|  |  |  |
| --- | --- | --- |
|  | **Purpose of the pack** | **How the pack should be used?** |
| **Primary Care and Community Pharmacy** | In line with [The Investment and Impact Fund (IIF)](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fwp-content%2Fuploads%2F2022%2F03%2FB1963-iii-Network-contract-IIF-Implementation-Guidance-September-2022.pdf&data=05%7C01%7Cm.janik1%40nhs.net%7C261b41056ea143b788c908dadce59be3%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638065175955929112%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=dgEr2IB1usk78BjLJBjBxsQEC10XAKrg1t5uxWnNkNQ%3D&reserved=0) (A Sustainable NHS' IIF, ES01 / ES02) we have produced this pack to support Primary Care and Community Pharmacy with the switch to greener inhalers. The purpose of this pack is support Primary Care and Community Pharmacy to deliver consistent messaging and support to patients about the greener inhaler switches.  To take actions in response to the recent Climate Change Conference (COP 27) it's essential for healthcare professionals to work together to fight against climate change and reduce carbon emissions by encouraging patients to switch to greener inhalers where clinically appropriate. | The resource pack includes a table with supporting information, videos, posters, letter and SMS templates that can be adapted to individual organisations.  The pack included short videos to refresh knowledge of asthma diagnosis for professionals on how to optimise disease control, low carbon inhaler prescribing, inhaler disposal and how to integrate all of these in an asthma review. |

**Primary Care and Community Pharmacy - Support Pack for high quality and low carbon (or Better and Greener) Inhaler Prescribing.**

Practices across the Vale of York are committed to the national drive to provide patients with high quality asthma care that's also good for the planet.

The goal of asthma care is to be symptom-free with no restriction on activities. Unfortunately, many people with asthma continue to experience symptoms such as wheeze, cough and chest tightness and have avoidable asthma attacks. Many people are over-reliant on their short-acting beta agonist (SABA) ‘reliever’ inhaler. These inhalers are important during symptoms, as they temporarily open airways, but they do not treat the underlying airway inflammation.

Inhaled corticosteroids (preventer inhalers) are the main treatment for asthma. Taken every day, as prescribed, they reduce the inflammation of the airway lining and therefore prevent symptoms and asthma attacks. If we can improve asthma control, by improving adherence to preventer inhalers, people will need fewer reliever inhalers. Reliever inhalers are responsible for more than 2/3rd of the inhaler carbon footprint so a reduction in SABA-overreliance is better for patients and planet.

The type of inhaler device prescribed is also important. Inhalers are a key treatment for respiratory conditions, with approximately 60 million dispensed in England every year. Inhaler emissions account for approximately 3% of the overall NHS carbon footprint and 13% of the emissions that NHS directly controls. The propellant gas used in metered dose inhalers is responsible for most of these emissions. Alternative inhaler devices with a significantly lower carbon footprint exist, such as dry powder inhalers.

So which inhaler devices is best? Checking inhaler technique is a really good place to start. Good inhaler technique ensures that medicine gets into airways.

DPIs require a quick and deep breath in, and MDIs require a slow and steady breath in and are usually best used with a spacer device. Most people with asthma can take a quick and deep breath in. Many patients tend to use a quick and deep breath in with their MDI and may be better suited to a DPI. DPIs don’t require spacers and come with dose counters which may help people keep track of their medication use. Many patients find DPIs easier and more convenient to use and therefore better for their disease control. People who are using an MDI effectively, may still want to be offered the choice of a greener inhaler that works well for them.

A small proportion of patients ***cannot*** take the quick and deep breath in that DPIs require and should remain on MDIs. This may include children under 12, the very elderly and those with severe asthma. For patients who need or prefer MDIs, we can still reduce the prescribing carbon footprint by optimising treatment, swapping to an equivalent MDI brand with a lower-carbon footprint and changing regimes so that fewer inhalers are needed.

York patients will be offered information about how to improve asthma control and whether a greener inhaler such as DPI is clinically appropriate and suitable.

**Key points:**

* It is key that General Practice and local community pharmacies are linked together to ensure the success of the project.
* General Practice leads should link with Local Community Pharmacy Leads to update on what switches are taking place. Local Community Pharmacy leads can then support pharmacy colleagues with messaging about the switches for patients to ensure consistent messaging is given across general practice and pharmacy.
* Early Identification of asthma patients who are overusing SABA inhalers and underusing ICS inhalers, allowing review of their asthma management will have an impact of improving health outcomes and reducing the carbon footprint by reducing the number of SABAs been prescribed.
* Reviews and inhaler switches should be undertaken face to face and only where clinically appropriate, with the exception of changing Ventolin MDI/ generic salbutamol MDI to Salamol MDI as this is maintaining the patient on the same device and medication.
* Most people with asthma can keep good control of their asthma with dry powder inhalers if they are shown how to use them. It’s important that they feel confident to know how to use them and to educate patients that some of the inhalers work differently.
* Community pharmacies should be made aware of the project, ensure they have enough supply of the lower carbon MDIs on the shelf and that they are not left with excess Ventolin MDIs that they no longer require.
* The New medicines service that is provided by community pharmacies can be utilised for patients where inhalers changes are made to allow a further follow up and assessment of inhaler technique by patients.
* Inhalers cannot be recycled or disposed of with household waste so patients should be encouraged to return them to community pharmacies so they can be incinerated with medical waste rather than go to landfill.

**Table: Resource pack with supporting information, videos, posters, letter and SMS templates:**

|  |  |
| --- | --- |
| Resources | Content |
| **How to reduce the carbon footprint of inhaler prescribing: a guide for healthcare professionals** | [**This guide**](https://s40639.pcdn.co/wp-content/uploads/Reducing-Carbon-Footprint-of-Inhaler-Prescribing-v3.3.2.pdf) sets outs key priorities and principles, such as optimising asthma care first and shared-decision making with patients to choose the most appropriate inhaler for them.  It has a frequently asked questions section and a very handy table of inhalers by carbon footprint category for use alongside your local formulary.  [Inhaler switch to reduce carbon footprint](https://www.stlawrencesurgery-worthing.nhs.uk/news/inhaler-switch) |
| Healthcare professional education | Watch these short [**videos**](https://www.greenerpractice.co.uk/high-quality-and-low-carbon-asthma-care/education/) to refresh your knowledge of asthma diagnosis, how to optimise disease control, low carbon inhaler prescribing, inhaler disposal and how to integrate all of these in an asthma review. Have a look at the [Greener Practice Asthma toolkit](http://www.greenerpractice.co.uk/asthma-toolkit/) for step-by-step guidance on quality improvement projects. The resources section contains SMS and letter templates as well as patient-facing information.  The [**PCRS**](https://www.pcrs-uk.org/resource/greener-healthcare-quality-improvement-toolkit) Greener Respiratory Healthcare Quality Improvement (QI) toolkit helps to understand and evaluate the environmental impact of clinical practice, identify ways to reduce this impact, set goals and priorities and evaluate progress.  For PCN pharmacy teams involved with this work, there is a CPPE e-learning package available: [Inhaler technique for health professionals: getting it right](https://www.cppe.ac.uk/programmes/l/inhalers-e-02) IT resources Ardens have produced searches for IIF targets on asthma care and templates. You can also get [**resources**](https://www.primarycareit.co.uk/respiratory-toolkit-supporting-resources/) for EMIS or SystmOne created by Primary Care IT, including searches, visibility alerts and an asthma review template. It takes two minutes to request. Remember to **check your ‘junk’ folder** for an email from [theteam@primarycareit.co.uk](mailto:theteam@primarycareit.co.uk) |
| **NICE Patient decision aid** | Feedback to NICE from stakeholders indicated that a [decision aid](https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573) would help people with asthma make informed decisions about their choice of inhaler in relation to its contribution to climate change.  This [decision aid](https://www.nice.org.uk/guidance/ng80/resources/inhalers-for-asthma-patient-decision-aid-pdf-6727144573) is consistent with the [NICE guideline on asthma](https://www.nice.org.uk/guidance/ng80) and the jointly produced [SIGN/BTS guideline on asthma](https://www.sign.ac.uk/our-guidelines/british-guideline-on-the-management-of-asthma/).  It was developed in line with the [NICE process guide for decision aids](https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making), with an oversight group that included clinical and patient experts. A wide range of stakeholders, including patient, professional and industry groups, were invited to comment on an earlier draft. |
| **Targeting highest carbon footprint preventer inhalers** | This Greener Practice project aims to reduce the use of the highest carbon footprint combination inhalers (Flutiform pMDI and Symbicort pMDI). It can be adapted to offer patients specific consultations or to integrate a discussion about device choice into routine reviews, depending on your practice staffing and resources. These should be prioritised first but then focus on other MDIs afterwards,  [The greener practice asthma toolkit a step be step approach. Process and resources](https://www.greenerpractice.co.uk/high-quality-and-low-carbon-asthma-care/projects/device-choice/3-targeting-highest-carbon-footprint-preventer-inhalers/)  This has useful letter templates and SMS templates that can be used to support the change. |
| **Ventolin Evohaler pMDI to Salamol pMDI or Airomir pMDI** | This Greener Practice project aims to reduce the carbon footprint of salbutamol pMDI inhalers by safely switching patients to the lowest carbon option.  [The greener practice asthma toolkit a step be step approach. Process and resources](https://www.greenerpractice.co.uk/high-quality-and-low-carbon-asthma-care/projects/device-choice/5-ventolin-evohaler-pmdi-to-salamol-pmdi-or-airomir-pmdi/)  This has useful letter templates and SMS templates that can be used to support the change. |
| **Inhaler carbon footprint** | [PrescQIPP](https://www.prescqipp.info/our-resources/bulletins/bulletin-295-inhaler-carbon-footprint/) have produced resources aimed at patients that explains the change which could be very useful to make sure the correct message is given out to patients. This will help to keep any queries down to a minimum.  [See Inhaler awareness campaign materials.](https://www.prescqipp.info/our-resources/bulletins/bulletin-295-inhaler-carbon-footprint/) This includes very useful videos aimed at patients to explain the change away from Ventolin MDI to salamol but also regards a move towards DPIs.  The leaflets can be modified locally to add organisation logos and local links to inhaler technique videos and / or inhaler technique leaflets:   * [Environmentally friendly inhaler choices 2.0.docx](https://www.prescqipp.info/media/6152/environmentally-friendly-inhaler-choices-20.docx) * [What should I do if I need to use my reliever inhaler often for my asthma 2.0.docx](https://www.prescqipp.info/media/6153/what-should-i-do-if-i-need-to-use-my-reliever-inhaler-often-for-my-asthma-20.docx) * [Your salbutamol inhaler is changing to a more environmentally friendly version Salamol 2.0.docx](https://www.prescqipp.info/media/6154/your-salbutamol-inhaler-is-changing-to-a-more-environmentally-friendly-version-salamol-20.docx)   [Inhaler carbon footprint comparison tool 2.1.pdf](https://www.prescqipp.info/media/6213/inhaler-carbon-footprint-comparison-tool-21.pdf) |
| **Patient videos to support inhaler technique** | Asthma + Lung UK have produced [videos showing how to use the different types of inhaler.](https://www.asthma.org.uk/advice/inhaler-videos/) |
| **Inhaler recycling and returning** | Inhalers cannot be recycled or disposed of with household waste so patients should be encouraged to return them to community pharmacies so they can be incinerated with medical waste rather than go to landfill.  **Inhaler disposal -SMS template**  Did you know your inhaler should be disposed of safely by your pharmacy, not put in the bin at home?  Return your inhaler to the pharmacy – this protects the environment. [**https://bit.ly/3fTzc5n**](https://bit.ly/3fTzc5n) |