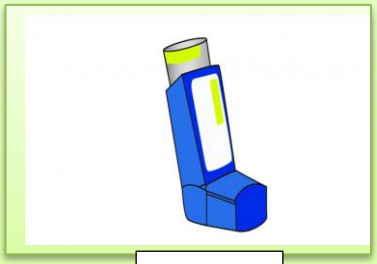
NHS
Rotherham
Clinical Commissioning Group

Rotherham CCG Low Carbon Guidance

- **Pressurised Metered Dose Inhalers (pMDIs) contain HFAs as propellants which are powerful greenhouse gases**
- **Inhalers contribute to 4% of the NHS carbon footprint - pMDIs account for most of this**
- **The NHS Long Term Plan highlights that dry powder inhalers (DPIs) should be considered where clinically appropriate.**



pMDI

DPI

- Children under 12 years should continue to use pMDI plus spacer first line. For children 12-15 years continue with pMDI plus spacer if there is a clinical need based on ability to use different devices.
- Patient choice continues to be important.
- Any inhaler device switches must be done with the agreement of the patient with compliance and technique being checked.
- Use the NICE Patient Decision Aid – Inhalers for Asthma to assist with decision making.
- Greener respiratory healthcare should be patient centred, involving the patient in decision making about their overall care as well as inhaler choice.

Over reliance on SABAs (short acting beta agonists) should be addressed as a priority

https://openprescribing.net/measure/saba/ccg/03L/

We do not advocate “blanket switching” of inhalers for the purpose reducing carbon footprint. All inhalers device switches should be done with the agreement of the patient.

Addressing Excessive Use of Short- acting Beta agonists in Asthma

The aim is to reduce prescribing of SABAs as some patients are over- reliant on their SABA MDI inhaler. There is evidence that over-use of SABA inhalers is associated with higher risk of future exacerbation, increased levels of airway inflammation, hospital admission and death.

Rather than simply switching an asthma patient's SABA inhaler to a low carbon alternative, it is more important to address the issue of over reliance on SABA.

Suggested Actions

Identify patients with asthma prescribed high numbers of short-acting reliever inhalers who should have an urgent asthma review

- Invite all patients identified into the practice for an urgent asthma review (either face-to-face or) via telephone
- All patients should have a personalised Asthma plan
- Sytm1 and EMIS web should have alerts set up for asthma reviews
- Ensure that the number of SABA inhalers that each patient has ordered over the past 12 months is noted when carrying out annual asthma reviews and if ordering is high then this is discussed with patient during medication review.
- Consider reducing the frequency of ordering of each SABA inhaler on repeat

See Rotherham CCG Asthma Guidelines for appropriate maintenance therapy

For further support to address SABA over reliance please see the PCRS Asthma Right Care Webinar Series

Prescribing Tips

There may be patients who simply can't use a DPI due to inhalation or dexterity issues. In all instances pMDI still remains an option where clinically appropriate for the patient.

-Ensure inhaler technique is optimised

-BAIs (Breath actuated Inhalers) contain a similar amount of propellant as pMDIs

- OpenPrescribing has produced a graph to show MDIs prescribed as a proportion of all inhalers in BNF Chapter 3, excluding salbutamol.

Important Note

ICS/LABA pMDIs which do not have a licence for the management of COPD

Seretide® Evohaler® 50/125/250
Sirdupla® pMDI 125/250
AirFluSal® pMDI 125/250
Sereflo® pMDI 125/250
Aloflute® pMDI 125/250
Combisal® pMDI 125/250