London: Top Tips for Respiratory Prescribing and Sustainability

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This document will continue to be reviewed and re-released to reflect new and emerging evidence. Please email england.londoncagsupport@nhs.net to request the most recent version.

This London guide is designed to complement and not replace local guidance and professional judgement. It will be updated to align with other national and regional guidance once published.

NHS England and NHS Improvement

Carbon Footprint (kgCO2e per inhaler)	Inhaled Corticosteroid (ICS) containing inhalers			Non-ICS containing inhalers			
	ICS	ICS/LABA	ICS/LABA/LAMA	SABA OR SAMA	LABA	LAMA	LAMA/ LABA
Highest (>35 kgCO2e) Avoid unless no appropriate alternative		**Flutiform pMDI & K-haler** **Symbicort pMDI**		**Ventolin Evohaler**			
High (10-20 kgCO2e) Use only if low carbon footprint alternative not clinically appropriate	Clenil Modulite Kelhale Qvar Autohaler Qvar EasiBreathe Soprobec Alvesco Flixotide Evohaler	Fostair pMDI Seretide Evohaler Combisal AirFluSal pMDI Sirdupla Aloflute Sereflo	Trimbow pMDI Trixeo	Airomir AirSal Salamol Airomir Autohaler Salamol Easibreathe Atrovent	Serevent Evohaler Soltel Neovent Vertine Atimos Modulite		Bevespi
Low (<1kg CO2e) Use where possible	Beclometasone Easyhaler Budesonide Easyhaler Pulmicort Turbohaler Budelin Novolizer Flixotide Accuhaler Asmanex Twisthaler	Fostair Nexthaler Duoresp Spiromax Fobumix Easyhaler Symbicort Turbohaler Seretide Accuhaler Fusacomb Easyhaler Aerivio Spiromax AirFluSal Forspiro Stalpex Orbicel Fixkoh Airmaster Relvar Ellipta	Trelegy Trimbow Nexthaler	Salbutamol Easyhaler Salbulin Novolizer Ventolin Accuhaler Bricanyl	Foradil Formoterol Easyhaler Oxis Onbrez Striverdi Serevent Accuhaler	Spiriva Handihaler Spiriva Respimat Braltus Zonda Tiogiva Acopair NeumoHaler Incruse	Spiolto Ultibro Duaklir Anoro

THIS DOCUMENT WILL BE REVIEWED ON A 6 MONTHLY BASIS FOR CHANGES TO ALLOW FOR CHANGES IN AVAILABLE MEDICATIONS

TOP TIPS FOR RESPIRATORY PRESCRIBING AND SUSTAINABILITY

NHS London Clinical Networks

1 Ensure correct diagnosis:

Optimal treatment requires early and accurate diagnosis. Check historical spirometry for patients with COPD or peak flow values to look for variability to help confirm the diagnosis of asthma.

2 Before stepping up or adjusting medications

for respiratory disease, consider the possible reasons for lack of efficacy such as poor adherence, alternative diagnoses, suboptimal inhaler technique, continued smoking, environmental factors and the impact of anxiety and depression which may lead to a disordered breathing pattern.

3 Non-pharmacological interventions:

All patients with respiratory disease should be offered both annual Influenza and Covid-19 vaccinations and Smoking Cessation Advice**.** All patients with chronic breathlessness (MRC ≥3) should be considered for and offered Pulmonary Rehabilitation which can be repeated every 18 months.

4 ACT: Assess, Choose and Train inhaler technique:

- ✓ **Assess** inhaler technique before starting treatment and regularly throughout treatment. Can the patient take a quick/deep breath in within 2-3 seconds? If yes, then consider a DPI as the first choice. Otherwise consider a using a pMDI via a spacer or soft mist inhaler (for tiotropium).
- ✓ **Choose** the right inhaler for the right patient: Consider reasons for possible non-adherence or difficulties with using inhalers appropriately, such as dexterity, comorbidities, or the impact of cognitive impairment. Consider prescribing a low carbon footprint device and avoid prescribing large volume HFA inhalers such as Flutiform, Symbicort MDI or Ventolin (see table on reverse of this page).
- ✓ **Train** Teach inhaler technique and encourage the use of a **spacer** whenever possible if using a pMDI. Signpost to available patient training resources such as the RightBreathe app and website, or Asthma UK website.

5 Adherence to preventative therapy

should always be checked using the prescription record. Patients cannot be using their inhalers if they have not been issued. Your patient should use at least 75% of their prescribed dose (around 8 inhalers a year for those inhalers with enough doses to last one month).

6 Overreliance on reliever therapy

must be addressed in patients with **asthma**. Good control is no more than 2 reliever inhalers should be used a year. Patients with asthma using 6 or more reliever inhalers a year need a thorough asthma review (see tip 2).

7 A Steroid Emergency Card

should be issued to patients using inhaled corticosteroids (ICS) at >1000micrograms Beclomethasone equivalent/day. Their need for high dose ICS should also be reviewed.

8 Recycling:

Encourage patients to return their finished inhalers to their local pharmacy

These Top Tips have been developed by the London Respiratory Clinical Network in collaboration with the London Sustainability Network to enhance patient care and support our commitment to a greener, cleaner National Health Service