

Consultation on draft quality standard – deadline for comments 5pm on 29/05/18 **email:** QSconsultations@nice.org.uk

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Royal Pharmaceutical Society
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
Name of commentator person completing form:	Sabes Thurairasa

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Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.			
[Answer Yes or No]			
Type	Comment number	Section	Statement number
Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.			
Example 1	Statement 1 (measure)		<p>This statement may be hard to measure because...</p> <p>1 Question 1 Does this draft quality standard accurately reflect key areas for quality improvement.</p> <p>The NICE Quality standards and indicators Briefing paper show that stakeholders have identified inhaler technique and the importance of a structured annual review as areas for quality improvement. The removal of quality statements 4 and 5 from the 2013 NICE quality standards is of concern.</p> <p>Poor inhaler technique can result in poor asthma outcomes, therefore it is important that people with asthma are given training and review of inhaler technique.</p> <ul style="list-style-type: none"> • NICE NG80 mentions that it is '<i>vital for patients to learn the proper inhaler technique for their device to ensure optimum drug delivery to the lungs for asthma control.</i>' • The briefing paper (page 14) states that an Asthma UK survey found that 76.3% of respondents said that their doctor/nurse helped to make sure they could use all their inhalers correctly before starting to use them, which was a decline from 2015 (79.3%), and as such we believe that this should remain in the standards. • The British Thoracic Society has stated in a press release that '<i>A new innovative tracking device has revealed that the majority of people with chronic lung disease are not using their inhalers correctly</i>': https://www.brit-thoracic.org.uk/pressmedia/2016/two-thirds-of-people-with-chronic-lung-disease-use-inhalers-incorrectly/). <p>Removing statement 5 that people with asthma receive a structured review at least annually may impact on the number of patients that receive a review. The lack of review may mean poor asthma control and opportunities to check inhaler technique are missed. Particularly as the Asthma UK annual survey 2017 indicated a decline in the number of people</p>

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			that reported receiving a review in 2017 (point 4.3.3 on page 23 of the briefing paper), despite this recommendation by National Review of Asthma Deaths report in 2014 (https://www.asthma.org.uk/globalassets/campaigns/nrad-executive-summary.pdf).
2	What the quality statement means for different audiences	Statement 1	Healthcare professionals (such as doctors and nurses) – should include pharmacists in this statement as pharmacists prescribers are involved in the diagnosis of asthma, for example in GP practices.
3	What the quality statement means for different audiences	Statement 2	Checking that the person with asthma has a personalised action plan could be brought up by the pharmacist during a Medicines Use Review (MURs). Community pharmacists currently carry out targeted MURs for people with respiratory disease, and as such are ideally placed to check that the person understands what their medicines are for, inhaler technique and adherence, inhaler suitability, potential side effects of medicines (both prescribed and purchased), checking that there is a personalised action plan in place and that the person knows how and when to step up and step down their medicines as appropriate, as well as giving lifestyle advice which may benefit the person, for example smoking cessation, weight loss.
4	Quality measure a	Statement 3	Pharmacists regularly conduct Medicine Use Reviews (MURs), see point 4 above.
5	Outcome a	Statement 3	People with asthma may receive inhalers other than by the standard prescription route, and as such data may not be complete and may miss where people with asthma have received more than 12 SABA inhalers within the past 12 months. Inhalers obtained by the emergency supply or PGD route or via out of hours services may not be recorded on the SCR, as pharmacists do not have write access. Permitting pharmacists write access to SCRs may allow the SCR to be a more complete record of what medicines have been supplied.
6	What the quality standard means for different audiences	Statement 4	Healthcare professionals (such as doctors and nurses) – should also include pharmacists who work in GP practices, as, for example prescribers or advisors (they can assist with ensuring that the follow-up appointments are completed).

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.

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- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance and quality standards that we have produced on topics related to this quality standard by checking [NICE Pathways](#).

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received from registered stakeholders and respondents during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.