

### Abstract title

Asthma Joint Working Project between GlaxoSmithKline (GSK), Durham Dales Health (DDH) and Community Pharmacy with support from the NHS Improvement - Lung National Asthma Workstream.

### Abstract Authors

Customer Solutions Team, GSK

### Context

The 2007 Asthma Divide Report highlighted that there were 30% more people reporting moderate or severe asthma symptoms in the North East of England than the national average. Patients were at higher risk of admission as the standardised admission rate for asthma in the North East was worse than the national average at the time<sup>1</sup>.

### Outline of the problem

In 2009, County Durham PCT had an asthma prevalence of 6.5%<sup>2</sup> vs. 5.9% UK prevalence<sup>3</sup>. There were a total of 3,698 asthma patients registered within the seven participating DDH practices with a prevalence of 6.6%<sup>4</sup>.

### Assessment of the problem/ analysis of its causes

Work between community pharmacies and GP practices was sporadic and the Medicines Use Review (MUR) services were not consistently utilised in a coordinated way.

### Strategy for change

In March 2011, DDH was selected as one of seven NHS Improvement - Lung National Asthma Projects. The project was provided with practical improvement expertise, help and support for the delivery of care to asthma patients in line with BTS / SIGN Asthma Guideline 2011<sup>5</sup>. This included healthcare professional education and increased MURs.

### Measurements of improvement

A balanced scorecard was developed to aid the planning of the project, monitor progress and evaluate outcomes.

### Effects of changes

The planned number of MURs in the Business Case was reduced from 500 to 200 with a final total of only 174 MURs reported.

### Lessons learnt

In spite of a successful pilot, a full scale project can still throw up unexpected challenges. Environmental changes slowed engagement with pharmacists who also reported issues with staffing affecting their ability to complete MURs. The project team tried to support by making changes to process and target but, due the lack of measurable patient benefit expected initially, the joint steering committee decided that it was not appropriate to continue with the project. An exit strategy was implemented in September 2012.

### Message for others

Level of stakeholder engagement within Joint Working projects coupled with environmental challenges can have a negative effect on project implementation and result in lack of expected benefit to patients.

### References

1. Asthma Divide Report, Inequalities in emergency care for people with asthma in England, Asthma UK, 2007 <http://www.asthma.org.uk/reports-archive> Accessed May 2014.
2. Co Durham PCT Quality and Outcomes Framework (QOF) 2009 database <http://www.gpcontract.co.uk/browse/5ND/9> Accessed May 2014
3. UK Quality and Outcomes Framework (QOF) 2009 database <http://www.gpcontract.co.uk/browse/UK/9> Accessed May 2014
4. NHS Improvement Case Studies Durham Dales CCG <http://system.improvement.nhs.uk/ImprovementSystem/ViewDocument.aspx?path=Lung%2fNational%2fwebsite%2fAsthma%2fDurham.pdf> Accessed May 2014
5. BTS/Sign Asthma Guideline 2011 <http://www.sign.ac.uk/pdf/qrg101.pdf> Accessed May 2014