

Safe asthma prescribing – guidance for healthcare professionals

- If you identify patients with asthma on long acting relievers (LAMA and/or LABA) with no ICS **call them in for an urgent review of their medication.**
- If patients have been prescribed more than 12 short acting reliever inhalers in a year they may be using their reliever inhaler more than three times a week which is a strong sign of poor asthma control and increased risk of an asthma attack. Invite these patients to attend an asthma review in the very near future.
- It may be more effective to invite the above patients in for a review personally by phone, text or email so they know it is you, (their healthcare professional) rather than say an administrator, who is concerned about their medication use. If you use the Electronic Prescription Service you can reinforce this message by writing a note that the patient needs to see you.
- Ensure colleagues who are less specialised in asthma care, or who see very few asthma patients, are made aware of the importance of prescribing in line with clinical guidelines.
- Switch from repeat to acute prescribing for asthma so no further prescribing can occur without an asthma review.
- Ask your practice IT/audit lead to run an audit to highlight patients on long acting reliever medication (LABA and/or LAMA) with no ICS or who are being prescribed a high numbers of short acting reliever inhalers:
 - data should be extracted for the previous 12 months, for people who have current diagnosis of asthma.
 - patients who have not had at least one prescription of asthma medication in the past year, have a resolved case of asthma, have a diagnosis of COPD or are under 4 years of age should all be excluded.
 - patients with a prescription for long acting reliever medication (LABA and/or LAMA) and no inhaled corticosteroid (ICS) should be recalled immediately, while patients prescribed more than 12 short acting beta agonists (SABA) should be invited to attend a review in the very near future
- Consider using one of the IT-based tools which can for example help guide a consultation or risk stratify your population as collated by the [Primary Care Respiratory Society UK](#).
- Speak to your local health organisation (CCGs in England, Local Health Boards in Wales, Respiratory Managed Clinical Networks in local health boards in Scotland, and the Public Health Agency in Northern Ireland) for advice and support on how to do an audit. Some organisations have medicines optimisation or pharmacy teams whose role is to assist practices with prescribing audits.