

Improving COPD Rescue Pack Management in a Deprived Primary Care Network

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BEST PRACTICE / SERVICE DEVELOPMENT

A Pharmacy Technician-Led Pilot to support safe, consistent and patient-centred rescue-pack care

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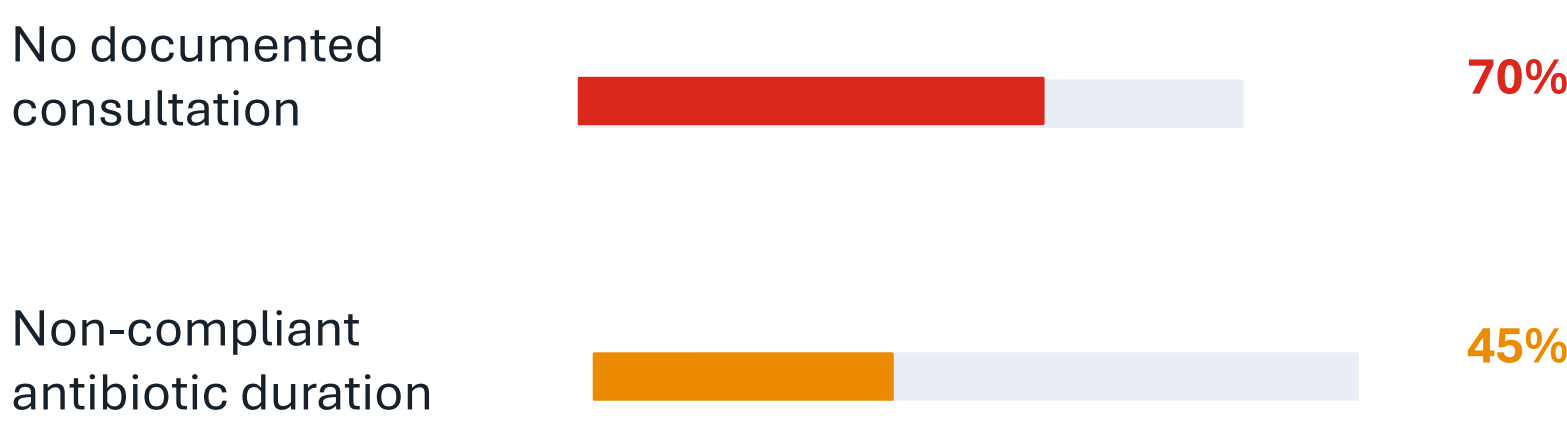
A simple structured pathway helped the PCN deliver more consistent rescue-pack reviews, strengthen patient education and release GP capacity.

Why we introduce the pathway

Rescue-pack requests were already a familiar part of COPD care. A local review identified an opportunity to make the process more consistent, strengthen documentation and ensure every request included education and safety-netting.

Focus: consistency • education • stewardship

Baseline audit snapshot



n=20 rescue pack prescriptions reviewed before the pilot

Aim

To test whether a Pharmacy Technician-led pathway could:

- provide a structured first review
- support timely escalation when needed
- improve patient understanding of when and how to use a rescue pack
- support appropriate antimicrobial use
- free GP time for patients needing medical review

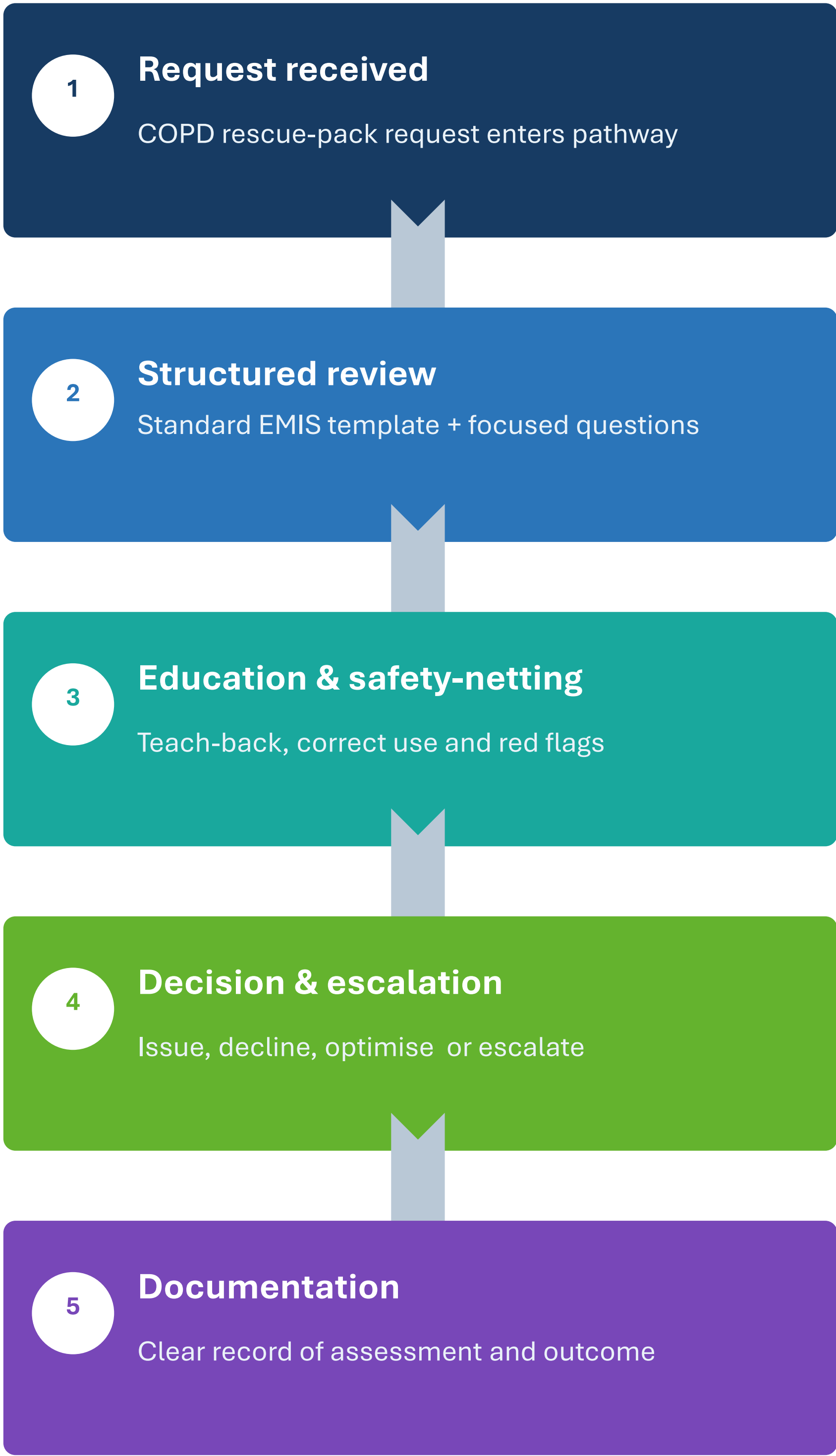
Pilot setting

Four-week pilot across two GP practices within Liverpool First PCN

1–31 March 2026

Every request used a standardised EMIS template and agreed escalation criteria.

The Pharmacy Technician-led pathway

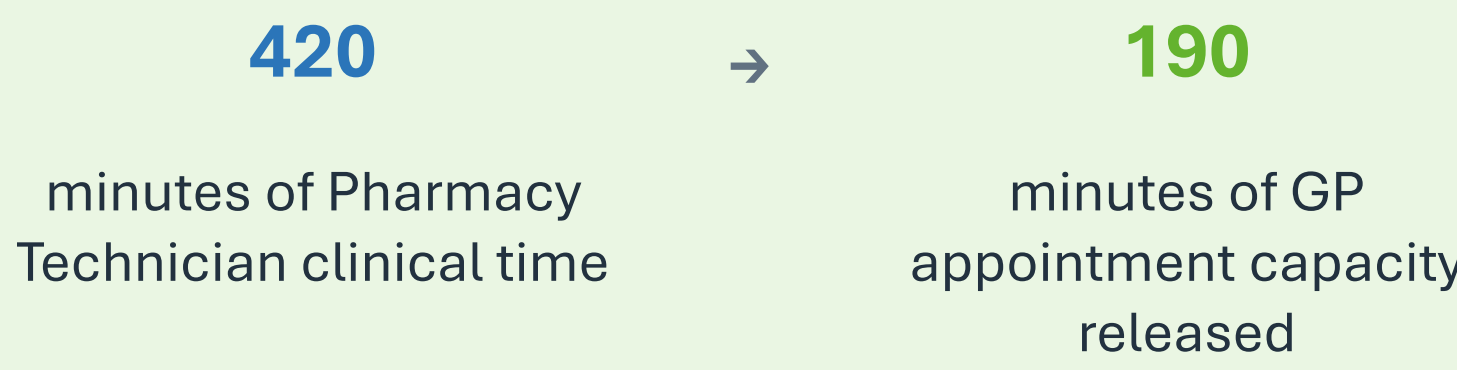


Pilot outcomes



The pathway matched each request to the most appropriate next step rather than automatically supplying a repeat rescue pack.

Capacity released



Equivalent to 19 standard GP appointments

Antimicrobial stewardship

Antibiotic selection and duration were standardised in line with NICE and regional guidance. The structured review also created a consistent point to reinforce appropriate antibiotic use.

Consistent review before supply

Patient-centred approach

Every review included:

- what symptoms to look for
- when to start treatment
- how to take medicines correctly
- red-flag symptoms and when to seek urgent help
- teach-back to confirm understanding

Supported Self-management

What made the model work

The technician did not work in isolation. The pathway was supported by pharmacist supervision, agreed escalation routes and access to GP review where clinically appropriate.

Clear roles

EMIS template

Escalation

This allowed the pathway to extend capacity while retaining clinical oversight.

Clinical value beyond the request

Eight patients were identified for wider COPD optimisation, including initiation of triple therapy under pharmacist supervision.

The rescue-pack request became an opportunity to review the patient, not just the prescription.

Why this matters

1

Patient care

More consistent education, safety-netting and supported self-management

2

Team capacity

Technicians contribute meaningfully while pharmacists and GPs focus on higher-acuity needs

3

Quality & governance

A standard template and escalation process support reliable documentation and decision-making

4

Transferability

Uses existing ARRS workforce and can be adapted across practices with minimal additional cost

CONCLUSION

A Pharmacy Technician-led COPD rescue-pack pathway provided a practical way to standardise review, strengthen patient education, support antimicrobial stewardship and release GP capacity, while maintaining pharmacist and GP escalation for patients who needed it.

Low-cost • scalable • transferable across primary care