Dealing with push-back on greener and better inhaler prescribing

Source	Pushback	Comment
Patient	Patient feels DPI doesn't work	• Check what they mean. Sometimes the 'feel' is due to 'buzz' of side effects due to swallowed SABA rather than improved chest symptoms. • 'Feeling it' in their throat means more likely to get side effects and more likely to be ineffective. • Shouldn't feel anything other than chest symptoms improved • Have a conversation with the patient about which symptom is driving them to pick up their blue inhaler (not all breathlessness is asthma, consider factors such as smoking or obesity) • Check inhaler technique!
	DPI gives 'powder in mouth' or 'makes me cough'	• Likely inspiratory flow not sufficient and or poor DPI technique. Need to train person to take 'deep forceful' inhalation. Not 'slow and steady' as is case for MDIs. Most people can use a DPI effectively once shown. • Check inhaler technique! • If the inhaler technique is good and still coughing – check throat symptoms – may be laryngeal sensitivity
	Worry about alcohol in Salamol	• It is a very small amount, bit like alcohol content of some fruit • If worried about this move to a DPI – even better!
	Already switched to Salamol – don't want to change again to DPI	• Be careful if doing switch of generic salbutamol and Ventolin to Salamol that get the wording right… this is only a first step until annual review where gold standard of DPI move can be discussed
	Manufacturers will make a lower carbon footprint MDI in due course	• Manufacturers are working on this, but likely to be another 5-10 years before on the market, and it will never be as low as DPI • DPIs have other advantages over MDIs, not just carbon footprint reduction e.g. have counters, spacer device not needed, generally easier to use once training provided
	Patient doesn't want to consider changing	• Studies say patients believe they should be told about environmental impact and like to know, so feel bold about raising it. However study also said the most important thing for them was if it works. • Worth focusing on benefits for them: 1. No spacer required 2. Automatic co-ordination with breath 3. Counter helps to know when empty 4. More 'modern' 5. Better for planet 6. Some DPIs can be OD regime. 7. Some DPI devices (Nexthaler) will event give the patient feedback on whether they have taken it correctly so they know they have received the dose.

4th Floor, Piccadilly Place, Manchester M1 3BN
Tel: 0161 6257791 **www.**gmintegratedcare.org.uk

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		• Consider using in-Check device to demonstrate their suitability to them. • Many are on a DPI for ICS explain how one kind of device is much better for good inhaler technique • Some people remember the older less handy DPI devices of the past. Explaining that newer devices are much improved. • Demonstrating and trialing a device can reassure patients. • Consider MART
	Not ready to change to DPI	• Refer them to the asthma UK videos so they can have a look at the different devices and how to use them. • Rationalise MDI strength to minimise number of puffs. • Emphasise use of spacer, ensure all used inhalers returned to pharmacy for proper disposal. • Try again next time they are seen – like smoking cessation…. They may change in the future.
Staff	Take too much time for staff	• See it as a quality of care issue - over reliance on SABA is key asthma risk factor for admission and death – important group who use most inhalers! • Starting with SABA overusers will improve asthma care and have big impact on carbon impact. • Easier switches are likely to be those who are on mixed DPI and MDI – tackle them after SABA overusers. Best care is to get them onto the same device type. • Pre-inform patients through SMS or invite letters so they are aware this will be discussed at annual review • Use asthma UK training videos to reinforce education • Use your local dispensing pharmacy through new medicines scheme, and PCN area specialist respiratory pharmacist service • Use a whole team approach to avoid mixed messages. Make sure DPI is new default!
	Not a priority	• Asthma and COPD care in GM has significant 'room for improvement.' • If you think the climate crisis is not a priority, you need to read some climate science! We are way behind the curve on dropping emissions to provide a livable future. Carbon footprint reduction is all our business.
	Not everyone on board	• Champions needed! … with authority to push! • Have an educational session? • Put dummy devices in every room? At eye level! • Regularly review of data • Celebrate progress

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