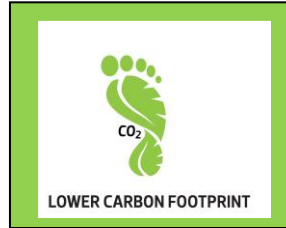


Greener Inhalers – how can we make a change?

Prescribing tip for information

[The NHS Long Term Plan](#) is proposing a shift in prescribing towards lower carbon inhalers which will deliver a **reduction of 4%** in the carbon footprint of NHS health and social care.



[NHS England PCN Network contract DES](#) requires PCNs to actively work with its CCG in order to optimise the quality of local prescribing of metered dose inhalers, **where a lower carbon device may be appropriate.**

[The Investment and Impact Fund](#) will reward increased prescribing of dry powder inhalers (DPIs) and soft mist inhalers (SMIs) where clinically appropriate. It will also reward increased prescribing of less carbon intensive salbutamol pressurised metered dose inhalers (pMDIs).

Reducing the environmental impact

Clinicians can help to reduce the environmental impact of inhalers (and improve asthma management) by optimising inhaler technique, ensuring adherence with preventer medicines and reducing as required short-acting beta agonists. The following measures can also reduce the environmental impact:

Offer propellant free alternatives where clinically appropriate	up to 36kg	Change to lower carbon propellant (e.g. HFA-227ea to HFA-134a inhaler)	20kg
Change from large volume to small volume reliever	18kg	Return used inhalers to pharmacy for disposal	up to 17kg
Recycle used metered-dose inhalers	up to 18kg	If the inhaler has no dose counter, monitor the inhaled doses	4kg

Potential CO₂ equivalent saving per inhaler kg

[The NICE patient decision aid](#) is a useful guide to prompt a discussion re the carbon footprint of different inhaler types. DPIs - 1 dose/two puffs = 20 g CO₂ per dose whereas pMDIs 1 dose/two puffs = 500 g CO₂ per dose

Conclusion - One dose of a pMDI inhaler contains on average 25 times the CO₂eq of a dry powder device DPI

How to optimise prescribing of inhalers and promote greener inhalers?

- Achieve and maintain **good control** of asthma and COPD through reviewing patients regularly and treating in line with NICE asthma and COPD treatment pathways
- Identify and reduce Salbutamol/**SABA overuse**
- Agree local respiratory pathways and medicines formulary choices which consider inhaler carbon footprints
- Demonstrate and **check inhaler technique** at every opportunity
- Inhaler dose optimisation
- Change to **combination inhalers** where clinically appropriate
- Consider MART therapy or LTRA oral treatment where appropriate
- Discuss lower carbon footprint inhalers during **patient reviews** or when a change in treatment is necessary

To contact the Medicines Optimisation Team please phone 01772 214302