



# SABA-free asthma pathways in a large PCN

Case studies

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# Overview

**Organisation:** Living Well Partnership PCN

**Organisation type:** NHS – primary care network

The Living Well Partnership primary care network (PCN) in Southampton, Hampshire, is one of the largest PCNs in the region, with over 46,000 registered patients and more than 3,500 asthma patients (adults and children). The PCN employs 3 respiratory nurse specialists (RNS), who lead a dedicated respiratory diagnostics hub.

In December 2021, the respiratory lead, supported by GP partners, nurse services lead, and a GP with a special interest (GPSI), developed a new respiratory pathway to improve early and accurate diagnosis of chronic lung disease and enhance patient outcomes. Initially, suspected asthma patients were managed with a GP face-to-face review, investigations (such as chest X-ray and full blood count), and referral to the RNS team for diagnostics. At that stage, patients were commenced on a short-acting beta agonist (SABA) with a spacer.

Following updates to the Wessex Asthma Guidelines in 2023, which incorporated maintenance and reliever therapy (MART) and anti-inflammatory reliever (AIR) approaches based on Global Initiative for Asthma (GINA) recommendations, the pathway was revised. Suspected adult asthma patients were now started on an inhaled corticosteroid (ICS)-formoterol combination inhaler licensed for PRN use, rather than SABA. This ensured patients received anti-inflammatory treatment from the very start of their diagnostic journey.

In late 2025, the pathway was updated again to extend this approach to children aged 12 years and above. This change further reduces the risk of SABA overuse and aligns with BTS, NICE and SIGN Asthma guidelines, which recognises the challenges of asthma diagnosis and the importance of strong history-taking, symptom review, and objective testing (fractional exhaled nitric oxide [FeNO], spirometry with reversibility, peak flow diaries).

# Outcomes and learning

## Outcomes

- Improved patient safety: by reducing SABA prescriptions, patients are less likely to develop harmful patterns of overuse.
- Better alignment with guidelines: the pathway reflects the latest Wessex (HLOW), GINA, and BTS, NICE and SIGN recommendations.
- Enhanced diagnostic accuracy: RNS-led assessments using FeNO, spirometry, and detailed histories improved confidence in diagnosis.
- Positive patient engagement: patients appreciated being started on a single inhaler that both controls inflammation and relieves symptoms.
- System-wide prescribing impact (OpenPrescribing data):
  - SABA monotherapy prescriptions reduced from the 76th percentile in November 2021 to the 41st percentile in September 2025, demonstrating a significant shift in practice and patient outcomes.

## Learning

- Early education is vital: patients must understand why ICS-formoterol is prescribed instead of the familiar "blue inhaler".
- Multidisciplinary collaboration works: success depended on GP, nurse, and pharmacist alignment, supported by clear local guidelines.
- Pathways must evolve: regular updates to reflect national and local guidance ensure best practice and sustainability.
- Children's inclusion matters: extending ICS-formoterol PRN use to those aged 12 or over closes a gap in early treatment and prevention.

These learnings can be applied by embedding SABA-free prescribing protocols into electronic systems, expanding nurse-led education, and monitoring long-term outcomes

across both adult and paediatric populations.

## Supporting information

See the following resources for further information:

- [2025 GINA Strategy Report](#)
- [Respiratory - Medicines Optimisation, NHS Hampshire and Isle of Wight](#)
- [Prescribing on Short acting beta agonist inhalers for Southampton, Living Well Partnership PCN \(OpenPrescribing\)](#)

## Contact details

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