

GREEN INHALERS – PHASE 2

GMS Quality Improvement project 2023/24



Name of Practice: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Name of Cluster: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

PLAN: Understanding the problem

In March 2023, only 20% of inhalers prescribed by the practice were DPIs/SMIs against an 80% target.

PLAN: Involving others

The project was achieved by involving various people within the practice (Project Lead, clinicians, asthma nurse, dispensary team and patients) and the collaborative group. A collaborative meeting was held on Jan 18th, 2024, to review the progress of the project.

PLAN: Aim: What are we trying to accomplish?

By the end of December 2023, we aim: (1) to increase by 100% the percentage of low Global Warming Potential (GWP) salbutamol inhalers (2) to reduce the practice's carbon footprint due to inhalers per 1000 patients by 5% (3) to increase the number of DPI and SMI (low GWP) inhalers by 10%

PLAN: Measures: How will we know a change is an improvement?

SPIRA data will be used to measure % of DPI/SMI prescribing and CO2 footprint.

DO: What changes did we make could result in an improvement?

We decided as a practice to use lower GWP inhalers first line when appropriate.

We developed a low GWP inhaler formulary which was given to the clinicians to consider when prescribing to patients for the first time or switching from a non-green inhaler.

A search was run to find high risk patients with high reliever inhaler usage and were reviewed by the asthma nurse. Those patients had their reviews prioritised.

Patients prescribed a reliever without a preventor were reviewed and a 'Green' preventor was prescribed if appropriate.

Patients prescribed a reliever on repeat without a diagnose of asthma or COPD were reviewed.

During asthma reviews patients were switched to a low GWP alternative inhalers if appropriate. Those that could not use the alternative were coded to say it was not appropriate so that patient is not recalled.

We have set up quarterly reviews between the lead clinician, asthma nurse and head of dispensing to discuss progress. This will continue during 2024 to help achieve our target for 2025.

We have advertised the importance of choosing "Green Inhalers" on our inhouse information TV and online on our Facebook page.

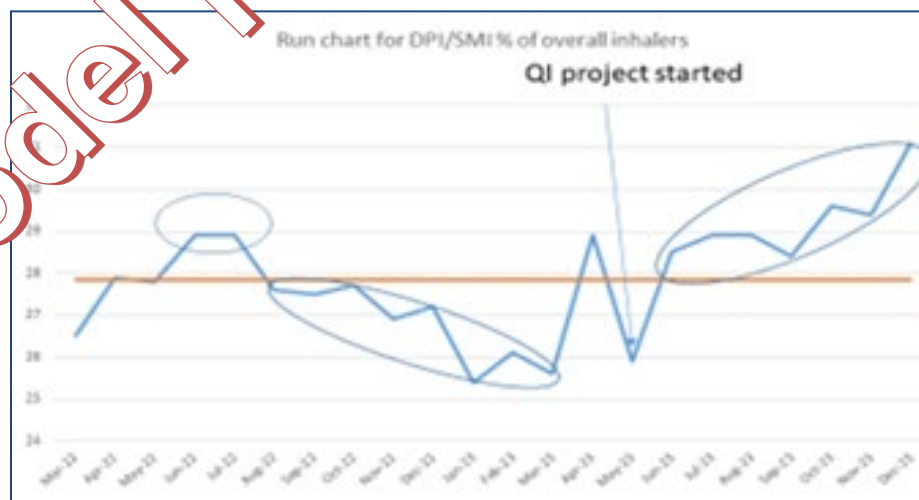
STUDY: What did the measure(s) show, and what have you learned

Table 1 - % change in indicators between March 2023 & December 2023

	Mar 2023	Dec 2023	Progress
DPI and SMI items as a percentage of total items	20%	32%	12%
Carbon Footprint per 1000 patients (CO ₂ KG)	1712	1558	- 9.02%

- The number of DPI and SMI inhalers (low GWP) has increased by 11.71% over a 10-month period. (Table 1 and Figure 1)
- Carbon Footprint per 1000 patients (CO₂Kg) was reduced by 9.02% over a 10-month period. (Table 1 and Figure 1)
- The number of patients at risk also reduced from 98 in April 2023 to 42 in March 2024.

Figure 1 – trend in DPI/SMI use March 2022 – December 2023



ACT: Reflection and the next steps

What we learned

- The importance of getting engagement from the whole practice team when trying to implement change. It can be difficult to get practice staff to all attend a training event due to staff availability. Consider other ways of disseminating information e.g. emailing presentations/ recording event.
- Using a mass communication approach to inform patients is an efficient way of providing education however it did not lead to a large change in the %DPI/SMI data although it is noted that this will take time to change.
- Patients are responsive to change when they are provided with information in a way that they can understand and are provided the rationale for change. It is important to fully involve patients in decision making about their care.

Next steps

There is still a way to go to meet the WG target of 80% DPI/SMIs of overall inhalers by 2025 and to reduce patients being prescribed SABA inhalers however we have made a positive start and aim to continue in this direction by undertaking face to face reviews with patients and optimising their treatment in line with the All Wales COPD and asthma guidelines.

Practice contact: QI Project lead or named person
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