

A decorative graphic on the left side of the slide consisting of a series of colored circles. From top to bottom, the circles are: a large teal circle, a medium teal circle, a large light blue circle, a large blue circle, a medium green circle, a large green circle, a medium yellow-green circle, a large yellow circle, and a small yellow circle. The circles are arranged in a slightly curved, ascending path from left to right.

Respiratory Prescribing

A commissioning overview

Tower Hamlets
Medicines Management Team



Why are we looking at this?

- Long Term Conditions - a priority
- 50% medications for LTC are not taken as intended
- 10% of all medicines are wasted

.....Now for respiratory medicines....

In England 2011:

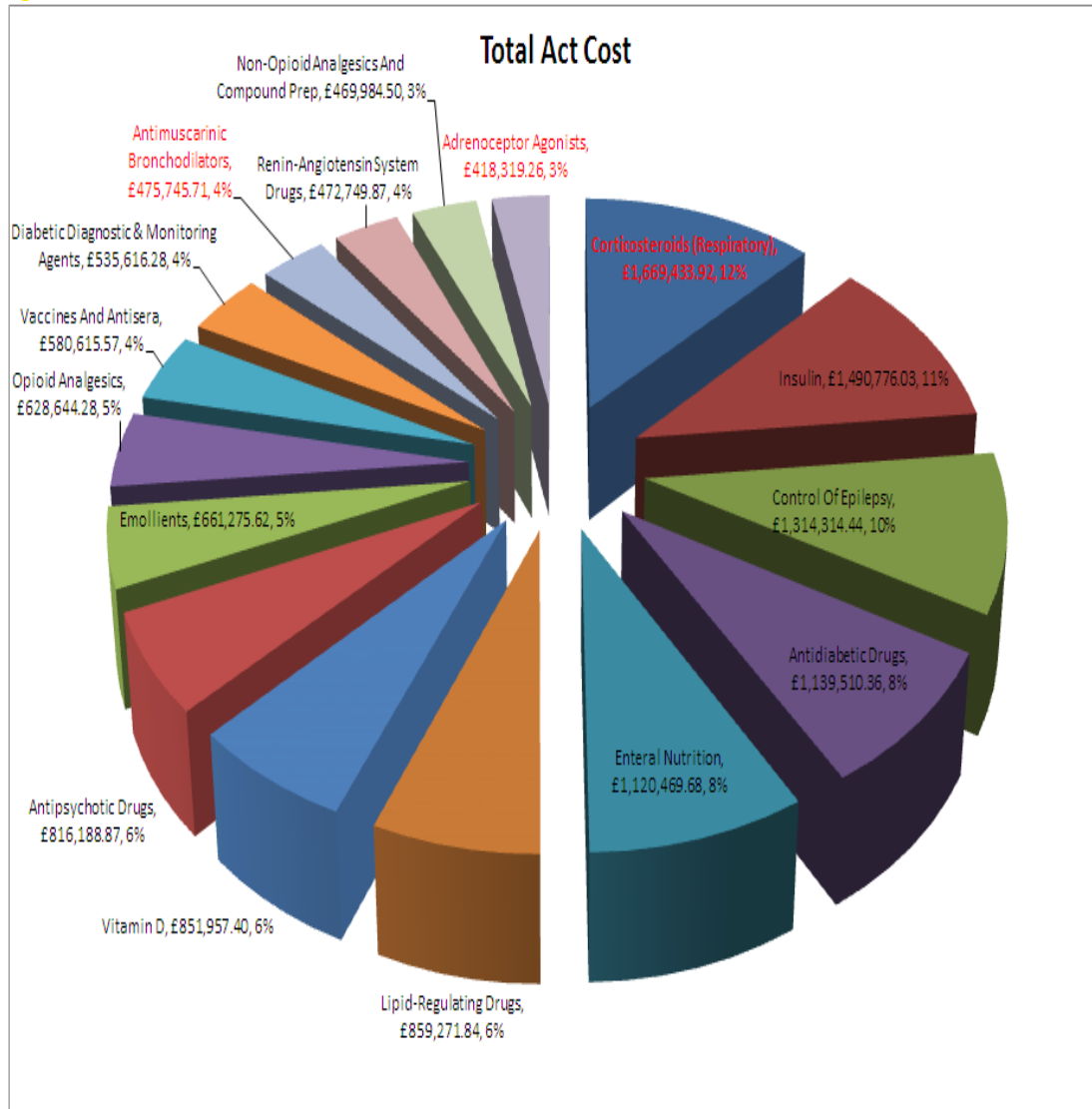
- > 45million scripts for inhalers dispensed
- Highest total expenditure of > £800 million:
 - fluticasone, budesonide, tiotropium and beclometasone

That's just the cost of the medicines!

- Known harms from high dose ICS
- Now reflect on the statement above....

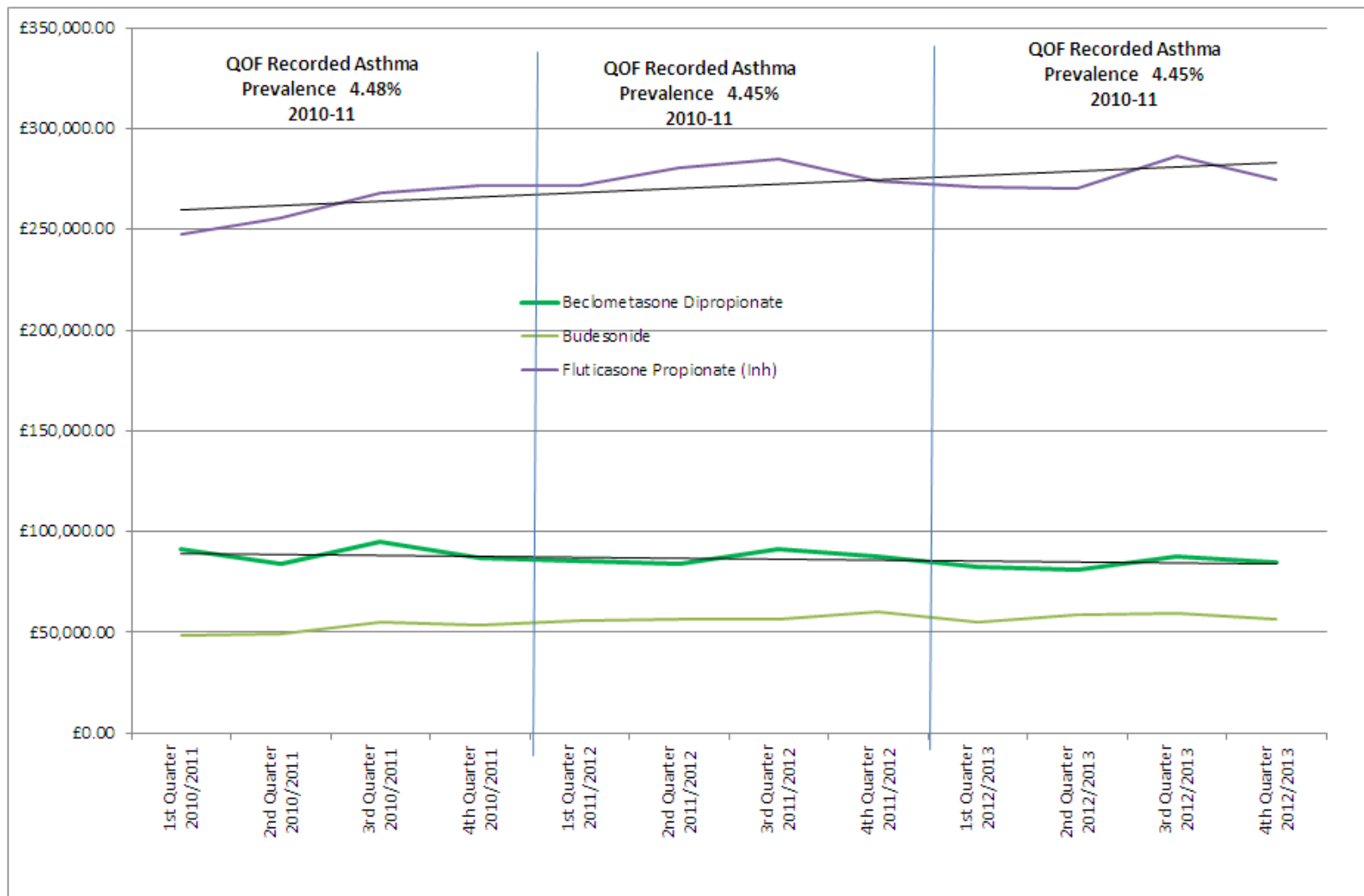


TH Prescribing Expenditure April-November 13-14



- Cost of Inhalers for all indications is £2.6M
- 9% of the total prescribing budget
- Annual TH spending for fluticasone alone = £1.12M
- If 1/3 is wasted, that equates to £336,000

Change in Prescribing Spend Versus Prevalence





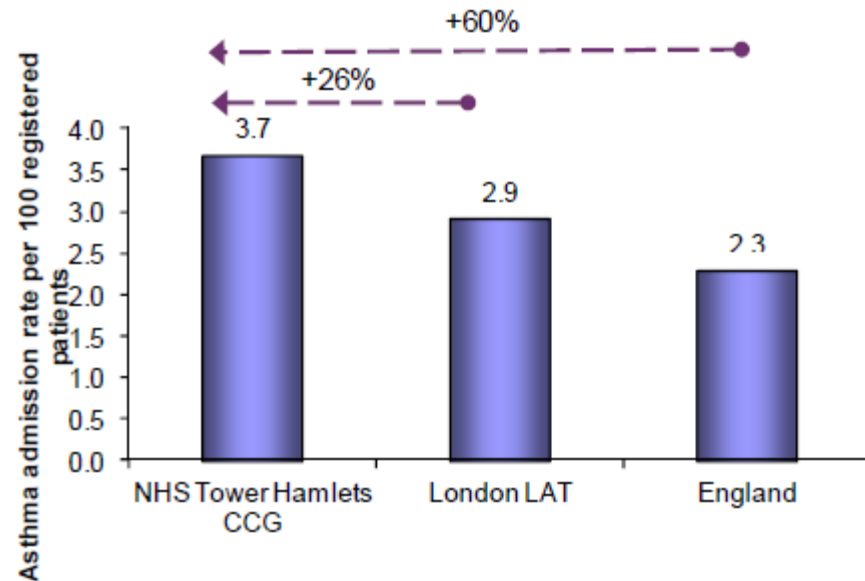
Management of Asthma 2012/13

Asthma Admission Rate

In 2012/13, the admission rate for asthma in NHS Tower Hamlets CCG was 3.7 per 100 QOF registered asthma patients.

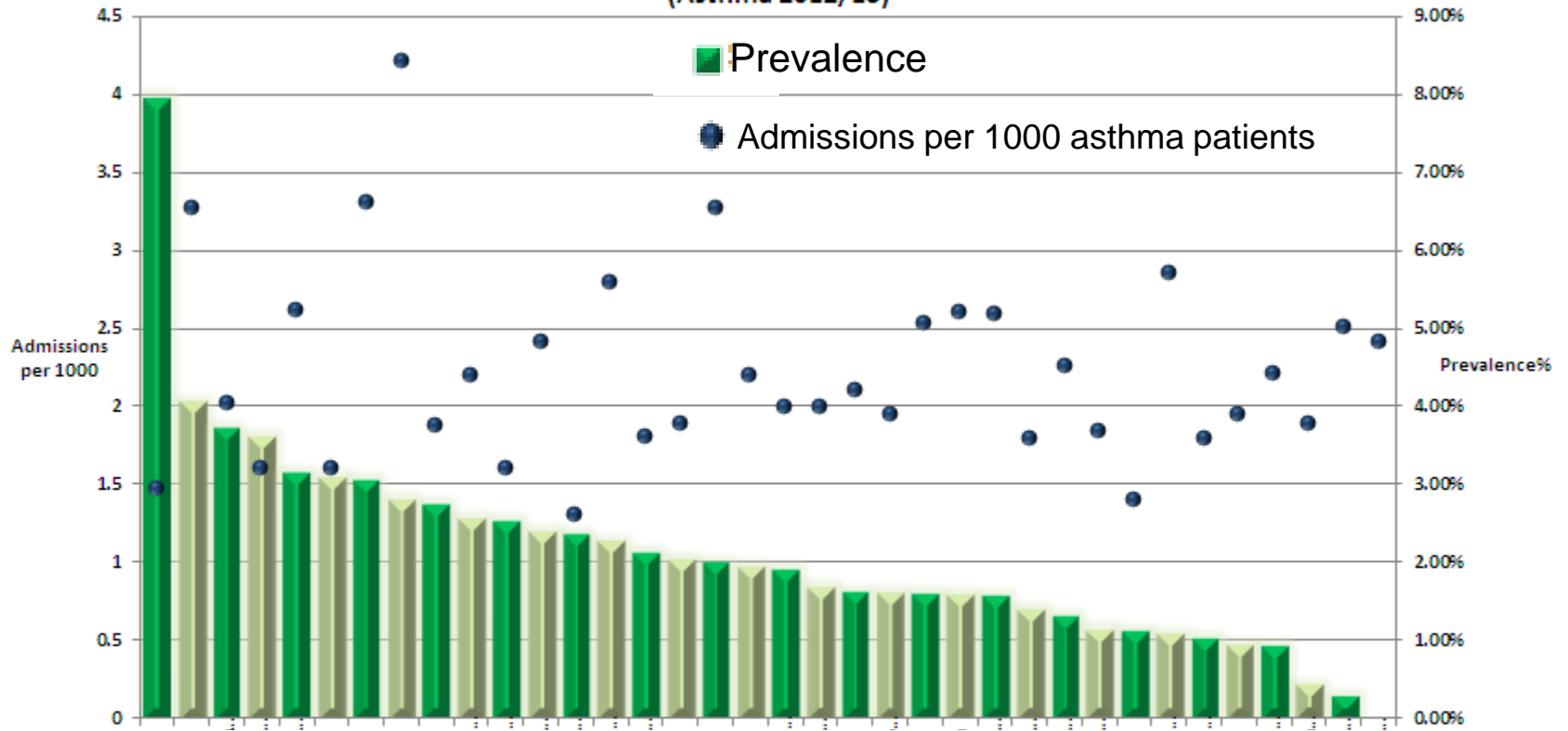
- This was 26% higher than the London LAT admission rate and 60% higher than the national admission rate.

Asthma Admissions per 100 QOF Registered Asthma Patients



Hospital admissions and QOF data provided by The Information Centre for Health and Social Care

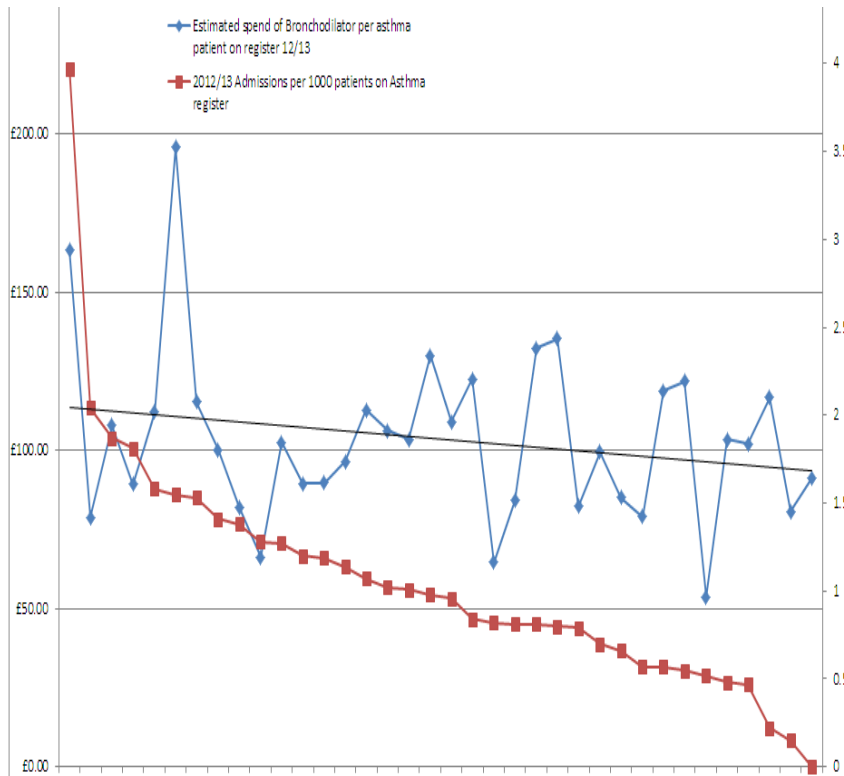
Annual Practice Admission Rates per 1000/Prevalence by Practice Population (Asthma 2012/13)



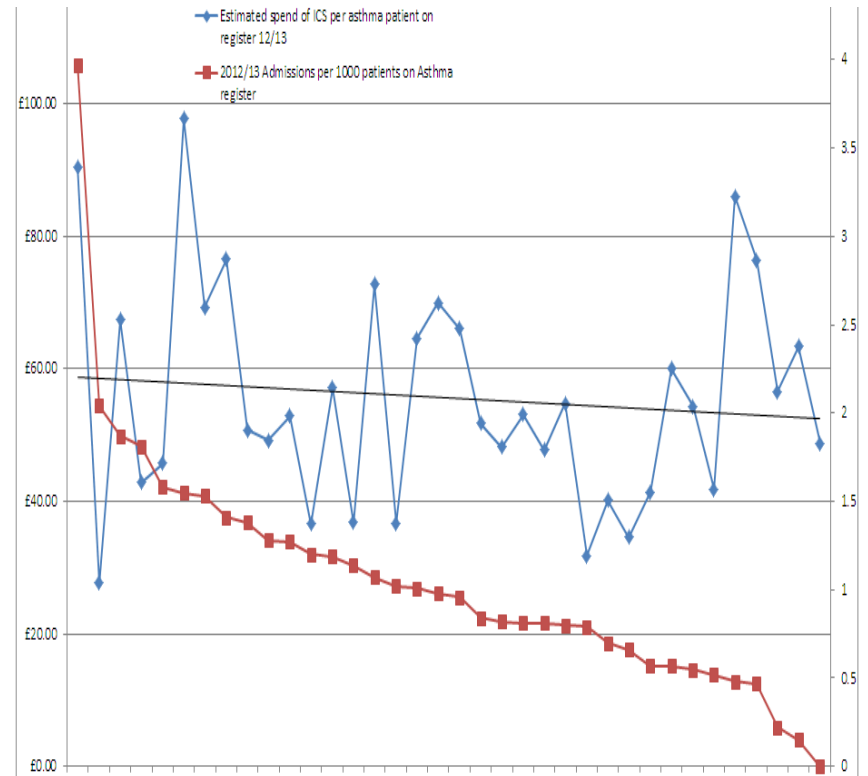


Admissions and prescribing of..

Bronchodilators



Inhaled Corticosteroids





Inhaler Use

- With the correct technique, only 1/3 of the drug reaches the lungs,
 - What happens if inhaler is used incorrectly?
- NICE :
 - recognises inhaler technique is often neglected
 - recommends it should be regularly reassessed and re-taught
- Where more than 1 type of inhaler is used
 - increased errors in the use of inhalers when different types used
- NB: The **least cost effective** inhaler device is **the one that patients cannot use.**



BTS recommends the “THREE CHECKS”

- **Before** initiating or adjusting a new therapy, practitioners should always re-check:
 - 1. Adherence with existing therapy
 - 2. Inhaler technique
 - 3. Eliminate trigger factors

BTS recommends:

1. Prescribe inhalers only after patients have received training in the use of the device by a competent healthcare professional and have demonstrated satisfactory technique
2. Reassess technique as part of the clinical review



Do you recognise this patient?

- ♀ 36 teaching assistant
- Long standing history asthma
- Many years on beclometasone & spacer
- Several GP appointments
- Significant impact on life over last few winters
- Inhaler changed to combination last year to formoterol/budesonide
- Issues:
 - Poor prescription requests:
 - **Orders in spurts**
 - **Total inhalers/year = 10 combos & 15 SABAs**
 - Attends only when asthma control declines