What was the challenge/problem:

IOW had a high prevalence of long term respiratory conditions combined with a much higher than average, spend on medication for treatment. Despite the higher spend, clinical outcomes were poor, with a greater number of respiratory related emergency hospital admissions than expected. Reasoning from the disparity between spend on medication and the high level of emergency hospital admissions that simply investing more money in medication wasn't addressing the issue, the PCT began tackling the effectiveness of inhaler use.

IOW results after improved technique training/awareness raising (within one year):

– 50% reduction in hospital admissions due to asthma
– 75% reduction in deaths due to asthma
– Significant reduction in the cost of inhaler medicines.

(Source: National Institute for Health and Clinical Excellence, Kings Fund, Paul Jerram (IOW PCT), 2011)

In 2011, the South Central Strategic Health Authority agreed to spread the IOW model across all its Primary Care Trusts, because there are similar issues regarding use of inhalers. SCSHA asked the Thames Valley HIEC and Wessex HIEC to oversee the roll-out of the Inhaler Technique Improvement Project (ITIP) in partnership with PCTs.

What was done/solution:

Project deliverables included:

• Training events for pharmacists to raise awareness of how to use inhalers correctly. Pharmacists will then use Medicine Usage Reviews to inform patients about good technique.

• Training DVD, podcast and e-learning package produced for pharmacists and other health professionals.

• Funding provided for training equipment, such as two-tone inhalers.

• As a separate project an evaluation tool (ESMAQ) was also rolled out.

What was achieved?

Evaluation will be in the Spring 2012.
Mapping the spread of innovation

Key

△ Innovation originator

Area of spread

The Wessex Health and Innovation Cluster (HIEC) programme is of Southampton on behalf of the Wessex HIEC Partnership.

www.southampton.ac.uk/wessexhiec