**Practice Process for Managing Patients who manage their own Emergency/Rescue Medication for COPD at Home**

Successful management of a process to monitor the use and issuing of rescue medicines for patients with COPD will help to improve the recording of exacerbations and increase patient education around identifying symptoms and managing their condition. It will also help to improve appropriate use of rescue medicines and management plans. The objectives for encouraging practices to develop and or review current processes include reducing the risk of unnecessary use of rescue antibiotics, reducing the risk of developing antibiotic resistance by reducing incidences of over use. Having a monitored uniform process across practices will also help to improve efficiency, reduce over ordering and waste and therefore costs. A review of the current practice process will help to encourage review and management of COPD in line with the new GMMMG copd management guidelines.

* There are 2 rescue medicines for patients with COPD they are as follows ;-

1. 1 x 5 day course of antibiotics (as per local community guidelines) except when they also have bronchiectasis where course duration should be 10 to 14 days. 1st line Amoxicillin 500mg Three times a day (total of 15 caps). 2nd line Doxycycline 100mg 2stat then 1 daily (total of 6 caps)

And

1. 1 x 7 day course of prednisolone 30mg daily (as per local community COPD team).

**All patients who use rescue medicines;-**

1. Should be educated on when to start taking their rescue medication, whether to use one or both in relation to their symptoms.
2. Should be given a COPD management plan (Read coded 66YI) completed with a record of their COPD and rescue medicines with dosing instructions and the duration of each of the courses.

**All patients who are suitable to manage their own rescue medicines at home ;-**

1. Should be able to recognise and manage their symptoms
2. Should be educated on when to start taking their rescue medication, whether to use one or both in relation to their symptoms.
3. Should be given a COPD management plan (Read coded 66YI) completed with a record of their COPD and rescue medicines with dosing instructions and the duration of each of the courses.
4. Should be Read Coded with 8BMp (self manages medication)
5. Should understand and be given an agreed process as to when and how to contact the practice so exacerbations can be confirmed and recorded. The process should also inform patients how to replenish stocks of their rescue medicines once they start to use them.
6. Should be informed of the number of courses they are allowed before they have to attend for a review.

Medicines to manage exacerbation should each have the words “RESCUE MEDICINES” included at the end of the dosing directions. They should not be listed on repeat drug list but could be managed from acute or added to the new field called ‘variable use repeat’ which has recently become available on the Emis web clinical system. Patients should be reviewed within a reasonable timescale in relation to using their rescue medicines in order to confirm they have used them appropriately, whether they made any difference to symptoms and also to record the exacerbation.

* The process of issuing these medicines, replenishing supplies at home and recording exacerbations in patients’ notes should be managed as appropriate for the practice but should have most of the elements of the process illustrated below.
* **Process**

**Request for Rescue Medication**

**Less than 4 issues in last 6 to 12 months**

**Yes No**

Is this a patient exempted from the usual process? Check notes for number of issues allowed and whether they have been reviewed or seen for COPD.

**Reviewed or seen for COPD in last 6 to 12 month**

**Yes No**

Issue medication as requested if this issue makes the 3rd issue then a review appointment may need to be arranged, consult with the person responsible for discussing use of rescue medication with patients.

The responsible person is to arrange an appointment for review and follow it up (may need to issue medication to cover until appointment –discuss with responsible clinician).

**Compile a list/register of all patients with COPD who manage their own rescue medicines at home all should have a COPD self-management plan and Read coded 66YI also with** **the** **Read code 8BMp.**  **Ensure that all future patients are coded in the same way and that the list/register is validated and kept up to date regularly.**

**Before launching this process in the practice carry out an audit of current patients identified by using the search and processes mentioned below and completing the audit sheet. Re-audit the patients 6 to 12 months after implementing the new or modified process in the practice and record results on the same audit sheet.**

* Practice is to identify a member of staff to manage the register and keep it up to date
* Practice is to identify a lead clinician to manage or be responsible for the process e.g. practice nurse. They should be able to review patients and be whom staff will consult with about requests for rescue medicines. This person should be able to speak to patients about the symptoms that have led patients to start taking their rescue medication. They should also be able to make a record in the patient’s notes regarding the exacerbation and Read code the event if appropriate.
* Practice is to identify a member of staff to be responsible for and be notified when a request for rescue medication has been made. This person doesn’t need to be a clinician but should be able to consult with the lead clinician about the request. They should also be able to review the patient record to identify when they were last seen about their COPD and identify the total number of issues of rescue medicines the patient has had in the previous 6 to 12 months.
* Note because patients may have more exacerbations during the winter months, when rescue medicines are requested during this time check the number ordered in 12 months but during the warmer months it is fine to check the number ordered in the previous 6 months. If unsure check the total number ordered in 12 months.
* Practice to devise a process and add to the repeat prescribing protocol to manage the process when requests for rescue medicines exceeds 3 courses (1 or both medicines) in 6 to 12months previous to a request and the patient has not been seen for a review of their COPD in this period. The person managing this process will ideally need to make an appointment with a clinician for the patient to be seen before anymore rescue medicines are issued. However in practice this may not be possible due to Weekends and holidays etc. So each situation should be reviewed individually with a clinician and the outcome documented. The person managing or responsible for this process should be able to follow this through and ensure that the patient is seen at the next available opportunity. If patients are not coming in for appointments then it may be that they are not suitable candidates for managing their rescue medicines and steps should be taken to change this or for them to be reviewed at home.
* Lead person or clinician to inform practice staff who generate prescriptions (including clinicians) of the new process and that requests for rescue medicines can be issued from acutes but ideally from “variable use repeat” until there have been 3 issues in 6 to 12 months then the patient needs to be seen by a clinician. **Note if practices decide to use the variable use repeat field their system has to be robust in order to reduce the risk of excessive issues especially if these medicines have previously been managed via acutes. The reason being currently medicines listed in the variable use repeat field on screen is listed as repeat medicines on the repeat request slip they are not listed separately by EMIS yet.**
* There should be a clear record made in patients’ notes that they manage their own rescue medicines e.g. a screen message also the Read Code 8BMp should be added to the notes.
* Once the patient has seen a clinician regarding their exacerbations and their management has been reviewed then the count can start again from the date they were seen regarding COPD.
* Every time one or both rescue medicines are requested the person responsible for this part of the process (or issuing the medicines) should check if the patient has been seen about their COPD in the last 6 to 12 months then count up the number of different issues of rescue medicines requested since the date they were last seen. (NB issue of antibiotic and prednisolone tabs at the same time is counted as 1 issue).
* The practice may want to vary the number of issues for some ‘difficult to manage’ patients by increasing the number of issues they are allowed before they have to be seen but this should not exceed 5 in 6 to 12 months. For these patients a clear screen message or pop up note should be added to the records detailing the steps to be taken or the number of courses allowed before they need to be seen by a clinician. Add a pop-up note with alternative details for these selected patients. Include the number of issues allowed, the name of person to consult also the date and the name of who added the note.
* Practices should give thought how they manage requests for rescue medicines towards the end of the working week as refusing to supply before seeing a clinician at this time of the week may lead to an increase in calls to the out of hours service and or A & E attendances. They should encourage patients to request medicines as soon as possible after they start a course of treatment and not after it has finished.

**Summary of recommendations**

* All rescue medicines to include the words “rescue medicines” or practice equivalent phrase in the dosing directions
* For patients who are able to recognise their symptoms and have been selected to manage their rescue medicines at home Read code with 8BMp (self manages medication).
* All patients with COPD to be given a management plan Read code 66YI (COPD self-management plan given). The plan should be reviewed and kept up to date regularly. Plans are available from COPD team at Kingsgate House.
* Patients selected to manage their rescue medicines at home are to be educated on identifying their symptoms and when to take one or both of their rescue medicines.
* Patients who are self-managing their rescue medicines are to be informed of the practice process as to how to replenish their stock as soon as they start using them and how to report exacerbations.
* Rescue medicines should be listed on acute or in the “Variable use repeat” field. Practice staff that produce prescriptions should be informed that the chosen field is for medicines that are not required on a regular basis or where monitoring of use is necessary.
* Patients should be seen by a clinician after having 3 rescue packs in 6 to 12 months depending on the time of year therefore requests for rescue medicines should result in reviewing patients notes and arranging an appointment for review if necessary.
* The responsible person should follow- up patient to confirm thy have attended for review

Practices are to start to adopt or confirm that the above recommendations are covered by their current process for managing patients with COPD who are using and or self-managing rescue medication.

**How to compile a list of suitable patients to audit**

Search for patients with COPD who have been given a COPD management plan (Read code 66YI- COPD management plan given). In order to find those managing their medicines at home you can add in parameters to find any patients who have antibiotics and prednisolone tablets on repeat in the last 12 months. Note adding in those who have had these medicines on acute will identify more patients but though they may have had an exacerbation it doesn’t mean they manage their rescue medicines at home. Asking the practice nurse for patient names will also help to identify patients as they may remember patients whom they have selected as being suitable to manage their medicines at home. Also searching for or adding into your search the read code 8BMp will identify patients who “self manages medication”.

Complete audit sheet

**Audit Sheet –COPD rescue medication**

For a random selection of patients (e.g. 10) where you have confirmed that they manage their own rescue medicines at home complete the data collection sheet.

Audit to be repeated in 6 months after launching new process of managing rescue medicines

**Practice Name**…………………………………………………………………. **1st audit- date data collected**………………………………………..

**2nd audit - date data collected**…………………………………………

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Patient name and 2nd identifier** | **COPD management plan given (Y/N)** | | **No of courses of antibiotics in last 12 months** | | **No of courses of prednisolone tabs in last 12 months** | | **No of times seen clinician about COPD in last 12 months** | | **No of exacerbations Read coded in last 12 months** | |
|  | 1st audit | 2nd audit | 1st audit | 2nd audit | 1st audit | 2nd audit | 1st audit | 2nd audit | 1st audit | 2nd audit |
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