Suffolk Primary Care

Clinical Safety Team and CAS Alert Team - Dr P Driscoll. Helen Flatt. Judy Layton, Maddie Sibley

CHANGING ASTHMA MANAGEMENT

The Revolution will not be televised

Reason

For some years there have been concerns about the association of high use of SABA (short-acting beta-agonists), "blue inhalers" and poor outcomes including death.

> **Drug Safety Update – April 2025**
>
> Short-acting beta 2 agonists (SABA) (salbutamol and terbutaline): reminder of the risks from overuse in asthma and to be aware of changes in the SABA prescribing guidelines
>
> Summary Healthcare professionals and patients are reminded of the risk of severe asthma attacks and increased mortality associated with overuse of SABA with or without anti-inflammatory maintenance therapy in patients with asthma. Healthcare professionals should be aware of the change in guidance that no longer recommends prescribing SABA without an inhaled corticosteroid.
>
> See appendix for full update

This has particularly been the case when used without anti-inflammation steroids (corticosteroid) inhalers.

Britian is an outlier in its continued use of SABA inhalers, compared to European countries and has worse mortality data.

Audit: Asthma Prescribing Safety Program

Date: 25/06/2026

Audited by: Clinical Safety Team and CAS Alert Team - Dr P Driscoll. Helen Flatt. Judy Layton, Maddie Sibley

REASON:

- Reduction in use of SABA inhalers as an indicator or a move to AIR/MART regimes

PROCESS:

- Clinician education – implementation of new guidance
- Explanation and highlighting metrics
- Proactive identifying of higher users
- Direct patient communication starting with most frequent uses
- Text messages sent to all >3 inhalers
- Discussion at annual review

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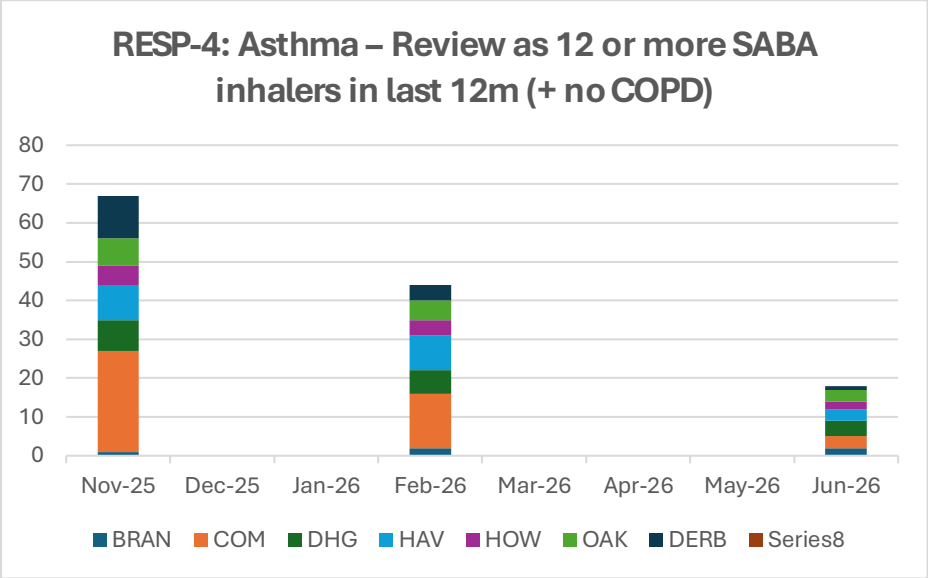
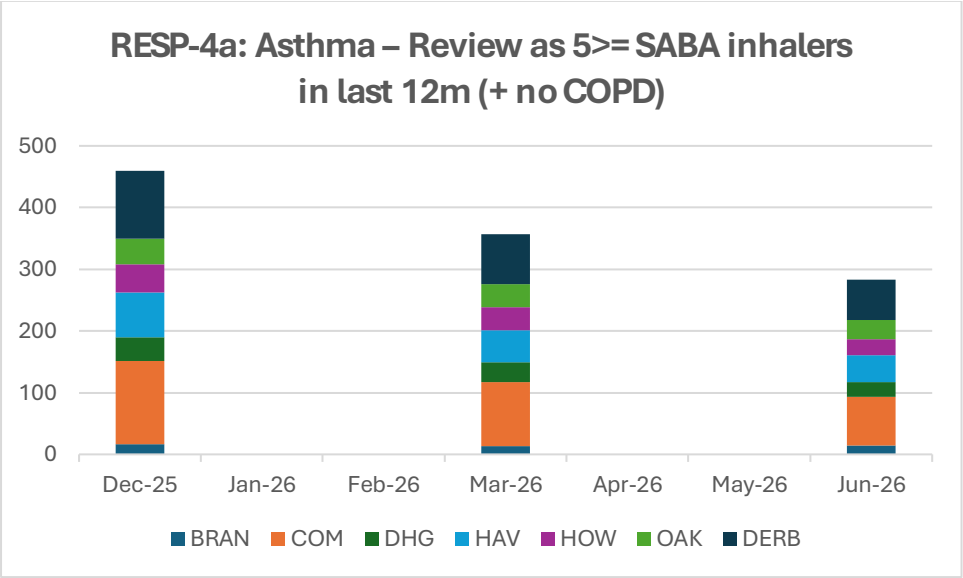
RESULTS:



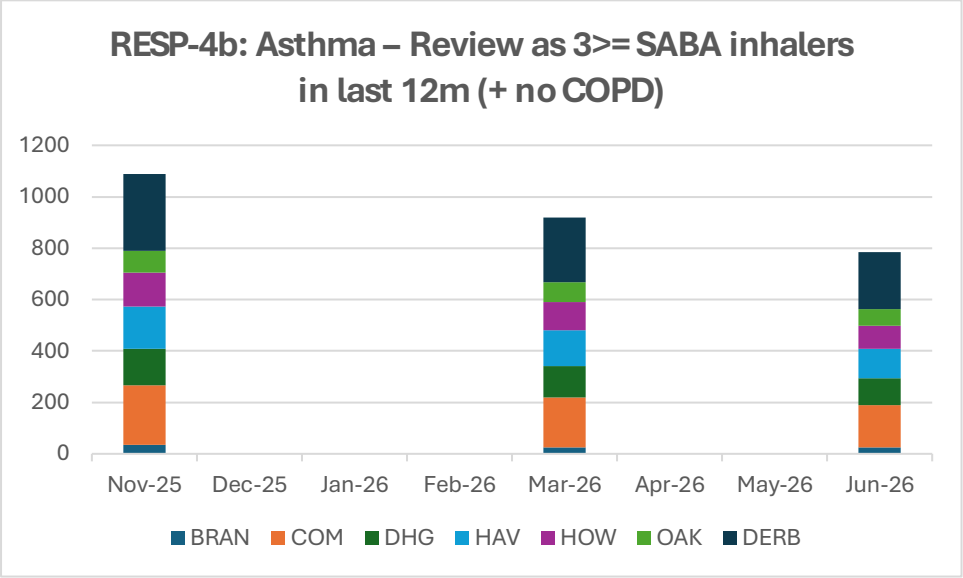
RESP-4: Asthma – Review as 12 or more SABA inhalers in last 12m (+ no COPD)

Date	BRAN	COM	DHG	HAV	HOW	OAK	DERB	Total
Nov-25	1	26	8	9	5	7	11	**67**
Feb-26	2	14	6	9	4	5	4	**44**
Jun-26	2	3	4	3	2	3	1	**18**



RESP-4a: Asthma – Review as 5>= SABA inhalers in last 12m (+ no COPD)

Date	BRAN	COM	DHG	HAV	HOW	OAK	DERB	Total
Dec-25	17	134	39	72	46	42	110	**460**
Mar-26	13	104	32	52	38	37	81	**357**
Jun-26	14	79	24	44	26	31	65	**283**



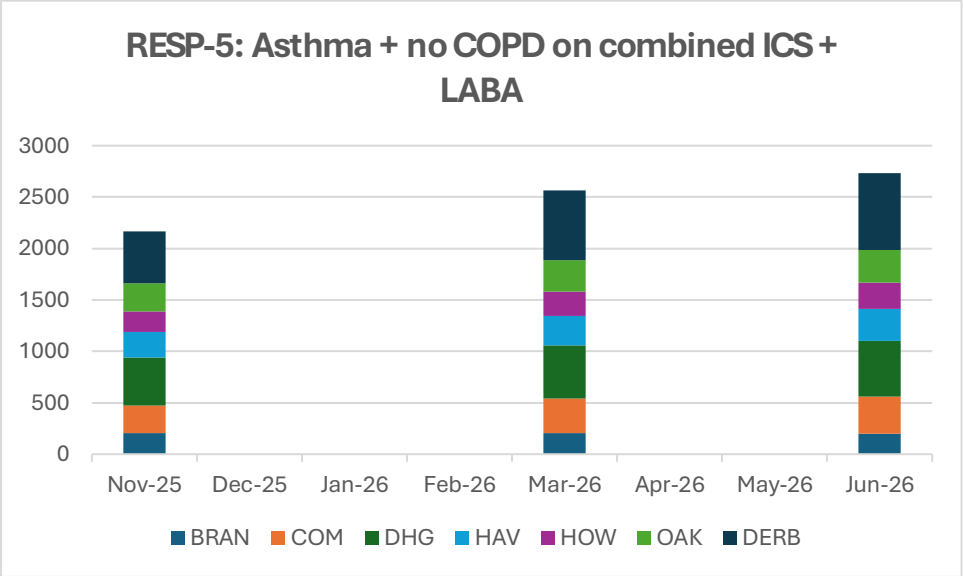
RESP-4b: Asthma – Review as 3>= SABA inhalers in last 12m (+ no COPD)

Date	BRAN	COM	DHG	HAV	HOW	OAK	DERB	Total
Nov-25	34	232	143	163	132	85	299	**1088**
Mar-26	25	194	122	140	110	77	251	**919**
Jun-26	25	165	103	116	90	64	221	**784**

- Significant decrease – more marked in patients overusing inhalers.
- New guidance >3 inhalers = overuse.
-

Asthma – Implementing new guidance NICE/SIGN/BTS – Nov 2024

- Increased use of combined corticosteroid/LABA



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RESP-5: Asthma + no COPD on combined ICS + LABA

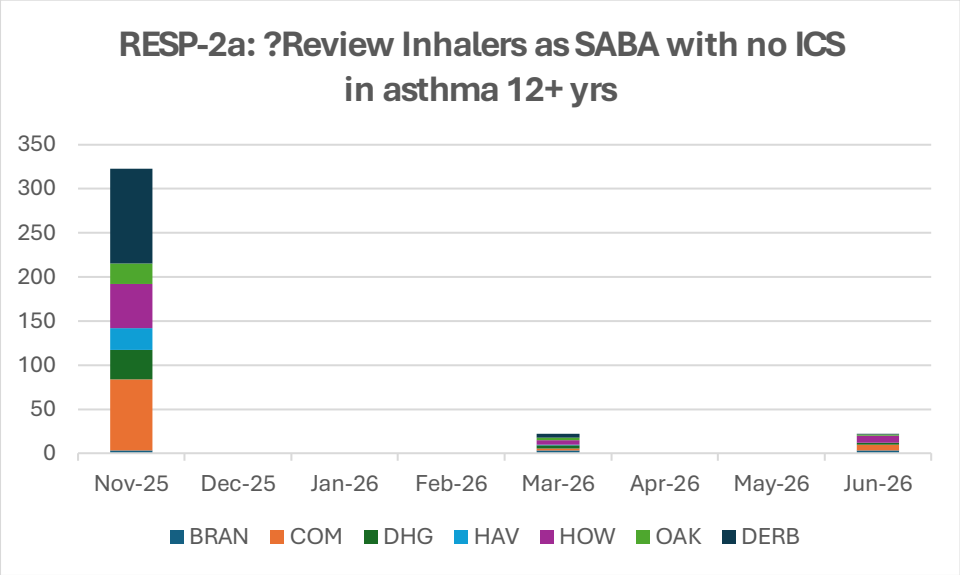
Date	BRAN	COM	DHG	HAV	HOW	OAK	DERB	Total
Nov-25	205	266	468	253	196	274	506	**2168**
Mar-26	207	332	519	288	235	305	679	**2862**
Jun-26	200	363	540	312	253	319	749	**2736**

n.b. Proxor not included

- Steady increase over all sites.

SABA no ICS Charts

- Clear evidence of overall decrease



RESP-2a: ?Review Inhalers as SABA with no ICS in asthma 12+ yrs

Date	BRAN	COM	DHG	HAV	HOW	OAK	DERB	Total
Nov-25	3	81	33	25	50	23	108	**323**
Mar-26	3	2	4	1	5	3	4	**22**
Jun-26	3	7	2	0	8	1	1	**22**

n.b. Some new patients added

- Massive reduction in unsupported SABA use
- SABA overuse – biggest reduction in highest risk users across all sites.
- Steady increase of recommended treatment (note practices starting at different baselines)
- New patients to surgery
- Trial of treatment and medication added

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SUMMARY:

Metric	BRAN	COM	DHG	HAV	HOW	OAK	DERB	Total	
RESP-2	50%	91%	94%	100%	84%	96%	96%	↓93%	↓
RESP-4	↓50%	↓89%	↓50%	↓66%	↓60%	↓58%	↓91%	73%	↓
RESP-4a	28%	42%	38.5%	38.50%	39%	26%	41.6%	38%	↓
RESP-4b	↓26%	26.4%	29%	14.6%	14.1%	24.7%	25.4%	15.5%	↓
RESP-5	↑25%	40%	15.30%	23%	29%	16.4%	48%	26%	↑

DISCUSSION:

- Clear Improvements on metrics and evidence of data driving change and evidencing it.
- Be useful information to correlate with clinical outcomes (especially high users)

Recent guidance

NICE/SIGN/BTS emphasised the benefits of combined LABA (long-acting beta-agonists) and ICS inhalers, in an AIR (anti-inflammatory reliever) as needed regime or MART (maintenance and reliever therapy) and as needed regime.

SPC already had metrics looking at these areas, but they were enhanced to monitor change around.

1) Avoidance of unopposed SABA inhaler:
   a) RESP-2a: ?Review Inhalers as SABA with no ICS in asthma 12+ yrs
2) Overuse of SABA Inhalers:
   a) RESP-4: Asthma – Review as 12 or more SABA inhalers in last 12m (+ no COPD)
   b) RESP-4a: Asthma – Review as 5>= SABA inhalers in last 12m (+ no COPD)
   c) RESP-4b: Asthma – Review as 3>= SABA inhalers in last 12m (+ no COPD)
3) Implementation of new recommendations around combination LABA/ICS inhaler:
   a) RESP-5: Asthma + no COPD on combined ICS + LABA

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SABA Issue Tables

November 2025

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SABA ISSUES IN LAST 12M
TO PATIENTS 12+ YRS WITH AST BUT NO COPD

12/11/2025

No of SABA Issues in last 12 m with AST no COPD 12+ yrs	BRAN	COMB	DEB	HAV	HOW	OAK	DERB	SPC Total
1	94	165	231	133	192	130	333	1,278
2	25	103	124	99	96	63	185	695
3	12	73	82	68	69	38	131	473
4	9	52	78	49	44	18	111	361
5	4	34	26	37	36	21	70	228
6	7	26	14	23	14	7	35	126
7	2	22	11	21	13	7	17	93
8	2	18	2	7	7	6	17	59
9	2	15	1	4	2	7	9	40
10	1	12		2	1	2	2	20
11	1	14	1	1	3	1	7	28
12	1	10	2	3	2	3	5	26
> 12	1	14	6	7	3	4	6	41
	161	558	578	454	482	307	928	3,468
Total # to do each week	5	15	10	10	10	10	20	
Total > 3 iss	30	217	141	154	125	76	279	1,022
No of weeks to take	6	14	14	15	13	8	14	

*Source: Clinical Reporting - Suffolk Primary Care - Helen Flatt SPC v2 - 2025 RESPIRATORY - ***SABA Issues in last 12m > 12 yrs*

Combs 1 issue line per week. The rest 2 lines per week

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SABA ISSUES IN LAST 12M
TO PATIENTS < 12 YRS WITH AST BUT NO COPD

12/11/2025

No of SABA Issues in last 12 m with AST no COPD < 12 yrs	BRAN	COMB	DEB	HAV	HOW	OAK	DERB	SPC Total
1	10	12	8	6	14	9	33	92
2	4	9	15	9	3	14	27	81
3	2	5	4	2	5	9	18	45
4		8	3	1	2	3	11	28
5	2	3	2	3	2	2	4	18
6		2		3	2	1	3	11
7			1	2		1	1	5
8	1	2		1		1	4	9
9		1		1		1	2	5
10							1	1
11							1	1
12								0
> 12								0
	19	42	33	28	28	41	105	296

*Source: Clinical Reporting - Suffolk Primary Care - Helen Flatt SPC v2 - 2025 RESPIRATORY - ***~SABA Issues in last 12m < 12 yrs*

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May 2026

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SABA ISSUES IN LAST 12M
12+ YRS WITH AST BUT NO COPD

29/05/2026

28/5/26 No of SABA Issues in last 12 m with AST no COPD 12+ yrs	BRAN	COMB	DEB	FRAM	HAV	HOW	OAK	DERB	SPC Total	% Change since Nov 25 (*excl Framlingham*)
1	85	157	191	134	134	175	127	302	**1,305**	-8.37%
2	22	112	119	87	79	78	57	175	**729**	-7.63%
3	7	66	71	51	62	65	35	129	**486**	-8.03%
4	7	48	46	47	42	43	23	103	**359**	-13.57%
5	1	33	27	18	26	20	10	40	**175**	-31.14%
6	4	20	8	13	19	9	9	29	**111**	-22.22%
7	2	21	3	8	5	6	4	10	**59**	-45.16%
8	2	14	2	3	7	5	4	7	**44**	-30.51%
9	1	11	2	2	5		3	5	**29**	-32.50%
10		6	2	2		4	1	3	**18**	-20.00%
11	2	5	3	1	5			3	**19**	-35.71%
12	2			1	1			1	**5**	-84.62%
> 12		3	3	2	1	2	3		**14**	-70.73%
	135	**496**	**477**	**369**	**386**	**407**	**276**	**807**	**3,353**	-13.96%
Overall site change since Nov 25	-16.1%	-11.1%	-17.5%	*N/A*	-15.0%	-15.6%	-10.1%	-13.0%		

*Source: Clinical Reporting - Suffolk Primary Care - Helen Flatt SPC v2 - 2025 RESPIRATORY - ***SABA Issues in last 12m > 12 yrs*

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SABA ISSUES IN LAST 12M
< 12 YRS WITH AST BUT NO COPD

29/05/2026

28/5/2026 No of SABA Issues in last 12 m with AST no COPD < 12 yrs	BRAN	COMB	DEB	FRAM	HAV	HOW	OAK	DERB	SPC Total	% Change since Dec 25 (*excl Framlingham*)
1	7	12	10	7	10	14	20	36	116	7.9%
2	4	9	13	6	6	2	8	31	79	-1.4%
3	7	7	3	8	2		7	17	51	-14.0%
4	1	3	2	4	5		1	14	30	-16.1%
5	1	3	1	2	1		1	1	10	-38.5%
6	1				1	2	3	3	10	0.0%
7		2	1				1	3	7	133.3%
8				1			2	3	6	-28.6%
9									0	-100.0%
10					1				1	-50.0%
11									0	-100.0%
12				2					2	
> 12									0	
	21	36	30	30	26	18	43	108	312	-5.4%

Actions

1) New metrics were developed and shared during monthly partners IGS Committee, pharmacy meetings and cascaded for clinical leads.
2) Proactive messages out to patients;
    a) RESP-2a – patients asked to book review appointment
        (i) SMS: Recent guidance reminds us of the risk of severe and fatal asthma attacks with use of blue SABA (salbutamol/terbutaline) reliever inhalers, without use of a corticosteroid preventer. Please contact the surgery to discuss your asthma management.
    b) 2nd message 2-4 weeks later to non-responders
        (i) SMS: We wrote recently advising that it is not recommended to have a salbutamol inhaler without a preventer steroid inhaler and asked that you contact the surgery to discuss. We are now removing the salbutamol from your repeat prescription so you will need a review before further inhalers are issued and I would encourage you to do that sooner rather than later. Clinical Safety Lead <organisation_name>
    c) SABA removed from repeats

3) Message to patients on SABA >3 per year – starting with those patients with most frequent use i.e. > 12 per year.
    (i) SMS: SABA Overuse 1 - You've been prescribed more than XXX Salbutamol (blue) inhalers in the past year. Using more than 3 a year may mean your asthma is not well controlled and increase your risk of severe asthma attacks. Please book an asthma review with your surgery and see: suffolkprimarycare.uk/asthma. <organisation_name>
4) Repeat SABA changes to 84 days as default to ensure pharmacist/clinician review if ordered early to facilitate clinical discussion.

Results by Metric

- Evidence of significant change in 'right' direction. Variable across practices, all sites very positive change, can reflect starting position.
- Month on month improvement.
- Significant overuse >12 inhalers – taken time for patients to come off search.
- Derby Road and Combs Ford Surgery excellent across board.
- Consistent approach and messaging out to patients advising them of new guidelines, which are a challenge to traditional management of many years.
- Respiratory Specialist Nurse input really helpful with challenging overuse.
- Consistent patient education and support.
- Supported by Data, driving quality.
- Pro-active measures, removing SABA from repeats - safe and effective way to drive change.