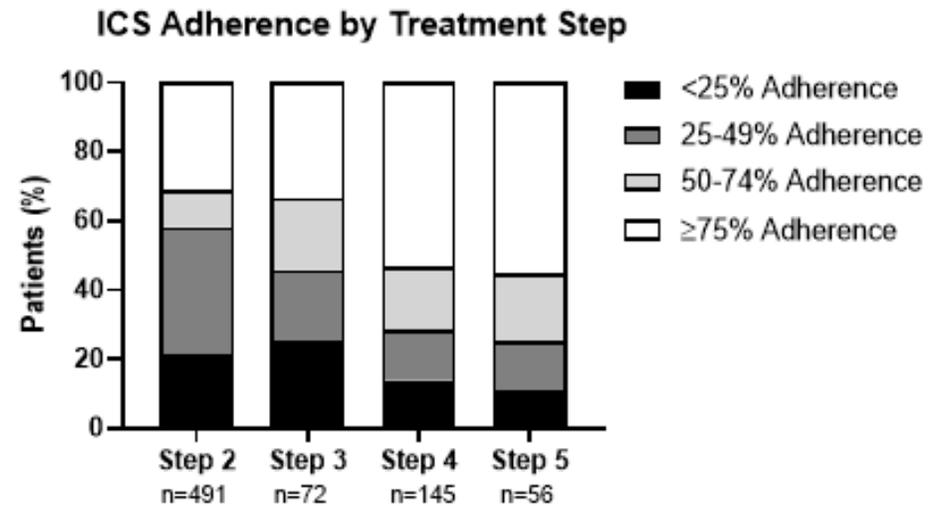
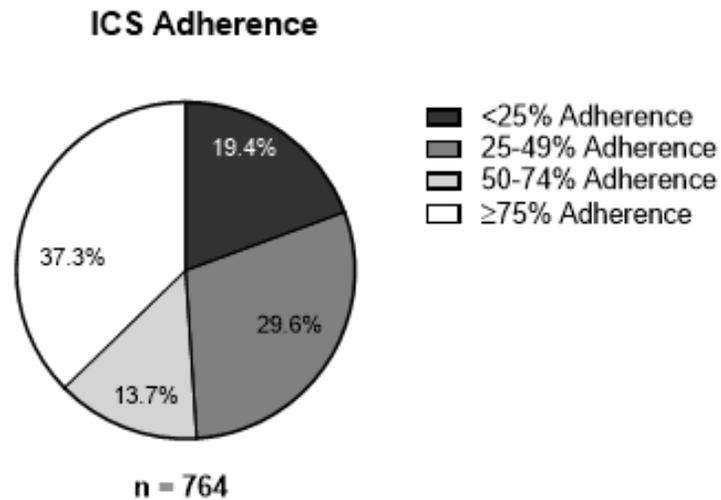
Beclometasone Dipropionate



Salbutamol

# Adherence prior to the pandemic (Feb 19-20)

- 1035 patients reviewed:
  - 168 patients no inhalers
  - 103 patients on SABA only
  - 764 patients on ICS



Unpublished data

# Improved adherence or stock piling?

Patients who had at least 1 inhaler in last 12 months (n=764)

52% requested ICS, 17.5% requested more than 1 ICS

43% requested SABA, 6.7% requested more than 1 SABA

Patients who has no inhalers in last 12 months (n=168)

- 16.0% - ICS only

- 15.4% - SABA only

- 18.9% - both ICS/SABA

- Opportunity to emphasise the importance of adherence to ICS to prevent ANY viral infection impacting asthma control.

Unpublished data

# Hot clinics – overview of findings

- 1<sup>st</sup> or 2<sup>nd</sup> exacerbation for most patients (n= 81)
  - Mild/moderate asthmatics
  - Poorly adherent to ICS
  - Heavily reliant on SABA
  - Unaware of indication of inhalers
  - Poor inhaler technique – MDI use without spacers
  - New pets
  - Education and self management
  - ? Increased access for patients who would normally be working.
- 6 (7.4%) newly diagnosed asthmatics in A&E
  - 50% not initiated on ICS
- 1 severe asthmatic identified – started biologic treatment June 2020

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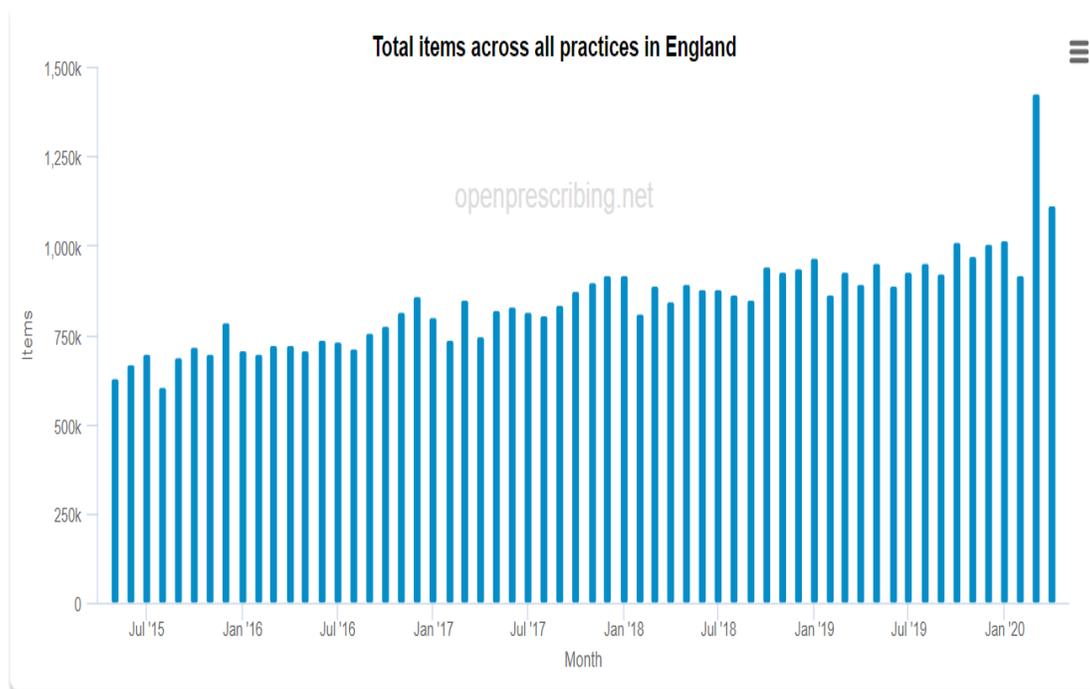
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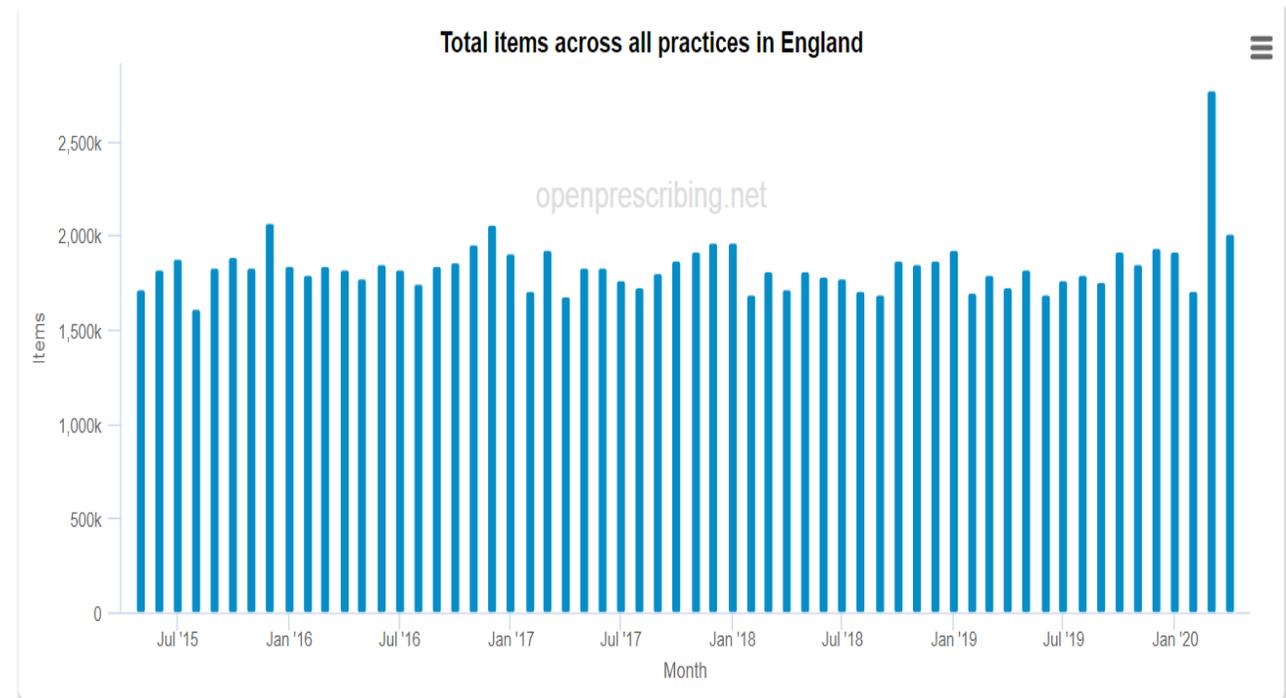
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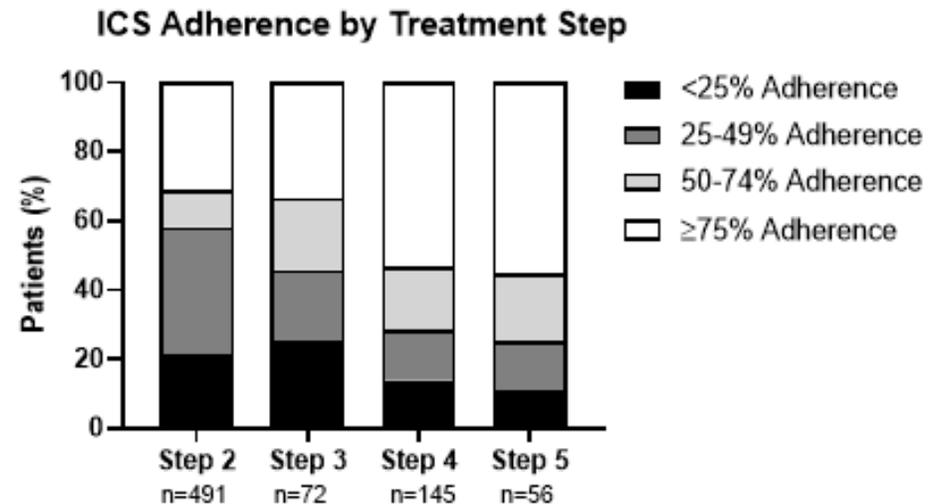
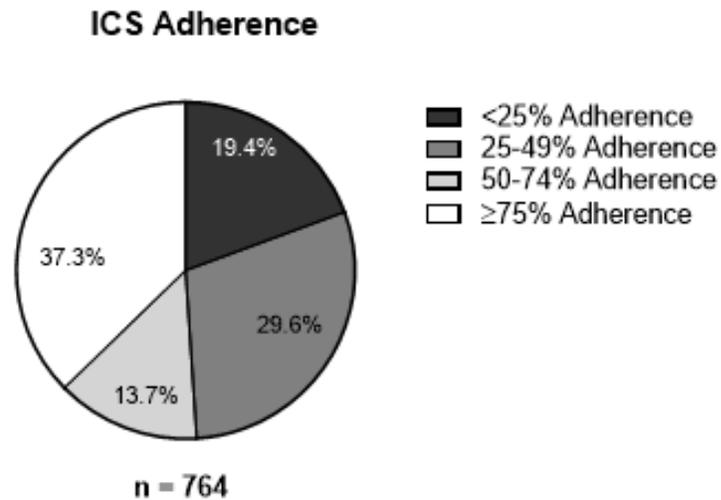
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# Alicia Piwko & Maeve Savage

Integrated care pharmacists

Guy's and St Thomas' NHS Foundation Trust and  
Quay Health Solution

## A bit about our role....

- 2 x full time independent prescribing pharmacists split equally across primary and secondary care
- Commitments as primary care practice pharmacist
  - ✓ Respiratory expert embedded within respective practices
  - ✓ Structured medication reviews
  - ✓ Respiratory reviews for both COPD and asthma
  - ✓ Respiratory support to local PCN practice pharmacists
- Commitments in secondary care involve
  - ✓ COPD and Oxygen MDT
  - ✓ Face to face COPD pharmacist led clinic
  - ✓ Telephone clinic
  - ✓ Virtual clinics in primary care

## Benefits of the Split Role

- Greater understanding of the respiratory patient
- Direct access to consultant support
- Access to secondary care databases
- Faster implementation of interventions
- Continuity of care across the interface
- Promotion of role and specialist skills pharmacists can offer

# COVID-19

## *Major changes to the role in response to COVID-19*

### Primary Care

**F2F → Telephone clinics**

**Potential for video consultations**

**Shielding work**

**Pro-active management of respiratory patients**

**Reviews of undiagnosed breathless patients**

Significant increase in requests for inhalers

**Managing inhaler shortages**

**Rescue packs**

### Secondary Care

**F2F → Telephone clinics**

**Exploring potential for video consultations/use of other virtual platforms**

Admission avoidance work

**Supply of equipment/medications directly to patient or via GP**

**Guideline/protocol development/PGDs**

Upskilling colleagues – education and training

COVID ward rounds, supporting MDT

**Faster communication to primary care**

# Recovery Phase and Moving Forward

## *Future Direction: Primary Care*



Lack of equity in  
practice pharmacist  
support

Pooling of pharmacist  
resources/expertise  
to support GPs

Centralised asthma  
and COPD clinics in  
community

# Recovery Phase and Moving Forward

## *Future Direction: Secondary Care*

Continued admission avoidance work 'keeping patients well at home'

Telephone clinics replacing face to face where possible

*Whilst*

Ensuring non-face to face care isn't suboptimal

Telemedicine  
Virtual pulmonary rehab

## Useful Tips

- Careful management of inhaler switches and checking inhaler technique
  - ✓ HCPs to consider completing an accredited inhaler technique course to demonstrate competence
  - ✓ Barriers: consider video consultations. Consider patient population
- Text messaging has been extremely useful!
  - ✓ AccuRx in primary care → asthma/COPD questionnaires
  - ✓ Use of work mobiles for sending texts in secondary care

# Useful Tips

- Consider other causes of breathlessness: anxiety and deconditioning
- Online resources:
  - ✓ <https://www.rightbreathe.com>
  - ✓ Anxiety and breathlessness:  
<https://www.blf.org.uk/support-for-you/breathlessness/how-to-manage-breathlessness>
  - ✓ Deconditioning and breathlessness:  
<https://www.blf.org.uk/support-for-you/keep-active/exercise-video>

# Future Opportunities

# #ResplsBest

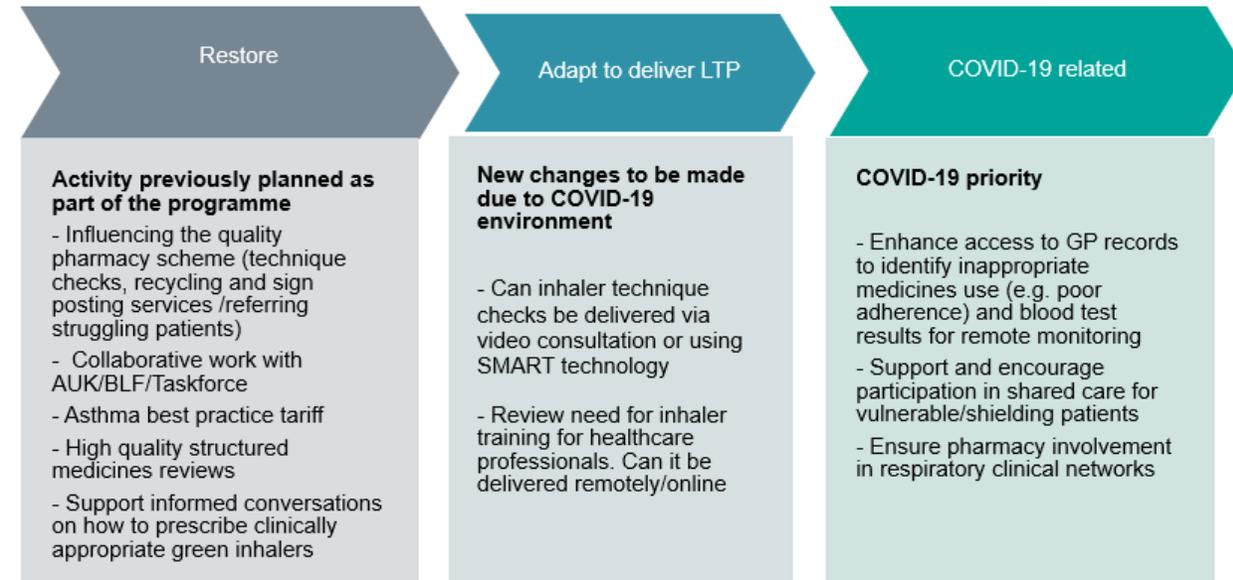
- More interest than ever before in respiratory health
- NHS LTP
  - Pharmacists **crucial** in supporting medicines optimisation
    - All sectors of pharmacy
    - All levels of experience

## Medicines optimisation



### Long term plan objectives:

- Enabling and encouraging healthcare professionals to provide high quality care
- Supporting patients to stay well by getting the most from their medicines
- Embracing technology and new ways of working



### Decision requested to:

Support NIHR bid to develop/validate remote inhaler technique monitoring processes



## **POLL: A SHORT INTERLUDE.....**

While we collate your questions, we would be really pleased if you could complete a 1 minute poll which will appear on your screen. This will help us know how we are doing! The questions are:

**To what extent was this event useful to you?**

**If this webinar was repeated, would you recommend it to your colleagues?**

**THANK YOU – NOW, ON TO YOUR QUESTIONS AND ANSWERS!**



**Specialist  
Pharmacy  
Service**



# Questions?

