NHS
Kernow
Clinical Commissioning Group

Hints and tips for respiratory reviews

What did we learn from COVID-19 (coronavirus) regarding inhalers

1. Patients who rarely came in for reviews or were largely uncompliant with their inhaler regimes suddenly requested their inhalers.
2. Patients ordered more inhalers than they needed to create a stockpile. This put an unprecedented demand on inhaler stocks and created shortages of a number of inhalers.

Guidance from NHS England asked us not to change the duration of prescriptions, but many extra inhalers were issued anyway. Maybe now is an ideal time to review patients who do not take their regular asthma or chronic obstructive pulmonary disease (COPD) medication and reassess their needs and condition. The information that follows may also help.

At each respiratory review

- Assess control, use objective measure such as asthma control test (ACT) or COPD assessment test (CAT)
- Check number of exacerbations, time off work or school, oral corticosteroid use
- Check inhaler technique and ask patients to demonstrate their technique
- Check patients' peak flow if possible if the patient has their own peak flow meter (asthma patients)
- Check adherence
- Check short acting beta agonist (SABA) reliance
- Discuss trigger factors
- Check their possession or use of a written action plan and understanding
- Check smoking status and always offer smoking cessation advice and support
- If initiating a new therapy or increasing a dose evaluate and stop therapy if it is not effective
- Use placebo inhalers as well as inhaler training videos to coach patients on how to use their inhaler especially during video consultations
- Inhaler training whistles can be used to confirm patients have enough inspiratory effort to use a dry powder inhaler (DPI)

- For patients using a medium or high dose inhaled corticosteroid (ICS) metered dose inhaler (MDI) always check whether the patient has a spacer device (check use, age and cleaning)
- Check influenza vaccine status and where appropriate pnuemovax (once available check coronavirus vaccine status)

Wherever possible use video calls for remote reviews rather than voice calls. Royal Cornwall Hospitals NHS Trust (RCHT) specialist nurses have been doing asthma outpatient appointments very successfully this way.

Asthma tops tips

- All asthmatics discharged from hospital post exacerbation should be seen by a GP or practice asthma nurse within 48 hours but definitely within a week.
- Patients using a medium or high dose ICS and long-acting beta-agonists (LABA) should not be advised to double-up their inhaler dose after an exacerbation.
- Consider stepping asthma therapy down after at least 3 months of complete asthma control (step-down guideline is on the Cornwall joint formulary).
- Montelukast should always be started on a trial basis of 1 to 2 months and stopped if not effective.
- Always carefully consider the benefits and risks of continuing montelukast if neuropsychiatric reactions occur. See Drug Safety Update

Support

Links to asthma tools

Always consider using tools for reviewing asthma control

- The Asthma Control Test (ACT). The ACT is a questionnaire for assessing asthma control Score of greater than 20 indicates good control
- Asthma Attack Risk Checker (Adults and children over 12 years)
- Asthma slide rule is really useful to show patients their level of asthma control
- Personalised Asthma Action Plan (PAAP)

Inhaler training videos

- Asthma UK
- RightBreathe
- NICE patient decision AID

Community pharmacy New Medicine Service (NMS)

- The New Medicine Service (NMS) provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence.

- Refer patients to the Community Pharmacy New Medicine Service when prescribed a new device where appropriate.

Formulary inhaler choices

Product selection should be based on patient preference. If the patient has no preference and it is clinically appropriate, select the easiest to use DPI.

- NHS Kernow preferred inhaler choices
- NHS Kernow COPD guideline

All inhalers must be prescribed by brand to ensure device continuation and to enhance patient compliance

AccuRx to support communications

AccuRx can be used to communicate with patients via text messages. It can be used to send links to tools before inviting patients for a review, such as the asthma control test and CAT test (COPD equivalent).

Suggested areas of focus for reviews

- High number of SABA prescriptions
- SABA only treatment
- 2 different types of inhaler
- High dose ICS or ICS and LABA in adults
- Patients identified as having a high number of exacerbations
- Clenil (move to DPI or formulary choice MDI (Soprobec) if DPI not suitable)
- Review prescribing of Atrovent inhalers
- Inhalers with a high carbon foot print for example Ventolin, flutiform using NHS pathways
- Devices not licenced in COPD and patient not coded for asthma but coded for COPD for example Flutiform Seretide evohaler, Fostair 200/6
- Triple therapy long-acting muscarinic antagonists (LAMA), ICS and LABA in separate inhalers
- Patients identified as having repeated courses of antibiotics and steroids in last 12 months with COPD

Greener inhalers

DPIs and other newer types of inhalers like soft mist inhalers are less harmful to the environment than traditional MDIs and the NHS long term plan supports the use of these inhalers where it is clinically appropriate. Different inhalers have significantly different carbon footprints.

Each practice can view their ratio of DPI and MDI prescribing which includes advice on promoting the use of DPIs using PrescQIPP.

Data on the environmental impact of inhalers by practices in NHS Kernow is available via open prescribing.

Each practice can identify patients using DPI and MDI inhalers using Eclipse Live.

Each practice can identify patients using inhalers with a higher carbon footprint using the structured medication review (SMR) toolkit via NHS pathways.

Tools and pre-set searches

There are several toolkits available to help practices identify patients who are at risk of an exacerbation or for review. These often have pre-set searches that can be imported into the clinical system to run. For example the Keele University respiratory toolkit has EMIS and SystmOne searches to identify asthmatic or COPD patients at risk of an exacerbation.

PrescQIPP has pre-set searches for EMIS and SystmOne available which look at patients who have risk factors identified in the National Review of Asthma Deaths report (NRAD).

This document was approved by the medicines optimisation programme board (MOPB) in November 2020. Review date: November 2023.