

**Adults and Health Overview and
Scrutiny Committee**

1 October 2024



Chronic Obstructive Pulmonary Disease (COPD) Rescue Packs

**Briefing from North East and North
Cumbria ICB Primary Care Team**

Electoral division(s) affected:

None

Purpose of the Report

- 1 To provide an update on Chronic Obstructive Pulmonary Disease (COPD) Rescue Pack availability from primary care providers (General Practice) across County Durham

Recommendation(s)

- 2 The Adults and Health Overview and Scrutiny Committee is recommended to:
 - (a) Note the attached briefing from NENC ICB primary care team in County Durham.

Background

COPD is the second largest cause of emergency admissions into hospital, and one of the most expensive inpatient conditions treated by the NHS (National Institute for Health and Care Excellence, 2019). COPD exacerbations can negatively impact on health status, rates of hospitalisation and readmission and disease progression (Global Initiative for Chronic Obstructive Pulmonary Disease, 2023).

An exacerbation is a worsening of patient symptoms beyond their usual day to day variation and may present as increased breathlessness.

NICE guidance for COPD supports the use of rescue pack medication. A COPD Rescue Pack is a 5 day supply of steroids and a 5 day supply of antibiotics for a patient to keep at home so that, in the event of a flare up, a course of treatment can begin immediately without waiting for an appointment with a clinician. NICE supports the use of the rescue packs with the following recommendations:

- If the patient has had an exacerbation within the last year, and remains at risk of exacerbations
- They understand and are confident about when and how to take these medications and the associated benefits and harms
- They know to tell their healthcare professional when they have used the medicines, and to ask for replacements.

NICE recommends that rescue packs should be prescribed on a patient specific basis considering the current evidence, the patient's clinical circumstances and prescribe a rescue pack as part of a patient's exacerbation plan.

There are risks associated with the use of rescue pack medication. Evidence shows that COPD exacerbations are generally inflammatory in nature (therefore the steroid being more important) and not infective, therefore, the antibiotic is in many cases not needed, and if used, may expose the patient unnecessarily to an antibiotic and therefore run the risk of antimicrobial resistance and *Clostridioides difficile* (bacterial infection).

NICE guidance therefore recommends that they are not issued on REPEAT prescription.

General Practices should have a process in place for the correct supply, monitoring and review of rescue pack medication. This is to ensure that patients are reviewed each time a COPD rescue pack is prescribed. A review of COPD rescue pack medication should take place regularly and at least once per year. This policy also helps flag any overuse of the rescue packs and if so, working with secondary care colleagues to undertake further investigation(s), if required.

Patients with COPD should have a written plan as to when to request further rescue medication and to also inform the practice when they have used the rescue pack that they already have on standby.

The intention of this guidance on the issuing of rescue packs is to safeguard the patient and to ensure that rescue packs are prescribed appropriately and not overused and to empower the patient to have a better understanding of their chronic condition and how to manage it.

UK, European, and international medicine guidance is monitored and reviewed locally via the Regional Clinical Advisory Group (RCAG), working closely with the NENC ICB's Medicine Optimisation (MO) team. RCAG and the MO team then work closely with our Clinical Leads to review and implement any changes to guidance locally.

The NICE guidance on issuing rescue packs has been discussed at all of the Local Prescribing Groups recently and therefore the latest guidance on the treatment of COPD exacerbations has been disseminated among all of the practices in County Durham.

A GP and pharmacist from each practice attends these informative meetings which is Chaired by the ICB, with a highly experienced Medicines Optimisation pharmacist in attendance.

In summary, County Durham General Practices have not been advised against issuing rescue packs but have been advised that they should be issued for COPD exacerbations in specific circumstances. If a patient has any concerns, we encourage them to contact their general practice so that they can be addressed.

Additional Information:

What is COPD?

Chronic obstructive pulmonary disease (COPD) describes a group of lung conditions that cause breathing difficulties. It includes:

- Emphysema – damage to the air sacs in the lungs
- Chronic bronchitis – long-term inflammation of the airways

COPD is a common condition that mainly affects middle-aged or older adults with a history of smoking, accounting for 9 out of every 10 cases. The main symptoms are:

- Increasing breathlessness, particularly when you're active
- A persistent chesty cough with phlegm – some people may dismiss this as just a "smoker's cough"
- Frequent chest infections
- Persistent wheezing

COPD can also affect people who have never smoked. Some cases of COPD are caused by long-term exposure to harmful fumes or dust. The outlook for COPD varies from person to person but the condition cannot be cured or reversed, but for many people, treatment can help keep it under control, so it does not severely limit their daily activities.

Prevalence of COPD

Information last updated by the National Institute for Health and Care Excellence (NICE) in 2016 says an estimated 3 million people have COPD in the UK, of whom 2 million are undiagnosed.

The National Institute for Health and Care Excellence (NICE) confirms that there are significant geographical variations in the prevalence of COPD, and it is closely associated with levels of deprivation.

NHS Digital data shows that in 2020/21, approximately 1.17 million people in England have been diagnosed with COPD, which is around 1.9% of the population.

County Durham COPD Cases	17,498 people are currently diagnosed with COPD in County Durham
Smoking prevalence	10,409 are ex smokers
	5,368 are current smokers
	1,702 have never smoked
Admissions to hospital <small>(RAIDR Population Health Management System, 2024)</small>	There were 1,692 recorded COPD condition related admissions into acute care (July 2023 to June 2024). 1,466 admissions the previous year.

County Durham Community Diagnostic Spirometry Service

Spirometry (meaning the measuring of breath) is the most common of the pulmonary function tests (PFTs). It measures lung function, specifically the amount (volume) and/or speed (flow) of air that can be inhaled and exhaled. Spirometry can be helpful in assessing breathing patterns that identify conditions such as COPD, asthma, pulmonary fibrosis and cystic fibrosis.

County Durham's Community Diagnostic Spirometry Service is provided under contract by County Durham and Darlington NHS Foundation Trust. The County Durham Diagnostic Spirometry Service provides a diagnostic service to patients over the age of 18 who are registered with a GP Practice in County Durham who have suspected COPD or Asthma.

The service also offers Fractional Exhaled Nitric Oxide (FeNO). FeNO testing produces a score which gives a value to the level of inflammation and can therefore be used to aid in the diagnosis of asthma.

Recommendation(s)

The Adults and Health Overview and Scrutiny Committee is recommended to:

- a) Note the attached briefing from NENC ICB primary care team in County Durham

Please feel free to contact the NENC ICB's primary care team in County Durham if you have any concerns or issues with the information contained in this briefing, or any other queries in relation to primary care services: colin.stephenson@nhs.net

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