

RESCUE PACK PRESCRIBING FOR COPD: A CHANGE IN PRACTICE

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Abstract

As an ANP who has managed our patients with COPD for a long time, I recognised some unsafe prescribing of rescue packs. Initially, the prescribing had been added as a repeat. I did an audit and noticed some patients had requested rescue packs monthly, undetected until their annual review without any patient assessment or review. Overuse of antibiotics and steroids do not come without risk to public and personal health. Many patients lacked a real understanding of when to use them. Some years ago I stopped all repeats and asked that all requests were sent to me. No time was allocated which meant my review was dependant on my time constraints, so could be variable. Additionally, if I was off, the doctors found issuing as acute an inconvenience. Some were therefore put back onto repeat. We have had a recent MDT practice meeting for a uniform approach. It was agreed that rescue packs would be given as an acute prescription. All COPD patients are informed that if they use their rescue packs monthly and it has helped, to contact reception who will book a 10 minute telephone call with me to review. This 10 minute appointment is time to check it has been used appropriately, if not reiterated when and how to use, optimise treatment, look at whether referral is indicated or other investigations such as CXR/ bloods. This works well because that 30 minute COPD ITC review covers a lot, other things flag up, patients often have other issues they want to discuss not related to their COPD but causing them concern. Some patients have not liked the method because they worry they will not always have a rescue packs monthly at home. With careful explanation, they are realising that they will have a replacement and if they have not improved when taking the first rescue pack it is an assessment they need. Unfortunately, it has not resolved the problem of some patients overusing and despite optimisation of treatment, referral to secondary care, we struggle to manage this treatment.

RESCUE PACKS ON REPEAT

ADVANTAGES

- Having rescue packs on repeat saves clinician time as this will be reviewed and re-authorised once an year.
- The process is more convenient for patients as the rescue packs medication can be requested the same way as their other medication.
- Secondary care often ask that patients have a rescue pack on their repeat prescription as this is perceived to prevent hospital admissions.

DISADVANTAGES

- Long-term annual review appointments are 30 minutes long and rescue packs education is a fragment of the review. Patients are not clinicians and have variable levels of understanding, therefore, rescue packs can be used inappropriately.
- If patients are using their antibiotics innapropriately, it would be undetected for a year. Prior to stopping repeat antibiotics, some of our patients had been requesting them monthly for years. This overuse is a concern for antibiotic resistance.
- There is also a risk of patients overusing steroids and some of our patients had been requesting prednisolone monthly for years with no monitoring. Steroid overuse increases the risk of gastric bleeds, diabetes and osteoporosis.

RESCUE PACKS, ACUTE PRESCRIPTIONS

ADVANTAGES

- The new system of booking the patient into a 10 minute allocated rescue pack slot means that there is time to check the patient has taken the rescue pack appropriately. It gives them a chance to address any concerns they have about their medication.
- Acute prescribing of the antibiotics and steroids meets the standards of good prescribing practice.
- For patients using their rescue packs more often, the 10 minute allocated appointment is an opportunity to look at other measures that may help – smoking cessation, optimising medication, encourage attendance for vaccinations, discuss infection control measures, and lifestyle. There is an opportunity to bring the patient in for a face-to-face appointment, or consider other investigations/ referrals. When patients are followed up in this way, they feel someone is taking an interest, and our COPD patients expressing a high level of satisfaction.
- There has been a reduction in overuse of rescue packs since changing to acute prescribing.

DISADVANTAGES

- More clinician time when done as acute with review. However, at our surgery it has saved GP time as complete care is done by an ANP.
- Initially, some patients would forget to phone for a replacement and find it hard to get one. Our practice now uses the e-consult lite system, so it has made it easier to get a rescue pack on the same day as an acute.
- Some patients have expressed preference to repeats and not having telephone reviews.

CONCLUSION

The system we have introduced has saved GP time and now ensures our COPD patients are followed up appropriately. The 10 minute appointment slots are flexible, in the summer less are added than in winter months. Ardens has a post exacerbation template which covers all the important aspects mentioned in the abstract for follow-up review. My next project may be to develop an easy, visual, conage self management plan for our COPD patients.