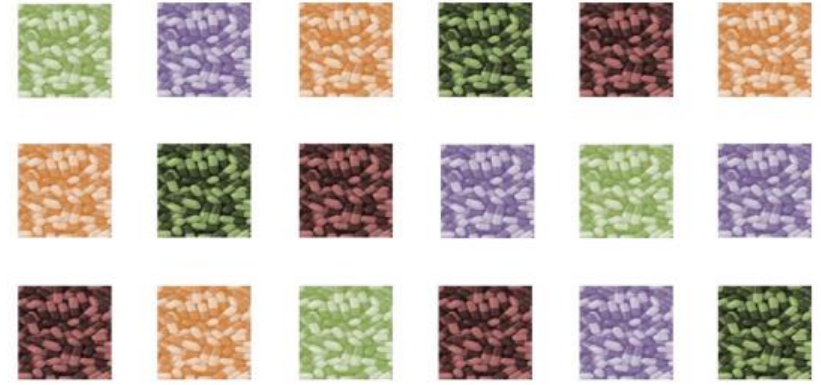
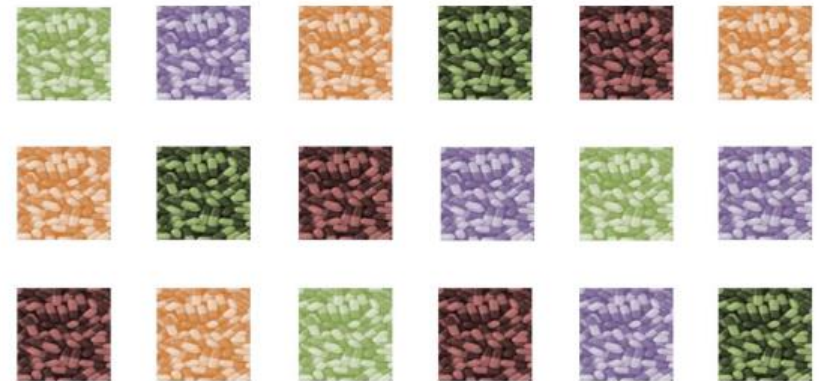


# Quality Prescribing for Respiratory 2024-2027

## A toolkit to support implementation



Quality Prescribing for  
Respiratory  
A Guide for Improvement  
2024-2027



EFFECTIVE PRESCRIBING  
& THERAPEUTICS DIVISION



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# Introduction

- This toolkit supports implementation of the recommendations for adults within the updated guidance, [Quality Prescribing for Respiratory](#) using a QI approach.
- It allows individuals to select the step(s) which are most useful to themselves, their practice or their boards.
- It is interactive and flexible and allows you to select an area an area to focus on which is most relevant to your practice
- Clicking on each step will link to a range of suggested actions and resources that will help towards implementing each step
- This is the first edition of a live document and will develop over time as individuals, practices and boards add their experiences and resources. If you have any comments or suggestions for improvement, please email [EPandT@gov.scot](mailto:EPandT@gov.scot)



# How to use this toolkit

This toolkit focuses on asthma and COPD respiratory care.

It covers high priority areas such as

- Accurate diagnosis
- Prevention
- Self-management
- Medicines optimisation
- Non-pharmacological interventions
- Environmental impact
- Links to useful resources from trusted sources for [healthcare professionals](#) and [people living with the conditions](#)

The actions to support implementation will help you to identify and prioritise ideas for change in your practice, to improve respiratory care. They guide you through current guidance, current data and suggested areas which you may wish to focus on.

**You do not have to address everything at once, start small, for example, with one or two [tests of change](#).** Remember you can always pause and revert (if the change process is too difficult). You may wish to start with the [NTIs](#) or ideas in the [Greener asthma toolkit](#) (categorised as the 4D's: Diagnosis, Disease control, Device, Disposal). There are [examples](#) of projects already carried out to give you inspiration.



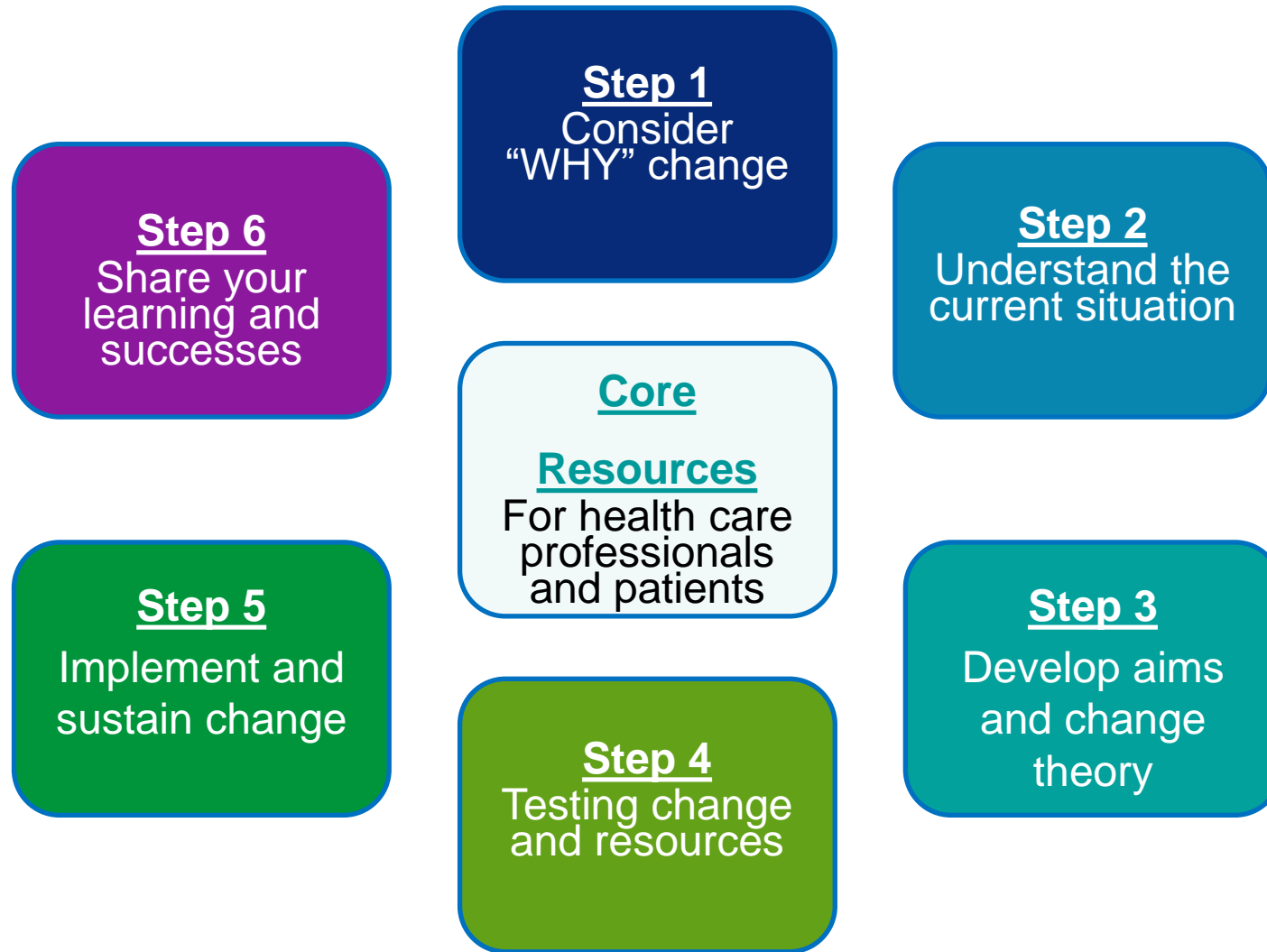
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# Actions to support implementation

Please also QI zone for learning and resources



# Step 1

## Consider “WHY” change respiratory care?

Create conditions for change - consider the impact of respiratory conditions locally, using local and national data, related to new guidance.

### Suggested actions

**Guidance available.** Read and familiarise yourself with these key documents:

- [Quality Respiratory Prescribing Guidance 2024 – 2027](#)
- [British guideline on the management of asthma \(sign.ac.uk\)](#), Overview
- [Chronic obstructive pulmonary disease in over 16s: diagnosis and management, NICE](#)

- [GINA 2023 - Global Strategy for Asthma Management and Prevention](#)
- [2023 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease - GOLD](#)
- [NHS Scotland climate emergency and sustainability strategy: 2022-2026](#)
- [Scottish Respiratory Care Action Plan](#)

**Incidence of Asthma and COPD.** Consider the incidence and prevalence locally, at board, cluster and practice level. Does this vary with national and other local data?

- [General practice - demographics data visualisation - Public Health Scotland](#)
- Respiratory Dashboard

### Level of asthma and COPD care

- How up to date are your annual reviews for asthma and COPD? Examine your practice level data
- How do you prioritise reviews for those most at risk? Are individuals reviewed within 48 hours after an exacerbation?

### Outcomes for people living with respiratory conditions

- What information has been given to people with respiratory conditions in your practice?
- How are you, as health care professionals, enabling people to live and die well with respiratory disease?
- Consider the impact of better respiratory care on your patient outcomes [Asthma UK videos](#)
- Focus on ‘What matters to the individual’
- Poor care results in increased [healthcare utilization](#): increased exacerbations and admissions.

I’m now able to play football since I started taking my regular preventer instead of relying on using my reliever all the time, I wish I’d seen you sooner

I actually really like using (my new dry powder inhaler) because it’s really simple to use

### Cost of managing Asthma and COPD

Consider the cost of respiratory care to the individual and the board in managing these – personally, financially and resource involved? Can this be optimised?

- Prescribing costs – PRISMs etc
- DALYs etc PHO

### Environmental impact of respiratory care

Consider the environmental impact of respiratory care and take steps to reduce the carbon impacts for this, considering the co-benefits of improving environmental impact and improving respiratory care:

- Carbon impacts due to inhaler propellant and safe disposal of inhalers [High quality and low carbon respiratory care video](#)

### Consider factors to reduce/prevent long-term complications/manage co-morbidities:

Ensure accurate timely diagnosis and coding  
Optimising care to reduce exacerbations  
Monitoring adherence

Provision of [bone protection](#)  
Vaccination uptake  
Smoking cessation  
[Address inequalities in respiratory care](#)

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# Step 1

# Identify “WHO” can support change in respiratory care?

## Suggested actions -

**Think about your Guiding Coalition** who can act as strategic facilitators and can link the work to the wider organisation priorities?  
**Who will be in your core Improvement/implementation Team?** This may include representatives of people living with respiratory conditions as well as colleagues from the multi-disciplinary team

People and Community Assets	Primary care/GP practice:	Hospital/acute location:	Specialism
<ul style="list-style-type: none"> <li>• People living with respiratory conditions</li> <li>• Community link workers</li> <li>• Third sector agencies</li> <li>• Smoking cessation groups</li> <li>• Local community and council groups e.g. physical activity, walking, community singing (See <a href="#">ALISS</a> for local groups)</li> </ul>	<ul style="list-style-type: none"> <li>• Cluster quality leads</li> <li>• Practice quality lead</li> <li>• Clinical lead (in practice for respiratory)</li> <li>• Advanced Practitioners (Nursing and Allied Health Professionals)</li> <li>• General practice nurses</li> <li>• Healthcare assistants</li> <li>• Reception staff</li> <li>• Practice/office manager</li> <li>• Pharmacist/technician</li> <li>• Community pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>• Care of Elderly/Medicines of elderly wards and staff</li> <li>• Respiratory wards</li> <li>• Acute admissions</li> <li>• Pharmacy department</li> <li>• Chest physiotherapy</li> <li>• Pulmonary rehabilitation team</li> <li>• Respiratory Technicians (PFTs)</li> <li>• Dietetics (Acute and community)</li> </ul>	<ul style="list-style-type: none"> <li>• Managed Care Network (MCN)</li> <li>• MCN manager</li> <li>• Respiratory specialist nurses</li> <li>• Specialist AHPs</li> <li>• Community respiratory team</li> <li>• Clinic managers</li> </ul>

**Consider how you will involve people living with respiratory conditions and wider stakeholder networks.** [Stakeholder analysis](#) can help you identify who needs to be engaged and clarify the role they may play in your project e.g. people and community assets above, Local Formulary Groups, wider MDT (Physiotherapists etc)

**Create and communicate a clear vision** by developing a [communication and engagement plan](#) to ensure stakeholders are kept informed and involved as you make changes

- Explain the benefits of changing respiratory care including prescribing – ensuring effective respiratory reviews, improved disease control, less inappropriate medication usage, lower environmental impact
- Acknowledge the challenges – reviews not taking place (patients attending, capacity), resistance to change, polypharmacy should be appropriate, patient/clinician perception of ‘good control’

## Step 2

# Understand the current situation

If we want different outcomes, we need to understand the system - the processes, people and how they interact with each other. This is important in identifying where you need to focus your improvement work.

### Suggested actions - understanding systems

#### Health boards

Is this a clinical priority for the health board? If not, why not?  
Does the board have an identified clinical lead for this?

#### Managed Clinical Network (MCN) and Respiratory Specialists in secondary care

Are the MCN and respiratory specialists aware of the guidelines and ready to lead by example in implementing these?  
Does the MCN link with local groups of people with respiratory conditions and can these be developed locally?

#### Clusters and Cluster Quality Leads (CQLs)

Have the CQLs and clusters reviewed the recently published cluster reports?  
Are the clusters willing to work together to share experience and learning and work together to focus implementation on this area?

#### GP Practices and Primary Care Team

Is there a clinical lead within the practice for Respiratory? Is this the sole practitioner managing these people?  
How does the practice direct/support clinicians involved in respiratory care to ensure competence and confidence? What training is offered to keep practitioners up to date? Consider the level of training for standard, advanced or expert respiratory care. See [PCRS recommendations](#)  
How is the practice managing and risk stratifying care and service to those most in need, for example the vulnerable, house bound or those with poorly controlled symptoms?  
Has the practice considered using a variety of consultation methods, e.g. group consultations, digital?

#### Communicate with key stakeholders

Engage with special interest groups of people living with respiratory conditions, wider MDT, community link workers/third sector groups to understand the current situation

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## Step 2

# Understand the current situation using data

Use your data to help you understand where to focus your improvement work (including person outcome data as well as prescribing data )

### Suggested actions - understanding systems

- [Dashboard - National therapeutic indicators data visualisation - Public Health Scotland](#)

#### National therapeutic indicators available include

- Poor Asthma Control: Number of people prescribed 3 or more short- acting beta<sub>2</sub>-agonists (SABA) per annum
- Poor Asthma Control : Number of people prescribed 6 or more short- acting beta<sub>2</sub>-agonists (SABA) per annum
- Poor Asthma Control: Number of people prescribed 12 or more short-acting beta<sub>2</sub>-agonists (SABA) per annum
- High dose corticosteroid inhalers as a percentage of all corticosteroid inhalers items (using 2019 SIGN/BTS classification of high dose)
- Prescribing of SABA only (in absence of other inhalers)
- CO2 Emissions (kg) per 1000 patients on list size (including targets)
- Proportion of pMDIs versus all inhalers (dry powder and soft mist inhalers) in BNF Chapter
- Proportion of people receiving reliever and preventer inhalers in (BNF Chapter 3) as different pMDI / DPI devices
- Number of people prescribed inhaler that could be prescribed as combination inhaler in the same calendar quarter as a proportion of people prescribed any inhaler

How does this compare with others – board, cluster, practice and individual levels? Use the data to compare and understand areas of excellence to share and where to improve.

[Scottish Therapeutic Utility \(STU\)](#) in GP practices linking prescribing data with GP system read codes, values, etc.

[Information and download instructions for practices, STU installation](#)

[Process map](#) – a QI tool to help you understand your system and key processes which may need to be improved

#### Review data on your own IT systems:

- GP systems : Are drug dictionaries up to date? Are formulary choices highlighted? Are prescribing synonyms up to date? How are ScriptSwitch messages for clinicians used? Number of asthma and COPD reviews taking place, self-management plans issued, What are your DNA rates? What are your smoking cessation rates?
- Hospital prescribing systems – highlight new formulary choices and update dispensary stock systems

[Air pollution dashboard](#)

Smoking prevalence: [Scottish Health Survey data](#)

Vaccination uptake

Pulmonary rehabilitation

[Health and Care experience data](#)

Patient satisfaction surveys (internal data)

[Return to Actions](#)



## Step 3a

# Develop aims – consider particular service user groups

Your aim to improve respiratory care in line with guidance, should be specific (e.g. all people with respiratory conditions or limited to particular groups); timebound (e.g. in next quarter, at next medication review); aligned (e.g. to guidance and local formulary choices), numeric (e.g. target percentage change)

### Suggested actions - developing aims

#### **People with undiagnosed respiratory conditions – using SABA alone**

Ensure correct diagnosis, referral for spirometry [IPCRG guide to spirometry](#) [ARTP statement on spirometry](#) or as per your local Board/MCN guidelines

Peak flow diary [Peak Flow Recording](#)

FeNO [PCRS consensus on FeNO testing](#) X-ray, CT scan (where appropriate)

Correct management on diagnosis

#### **Uncontrolled asthma – detected by SABA over-reliance-** [Asthma Slide Rule](#), [Are You Over-reliant on your SABA Inhaler? Rate Your Reliance](#)

#### **Poor adherence to ICS** – Check ordering history

Check inhaler technique at every opportunity [RightBreathe](#) [UK Inhaler Group Standards](#)

and issue self-management plans [Asthma + Lung UK asthma action plan](#) , [Completing an asthma action plan | Asthma + Lung UK](#) , [Chest Heart & Stroke Scotland Traffic light plan for COPD](#) , [Asthma + Lung UK COPD self-management plan](#)

Consider use of MART or AIR

#### **COPD : people who frequently experience exacerbations requiring steroids and/or antibiotics**

Ensure optimal symptom control (Use COPD Assessment test)and management utilising pulmonary rehabilitation, activity, COPD self-management plans and enquiry regarding smoking - offering smoking cessation advice if needed.

Education regarding when to use rescue medication [PCRS- The appropriate use of rescue packs](#) , objective measurements (e.g. pulse oximeter, sputum and symptom scoring) and optimising medication. Antibiotic stewardship, When to issue steroid cards [HIS Steroid emergency card guidance](#)

When to offer [bone protection](#). Referral of frequent exacerbators for further investigation and potential macrolide treatment

#### **High dose ICS use**

Check symptom control (ACT [Asthma Control Test](#) or equivalent), check adverse effects such as oral thrush. Reduce to lowest maintenance dose, check adherence, inhaler technique, bone protection and steroid card issue

**Severe asthma:** Optimise therapy, check adherence and inhaler technique. Objective measurements (sputum sample etc.) and referral.

#### **Use Scottish Therapeutic Utility (STU) to identify (groups of) individuals in GP practices**

[STU installation](#) [Information and download instructions for practices](#)

**Suggested actions - developing aims, project planning****Identifying people at risk**

[Diagnosis - COPD](#) | [Diagnosis](#) | [Chronic obstructive pulmonary disease](#) | [CKS](#) | [NICE](#)

What actions are taken to follow up people with asthma within 48 hours of an exacerbation (if not hospitalised, or after discharge if hospitalised?)  
Spirometry for repeated breathlessness and prolonged episodes of cough, smoking history, use of peak flow diaries and ICS reversibility, sputum sampling, differential diagnosis excluding heart failure and GORD, screening for AAT deficiency  
Red flag investigations e.g. Blood tests, X-ray, CT.

**Differential diagnosis**

Consider other causes of breathlessness such as heart failure

Address breathing dysfunction – referral to chest physiotherapist where available [Dysfunctional breathing](#) | [RESPe \(respelearning.scot\)](#)

Breathlessness resources to assist individuals

Cough pathway

**Polypharmacy**

National therapeutic indicators [Polypharmacy-Guidance-2018.pdf \(scot.nhs.uk\)](#)

**Focus on disadvantaged groups**

This may include minority ethnic groups, those with English as an additional language, low literacy, mental health conditions., people living in adversity, poor housing etc.

How are they supported – leaflets in additional languages, community outreach work?

- [Depression and anxiety patient health questionnaire \(PHQ-9\)](#) , [PHQ4](#), [Generalised anxiety disorder assessment \(GAD-7\)](#)
- [Scottish Government publication: Improving the Physical Health and Well Being of those Experiencing Mental Illness](#)
- Guides to help patients manage their asthma in different languages [Poster with QR codes and links in different languages](#) [Easy read asthma leaflet \(downloadable pdf\)](#)
- Videos in different languages to guide inhaler choice [Inhaler choices](#) | [Asthma + Lung UK \(asthmaandlung.org.uk\)](#)

**Patient identification and prioritisation**

- Use the [National Therapeutic Indicators \(NTIs\)](#) to identify variation between boards, clusters or practices.
- Individuals within each group can be identified using the Scottish Therapeutics Utility ([STU](#)) in general practice

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## Step 3b

# Develop aims – consider holistic person-centred care

Are there specific aspects of lifestyle management which you could focus on improving?

### Suggested actions

#### Empower people:

Are practitioners using consultation techniques that provide equity to all. Are there leaflets/electronic resources/links available to support everyone, not only those with respiratory disease, and encourage active lifestyle, physical activity, healthy diet, weight management and smoking cessation? Is there peer support available, such as local support groups for people with respiratory conditions? See Core resources for people with respiratory conditions.

Support preparation for effective reviews [How to prepare for an asthma review](#)

Consider inclusion on practice website and refer to [Polypharmacy: Manage Medicines \(scot.nhs.uk\)](#) patient resource, [‘What matters to you?’](#)

#### Ensure effective use of inhalers.

Videos available from: [My Lungs My Life resources](#) , [Asthma + lung UK inhaler videos](#)

Inhaler technique checks [Inhaler technique poster](#)

#### Empower people to self-manage their condition:

- **Personal Asthma Action Plans**

There is substantial evidence to support the value of personalised actions plans for asthma in both adults and children and this is a benchmark for quality asthma care. Clinicians should refer to local guidance and resources. A generic template is also available from [Asthma action plans | Asthma + Lung UK.](#)

- **Self-management: COPD self-management plans**

Traffic light plan from CHSS or Asthma and Lung UK [Traffic lights for COPD](#) or [COPD self-management plan](#)

#### Resources to support holistic person-centred care and signposting to wider resources

Do practitioners and local co-ordinators know and have lists available of local groups, e.g. walking groups, weight management groups, sports centres? Practitioners may wish to consider starting up their own groups to support their population. How does the practice work with community link workers to help achieve this support? [ALISS - find services, groups and activities for health and wellbeing across Scotland](#)

#### Consider additional support which can improve respiratory care

Be aware of local pathways available for smoking cessation and social prescribing support [Stop smoking advice](#) [Smoking cessation NHS inform](#)

Air quality information e.g. pollution, thunderstorms\* [Pollution forecast](#) [Daily air quality index](#) [Lowering your risk from air pollution](#)

Housing, damp and mould [WHO indoor air quality guide: dampness and mould](#)

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## Step 3c

# Develop aims – consider environmental impact of respiratory care

### Suggested actions - developing aims , project planning

#### Background

[BTS Environment and Lung Health position statement](#) [Greener practice guide for healthcare professionals](#) [PCRS Greener respiratory pathway](#) [High quality and low carbon respiratory care video](#)

#### Consider linking your aim to one of these four headings:

##### Diagnosis\* [Greener practice asthma diagnosis video](#)

People prescribed inhalers have an accurate diagnosis  
Review people prescribed SABA alone

##### Disease control\* [Greener practice asthma diagnosis video](#)

Reduce over-reliance on SABA  
Reduce underuse of inhaled corticosteroids  
Optimise control and self-management

##### Device: [Greener Practice inhaler device choice video](#)

Inhaler technique checks are conducted - include in all chronic disease reviews.  
Utilise all team members – practice/office manager (identification/prioritisation of people); reception team (organise appointments); healthcare assistant/health care support worker/CTAC (bloods (if necessary) and measurements); general practice nurse/practice pharmacist/GP (medication review); general practice nurse (long term condition review)  
Optimising inhaler devices e.g. strength, combination inhalers, low carbon emission choices  
Reduce carbon emissions from inhalers  
Review use of high carbon emission inhalers: Flutiform, Symbicort MDI, Ventolin MDI

##### Disposal of inhalers

Communication and education regarding safe disposal via the community pharmacy medicine collection bins. [Greener practice disposal resources](#)  
Address over-ordering inhalers and waste, for example, through medication reviews (see step 4)

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## Step 3d

# Develop aims – what are you trying to achieve in your practice: what does good look like?

What is required for your practice to embed the respiratory strategy and deliver improvements in respiratory care?  
For example, embedding the 7-Steps medication review, ensuring trained and competent team, empowering people, using data (NTIs, STU)

### Suggested actions

Before making changes/starting a new process, define your current process, what works well, what could be better, always remembering the [aim](#) of implementing the prescribing guidance and improving care of those with respiratory conditions (understanding your systems) [Process map](#) [Pareto chart](#)  
Once you have taken some time to examine and understand your system, your team should have some good ideas about what changes may lead to improvement.

A [driver diagram](#) is a useful tool to help visualise how you will achieve your goal. It can also be used to help communicate your aim. It will show what parts of the system should change, in which way, and includes your ideas about how to make this happen. As your project progresses and you gather more information, your aim and change theory may need to be updated to reflect new knowledge. Your driver diagram should be updated in line with your aim and change theory.

### Measurement

Use data to monitor progress and tell other of the impact of your changes

Use a [measurement plan](#) to outline what types of data to collect, how and when to collect it and how it will be analysed and presented.

These measures will be key to understanding the impacts – planned or unplanned – that your change ideas are having.

Populate the measurement plan or other tracking device with details from

[STU data](#)

[NTIs](#)

Feedback from service users

## Step 4

# Testing changes

Implementing change is not limited to one person/role. Everyone involved in the care of those with respiratory disease has a role. However, change ideas need to be tested to determine what works well and is sustainable.

### Suggested actions testing changes

Once you have decided on your change(s) and actions, there are tools to help test and review the impact of the change(s).

[Cause and Effect Analysis](#) [SWOT analysis](#)

There may be more than one change required. A change idea is not just a general concept. For example, improve communication in the team is a concept whereas the introduction of a weekly huddle is a change idea.

Start small, you don't have to address all the changes that you think are necessary all at once.

Use the [Plan Do Study Act \(PDSA\)](#) cycles to test ideas of change and assess its impact

#### **Examples of projects can be found here**

[SUSQI report-Incorporating decarbonisation into pharmacist-led asthma clinics](#)

[Medicines Optimisation Team SusQI Project Report - Reducing the inhaler blues](#)

[SusQI Project Report - Inhalers Final.pdf \(sustainablehealthcare.org.uk\)](#)

[Sustainability and Quality Improvement | Turas | Learn \(nhs.scot\)](#)

## Step 4

# Testing changes – resources to support effective medication review

Regular medication review is essential to ensure all medication continues to be appropriate and any changes in clinical conditions are managed appropriately. The 7-Steps medication review process improves clinical outcomes and reduces harm. Medication review can be planned or ad hoc and will often depend on the setting and service user group.



## Suggested actions testing changes

Consider the review process and the 7-Steps medication review

**Current guidance** [Quality prescribing for respiratory guidance](#) [Manage Medicines app](#)

### Training and case studies

Case studies in guidance: Quality prescribing for respiratory guidance

[Polypharmacy guidance including 7-Steps medication review process](#), this includes a template for a 7-step medicine review

[Evidence Based Polypharmacy Reviews and the 7-Steps Process](#) (CPD accredited online training on Turas)

[Turas Shared Decision Making](#)

[Chronic obstructive pulmonary disease \(COPD\) | Turas | Learn \(nhs.scot\)](#)

[Asthma | Turas | Learn \(nhs.scot\)](#)

### Consider the location

The location of the review will determine the type of review (ad hoc or planned); staff involved; preparation required (e.g. bloods, measurements); single disease or polypharmacy; **Ensure follow-up**

**Planned – acute setting:** Respiratory clinic – focus on asthma and COPD . May not include other co-morbidities.

**Planned – primary care:** Respiratory clinic or all chronic disease management. Practice preference.

Utilise all team members – practice/office manager (identification/prioritisation); reception team (organise appointments); healthcare assistant/health care support worker/CTAC (bloods (if necessary) and measurements); general practice nurse/practice pharmacist/GP (medication review); general practice nurse (long term condition review)

**Ad hoc/ Unplanned care – acute setting:** During acute admission for asthma or COPD exacerbations or unrelated event

**Ad hoc/Unplanned care – primary care:** When other change in medication occurring; acute condition/minor illness, e.g. acute infection or after transitions in care settings or in Out of Hours

## Step 5

# Implement and sustain change

Once your change ideas have been tested, i.e. determining what works in the place where you are testing and what can be improved, the changes can be expanded to others in the team and a wider population., i.e. how to make the change business as usual

### **Suggested actions – approaches to implementation**

Implementation supports making the change a routine part of practice and “business as usual”

Implementation as a series of cycles

Three implementation approaches:

- Just do it
- Parallel
- Sequential

[Implementation checklist](#)

Consider communication, training, updating policies and procedures to reflect the change

Remember to keep measuring and feeding back to all involved!



## Step 6

# Share your learning and successes

Share with others in the cluster and throughout networks. Be honest about what worked and what didn't and what you learnt from this.

### Suggested actions

Consider how to share the results:

- Cluster meetings
- Practices meeting

#### **Regular progress reports and outcomes**

Use STU reports, NTIs and dashboards to monitor (and celebrate) change

#### **Consider organising an improvement event**

This could be board-wide, across primary and secondary care, or multiple events tailored for each area, but with same common purpose.

Have a senior manager or executive attend. They can be invaluable in leveraging necessary support and resolving bottlenecks especially if the action can be linked to wider organisational priorities.

#### **Regular follow-up and progress reports**

Establish regular meetings reporting action and progress. Remember to praise progress and, where applicable, share the team's success and innovative ways of working.

If you have a success story or case study to share, please email us at [EPandT@gov.scot](mailto:EPandT@gov.scot)

# Core

## Support the individual

Having a diagnosis of respiratory disease has many implications. Some will accept this and take positive steps to improve respiratory care. Others will have difficulty accepting this and therefore managing the condition, particularly if they have concurrent mental health issues. Therefore, supporting the individual is essential

### Suggested actions

#### Prevention

Does every team member support and encourage an active lifestyle, healthy diet, smoking cessation and weight management at every opportunity?

#### Diagnosis

What resources does the team have to support the person who is newly diagnosed? Make use of local peer support groups.

#### Ongoing care

Summary of anticipated review – medication, symptom control, inhaler technique, self-management, pulmonary rehabilitation referral [BTS Guideline for Pulmonary Rehabilitation in Adults.pdf](#)

Frequency of review

#### Service user version of guide

[Manage Meds app \(in development\)](#)

# Core Resources for healthcare professionals

## Asthma

NES TURAS (Webinars, e-learning) [Asthma Turas](#)

[Manage Medicines app](#)

**Respiratory education for health care professionals:** RESPe is a free online learning resource provided by CHSS working with the University of Edinburgh for all healthcare professionals. <https://www.respelearning.scot/>

CPD connect (PBSGL) Asthma [\(Log in required\)](#)

### Diagnosis:

Spirometry [IPCRG guide to spirometry](#) [ARTP statement on spirometry](#)

Peak flow diary [Peak Flow Recording](#)

FeNO [PCRS consensus on FeNO testing](#)

### Asthma management:

**Guidelines** [SIGN](#) [NICE](#) [GINA](#)

[Asthma Slide Rule](#),

[Are You Over-reliant on your SABA Inhaler? Rate Your Reliance](#)

**Asthma self-management plans:** [Asthma + Lung UK asthma action plan](#)

Check **inhaler technique** at every opportunity [RightBreathe](#) [UK Inhaler Group Standards](#)

Greener practice has a toolkit designed to help UK general practices improve asthma outcomes whilst also reducing carbon emissions. It contains step-by-step Quality Improvement (QI) projects. Project resources include downloadable searches, educational videos, templates and patient information.

[Greener practice asthma toolkit](#)

[PCRS Asthma Right Care resources](#)

Support management of **breathlessness** [Breathing, thinking, functioning toolkit](#)

[Chest Heart and Stroke Scotland](#) and [Asthma + Lung UK | Asthma home](#)

# Core Resources for healthcare professionals

## COPD

NES TURAS (Webinars, e-learning) [COPD Turas](#)

[Manage Medicines app](#)

**Respiratory education for health care professionals:** RESPe is a free online learning resource provided by CHSS working with the University of Edinburgh for all healthcare professionals. <https://www.respelearning.scot/>

CPD Connect (PBSGL) COPD [\(Log in required\)](#)

### Diagnosis:

Spirometry [IPCRg guide to spirometry](#) [ARTP statement on spirometry](#)

Peak flow diary [Peak Flow Recording](#)

FeNO [PCRS consensus on FeNO testing](#)

### COPD management:

**Guidelines** [NICE](#) [GOLD](#)

### COPD self-management plans:

[Chest Heart & Stroke Scotland Traffic light plan for COPD](#)

[Asthma + Lung UK COPD self-management plan](#)

Check **inhaler technique** at every opportunity [RightBreathe](#) [UK Inhaler Group Standards](#)

Greener practice has a toolkit designed to help UK general practices improve asthma outcomes whilst also reducing carbon emissions. It contains step-by-step Quality Improvement (QI) projects. Project resources include downloadable searches, educational videos, templates and patient information.

[Greener practice asthma toolkit](#)

[PCRS COPD resources](#)

Support management of **breathlessness** [Breathing, thinking, functioning toolkit](#)

[Managing COPD at end-of-life](#)

[Chest Heart and Stroke Scotland](#) and [Asthma + Lung UK | Asthma home](#)

# Core Resources for healthcare professionals

## Environmental Resources for healthcare professionals

### [Manage Medicines app](#)

Greener practice has a toolkit designed to help UK general practices improve asthma outcomes whilst also reducing carbon emissions. It contains step-by-step Quality Improvement (QI) projects. Project resources include downloadable searches, educational videos, templates and patient information. [Greener practice guide for healthcare professionals on reducing carbon footprint of inhaler prescribing](#).

[Educational videos](#) for healthcare professionals are available regarding symptom control and environmental issues .

As asthma conversation tool assists healthcare professionals with asthma reviews. [Greener Practice Optimising asthma reviews](#)

### PRESQipp [Respiratory care](#) | [PrescQIPP C.I.C](#)

The Royal College of General Practitioners (RCGP) Green Impact for Health toolkit has been developed and can help any general practice improve their sustainability and environmental impact; reduce their harmful impact on planetary health, the risks of climate change and reduce their practice expenses. It answers the question – ‘What can we do in our practice?’ and covers many aspects, including prescribing of inhalers.

### [RCGP green impact for health](#)

### PCRS [Greener Healthcare](#) | [Primary Care Respiratory Society \(pcrs-uk.org\)](#)

### [Asthma + Lung UK - how inhalers affect the environment](#)

The Centre for Sustainable Healthcare (CSH) offers strategic input and consultancy on sustainable healthcare research and practice to national and local programmes. There is a CSH Sustainable Respiratory Care Network with many resources and projects shared.

### [Sustainable Respiratory Care resources](#)

# Core Resources for people with respiratory conditions

## Asthma

### Diagnosis:

[Diagnosing asthma | Asthma + Lung UK](#)

[NHS inform : asthma diagnosis](#)

[Peak flow | Asthma + Lung UK](#)

[Asthma+ Lung UK-symptoms-tests-peak-flow](#)

[Asthma + Lung UK-/tests/spirometry](#)

**Information on condition:** [Asthma | Asthma + Lung UK](#)

[Asthma - Chest Heart & Stroke Scotland](#)

[What is asthma? | My Lungs My Life](#)

[Greener practice video- What is asthma and how to treat it](#)

[Asthma and Allergy foundation](#)

**Asthma Management:** [Medications | My Lungs My Life](#)

[Asthma treatments | Asthma + Lung UK](#)

[Rate your reliance](#) - questionnaire to help assess reliance on SABA inhalers

[Asthma Slide Rule](#) Helps calculate the number of puffs per year in SABA inhalers

**Inhaler choice:** [Greener Practice video- inhaler device types for asthma](#)

[SIGN/NICE Inhaler decision aid](#)

[Manage Medicines app](#) - Dry powder suitability selector

**Inhaler Technique:** [A practical guide to inhalers \(Asthma\) | My Lungs My Life](#)

[Inhaler technique poster](#)

[Asthma+Lung UK inhaler-videos](#)

[Don't Waste a Breath](#), developed by NHS Grampian, provides information on inhaler technique and how to dispose of inhalers

**Asthma self-management plans:** [Your asthma action plan | Asthma + Lung UK](#)

**Managing exacerbations:** [Asthma attacks | Asthma + Lung UK](#)

# Core Resources for people with respiratory conditions

## COPD

### Diagnosis:

[Tests | My Lungs My Life](#)

[How is COPD diagnosed? | Asthma + Lung UK](#)

[Spirometry and bronchodilator reversibility test | Asthma + Lung UK](#)

### Information on condition:

[What is COPD? | My Lungs My Life](#)

[Asthma + Lung uk- COPD](#)

### COPD Management:

[What are the treatments for COPD? | Asthma + Lung UK](#)

**Managing exacerbations:** [Asthma+Lung UK- Managing COPD flare ups](#)

[Recovering from an exacerbation | My Lungs My Life](#)

[Signs of COPD exacerbation and what to do](#)

### Inhaler choice:

[SIGN/NICE Inhaler decision aid](#)

[Manage Medicines app](#) - Dry powder suitability selector

**Inhaler Technique:** [Inhaler technique poster](#)

[Asthma+Lung UK inhaler-videos](#)

[Don't Waste a Breath](#), developed by NHS Grampian, provides information on inhaler technique and how to dispose of inhalers

**COPD self-management plans:** [CHSS-traffic-lights-for-copd](#)

[COPD self-management plan | Asthma + Lung UK](#)

### Palliative Care in COPD:

[Managing symptoms at end-of-life](#)

# Core Resources for people with respiratory conditions

## Holistic respiratory care

### Smoking Cessation:

[Stopping Smoking - CHSS](#)

[Stopping smoking | NHS inform](#)

[Asthma + Lung UK- why is smoking bad for me](#)

### Vaccinations:

[Vaccine information for NHS Scotland](#)

[Vaccinations for people with COPD | My Lungs My Life](#)

### Healthy eating:

[Asthma + Lung UK Healthy eating advice](#)

[CHSS Healthy eating advice](#)

### Managing breathlessness:

[How to manage breathlessness? | Asthma + Lung UK](#)

[Managing Breathlessness \(NHS Highland leaflet\)](#)

[Video and audio to help manage breathlessness](#)

[CHSS Breathlessness management](#)

### Environmental information:

[How inhalers affect the environment - Asthma + Lung UK](#)

[Inhaler choices | Asthma + Lung UK \(asthmaandlung.org.uk\)](#)

[Four simple inhaler changes to help your lung condition](#)

[Information and resources on greener respiratory care and sustainable prescribing](#)

[Inhalers and the environment information leaflet](#)

Information resources for people to support environmentally friendly inhaler use are included in the resources listed with the bulletin: [PrescQIPP Inhaler carbon footprint bulletin](#)



# Core Resources for people with respiratory conditions

## Holistic respiratory care

### **Pulmonary rehabilitation:**

[What is Pulmonary Rehabilitation - My Lungs My Life leaflet](#)

[What is Pulmonary rehabilitation - CHSS leaflet](#)

[What is Pulmonary Rehabilitation? \(Video from NHS GGC\)](#)

**Keeping active with respiratory conditions:** [Keeping Active - Chest Heart & Stroke Scotland](#)

**Keeping active in COPD:** [Physical activity and exercise | My Lungs My Life](#)

[Breathe easy groups](#) (Asthma and Lung UK)

### **Singing for lung health with**

[Asthma + Lung UK via Zoom](#)

[Scottish Opera](#)

[The Cheyne Gang](#)

### **Well-being:**

[NHS Inform Mental health links \(Silvercloud, Daylight, Sleepio\)](#)

[CHSS Mental wellbeing information](#)

[Mental health and wellbeing - Asthma + Lung UK](#)

[Mood and anxiety information - My Lungs My Life](#)

[Breathing and relaxation exercises for stress](#)

[Breathing Space](#) Free confidential phone and webchat service for low mood

[Mindfulness information](#)

[Headspace - free 14 day trial, exploring mindfulness](#)

[ALISS](#) - find services, groups and activities for health and wellbeing across Scotland