

Enclosure No:	4/AWMSG/0219
Agenda item No:	8 – All Wales COPD Management and Prescribing Guide
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1.0 ACTION FOR AWMSG

AWMSG members are asked to consider the *All Wales COPD Management and Prescribing Guide* for endorsement.

Members are asked to review the content within the single-page document overleaf. Members should also be aware that once the content has been agreed, there are plans to launch an online interactive version of the pathway.

An in-development version of the online interactive pathway can be accessed [here](#), using the following log-in details:

- **E-mail address:** tester@clinicalreview.com
- **Password:** Password123!

2.0 PURPOSE

This project aims to reduce variation in inhaler prescribing. Several audits in different health boards have demonstrated large variations in inhaler prescribing between different practices despite similar prevalence of chronic obstructive pulmonary disease (COPD). Many health boards have produced local guidelines for COPD management, and it was discussed and agreed at Respiratory Health Implementation Group (RHIG) meetings that an All Wales guideline would be more effective than local plans.

The guidelines are pertinent to the following recommendations made in the [AWMSG Five-year Strategy 2018–2023](#):

- *2.1 Workforce development*
- *4.2 Nationally available medicines list*
- *4.3 Improving prescribing and medicines optimisation within NHS Wales*
- *4.8 Using data to improve patient outcomes*

2.1 Process

- AWPAG meeting 27 June 2018
- Consultation October 2018
- AWPAG meeting 5 December 2018
- AWMSG Steering Committee 29 January 2019
- *AWMSG Meeting 13 February 2019*

3.0 SUMMARY

This project addresses a key aim of the National Respiratory Health Delivery Plan, with a focus on reducing prescribing variation. Several audits in different health boards have demonstrated large variations in inhaler prescribing in different practices despite similar prevalence of COPD. Many health boards have produced local guidelines for COPD management, and it was discussed and agreed at Respiratory Health Implementation Group meetings that an All Wales guideline would be more effective than local plans.

DRAFT FOR ENDORSEMENT

The COPD guidelines have been disseminated widely amongst the respiratory community in Wales, and have been modified to the current format. They follow national guidelines for COPD management.

The broad spirit of the Respiratory Health Delivery Plan has been to support prudent healthcare. Implementation requires close cooperation with primary care and that will be undertaken through the Respiratory Health Delivery Plan, coordinated by the clinical lead and project manager.

Audit of implementation will be via health board pharmacy leads to monitor the usage of different inhaler combinations and the change in overall costs. In addition, RHIG will monitor outcomes such as admissions to hospital with COPD.

It is envisaged that these guidelines may result in significant cost savings which can be reinvested in respiratory care initiatives such as developing community pulmonary rehabilitation and strengthening smoking cessation.

All Wales COPD Management & Prescribing Guideline

Pathway step information x

Symptom Checklist

- Smoking history
- Breathlessness (MRC)
- Cough
- Haemoptysis
- Sputum
- Number of exacerbations
- CAT score
- Anxiety
- Depression

Investigations

- Post BD spirometry mandatory
- Chest X-ray (CXR)
- Full Blood Count (FBC)
- Oxygen Sats (SpO2)

Clinical Pathway App

Publication date: 27/11/2018
Review date: 28/11/2019

COPD
 All Wales COPD Management And Prescribing Guide

1 Evidence of airways obstruction that is not fully reversible

Pathway step information x

The post-bronchodilator spirometry FEV1/FVC ratio (Forced Expiratory Volume in one second divided by the Forced Vital Capacity) is less than 0.7

STEP 1: ASSESSMENT

Symptoms checked? 1

1 **Phenotype 1**

Pathway step information x

COPD with predominant breathlessness
Dyspnoea with less than 2 exacerbations per year

1 Normal post-bronchodilator spirometry

Pathway step information x

The post-bronchodilator spirometry FEV1/FVC ratio (Forced Expiratory Volume in one second divided by the Forced Vital Capacity) is more than 0.7

STEP 2: DIAGNOSIS

Evidence of airways obstruction that is not fully reversible? 1

Normal post-bronchodilator spirometry 1

Reconsider pathway

1 **Phenotype 2**

Pathway step information x

COPD with Exacerbation (+/- Breathlessness)
Two or more exacerbations per year

STEP 3: REFER

Any red flag symptoms 1

Secondary care referral perform CXR 1

Referral for tobacco dependency 1

Flu vaccination 1

Exercise, education & rehabilitation 1

Referral for oxygen assessment if SpO2 is <93% 1

1 **Phenotype 3**

Pathway step information x

COPD with asthma overlap
Evidence of significant symptomatic or lung function response to steroids (oral or inhaled). Blood eosinophil counts >0.3

1 Red Flag Symptoms

Pathway step information x

Red Flag Symptoms

- Persistent cough in a smoker
- Haemoptysis
- Chest pain
- Unexplained weight loss
- Clubbing in a smoker
- Abnormal CXR

STEP 4: PRESCRIBE

Phenotype 1 1

Phenotype 2 1

Phenotype 3 1

1 **Prescribe a SABA + (LABA + ICS)**

Pathway step information x

Below are suggested options in this category

1 Prescribe a SABA

Pathway step information x

Below are suggested options in this category

<p>Salbutamol 100mcg MDI + spacer PRN</p> <p>Gentle and deep via spacer</p>	<p>Salbutamol 100mcg Easyhaler PRN</p> <p>Forceful and deep</p>	<p>Salbutamol 100mcg MDI easibreathe PRN</p> <p>Gentle and deep</p>
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Ensure patient can use device. All MDIs must be used with a spacer

STAGE 1

Prescribe a SABA 1

If using SABA daily (2 puff 2-4 times per day)

Check inhaler technique and adherence

Prescribe a SABA + (LABA + LAMA) combination 1

If continued exacerbations or breathlessness

Check inhaler technique and adherence

Prescribe SABA + (LABA + ICS) 1

If continued exacerbations or breathlessness or symptoms of poor control of asthma

Check inhaler technique and adherence

<p>Fobumix easyhaler 320/9</p> <p>1 puff BD</p> <p>Forceful and deep</p>	<p>Relvar ellipta 92/22</p> <p>1 puff OD</p> <p>Forceful and deep</p> <p><small>Check licensed indications</small></p>	<p>Symbicort turbohaler 400/12</p> <p>1 puff BD</p> <p>Forceful and deep</p>
<p>Fostair nexthaler 100/6</p> <p>2 puffs BD</p> <p>Forceful and deep</p>	<p>Fostair MDI 100/6</p> <p>2 puffs BD via spacer</p> <p>Gentle and deep via spacer</p>	

Ensure patient can use device. All MDIs must be used with a spacer

1 Prescribe a LABA + LAMA combination

Pathway step information x

Below are suggested options in this category

<p>Duaklir Genuair 340/12</p> <p>1 puff BD</p> <p>Forceful and deep</p>	<p>Ultibro Breezhaler 50/110</p> <p>1 puff OD</p> <p>Forceful and deep</p>	<p>Anoro Ellipta 62.5/25</p> <p>1 puff OD</p> <p>Forceful and deep</p>	<p>Spolto Respimat 2.5/2.5</p> <p>2 puffs OD</p> <p>Gentle and deep</p>
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Ensure patient can use device. All MDIs must be used with a spacer

STAGE 2

If symptoms are stable follow up and if symptoms are worsening continue pathway

Prescribe SABA + (LABA + LAMA) 1

If continued breathlessness that limits daily activities

Check inhaler technique and adherence

Prescribe SABA + Triple therapy 1

If continued exacerbations or breathlessness

Check inhaler technique and adherence

Prescribe SABA + Triple therapy 1

If continued exacerbations or breathlessness or symptoms of poor control of asthma

Check inhaler technique and adherence

If symptoms are stable follow up and if symptoms are worsening continue pathway

1 **Prescribe triple therapy**

Pathway step information x

Below are suggested options in this category

<p>Trimbow MDI 87/5/9</p> <p>2 puffs BD + spacer</p> <p>Gentle and deep via spacer</p>	<p>Trelegy Ellipta 92/55/22</p> <p>1 puff OD</p> <p>Forceful and deep</p>
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Ensure patient can use device. All MDIs must be used with a spacer

STEP 5: REVIEW

Symptoms worsening? **YES**

Still poorly controlled? Review:

- Inhaler technique
- Non-pharmacological interventions
- Smoking status

Consider referral

Symptoms worsening? **NO**

Review annually if stable