

# UNITED KINGDOM INHALER GROUP

---

Newsletter: 2019 issue 1.



## In this issue:

- Update from our November Meeting
- Priority work– progress
- NHS Plan
- UKIG Website
- Steering Group constitution

Dear Colleagues,

Welcome to the first issue of our UKIG Newsletter for 2019. A belated Happy New Year to your all!

The start of the New Year has seen the publication of the NHS 10 year plan. The plan includes some interesting inhaler related issues which merit some consideration within this publication and which will, no doubt, generate further discussion at our planned meeting in April.

Behind the scenes the steering group have been focusing upon our priority work and I will provide an outline within the newsletter as well as an update regarding how we are increasing UKIG's visibility.

I am pleased to announce that Dr Azhar Saleem from NHS Lambeth CCG has agreed to join the Steering Group from January onwards. Azhar is passionate about inhaler technique and will bring much to the team as a lead on Digital and Innovation . A brief biography is included below by way of introduction for those of you who do not know him.

While we welcome Azhar to the team, it is with reluctance that we will be saying "goodbye" to Bronwen. Bronwen has been with UKIG almost since the start in a number of different roles. Her input as Lead for Policy and Advocacy has been invaluable and she has made an important contribution to our work. I thank her for everything she has done within UKIG and wish her well.

As you know, we have been developing our own standalone website which we will talk more about within the edition but I also wanted to alert you to the fact that we will be arranging another opportunity to meet up sometime in April. The exact date has to be confirmed but watch out for more information.

*Dr Omar Usmani*

Chair of UK Inhaler Group

Reader in Respiratory Medicine and Consultant Physician at the National Heart and Lung Institute (NHLI), Imperial College London and Royal Brompton Hospital.

Welcome to Azhar!



Azhar is a London GP with an interest in respiratory medicine. He is a member of the Lambeth CCG Governing Body,

Responsible for commissioning of respiratory and long term conditions, he is a founding member of the Integrated Respiratory Team for Lambeth and Southwark. He is Clinical Lead and co-founder of the RightBreathe inhaler resource'

## NHS 10 year plan

Released this month, the 10 year plan sets out a number of areas which relate to and reflect UKIGs agreed priority work. For those of you who have yet to scrutinise the document, please find a couple of brief snippets from the document which will, no doubt, form the basis of our discussions and debates going forward:

*“ Digital technology will provide convenient ways for patients to access advice and care. For patients and staff the starting point is interoperability of data and systems, as set out in Chapter Five. Then, building on progress already made on digitising appointments and prescriptions, a digital NHS ‘front door’ through the NHS App will provide advice, check symptoms and connect people with healthcare professionals – including through telephone and video consultations. Patients will be able to access virtual services alongside face-to-face services via a computer or smart phone. We will continue to invest in the platform so that everyone can find helpful advice and information regarding their conditions. As technology advances, we will also trial the use of innovative devices such as smart inhalers for better patient care and remote monitoring of conditions. We will also continue to support the development of apps and online resources to support good mental health and enable recovery.*

*“We will do more to support those with respiratory disease to receive and use the right medication. 90% of NHS spend on asthma goes on medicines<sup>136</sup>, but incorrect use of medication can also contribute to poorer health outcomes and increased risk of exacerbations, or even admission. Pharmacists in primary care networks will undertake a range of medicine reviews, including educating patients on the correct use of inhalers and contributing to multidisciplinary working. As part of this work, they can also support patients to reduce the use of short acting bronchodilator inhalers and switch to dry powder inhalers where clinically appropriate, which use significantly less fluorinated gases than traditional metered dose inhalers<sup>137</sup>. Pharmacists can also support uptake of new smart inhalers, as clinically indicated”*

*“The NHS is leading by example in sustainable development and reducing use of natural resource in line with government commitments. In 2016/17 NHS providers generated nearly 590,000 tonnes of waste. Of this only 15% goes directly to landfill, with 23% of waste recycled<sup>190</sup>. Between 2010 and 2017 the health and care sector reduced water consumption by 21%, equivalent to around 243,000 Olympic swimming pools. The carbon footprint of health and social care has reduced by 19% since 2007, despite a 27% increase in activity. This leaves a significant challenge to deliver the Climate Change Act target of 34% by 2020 and 51% by 2025. A shift to lower carbon inhalers will deliver a reduction of 4%, with a further 2% delivered through transforming anaesthetic practices. Additional progress in reducing waste, water and carbon will be delivered by ensuring all trusts adhere to best practice efficiency standards and adoption of new innovations. Key to this will be delivering improvements, including reductions in single use plastics, throughout the NHS supply chain.”*



Jane presenting at the DDL conference in Edinburgh. The focus was upon inhaler devices questioning “ Inspired or expired?” . The session generated considerable discussion and debate !

### **Our planet or our patients—is the sky the limit for inhaler choice?**

A closer look at one piece of work exploring one of UKIG's top priorities

For those of you who have not had a chance to read the article in the Lancet, Omar, Jane and Duncan's work explores the issue of environment versus patient benefit. Within the article, the authors support the idea that Health-care professionals should be mindful of the environmental impact of their practice, however, they go on to suggest that uncritical implementation of suggested UK policy risks a deterioration in patient outcomes. A deterioration which might have adverse consequences for patient health, and setting back decades of rigorous effort to improve respiratory disease control, asthma outcomes, and patient self-management.

They are concerned that the directive to switch inhalers based purely on environmental grounds has given health-care professionals an uncomfortable dilemma— save our planet, but risk harming our patients.

Exploring the issue in more detail their article concludes that a way is needed within which “we might be able to reduce the environmental impact of our prescribing and save our planet without harming our patients.

[https://www.thelancet.com/journals/lanres/article/PIIS2213-2600\(18\)30497-1/fulltext](https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(18)30497-1/fulltext)

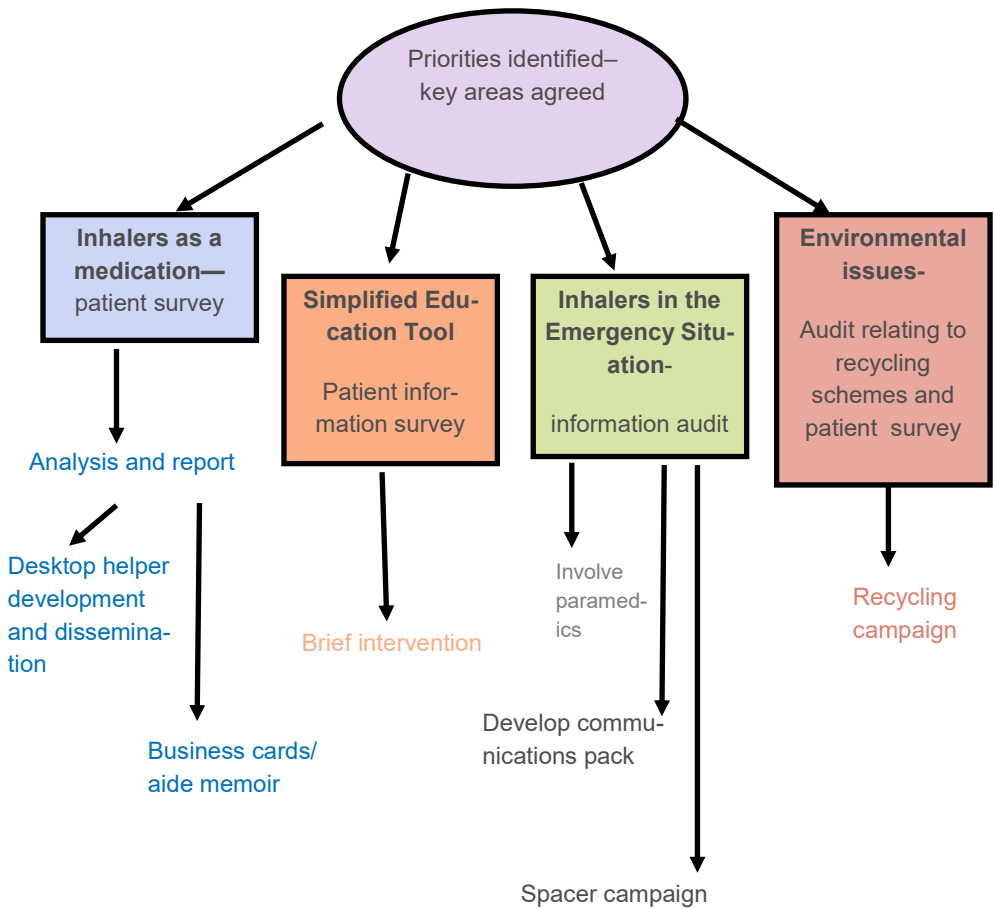
## **UKIG WEBSITE**



Launched in December.

Go on to the site and see the first phase of development. The dynamic site will grow overtime but news items and events relating to your organisations can be signposted so any dates or initiatives welcome.

## Priority Activities



**Constituent Members** –update on above activity will take place at our next meeting:

Please hold the date:

April 30th from 12-4pm

London venue -to be confirmed

Standards update

For information:

The UKIG inhaler Standards document has been reviewed and the most up to date version will be available from mid February as a downloadable PDF from the UKIG website.

supporters

UKIG wish to thank our supporters for the ongoing help provided. This support ensures the work of the UKIG can continue and enables us to focus upon **continuous improvement** in terms of **inhaler practice**.