

Impact of Locally Commissioned Prescribing Incentive Scheme on Asthma Guideline Implementation in Doncaster



Gabzdyl E^{1,2} 1. Senior Pharmacist at NHS South Yorkshire ICB Medicines Optimisation Team (Doncaster Place), UK
2. Senior Clinical Pharmacist at Tramways & Middlewood Medical Centres, Hillsborough PCN, Sheffield, UK

1 INTRODUCTION

Doncaster is among England's 20–30 most deprived local authorities (IMD 2025), with smoking prevalence around 22–25% (1.7 times the national average) and baseline asthma exacerbation admissions 1.5–2 times the England rate (~150–200/100,000 vs 80–100/100,000). Nationally, asthma admissions are rising (+9.5% in 2022/23; +18.8% in 2023/24).

The national Investment and Impact Fund (IIF) 2022/23 delivered only modest reductions in salbutamol (SABA) prescribing (13%), whereas Doncaster's local prescribing incentive scheme achieved larger SABA reductions of 16–31%. This highlights the need for targeted local incentives, given patchy implementation of GINA 2025 and NICE NG245 recommendations.

In this high-risk context, the Doncaster Indicative Budget Scheme (DIBS) aims to accelerate adoption of ICS/formoterol MART/AIR regimens in place of SABA-dominant treatment.

2 AIM

To evaluate the impact of the Doncaster Indicative Budget Scheme (DIBS), a locally commissioned prescribing incentive, on implementation of GINA 2025 and NICE NG245 asthma guidelines, compared with the 2022/23 national IIF scheme.

Specific objectives were to:

- Quantify the speed and magnitude of SABA reduction in 2024/25 and 2025/26.
- Assess ICS use and shifts away from high-dose ICS prescribing.
- Measure uptake of dry-powder inhalers (DPIs) to support greener prescribing.
- Demonstrate cost savings and equity gains in a highly deprived population (IMD top 20–30%) during a period of rising national asthma admissions.

3 METHOD

Retrospective analysis of DIBS data for asthma patients aged ≥5 years, excluding those with COPD. In 2024/25, practice-level thresholds were: <27.52% of patients receiving ≥5 SABA inhalers in the preceding 12 months, and <30.89% of patients receiving fewer than 3 ICS inhalers. All 36 practices in Doncaster were included.

In 2025/26, the SABA threshold was tightened to <20% of patients receiving ≥5 SABA inhalers or a ≥7.5% relative reduction from the March 2025 baseline. The same 36 practices were tracked.

Monthly clinical-system searches were used to track prescribing. Descriptive statistics (means, percentage reductions) were calculated for trends from baseline to March 2026 and compared with the national 2022/23 IIF SABA reduction (13%).

4 RESULTS

DIBS exceeded national benchmarks. In 2024/25, SABA prescribing fell by 16% compared with the 13% reduction reported under the national IIF scheme; 27 of 36 practices met the SABA target, equating to 13,990 fewer SABA items and approximately £21,000 in drug-cost savings.

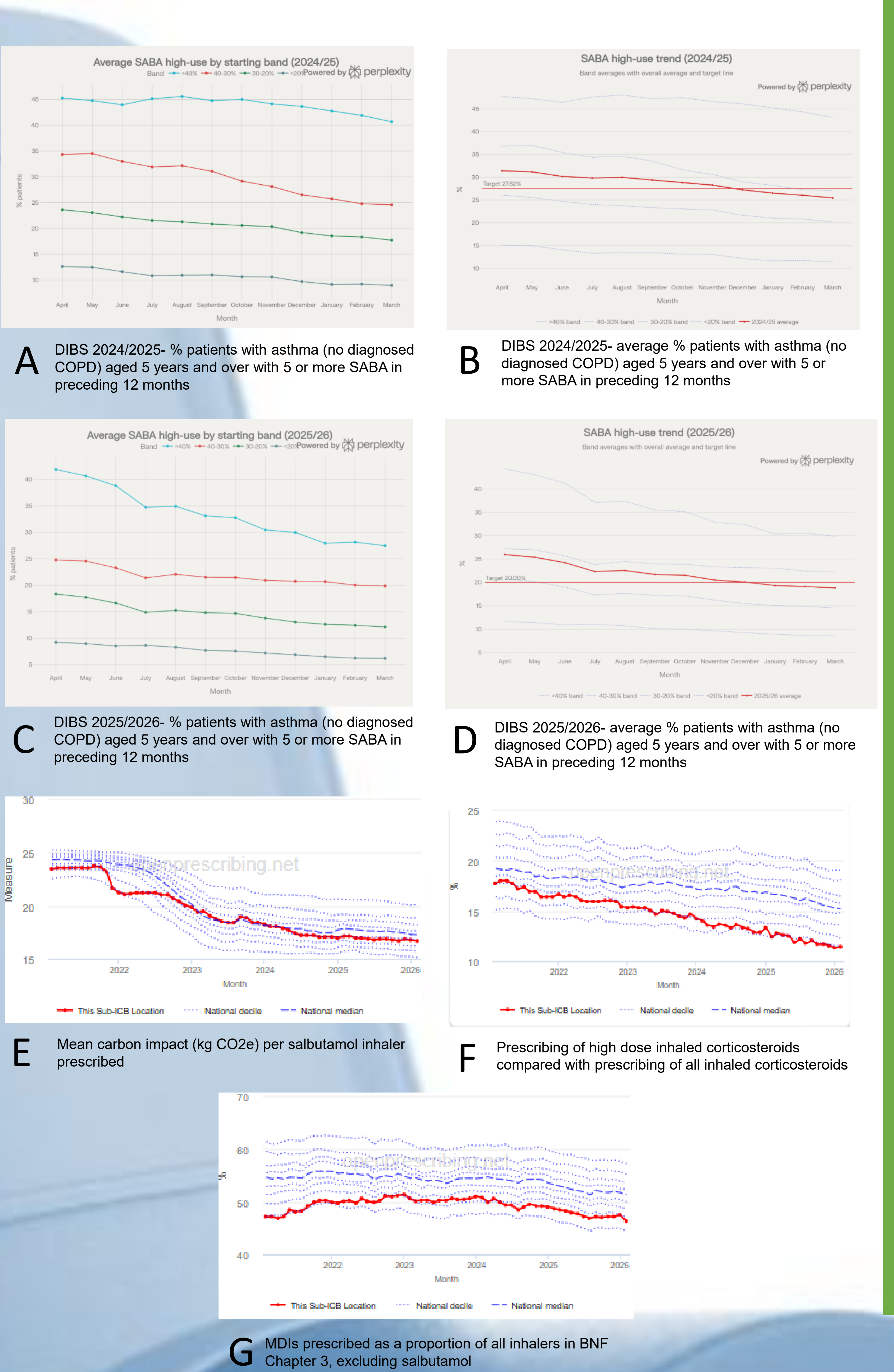
In 2025/26, DIBS further accelerated improvement: the mean proportion of patients receiving ≥5 SABA inhalers fell from 22.94% at the March 2025 baseline to 15.79% by February 2026, a 30.9% relative reduction. Overall, 31/36 practices achieved either <20% high SABA use or a ≥7.5% reduction from baseline.

The ICS metric was achieved by all 36 practices in 2024/25, helping to reduce reliance on high-dose ICS. Increased use of DPIs supported the greener prescribing agenda, with typical carbon footprints ~100–200-fold lower than pMDIs. These local trends contrast with rising national asthma admission rates.

References

1. Crooks, M. G., Cummings, H., Morice, A. H., Sykes, D., Brooks, S., Jackson, A., & Xu, Y. (2024). Reducing short-acting beta-agonist use in asthma: Impact of national incentives on prescribing practices in England and the findings from SENTINEL Plus early adopter sites. *NPI Primary Care Respiratory Medicine*, 34(1), 6. <https://doi.org/10.1038/s41533-024-00363-0>
2. Crooks, M. G., Crowther, L., Cummings, H., et al. (2023). Improving asthma care through implementation of the SENTINEL program: Findings from the pilot site. *ERJ Open Research*. Advance online publication. <https://doi.org/10.1183/23120541.00685-2022>
3. Global Initiative for Asthma. (2025). *GINA 2025 summary guide for primary care*. https://ginasthma.org/wp-content/uploads/2025/11/GINA-Summary-Guide-2025-WEB_FINAL-WMS.pdf
4. Global Initiative for Asthma. (2026). *Global strategy for asthma management and prevention*. <https://ginasthma.org/wp-content/uploads/2026/05/GINA-2026-Strategy-Report-WMS.pdf>
5. National Institute for Health and Care Excellence. (2024). *Asthma: Diagnosis, monitoring and chronic asthma management (BTS, NICE, SIGN) (NICE Guideline NG245)*. <https://www.nice.org.uk/guidance/ng245>
6. NHS Digital. (2025). *Respiratory disease profile: Statistical commentary, June 2025*. UK Government. <https://www.gov.uk/government/statistics/update-of-indicators-in-the-respiratory-disease-profile-june-2025>
7. NHS England. (2019). *The NHS long term plan: Respiratory disease*. <https://www.england.nhs.uk/ourwork/clinical-policy/respiratory-disease/>
8. Asthma + Lung UK. (n.d.). *How to use your inhaler*. <https://www.asthmaandlung.org.uk/living-with/inhaler-videos>
9. OpenPrescribing. (2026, May). *OpenPrescribing.net*. EBM DataLab, University of Oxford. <https://openprescribing.net/>
10. PresQIPP. (n.d.). *Bulletin 375: Inhaler carbon footprint*. PresQIPP CIC.
11. SENTINEL Plus. (n.d.). *SENTINEL Plus*. <https://sentinelplus.info/>
12. South Yorkshire Integrated Care Board. (2025). *South Yorkshire children and young people's asthma guideline*. South Yorkshire ICB. [https://mot.southyorkshire.icb.nhs.uk/south-yorkshire/files/South%20Yorkshire%20Guideline%20Children%20and%20Young%20People's%20\(CYP\)%20Asthma.pdf](https://mot.southyorkshire.icb.nhs.uk/south-yorkshire/files/South%20Yorkshire%20Guideline%20Children%20and%20Young%20People's%20(CYP)%20Asthma.pdf)
13. South Yorkshire Integrated Care Board. (2026). *South Yorkshire adult asthma guideline*. South Yorkshire ICB. <https://mot.southyorkshire.icb.nhs.uk/south-yorkshire/files/South%20Yorkshire%20Guideline%20Adult%20Asthma%20guideline%20.pdf>
14. NHS England. (2022). *Primary care network investment and impact fund (IIF)*. NHS England. <https://www.england.nhs.uk/primary-care/primary-care-networks/network-contract-des/iif/>

4 RESULTS



5 CONCLUSIONS

- Local DIBS outperformed the 2022/23 national IIF by applying tighter thresholds, monthly feedback, and local ownership, driving faster guideline uptake in a highly deprived, high-smoking Doncaster population.
- Evidence from other programmes supports that local incentive schemes improve guideline adherence and outcomes more effectively than national incentives alone.
- DIBS delivered rapid SABA reduction (~31%), reduced high-dose ICS prescribing, and increased DPI use as part of greener respiratory prescribing.
- The scheme improved safety, equity, and cost-effectiveness for the local health system despite rising national respiratory exacerbations.
- DIBS offers a scalable blueprint for high-burden regions to implement GINA, NICE NG245, and local asthma guidelines in routine primary care.

Acknowledgements
Deborah Leese, Senior Pharmacist, Medicines Optimisation Team, SY ICB
Erica Carmody, Senior Pharmacist, Medicines Optimisation Team, SY ICB
Gilly Sharpe, Senior Pharmacy Technician, Medicines Optimisation Team, SY ICB