# Haringey Prescribing Quality & Savings Scheme for Practice

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| Option | Description |  | Measure |
| Indicator 3: **Improving Respiratory Care** **+ Educational event** | **Medicines Optimisation in asthma therapy:** Patients overusing reliever therapy and underusing ICS to be identified and where necessary contacted to discuss their inhaler usage (potentially triggering a clinical review or amending repeat ordering quantities). |  | Report on number of patients reviewed and quantity of inhalers ordered and adjusted  |

**Aim**

1. To reduce the risk of patients developing fatal asthma attacks by carrying out urgent reviews for anyone prescribed
* More than 12 short-acting reliever inhalers in a year
* Less than 6 preventers in a year
1. To asses inhaler technique and monitoring of medication non-adherence in the patients found above as recommended by the 2014 National Review in Asthma Deaths Report (NRAD).

**Background**

The first National Review of Asthma Deaths by The Royal College of Physicians was published in May 2014. The report analysed data for 195 people thought to have died from asthma between February 2012 and January 2013, to establish the circumstances of the death and what factors could have been addressed in order to prevent it. The report gives a number of recommendations to help prevent similar deaths in the future. Although a number of recommendations were made by NRAD, this initiative will focus on the following two findings and recommendations

1. The report identified evidence of excessive prescribing of reliever medication and recommends that anyone given more than 12 reliever inhalers in a year should be urgently called in for review and may need a preventer inhaler1.  Over-use of inhalers is a sign of poor respiratory control and increased risk of death.
2. There was evidence of under-prescribing of preventer medication. Preventer inhalers should be used daily.  Patients who have been prescribed preventer inhalers would normally need at least 12 a year1.People underusing inhalers should be called in for a review and counselling.

Over-ordering is also wasteful and ineffective use of NHS resources. 45 million prescriptions for respiratory inhalers were dispensed in 2011 in England alone—at a cost of £900 million to the NHS. In 2012 the top 5 most expensive drugs for the NHS were inhalers (Seretide 125  Evohaler £81m, Seretide 500 Accuhaler £85m, Symbicort 200/6 Turbohaler £90m, Tiotropium Handihaler £120m and Seretide 250 Evohaler £180m).

Over ordering may not only be due to poor control. The number of doses in each inhaler device can vary making it more difficult for a patient to align the ordering frequency of their medication and increasing the risk of over-ordering.  In such cases patients should be counselled that they should only request a repeat order when they start to use their last inhaler and where the device has a dose counter, they should be shown how to monitor it.  Some patients prime their inhalers before use, a practice that should not be encouraged as inhalers do not need priming. Remember that every actuation of Seretide 250/25 evohaler costs £0.50!!!

**NB: Prescribers should always check medicines adherence and ordering frequency before issuing a new prescription or changing inhaler dose**

**How to achieve indicator**

* Run a search to identify patients with asthma using more than 12 relievers a year (order frequency)
* Run a search to identify patients with asthma using less than 6 preventers a year (medication non-adherence)
* Review their clinical records and decide which patients may benefit from a review
* Selected patients should be contacted and reviewed. The review should consist of assessment of asthma, inhaler technique and patient education with respect to the purpose of the different inhalers
* Review adherence and inhaler technique before stepping up therapy.

Other points to consider

Patients on high dose ICS (> 1000 micrograms per day of Beclometasone or equivalent for adults) should be given a High dose “ICS Safety Card” -Contact the Medicines Management Team for supply

All patients using an ICS/LABA metered dose inhaler should be prescribed a spacer (increases lung deposition by up to 50%)

Inhalers should not be selected on cost basis alone – ensure that the patient is competent using the device prescribed.

**Measure of achievement is reported by**

Sending a report on number of patients reviewed and counselled with a summary of actions taken to the MMT by 31st March 2016

**References :**

1. The National Review of Asthma deaths , Asthma UK website accessed March 2014 <http://www.asthma.org.uk/Handlers/Download.ashx?IDMF=03d803d1-7ede-4337-b504-5dd2667cef8f>
2. SIGN 141 • British guideline on the management of asthma , SIGN website accessed March 2015 <http://www.sign.ac.uk/pdf/SIGN141.pdf>