

Prescribing and Medicines Optimisation Guidance

Issue:115

Date: 9 May 2025

Special Edition – Respiratory Prescribing

This special edition is packed with useful resources to help respiratory optimisation plans in your practice

Medicines Optimisation Priorities for Asthma and Chronic Obstructive Pulmonary Disease (COPD)

COPD

Ensure patients are on dual or triple inhaled therapy as these help to reduce exacerbation rates and hospital admissions compared to monotherapy. Focus on the uptake of high value non-pharmacological therapies such as pulmonary rehabilitation, smoking cessation and scheduled vaccinations at every review.

ASTHMA

Focus on ensuring no patient with asthma is on short-acting beta agonist (SABA) monotherapy and the implementation of first line anti-inflammatory reliever (AIR) or maintenance and reliever therapy (MART) regimens. This will help minimise harmful overuse of SABAs (> 2 per year), poor adherence to inhaled corticosteroids and poorer outcomes.

Find the Hampshire and Isle of Wight Asthma and COPD guidelines, and recorded masterclasses supporting the implementation of these guidelines here: [Respiratory - Medicines Optimisation :: NHS Hampshire and Isle of Wight](#)

Training and resources for Healthcare Professionals

You will find a wealth of resources on the Hampshire and Isle of Wight Respiratory Hub here: [Respiratory Information Hub for healthcare professionals :: NHS Hampshire and Isle of Wight](#)

There are also several national resources you may find helpful to improve your confidence and competence in the care of patients with respiratory disease:

COPD

- [Managing Chronic Breathlessness](#)
- [Pulmonary rehabilitation](#)

Asthma

- [PCRS guide](#)
- [Asthma-Visual-Guide-V1.5.2.pdf](#)

Inhaler optimisation

- [Inhaler technique A3 Poster \(NHS multiple Trusts\).pdf](#)
- Approach to asthma review video: [video](#)
- [Right Breathe website](#)
- [Healthcare professionals | Asthma + Lung UK](#)

Understand how community pharmacies can help

Community pharmacists are key in helping patients use inhalers correctly and providing ongoing support. Primary care services can facilitate pharmacy referrals to flu immunisation, the New Medicine Service, or locally commissioned Smoking Cessation services (not all pharmacies offer this service). In turn, pharmacy professionals will refer to the practice, as part of their Pharmacy Quality Scheme 2025/26, children aged 5 to 15 that are prescribed a pressurised inhaler, do not have a spacer, or are using 3 or more short-acting bronchodilators in 6 months.

[How pharmacies can help with your lung condition | Asthma + Lung UK](#)

Patients to Prioritise for Asthma & COPD Reviews

The following are some ideas about how to prioritise patients for annual reviews who may be at higher risk:

COPD Patients:

- MRC score (Modified Medical Research Council dyspnoea scale) ≥ 3 and have not completed pulmonary rehabilitation
- ≥ 2 exacerbations in the last 12m and not prescribed triple therapy
- Current smokers
- At the beginning of the QOF year, prioritise patients who have exacerbated in the previous winter months

Asthma Patients:

- Prescribed SABA monotherapy
- SABA use that suggests poorly controlled asthma (>2 SABA inhalers per year)
- A recent exacerbation ($<12m$) requiring treatment with prednisolone tablets
- Asthma Control Test (ACT) score < 20

Where to find searches on SystmOne/EMIS Web (Optum):

- SystmOne: Ardens Reports > Conditions: Respiratory
- EMIS Web: Population Reporting module > Ardens Searches > 4.13 Conditions – Respiratory

Find out more about local specialists in respiratory prescribing:

Spotlight on Laura Coyle:

As a respiratory specialist pharmacist for HIOW ICB, I spend most of my time delivering targeted respiratory reviews to patients with asthma and COPD in local GP surgeries.

I love the flexibility of working across multiple practices as it provides me with the opportunity to observe and share best practice, promoting high-quality care throughout the region.

It has been exciting seeing more of the pharmacy team, particularly pharmacy technicians, being involved in respiratory care. I look forward to continuing to support the education and development of the pharmacy workforce and inspiring more to join the respiratory specialism.

Spotlight on Maria Eurton:

Maria is one of only six Asthma + Lung UK (A+LUK) Respiratory Champions in England. The A+LUK respiratory champions project allows more time and resources to enhance respiratory care, and work in a broader way to improve outcomes within Hampshire & Isle of Wight's (HIOW) Integrated Care System (ICS). Maria's main project involves implementing a new primary care annual review pathway to provide more timely reviews for "at risk" respiratory patients. This includes the use of risk stratification tools & searches and post exacerbation reviews.

You can download risk stratification searches and post exacerbation templates for use in SystmOne & EMIS Web/Optum on the HIOW ICB Respiratory Information Hub website: [Respiratory Information Hub for healthcare professionals :: NHS Hampshire and Isle of Wight](#)

Find out more about the A+LUK respiratory champions project here: [Respiratory champions | Asthma + Lung UK](#)

Prescribing 'Top Tips'

COPD Rescue Packs

*"At home to keep, but **not on repeat**"*

- "Rescue packs" aim to provide timely access to medical management of COPD exacerbations but are **not an alternative to a clinical consultation**.
- Rescue packs are **not suitable for all COPD patients**. Guides on appropriate prescribing of rescue packs which can be found at [The Appropriate Use of Rescue Packs | Primary Care Respiratory Society](#), and/or [\(COPD\) Rescue Packs Protocol for Health Care Professionals - by Frimley](#)
- **It is poor practice for rescue packs to be on repeat prescription**. COPD exacerbations are significant events and **should trigger a post exacerbation review** with a respiratory trained healthcare professional to optimise COPD management.
- Patients must inform the GP practice every time they have used a rescue pack.
- Consider a sputum sample and/or chest x-ray if the patient has had 2 or more COPD exacerbations requiring treatment in the preceding 12 months.
- Consider referral to secondary care if the patient has more than 2 exacerbations per year despite smoking cessation, triple therapy and pulmonary rehabilitation referral.

SABA Prescribing in Asthma

- Inhaled corticosteroids (ICS) should be offered to prevent symptoms in people diagnosed with asthma of all ages.
- Bronchodilator therapy should not be prescribed without a concomitant prescription of ICS.

Environmental Sustainability

- Prescribe lower carbon inhaler devices adapted to the patients' inhaler technique e.g. dry powder inhalers first line, and when powder inhalers are not appropriate: propelled inhalers with lower carbon footprint
- Remind people to bring, for safe disposal, use or unused inhalers to their community pharmacy, rather than in the household waste
- Sustainability (inhaler recycling and rational orders) comms **available [HERE](#)** (requires PrescQIPP access)



Help reduce global warming by returning used or unwanted aerosol inhalers to your pharmacy for environmentally safe disposal

NHS



You don't have to order your inhalers every month if you already have enough stock

Practice and patient resources

- [Good Asthma control](#)
- [Managing lung conditions whilst helping the environment](#)
- [What is MART?](#)
- [Resources – Greener Practice](#)
- Letters designed to support guideline-led prescribing and the management of flare-ups are available here: [Respiratory - Medicines Optimisation :: NHS Hampshire and Isle of Wight](#)
- [Your asthma action plan | Asthma + Lung UK](#)

Prepared by Rachel Howard, Laura Coyle, Emma Shergold, Maria Eurton (Asthma & Lung UK Champion) and Maria Medina

**Dr Emma Harris
NHS Hampshire and Isle of Wight ICB Medicines Optimisation Team**

Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [LINK](#)