

NHS GG&C Respiratory MCN Key Messages Dec 2020

COPD exacerbation medicines, supply via PGD- memo for GP practices 04/12/20

Situation	People with COPD may be suitable for self management of their exacerbations. NICE guidelines state that self management can improve quality of life and reduce hospital admissions in those at risk of exacerbation. ¹ NICE suggest certain people with COPD may benefit from having a supply of antibiotics and/or steroids ("rescue medicines") at home. ¹
Background	In March 2020 the MCN suggested practices supply COPD rescue medicines to high risk COPD patients as part of pandemic preparation. The GP provided the first supply and community pharmacies could then provide further supplies of the same medicines. The patient was advised to seek medical advice when starting these rescue medicines. This was a short term solution due to the pandemic.
Assessment	Moving forward the system in NHSGGC will change and supply of COPD exacerbation medicines will be via PGD (patient group direction) from community pharmacy. This will allow community pharmacies to supply the agreed medicines to the patient (within the requirements of the PGD) without the need for the patient to contact the GP practice. Supplying via PGD allows the correct governance to be in place.
Recommendation	<ul style="list-style-type: none"> • GP practices are now asked to consider suitable patients with COPD for inclusion in the PGD for community pharmacy supply. • This is expected to be a gradual process and as part of a discussion with the patient around self management. It is not expected that all the patients who received rescue medicines during the pandemic will be suitable for PGD supply. • See attached appendix for details of the process. • Community pharmacy training is underway with a launch date of 7th December 2020 • Any questions or comments please contact Alan Foster or discuss with your Prescribing Support Teams.

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Reference:

1. National Institute for Health and Care Excellence. Chronic obstructive pulmonary disease in over 16s: diagnosis and management [Internet]. [London]: NICE; 2018 [updated 2019 July; cited 2020 Sept 18]. (NICE guideline [NG115]). Available from: <https://www.nice.org.uk/guidance/ng115>
2. Chest, Heart and Stroke Scotland. www.chss.org.uk

Appendix- Process for PGD supply of COPD exacerbation medicines

GP/ Practice nurse/ Practice Pharmacist review COPD with patient

At risk of exacerbation eg. ≥ 2 exacerbations in the last year or 1 resulting in hospital admission

Assessed as suitable for self management of an exacerbation (they understand and are confident about when and how to take medicines and associated benefits and harms)

Patient agrees to self management

Provide patient with:

written self management plan* and **COPD rescue medication card**
and discuss and agree the process with the patient

Explain to the patient:

- the self management plan and action to take at each point in the plan
- they (or a representative) can take the card to a pharmacy in GGC and receive their COPD exacerbation medicines
- this supply can either be for treatment at the time of exacerbation or as a supply of rescue medicines to have at home for a future exacerbation
- explain, if keeping at home, to check expiry dates on medicines
- **if the card is not presented they will not receive the medicines**
- they can have a maximum of 2 courses in 3 months and up to 3 courses in a year
- they should continue to attend for annual review at GP practice
- worsening advice (usually as per the red zone on the CHSS "traffic lights plan")

Complete the card (**patient details, allergies and sign card and print name**) and give to the patient to hold:

the patient can then receive:

5 days of doxycycline (1st line) or amoxicillin
and/or 5 days of 30mg prednisolone (choice decided at the pharmacy)

Document in the patient record

Note:

- when the pharmacy supplies COPD exacerbation medicines they will inform the GP practice within 24 hours; this should be recorded in GP patient record
- the community pharmacist will not provide a physical examination but can provide advice
- patients under the care of the community respiratory team will be assessed for this process by that team, GP practices may still receive requests from the community respiratory team to supply antibiotics and steroids
- consider risks of oral steroids (consider checking Hba1c if not known to be diabetic, consider osteoporosis risk and risk of adrenal suppression)
- *CHSS "traffic lights for COPD" self management plan available to order [here](#). Scroll down to traffic lights for COPD.²