DEMONSTRATING THE POTENTIAL ROLE OF COMMUNITY PHARMACISTS IN IMPROVING CARE OF COPD PATIENTS


Introduction and Objectives Although there is some realisation of the potential for community pharmacists to help patients manage their conditions, finding ways to demonstrate this potential to health professionals in different roles and sectors is not easy. We conducted a semi-quantitative analysis of support offered to COPD patients within normal limits of practice in community pharmacies, with the intention of sharing our findings as widely as possible. These findings subsequently formed the basis of an infographic that can be distributed in a variety of scenarios.

Methods The study, in NW London, involved 18 pharmacies. Over a 4 week period in February-March 2015, pharmacists undertook consultations in the pharmacy with consenting patients who were receiving medicines prescribed for COPD. Patients were asked questions from a semi-structured questionnaire. Information was collected and action taken to provide high value interventions and referral, where appropriate. The collected data were analysed and key findings identified for sharing in an infographic.

Results At the consultation, of 135 patients, 56% were provided with inhaler training, 65% were offered Medicines Use Reviews, 17% received guidance regarding rescue packs, 28% were referred to GPs and 82% of smokers (n=39) were referred to stop smoking services. 84% of patients had received prior flu vaccination. Areas of clinical concern identified included poor inhaler technique, poor familiarity with pulmonary rehabilitation services, higher than expected ICS use and medication or other issues requiring referral to GPs (28%). The ratio of men to women (1:0.7) was consistent with published data, but the ethnicities of patients did not match the pattern expected in the locality on the basis of Public Health and census information.

Conclusions The analysis yielded evidence of how community pharmacists can both assist in the management of individual patients with COPD, and provide a snapshot of support in a locality. Summarising this evidence as an infographic that can be distributed digitally, and at professional and educational meetings, may hasten recognition of the potential usefulness of this type of support and the value of community pharmacies as a resource. The approach will be applied to other conditions, subject to evaluation of effectiveness.

THE USE OF ASTHMA CARE BUNDLE PROFORMAS CAN IMPROVE QUALITY OF CARE IN ACUTE ASTHMA ADMISSIONS

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Introduction Despite the introduction of dedicated asthma services and targeted therapies, asthma exacerbations remain a common cause of hospital admission with significant utilisation of health care resources.

Aim To determine whether asthma care bundle proformas contribute to improved quality of care in adult patients admitted to Glenfield Hospital with an asthma exacerbation.

Method Data collected at Glenfield hospital as part of the national BTS Adult Asthma audit in 2011 and 2012, prior to the introduction of care bundles, was compared to data collected using a similar methodology in 2016, when both admission and discharge bundles had been introduced. The Results were analysed using Chi-squared Testing.

Results Asthma Care bundles were used in 64.4% of asthma admissions audited in 2016. When compared to 2011 and 2012, prior to the introduction of care bundles, there was a statistically significant increase in the proportion of patients having a documented peak flow on admission from 73.1% in 2011/2% to 94.4% in 2016 (p=0.001). There was also an improvement in the frequency of inhaler technique assessment on discharge with an increase from 52.5% in 2011/2% to
73.8% in 2016 (p=0.012). Of those patients given a hospital follow-up, more patients were seen within 4 weeks, with a statistically significant rise from 32.0% in 2011/2 to 76.6% in 2016 (p=0.001). Over the same period, the percentage of admitted patients who had been admitted with asthma in the previous month, which approximates to the 1 month re-admission rate, fell from 10.0% to 4.4%. There were also improvements in the use of written personal asthma plans with an increase from 60.9% to 69.8%, however this did not reach statistical significance (p=0.053). Other outcomes which were not affected by the introduction of bundles included adherence review and assessment of triggering and exacerbating factors.

Discussion Apart from the direct use of the bundle itself in a proportion of patients, the introduction of a standardised asthma bundle proforma on admission and discharge may have also served an indirect role in reinforcing education and awareness of BTS/SIGN asthma guidelines. Several positive outcomes were noted, however other important outcomes were not affected.

**Patient, physician and carer perspectives**

A UK survey on the experiences and views of psychological treatment such as CBT. RNs with skills to anxiety/depression and undertake further education to deliver

Background COPD is a progressive, irreversible condition. Anxiety and depression are two common, yet least treated comorbidities, in COPD. RNs frequently encounter patients with distressing symptoms hence are ideally placed to address these. CBT delivered by RNs reduces symptoms of anxiety, depression, improves quality of life and is cost-effective.1 A UK-wide Delphi survey conducted with RNs in 2016 identified that the topic of psychological interventions, including CBT, was ranked in the top five areas of care for future research.2

Aim To explore views of RNs on the importance of screening/providing integrated psychological treatment into routine care and the feasibility of undertaking education and training in CBT.

Method A UK-wide electronic survey was conducted to gather respiratory nurses views on the importance of addressing psychological well-being, current practice, feasibility of education and training in CBT from a personal and organisational perspective. The Results were collated and analysed.

Results Ninety-six responses were received.

The majority (58%) of respondents had ≥10 years’ experience in respiratory care and represented a diverse spread of regions across the UK. The Results are presented in Table 1. Conclusions There is a clear recognition from RNs of the importance of screening respiratory patients for symptoms of anxiety/depression and undertake further education to deliver psychological treatment such as CBT. RNs with skills to address both physical and psychological symptoms of COPD may be more beneficial and acceptable to patients.

REFERENCES


**RESULTS**

92% of RNs stated they should screen for symptoms of anxiety and depression. 78% of RNs stated they should help manage symptoms of anxiety and depression. 76% of RNs agreed they should be trained in CBT. 51% of those who screen refer to psychological services. 91% of RNs felt that they should be trained to identify psychological difficulties. 77% of RNs agreed they should be trained in CBT. 63% of RNs felt that support from management would be given to access training 65% of RNs felt support to deliver CBT would be provided. 55% of RNs felt they would have capacity to deliver this service and 23% were unsure.

**Survey results**

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**Abstract M12 Table 1** Survey results

### REFERENCES
