Hertfordshire and West Essex Integrated Care System

NHS Hertfordshire and West Essex Integrated Care Board

Q&A for Reducing over-prescribing of Short Acting Beta Agonists (SABA) ECF 2025/26 Quality indicator

1. What are the SABA quality indicator requirements?

Practices for whom this is an agreed focus area will be required to review patients with asthma who are taking an inhaled short acting beta agonist (SABA) and deprescribe the SABA inhaler and switch to a maintenance and reliever therapy (MART) regimen with supporting MART asthma action plan if clinically appropriate. The target is a reduction in SABA prescribing rate that is equal to, or less than, the lowest 10% of HWE GP practices from baseline (6 months rolling data to Jan 2025). Practices already in the lowest 10% will be required to maintain or reduce their prescribing rate over the ECF year. This metric will be reported as SABA prescribing as a percentage of prescribing of all inhaled corticosteroid (ICS) inhalers and SABA inhalers based on rolling data for the preceding 6 months.

2. Why has SABA prescribing been included as a focus area? What is the evidence to support this work?

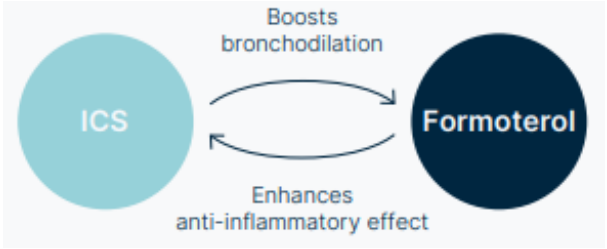
It is over 10 years since the UK National Review of Asthma Deaths highlighted major preventable factors related to asthma attacks and deaths as i) SABA overuse, ii) ICS underuse and iii) failure to consider asthma a serious chronic condition. Significantly over half those who died at the time were being treated for mild to moderate asthma and not under specialist care in the year before death. In April 2024 Asthma + Lung UK reported that the UK death rate from asthma remains the highest in western Europe with 4 people dying every day – an increase of 23.7% since the NRAD report was first published (2014-2022).

Do not prescribe short-acting beta$_2$ agonists to people of any age with asthma without a concomitant prescription of an ICS [BTS/NICE/SIGN 2024]

The first joint guidance on Asthma: diagnosis, monitoring and chronic asthma management was published by **NICE/BTS/SIGN** in November 2024 and **recommends SABA free pathways for ALL patients over 12 years with newly diagnosed asthma or where asthma is uncontrolled on current therapy**; anti-inflammatory reliever (AIR) or maintenance and reliever therapy (MART) using ICS/formoterol are now the preferred treatment pathways in chronic asthma depending on severity/symptoms experienced. For the first time there is consensus around potential harm from SABA when used alone and in line with the latest NICE/BTS/SIGN guidance: **all patients with an existing diagnosis of asthma prescribed SABA monotherapy should be prioritised for a review**.

The SABINA (SABa use IN Asthma) III study found that frequent use of SABA is associated with poor outcomes; people prescribed 3-5 SABA inhalers, verus 1-2, had 40% more severe exacerbations - this increased further with increasing SABA prescriptions. Prolonged use of SABA can lead to beta-2 receptor desensitisation and reduced bronchodilator response, while overuse can cause airway hyper responsiveness. Other side effects include headache, muscle cramps, tachycardia, tremor and hypokalaemia.

Behavioural insight work by Asthma and Lung UK in 2024 showed that 31% of people surveyed relied on their reliever inhaler to manage their asthma. Over-reliance on SABA can give a false sense of control and lead to poor adherence with preventer inhalers containing ICS. Anti-inflammatory reliever (AIR) or maintenance and reliever therapy (MART) ensures that reliever therapy is delivered alongside preventer (ICS) and is more effective than when either is used separately.



PCRS: Now is the time to make MART move for asthma Oct 2024

MART treatment regimens were first recommended by the Global Initiative for Asthma (GINA) in 2019 and are included in the Hertfordshire and West Essex ICB adult asthma guidelines, providing an alternative treatment regime for patients prescribed high dose ICS or where there is SABA overuse. **Locally approved MART regimens can be found here**. Consideration of MART for older children (12-17 years) is also already established within local CYP asthma guidelines. MART regimens are currently not licensed in the UK for under 12 years and while the new NICE/BTS/SIGN guidance suggests this can be considered in 5-11years, this is an off-label indication.

3. What is AIR and MART therapy?

Asthma is a chronic respiratory condition associated with airways inflammation and hyper-responsiveness. Both anti-inflammatory reliever (AIR) therapy and Maintenance and Reliever Therapy (MART) contain an ICS (Beclometasone or Budesonide) 'anti-inflammatory' in combination with the bronchodilator **formoterol** 'fast-acting reliever'.

Combination ICS/LABA inhalers containing a non-formoterol LABA e.g. Salmeterol are NOT LICENSED for AIR or MART due to their slower onset of action compared with formoterol [BTS/NICE/SIGN 2024]

AIR (anti-inflammatory reliever) is used as needed for relief of intermittent symptoms. Not all ICS-formoterol inhalers are licensed for use as AIR therapy. Local formulary options Symbicort 200/6mcg Turbohaler and DuoResp 160/4.5mcg Spiromax are licensed for AIR from 12 years.

MART (Maintenance and Reliever Therapy) is used in patients who are highly symptomatic/exacerbating/not controlled on current therapy, this regimen involves regular use (either once or twice a day) plus as needed reliever doses.

Separate prescribing of SABA **is not required** for patients prescribed AIR or MART regimens; formoterol replaces salbutamol as the fast-acting reliever. Treatment specific asthma action plans have been developed by Asthma and Lung UK and must be provided for **ALL** patients on these regimens:

- AIR patient information and AIR asthma action plan
- MART patient information and MART asthma action plan (an alternative format MART action plan can be found here)

Patients transitioning from conventional fixed dose ICS/LABA plus SABA reliever pathways must be educated that their new AIR or MART device is also to be used as a reliever to manage worsening symptoms or asthma attacks and replaces SABA. If SABA is on repeat this should be stopped; multiple relievers and asthma action plans cause confusion and put the patient at risk.

4. What can practices do to reduce over-prescribing?

Over-prescribing of SABA may not equate to overuse; actual use of SABA should be routinely established with the patient. Repeat prescribing processes should ensure supply of reliever therapy is managed as this is a key indicator for uncontrolled asthma and potentially at risk patients, for example:

- Specify max number of SABA issues in a defined time-period
- Specify max number of SABA issues allowed before prompting a review
- Restricting SABA therapy to acute prescriptions

Uncontrolled asthma: Any exacerbation requiring oral corticosteroids or frequent regular symptoms (such as using reliever inhaler 3 or more days a week or night time waking 1 or more times a week **[BTS/NICE/SIGN 2024]**

Patients on conventional fixed dose ICS or ICS/LABA plus SABA, with no uncontrolled symptoms and little or no SABA use, do not need to be switched to AIR or MART. For stable patients no more than 2 SABA inhalers should be required in a 12m period; this is equivalent to 8 SABA doses per week (see Asthma Slide Rule).

Regular review and adjustment of inhaled corticosteroid dose should continue whether the patient is prescribed a fixed dose ICS plus SABA or AIR/MART regimen. Where asthma is uncontrolled, SABA free pathways should be considered in patients aged 12 years and over. AIR/MART allows transition up or down ICS doses via a single inhaler.

5. How can community pharmacy support asthma patients?

Community pharmacists play a vital role in supporting asthma patients by providing education on correct inhaler technique, promoting medication adherence, and helping patients understand their treatment plans. They can identify issues such as poor symptom control and frequent reliever inhaler use including emergency supply of SABA and encourage timely reviews with the patient's GP. Through the New Medicine Service (NMS), pharmacists offer follow-up consultations to support patients to use new asthma treatments as intended and address concerns to ensure optimal outcomes.

6. Who should be prioritised for review?

Ardens contains searches that can be utilised to identify patients for asthma review:

Patients for priority review based on SABA use:	
Review patients with asthma prescribed SABA monotherapy	**Ardens Search available on EMIS/SystmONE:** ***Asthma - ?Offer AIR therapy as on SABA monotherapy + >=12y*** *(Ardens Location: Conditions/Respiratory/Asthma/Safety-Alert – Review)*
Review patients with asthma prescribed 6+ SABA in last 6m	**Asthma - ?Review as >6 SABAs issued in last 6m + no asthma review in last 6m** *(Ardens Location: Conditions/Respiratory/Asthma/Safety-Alert – Review)*
Review patients with asthma prescribed 12 + SABA in last 12m	**Asthma - Review as 12 or more SABA inhalers in last 12m (+ no COPD)** *(Ardens Location: Governance/CQC/Medicines usage)*
Consider further risk stratification to prioritise patient reviews:	
Link patients identified above with a) 2 or more OCS in last 12m b) Asthma exacerbation in last month or last year c) Asthma related A&E attendance in last 12m d) Asthma related hospital admission in last 12m	**a)?Review as >2 OCS courses issued in last 1y with no review in last 1y** *(Ardens Location: Conditions/Respiratory/Asthma/Safety-Alert – Review)* **b) Asthma - Exacerbations last month** *(Ardens Location: Conditions/Respiratory/Asthma/Last Month – Last Month)* or **Asthma - Exacerbations in last 1y** *(Ardens Location: Conditions/Respiratory/Asthma/Overview – Register*) **c)** Review – 3 or more A+E or OOH encounters in last 1 y and no review in last 12m **d) Asthma - Hospital admissions last month** *(Ardens Location: Conditions/Respiratory/Asthma/Last Month – Last Month)*
Asthma related clinical searches run by CQC inspection teams:	
a) Asthmatic patients prescribed 2 or more courses of high dose oral steroids in last 12m b) 12 or more SABA in last 12m c) LABA issued in last 6m but no ICS issued	**a) Asthma - Review as 2 or more oral prednisolone in last 12m (+ no COPD)** *(Ardens Location: Governance/CQC/LTCS)* **b) Asthma - Review as 12 or more SABA inhalers in last 12m (+ no COPD)** *(Ardens Location: Governance/CQC/Medicines Usage)* ***c) Asthma - Review as LABA issued in last 6m but no ICS issued (+ no COPD)*** *(Ardens Location: Governance/CQC/Medicines Usage)*
Drug Safety Update: SABA overuse risk (Feb 2025) recommends:	
Review patients who take more than twice weekly as needed SABA	
Urgently review patients where there is an increase in no. of SABA inhalers requested	
Urgently review patients where there is a failure to collect prescribed anti-inflammatory maintenance treatment	
Exclusions:	
Asthma patients under the active care of specialist respiratory services.	

7. When reviewing patients what other factors should be considered?

In addition to SABA use there are many factors which should be considered when deciding on next steps for treatment, these include but are not limited to:

- ☐ Has the diagnosis of asthma been confirmed objectively?
- ☐ Does the ordering history suggest good adherence to preventer therapy?
- ☐ Has inhaler technique been witnessed in person?
- ☐ Has blood eosinophil count been measured in last 12 months? Is it raised?
- ☐ Any exacerbations in the last 12 months? Any requiring OCS?
- ☐ Any asthma related A+E attendances or admissions in the last 12 months?
- ☐ Are any other factors contributing to symptom burden e.g. anxiety, new triggers?
- ☐ If poor control despite good adherence to preventor therapy and dose already optimised in primary care is specialist input required?

More generally, consider the process for managing review and prescribing of SABA inhalers including input from clinical and non-clinical staff:

- ☐ Do staff know how to identify SABA overuse using clinical systems?
- ☐ Are processes in place to invite patients for review if SABA overuse identified?
- ☐ Are appropriate prescription durations added to repeats to alert under or over-use of inhaled therapies? Rescue therapy duration should reflect how long this is expected to last e.g. 6 months and not default to 28 days.
- ☐ If SABA added to repeats, are quantities and number of issues restricted?
- ☐ Are clinicians removing SABA from repeats when moving to AIR/MART and providing patients with AIR/MART specific asthma action plans?

7. Is there an Accurx template text message for inviting patients for review?

Yes.

“It looks like you have needed 6 or more reliever (blue) inhalers in the past year – this may mean that your asthma is not controlled and treatment needs reviewing. Please contact us to book an asthma review. Learn more here”

Final Key messages:

- SABA overuse is linked to poorer outcomes for people with asthma
- SABA free pathways using AIR/MART regimens is the recommended pathway for all newly diagnosed asthmatics or when asthma is uncontrolled on existing therapy, in 12 years and over
- All asthma patients prescribed monotherapy with SABA should be reviewed
- Patients on AIR/MART regimens must be provided with an AIR/MART asthma action plan
- For stable asthma patients remaining on fixed dose regimens with rescue SABA, quantities of SABA should be strictly controlled as this assumes little or low use.

References:

HWE ICB AIR and MART regiments with Symbicort®/DuoResp®/Bibecfo® in ≥12 yrs

HWE ICB Adult Asthma Guidelines (18 years and over)

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 (Drug safety update 24th February 2025)

Asthma: diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) NICE guideline [NG245] Published: 27 November 2024

NICE CKS Asthma: Beta-2 agonists (SABAs and LABAs) Revised January 2025

Health Improvement Scotland, Right Decisions – Prescribing of short-acting beta-agonists (SABA)

Quality Prescribing Strategy for Respiratory: A Guide for Improvement 2024-2027

Greener Practice: 7 Limiting Repeat SABA prescribing

Complacency in asthma care must end, says first confidential enquiry report from Royal College of Physicians | RCP

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