

Welcome to the Acute Prescribing Quick Guide Launch

Seven ideas
to safely
improve acute
prescribing

1.
Record
prescribing plans
in patient
notes



2.
Review your
process for
prescription
requests



3.
Use annual,
person-centred
medication
reviews



4.
Set up
permissible
repeat
prescriptions



5.
Use serial
prescriptions



6.
Develop a
standard
operating
procedure



7.
Signpost to
Pharmacy First
services



For further
information visit our
Pharmacotherapy
webpages or email
his.pcpteam@nhs.scot



Acute Prescribing Quick Guide

Launch webinar

1 June 2023

Housekeeping

1

2

3



- 1. Open and close the chat panel** – use the chat box to raise any questions you may have for the speakers and post comments.
- 2. Participants will have their cameras and mics automatically off.**
- 3. Leave the meeting** – use this to leave this webinar at the end.

This webinar will be recorded and shared online for those unable to join today



Welcome



Why focus on acute prescribing?



Provide patients with
safe & improved access
to medication



Address prescribing
workload issues



Make best use of skills
within the primary care
multidisciplinary team

Quality improvement

Definition

Acute prescription:
any prescription **without a
serial or repeat mandate**



Background and development

Policy Context

- The [GMS Contract](#) (2018) & [MOU2](#) (2021) outlined a commitment to the development of HSCP led pharmacotherapy services.



Pharmacotherapy Programme

- 2021: Serial Prescriptions Toolkit developed with input from 53 GP practices.



- 2022: Acute Prescribing Learning Network including 77 practices.
- Acute Prescribing Toolkit developed and published with network input.

Acute Prescribing Quick Guide

- Condenses tools and resources from the Acute Prescribing Toolkit onto one webpage.
- Designed to help teams get started with prescribing improvement.
- Supported by sprint work on pharmacotherapy projects and our new quick start programme.

Quick guide navigation

Acute Prescribing Quick Guide

Seven ideas to safely improve acute prescribing

In this quick guide, we set out seven change ideas to help you to safely improve your acute prescribing processes in line with the [Essentials of Safe Care](#).

These ideas were tested by Scottish primary care services as part of the [Acute Prescribing Learning Network](#) and we have linked examples of their work and key documents.

Acute prescribing forms a large part of the daily workload for GP practices. Effective prescribing processes can:

- provide patients with safe and timely access to medication
- address prescribing workload issues, and
- make the best use of the skills within the primary care multidisciplinary team.

Seven change ideas

Change idea	Overview	Useful documents and examples
1. Record prescribing plans in patient notes	<p>A prescribing plan records how and when a medication should be reviewed so that the whole team are aware of the original prescriber's intentions.</p> <p>Involve prescribers in designing your template and encourage them to use it and provide feedback where necessary. The template developed by NHS Forth Valley is a helpful starting point.</p>	Case study - NHS Forth Valley
2. Review your process for requesting prescriptions	<p>Reviewing your process for requesting prescriptions ensures the most appropriate person deals with requests.</p> <p>Remember to consider the perspectives of patients, practice staff and community pharmacy when conducting your review.</p>	Learning summary - Ladywell Medical Centre (West)
3. Use annual, person-centred medication reviews	<p>Annual medication reviews give prescribers confidence to issue medication on repeat rather than on acute prescription.</p> <p>Think about which staff can be involved in the medication review process. Also, consider whether you can align the timing of the reviews to the patient's date of birth or to a chronic disease review.</p>	7 step medication review Learning summary - NHS Western Isles

Quick guide navigation: Resources



Acute Prescribing Learning Network Standard Operating Procedure (SOP) template

Team	
SOP title	
Version	
Author	
Date last updated	
Review Date	

Purpose and scope

What is the SOP for and ~~why~~ does it apply to?
Who is responsible for implementing and updating?

Specific procedures and responsibilities

Initiation

Who does what when the drug is ~~initiated~~?
~~Is a prescribing plan documented?~~

Request

Who does what when the drug is ~~requested~~?
A process map may be useful.

Prescription Management

What needs recorded in the clinical system? I.e. Prescribing plan.
What count ~~should be on~~ on the permissible/limited repeat?
What medication review date ~~should be added~~?

Exclusions

Any exclusion criteria. E.g. any scenarios where the SOP ~~doesn't~~ apply such as age restrictions, overriding secondary care instructions, palliative care needs etc.

Review Format

Questions and monitoring required at review.



Learning Summary Pathhead Medical Centre

The aim of the project was to reduce the number of acute prescriptions from 25% of overall prescriptions issued to less than or equal to 20% by August 2022.

Background

Pathhead Medical Centre is based in Pathhead, Midlothian. It is in a semi-rural area and has a list size of 6,323 patients.

Key activities

Planning

The practice held an engagement session to involve the whole team and to [process map](#) their existing prescribing system. They identified that there was no permissible repeats policy resulting in a lack of consistency in clinical decision-making.

The team then used the Scottish Therapeutics Utility (STU) to review their overall number of acute prescriptions and to analyse their repeatable acute prescriptions using a [Pareto chart](#) to identify where they could have the most impact.

Testing

The practice created a permissible repeats policy and went through Plan Do Study Act (PDSA) cycles to test the introduction of a permissible repeats policy, adapting it iteratively based on the findings from each cycle.

The policy was tested and updated by GP partners in the initial testing cycles. The next step is to circulate this to the whole multi-disciplinary team ahead of the next cycle.

Measurement

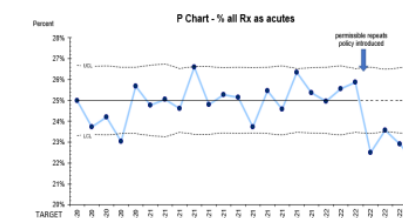
The practice team are using STU data to **measure** the number of repeatable acute prescriptions issued each month to identify any **improvements**.

The chart below shows acute prescriptions as a proportion of total prescriptions issued on a month by month basis and enables the practice to track their progress.

The team are also collecting feedback from staff and patients to understand the impact of the new policy on the people involved.

Impact and learning

- **Acute prescriptions**, as a percentage of the overall medications issued, have **reduced** following the introduction of the permissible repeats policy.
- The team will keep collecting and reviewing STU data to understand whether a **trend** or **shift** can be identified indicating improvement.
- Practice staff have been encouraged to provide feedback: "I am following the rules I think, happy to be getting more onto repeats and for longer, as [there is] just so much duplication otherwise".
- The practice learned not to try and include everything in the policy but focus on the most frequent prescriptions which will have the greatest impact (identified from Pareto chart).
- The practice team have used STU data in each of their PDSA cycles. This has helped them monitor progress and encouraged the team to keep going.



Quick guide change ideas

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his.pcpteam@nhs.scot



An MDT approach to reducing acute prescribing and improving patient care

Ryan Richardson - Senior Pharmacist (Primary care)

Service need

- Oakwood medical practice has an approx. list size of 5300 patients. In the year (07/20-06/21) there were average of 2538 acute prescriptions issued per month (Appendix 1).
- Through practice meetings it was agreed that a priority was to reduce acute prescription workload. Using a locally developed GGC database tool, it was identified that acute antidepressant prescribing accounted for ~14% of the monthly acute prescribing workload and this became our initial focus.
- Ideas centred around a pharmacist led service however pharmacy resource was low, one pharmacist 0.4WTE, complicated by new staff training requirements and no IDL cover. There was also a realisation that a whole team approach would be required to prompt significant change.
- Discussion as an MDT led to development of a simple practice protocol (Appendix 2.), aimed at improving the management of acute antidepressant prescription requests. With a plan for a pharmacist led clinic to follow when resource allowed.

Aims

- Reduce the overall proportion of acute prescriptions for antidepressants relative to repeat prescriptions.
- Improve the care and management of patients prescribed antidepressants.
- Improve job satisfaction.
- Develop a pharmacist led clinic, focused on the appropriate review of antidepressant medication, utilizing independent prescribing skills.

Concerns/Fears and perceived barriers

Concerns/Fears
and perceived
barriers in
general to MDT
project

- Practice staff changing to follow a new process
- Having enough time to complete process

Concerns/Fears
and perceived
barriers
specifically
regarding
pharmacist led
clinic aspect

- Patient satisfaction with pharmacy review
- Pharmacy service being reduced or re-prioritised to other tasks
- Differing styles of risk management
- Being able to offer time to support
- Ability of pharmacist to undertake mental health reviews

Process and Progress

- GPs began implementing practice-based protocol (Appendix 2.) from Jul-21.
- Admin staff training delivered by GP and Practice manager/ Assistant practice manager

Pharmacist led clinic

- Discussions led to autonomous pharmacist led clinic, utilizing independent prescribing, commenced Apr-22
- Initial focus on the reauthorization for repeat antidepressant prescriptions building to also incorporate acute prescription requests. Reviewing 5 patients per session, increasing to 10 patients per session (Aug-22) 0.4WTE

Evaluation of overall project

- 70% reduction in acute antidepressant prescribing (Appendix 3.)
- 58% increase in repeat antidepressant prescribing (Appendix 3.)
- Also noted during the same period that overall acute prescribing reduced by 40%

Evaluation of pharmacist led clinic

- Total number of reviews= 131 (19% Male, 81% Female, average age 47), with a further 78 DNA. (N.B three weeks of annual leave)
- Average appointment time 11minutes
- 44% of reviews resulted in a medication change (breakdown Appendix 4.)
- 36 referrals were made (breakdown Appendix 5.), 2 referrals to GP for unrelated medical conditions
- 11 additional pharmacist appointments were generated for other pharmaceutical care issues
- 2 training sessions prior to clinic with GP, 5 case based discussions, 2 random analysis sessions. GP supported.

Realisations

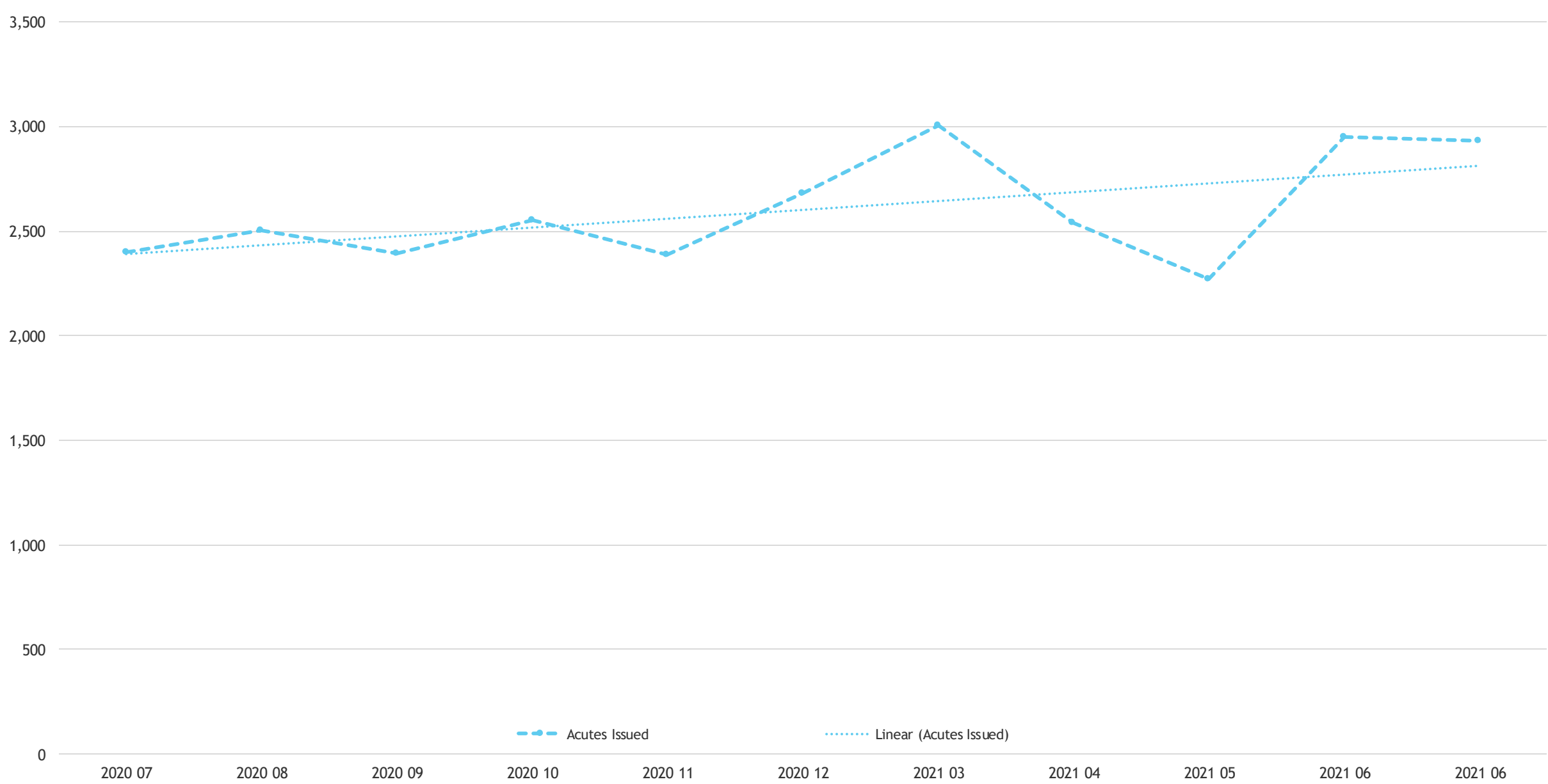
Reflections on
past
concerns/fears
and perceived
barriers for MDT
project and
Pharmacist led
clinic

- Smooth transition into project and pharmacist led clinic
- Very competent reviews (Pharmacist)
- Perceived barriers, concern and fears have not been an obstacle

GP Feedback

- Very Beneficial service
- Brilliant!
- Beneficial to all - GP and Patients
- Improved patient care!
- Thinking about the future, already starting work on further clinical areas!

Total acute prescriptions per month over 07/20-06/21



PRACTICE PROCEDURE FOR ANTIDEPRESSANT PRESCRIPTIONS

GP

- Only the GP should print the acute prescriptions for antidepressants
- The GP will move the acute prescription onto repeat when stable and add a review date in the Pharmacy text box.
- The GP will add review date to pharmacy text box plus own initials if required.
- i.e. Review Oct 21 with RA.

Admin

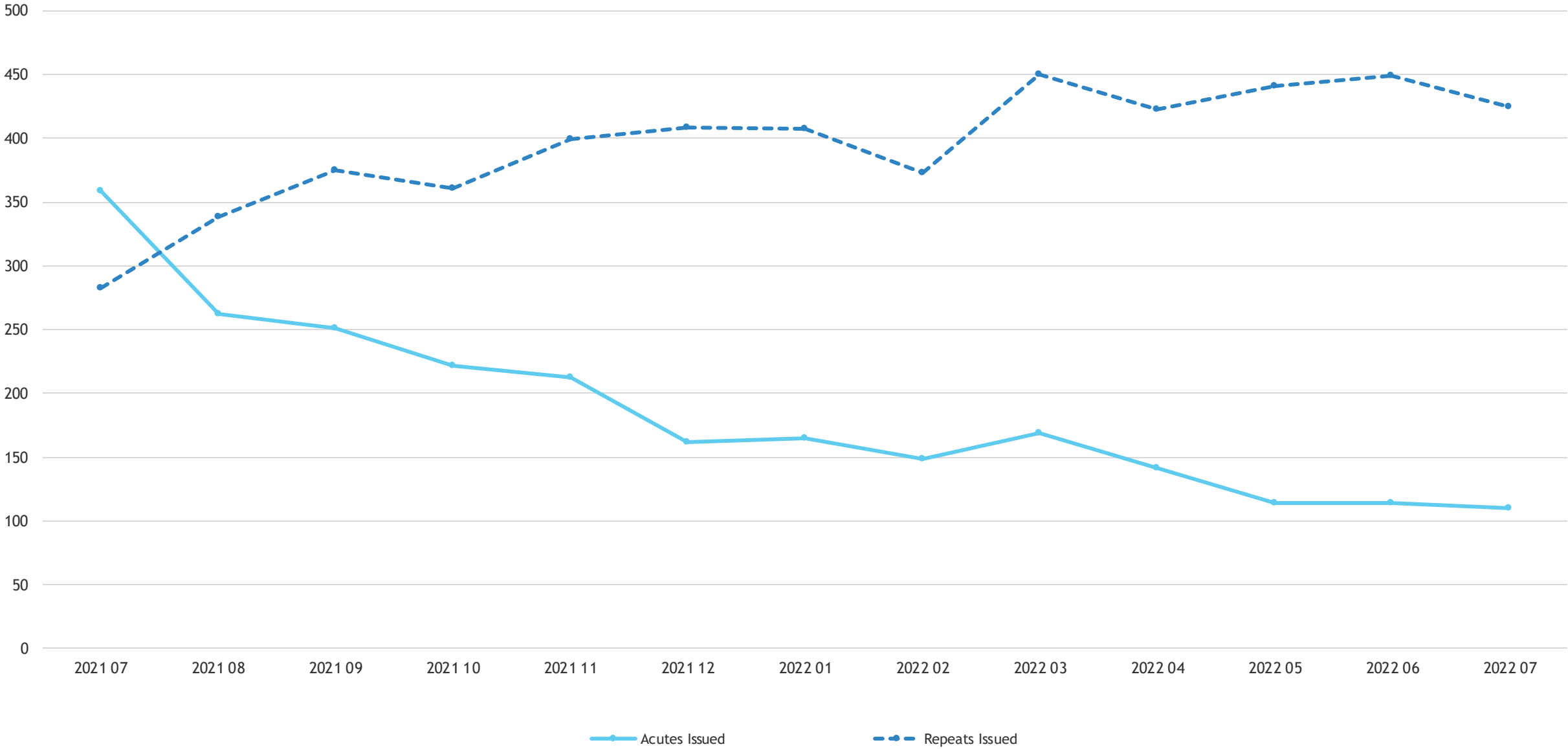
- Admin will continue to print repeats until the Review month.
- When the review is due the script should be printed only after the admin telephone the patient and give them a telephone review with the doctor.
- The script should be given to the GP with the date of review added to script.

GP

- GP will contact the patient discuss the medication
- GP will change the instructions in the pharmacy text box with new review date.

Review Date: February 2022

Antidepressant Acute and Repeat Prescribing data 07/21-07/22



Outcomes from Review to medication

n = 131

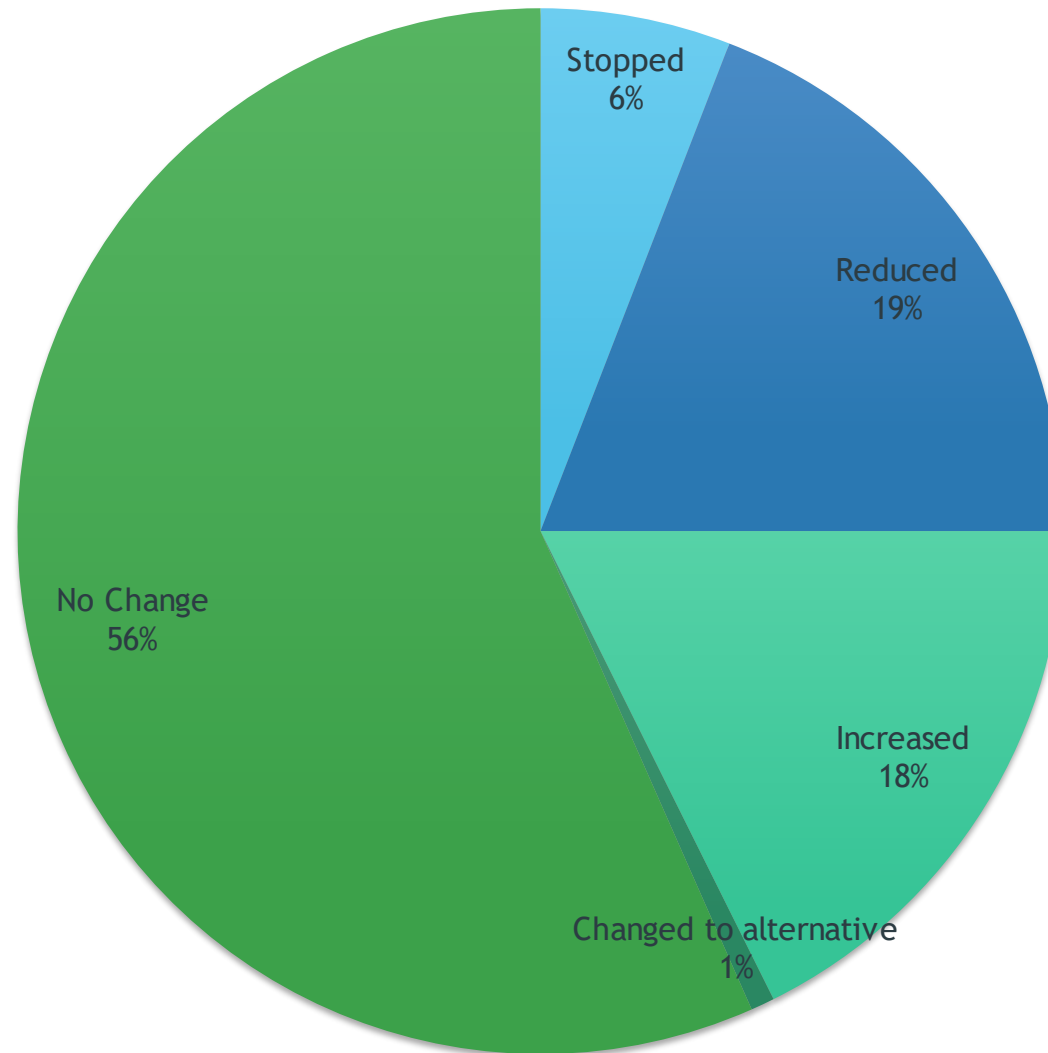
Stopped

Reduced

Increased

Changed to alternative

No Change



Appendix 4.

Referral outcomes from review

n = 36

■ PCMHT

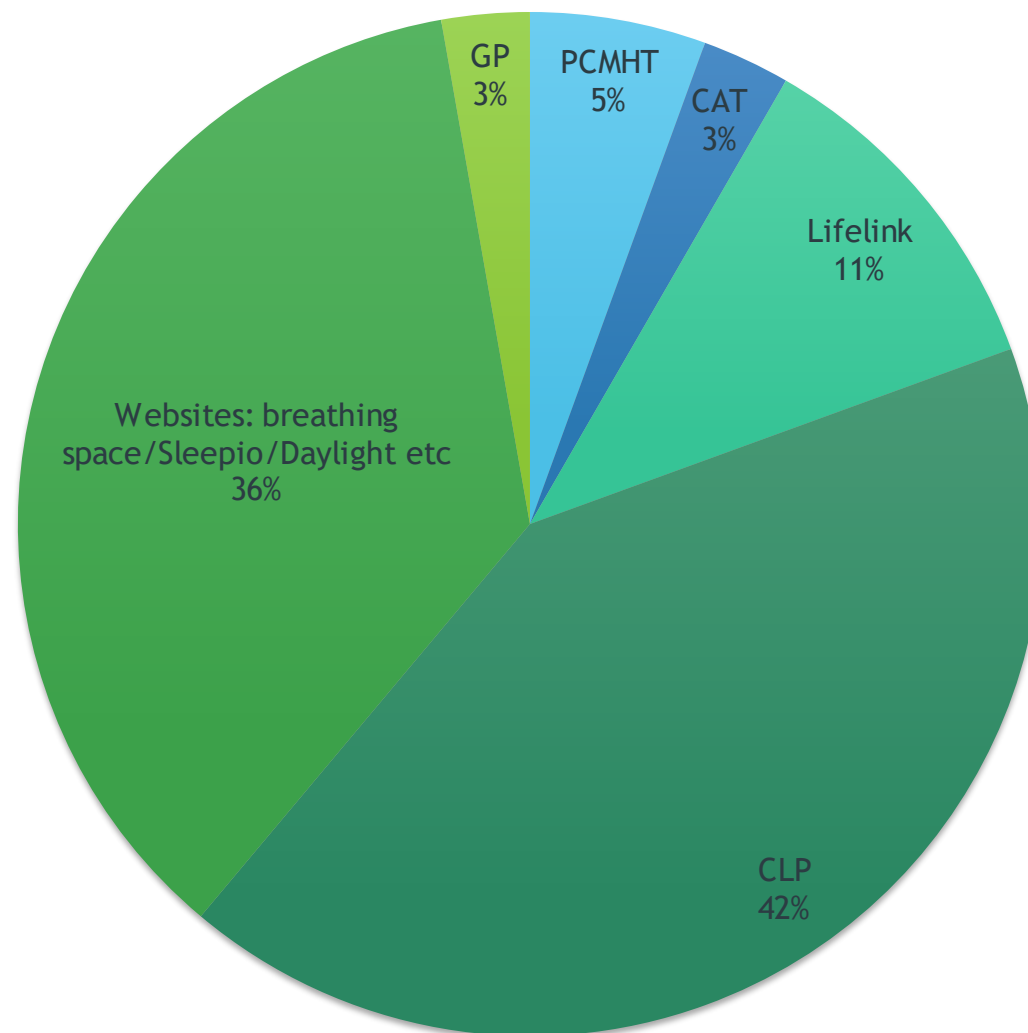
■ CAT

■ Lifelink

■ CLP

■ Websites: breathing
space/Sleepio/Daylight etc

■ GP



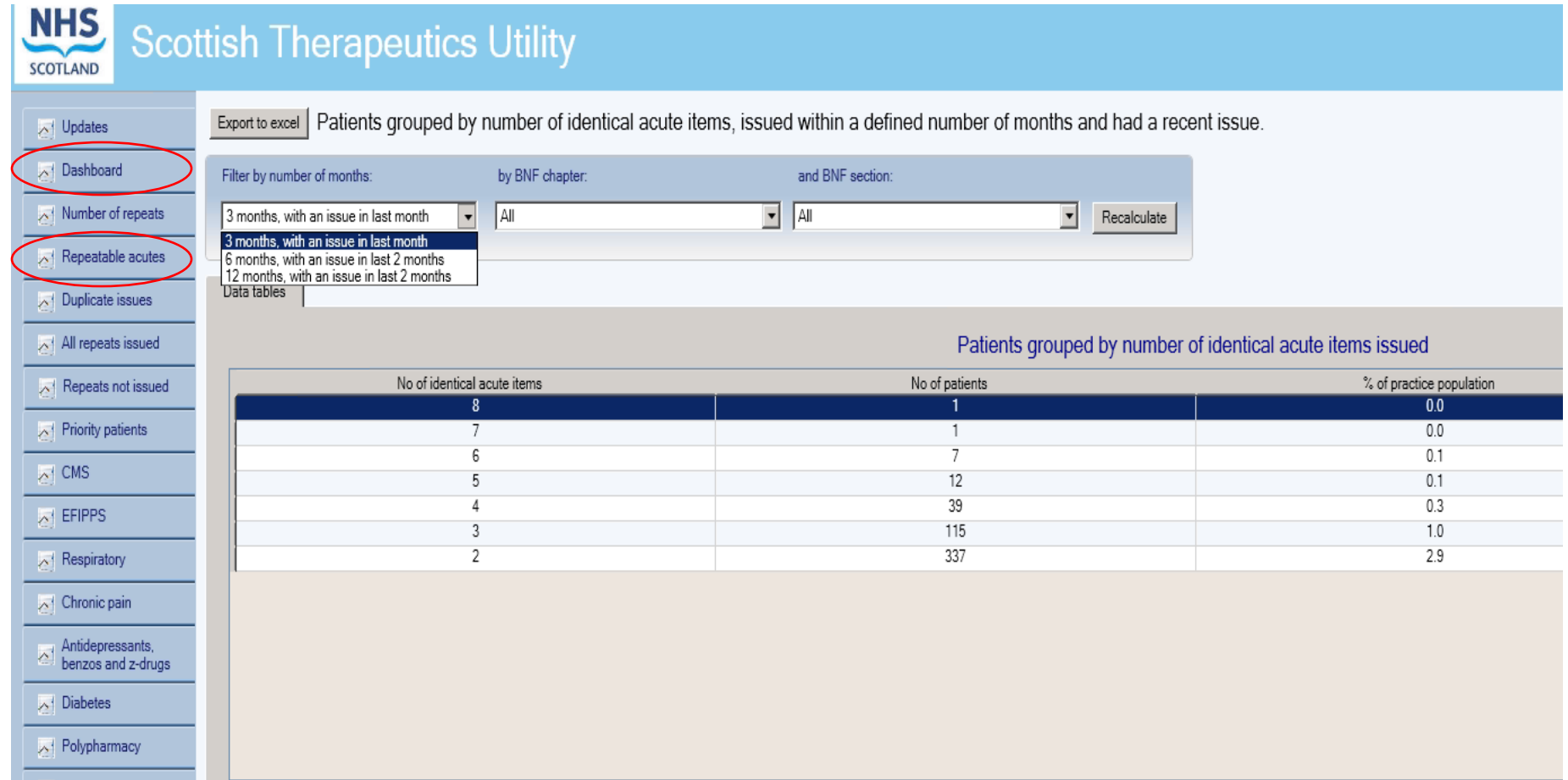
Getting started

- Before commencing on a new project, it is important to understand the system using data.
- During the acute prescribing workshops and PCAP sprints, teams used a mix of manual data collection, STU (Scottish Therapeutics Utility) data and Pareto charts to help understand workload issues and look at possible areas to develop change ideas.
- STU is available to all GP practices.



STU data

- STU collates and presents practice data straight from the clinical system.
- Tabs relevant to acute prescribing are the Dashboard and Repeatable Acutes.



NHS SCOTLAND Scottish Therapeutics Utility

Export to excel Patients grouped by number of identical acute items, issued within a defined number of months and had a recent issue.

Filter by number of months: 3 months, with an issue in last month | by BNF chapter: All | and BNF section: All | Recalculate

3 months, with an issue in last month
6 months, with an issue in last 2 months
12 months, with an issue in last 2 months

Data tables

Patients grouped by number of identical acute items issued

No of identical acute items	No of patients	% of practice population
8	1	0.0
7	1	0.0
6	7	0.1
5	12	0.1
4	39	0.3
3	115	1.0
2	337	2.9

Pareto chart

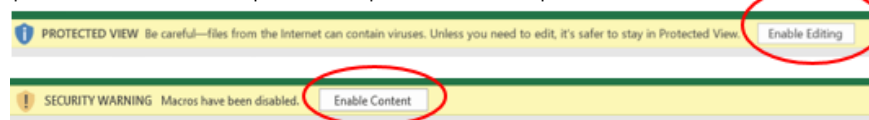
- A Pareto chart can be a useful diagnostic tool for understanding workload pressures.
- Repeatable acutes STU data can be displayed in Pareto charts to help understand workload issues and look at possible areas to start improvement work.
- A Pareto chart tool is one of the online resources we have provided.

Pareto chart tool - Guidance



Using this Excel Workbook

A banner will appear across the top of the spreadsheet requesting that you '**enable editing**' and then '**enable content**' you will need to click these options before you will be able to input data.



Before using this tool, save the template in the relevant folder.

1. Click the file tab in the top left hand corner of the workbook.
2. Click 'save as' then re-name file (including your practice name) and save in central location accessible to those who will need access.

Navigating the data sheets in this workbook

This sheet is the Guidance sheet detailing how to use the workbook.

The blue tab called **Data** is where you will input the data relevant to your practice.

The sheets titled **3 Month Pareto Chart**, **6 Month Pareto Chart** and **12 Month Pareto Chart** are highlighted in green. These charts will allow you to visualise your data and make observations.

Collecting your data

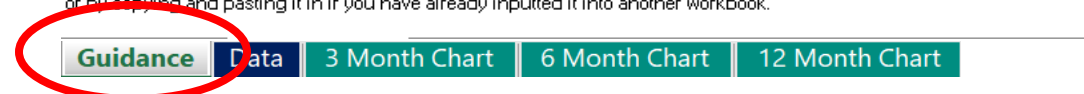
The data can be collected from the Scottish Therapeutics Utility (STU) application. STU can be downloaded from www.esco.co.uk and opened on your computer.

Once STU is open, follow these steps:

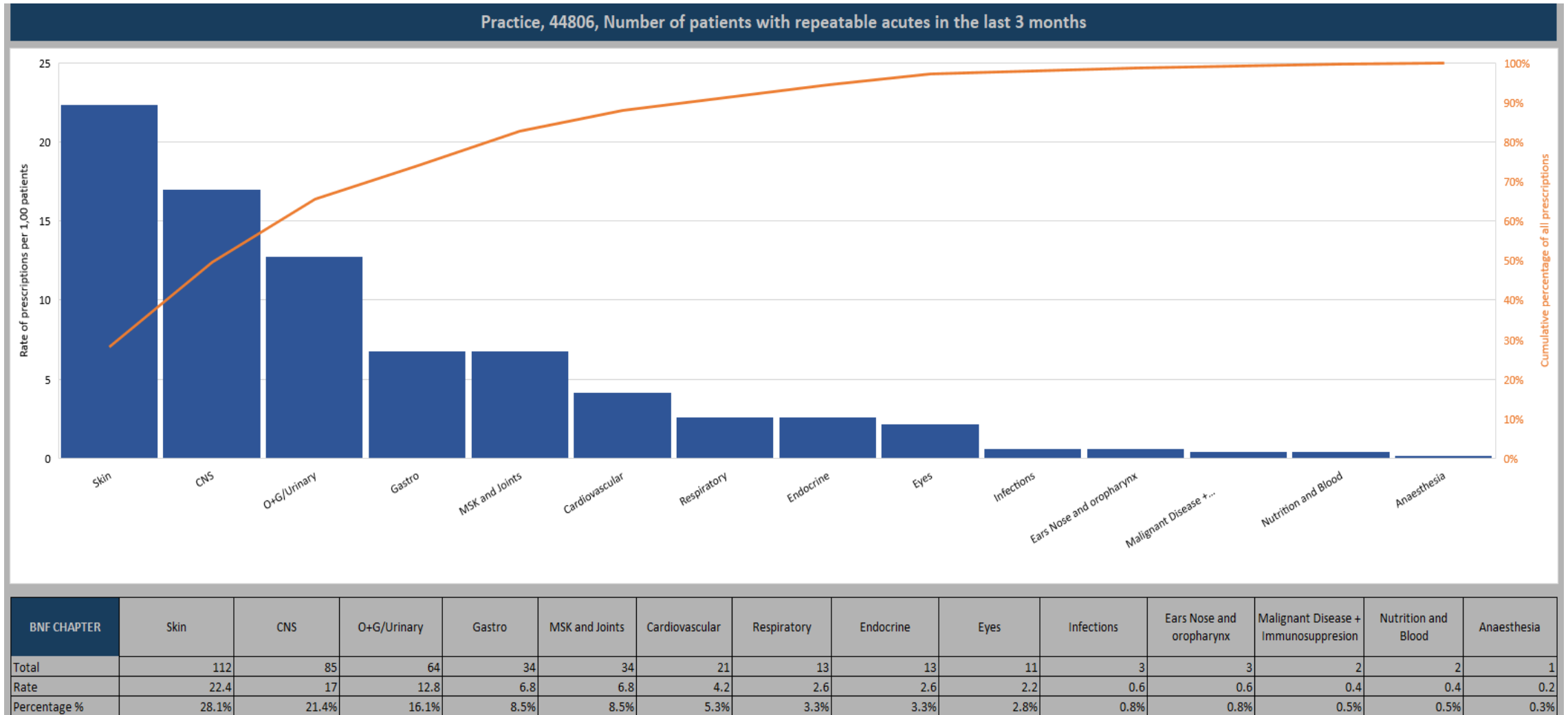
- Click on the tab on the left-hand side that is called "Repeatable Acutes".
- Select BNF chapter and the correct time-frame (either 3, 6 or 12 months) from the drop-down tab in STU.
- You will have to manually tally the number of patients and input these into the relevant collection column in the **Data** sheet.

Data entry guidance

Add the data you have collected into the sheet called **Data**. You can do this by typing the numbers into the relevant cells, or by copying and pasting it in if you have already inputted it into another workbook.



Pareto chart example



Guidance

Data

3 Month Chart

6 Month Chart

12 Month Chart

Data planning

A good data plan with simple data collection built into existing work can save time, provide focus and will be less intrusive.

- Who will collect the data – do they know it's them?
- Where will they collect – what source or point in the system?
- When will they collect it – particularly for ongoing measurement it may be a certain point every week to retain consistency.
- How often will they collect it?



Acute Prescribing Project

Edinburgh HSCP

Kathryn Harvey - Pharmacist (Project Lead)

Why Are We Doing An Acute Prescribing Project?



HIS ACUTE PRESCRIBING
TOOLKIT WAS LAUNCHED IN
SEPT 2022



10 GP PRACTICES WITHIN
EDINBURGH CITY WERE PART
OF THE PILOT FROM JAN-MAY
2022



WE WANTED TO UTILISE THE
TOOLKIT AND MAKE IT A
PROJECT AS PART OF OUR
EFFICIENCY WORK RUNNING
FROM APRIL 2023-MARCH
2024



PROCESSING ACUTE
PRESCRIPTIONS IS PART OF THE
PHARMACOTHERAPY
WORKLOAD



SOME GP PRACTICES HAVE AS
MUCH AS 35-40% OF THEIR
PRESCRIPTIONS BEING DONE
AS AN ACUTE MAKING IT A
LARGE PART OF THEIR DAILY
WORKLOAD



Aim

- *To reduce the number of acute prescription requests by targeting specific BNF sections using STU and the HIS Acute Prescribing Toolkit to produce a sustained change by March 2024.*
- *Minimum of 2, maximum of 3 targeted BNF sections on STU. ≥20% reduction in acute items per BNF section.*



How we used the HIS toolkit

- We asked every practice to use the Pareto Chart template in the HIS acute prescribing toolkit to help them become aware of what their most common acute prescriptions were in their practice
- Pareto Chart showed top BNF chapters
- Breakdown further into BNF sections
- This helps the practice team have a focus of what medication they want to target

- Updates
- Dashboard
- Number of repeats
- Repeatable acutes
- Duplicate issues
- All repeats issued
- Repeats not issued
- Priority patients
- CMS
- EFIPPS
- Respiratory
- Chronic pain
- Antidepressants, benzos and z-drugs
- Polypharmacy
- Clinical safety checks

[Export to excel](#) Patients grouped by number of identical acute items, issued within a defined number of months and had a recent issue.

Filter by number of months: 3 months, with an issue in last month by BNF chapter: 04: Central Nervous System and BNF section: 003: Antidepressant drugs [Recalculate](#)

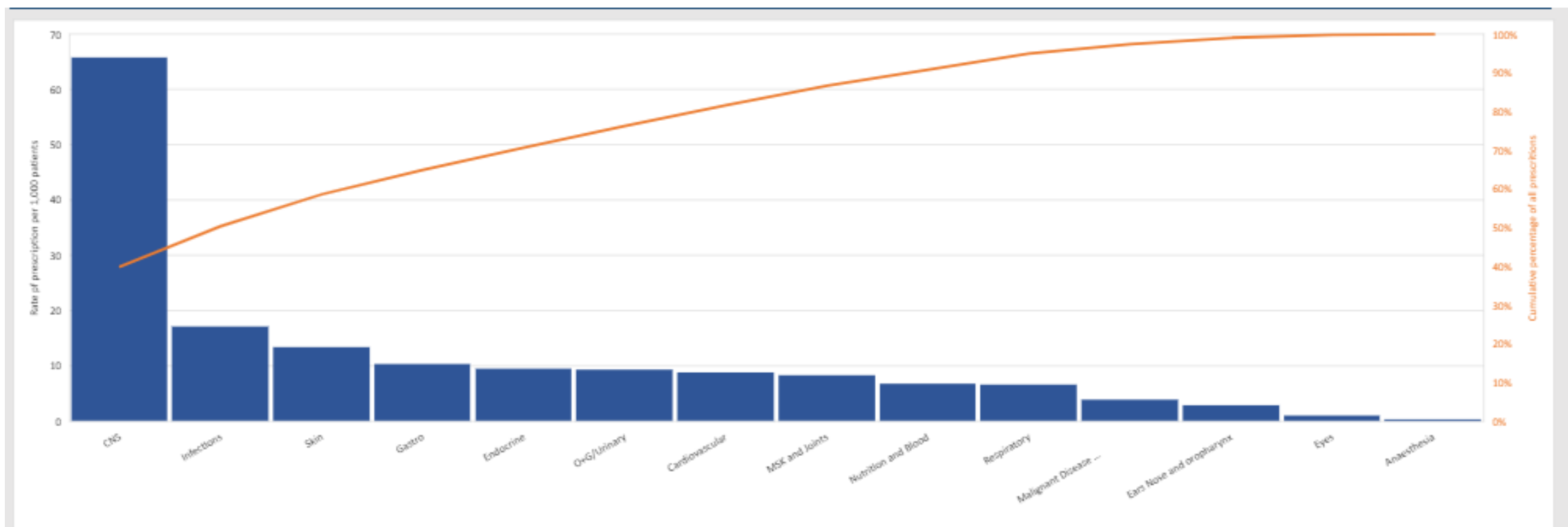
Data tables

Patients grouped by number of identical acute items issued

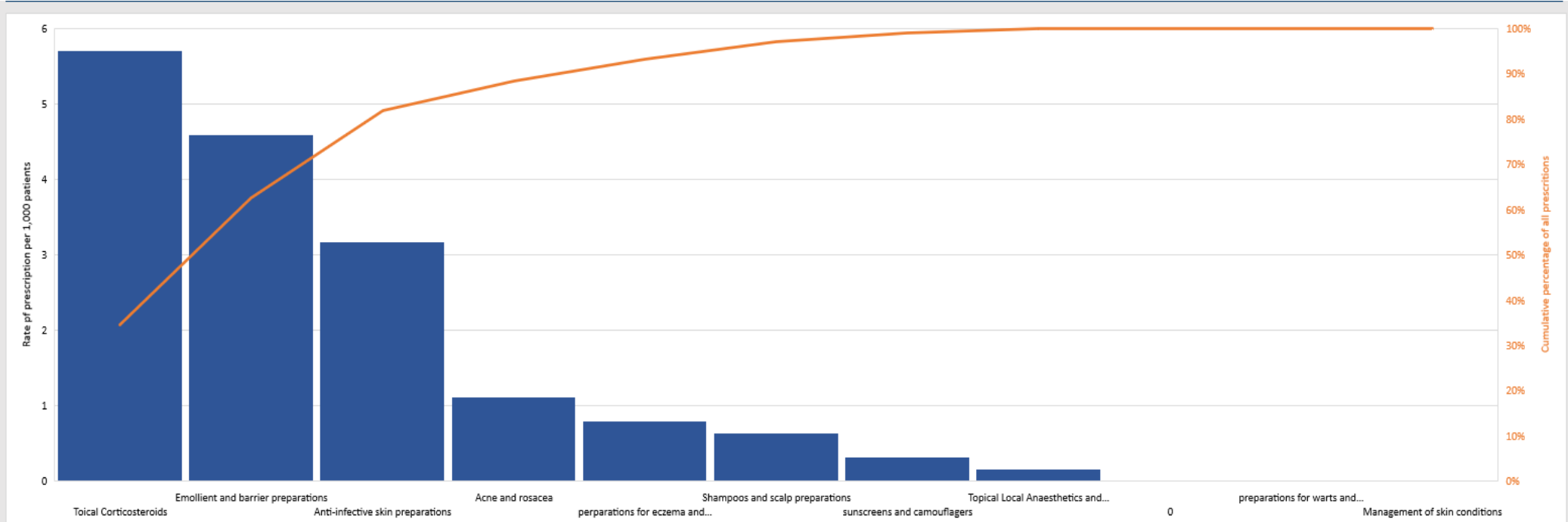
No of identical acute items	No of patients	% of practice population	% of patients with repeat items
4	2	0.0	18.2
2	9	0.1	81.8

Surname	Forename	Date of Birth	CHI Number	Pharmacy
				Collect Lindsay and Gilmour
				Boots - Craigleith

Item name	Dosage	Quantity	Last issued
(a) Fluoxetine 20mg capsules	ONE CAPSULE TO BE TAKEN DAILY	30	19/04/2023
(a) Fluoxetine 20mg capsules	ONE CAPSULE TO BE TAKEN DAILY	30	20/03/2023
(a) Fluoxetine 20mg capsules	ONE CAPSULE TO BE TAKEN DAILY	30	22/02/2023
(a) Fluoxetine 20mg capsules	ONE CAPSULE TO BE TAKEN DAILY	30	24/01/2023



BNF CHAPTER	CNS	Infections	Skin	Gastro	Endocrine	O+G/Urinary	Cardiovascular	MSK and Joints	Nutrition and Blood	Respiratory	Malignant Disease + Immunosuppression	Ears Nose and oropharynx	Eyes	Anaesthesia
Count	417	109	85	66	60	59	56	53	43	42	25	18	7	2
Rate	65.84557082	17.21143218	13.42175904	10.42160114	9.474182852	9.316279804	8.842570662	8.368861519	6.789831044	6.631927996	3.947576188	2.842254856	1.105321333	0.315806095
Percentage %	40.0%	10.5%	8.2%	6.3%	5.8%	5.7%	5.4%	5.1%	4.1%	4.0%	2.4%	1.7%	0.7%	0.2%



BNF CHAPTER	Total Corticosteroids	Emollient and barrier preparations	Anti-infective skin preparations	Acne and rosacea	perparations for eczema and psoriasis	Shampoos and scalp preparations	sunscreens and camouflagers	Topical Local Anaesthetics and Antipruritics	0	0	0	preparations for warts and calluses	Management of skin conditions	0
Count	36	29	20	7	5	4	2	1	0	0	0	0	0	0
Rate	5.700712589	4.592240697	3.167062549	1.108471892	0.791765637	0.63341251	0.316706255	0.158353127	0	0	0	0	0	0
Percentage %	34.6%	27.9%	19.2%	6.7%	4.8%	3.8%	1.9%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Next steps...

1

Have meetings with
the whole practice
team

2

Decide on the
targeted BNF
sections

3

Produce protocols
to get acutes onto
repeats

Data Capture

There will be 3 data points in the project where 3 different change ideas (protocols) can be implemented to help reduce the volume of acute prescriptions. Baseline data is due 31/7/23.

Example

1. July-**Sept** – Implement Emollients protocol

2. Sept-**Nov** – Implement HRT protocol

3. Nov- **Feb** – Implement PPI protocol



Help for the Practice Teams

- MS Teams Channel for the pharmacy team to share protocols, Vision searches, Pareto charts etc.
- Monthly Q&A sessions
- Project Leads for each locality to help when required and attend GP cluster meetings
- HIS Acute Prescribing Toolkit

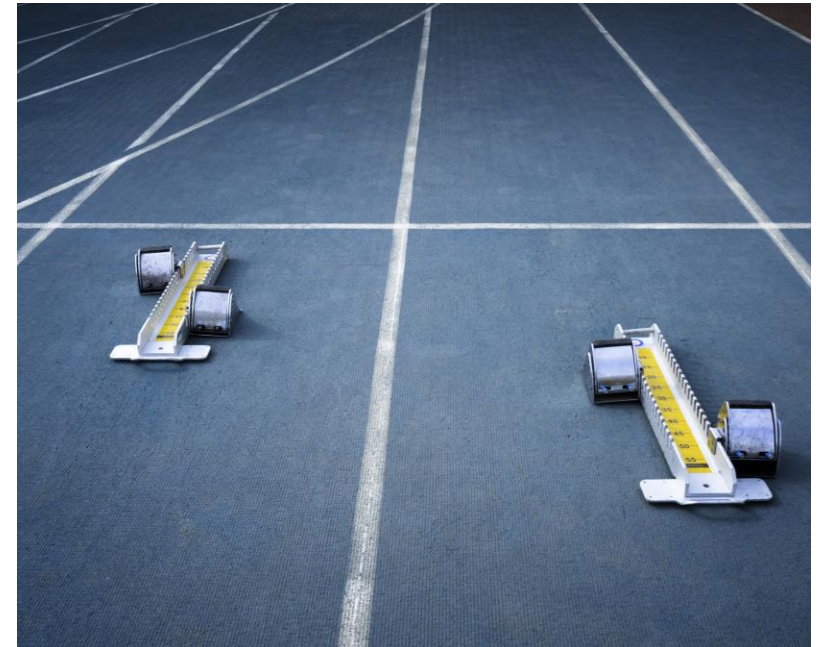
The background features a light blue-to-green gradient. On the left, there are several overlapping, wavy, light blue shapes that curve upwards and to the right. On the right, there are similar wavy shapes in a light green color, curving upwards and to the left.

Thank you

Any Questions?

Pharmacotherapy quick start programme

- Work with us to:
 - **Explore** your current system including prescribing data.
 - **Select** a specific area to improve using tried and tested improvement tools.
 - **Test** changes and **monitor** improvement.
 - **Share learning** within clusters and further afield.
- Work on any aspect of pharmacotherapy.
- Expressions of interest are now open for our first cohort starting in September 2023.



Riverside Medical Practice: Online forms for HRT review and re-order

What we've done: Patients wanting to continue their HRT medication are now offered an opportunity to complete an online review form rather than being asked to call and book a same-day GP review appointment. If responses are satisfactory, medication is re-issued. Issues flagged in the form actioned as appropriate by the GP.

What worked well?

- Baseline data: week manual tally (emergency px when review needed)
- Post-its: current versus new process
- Clear flow chart provided to all
- Capturing patient feedback on the online form.

What were the enablers?

- F2F briefing of clinical team ahead of rollout
- Engaging PM & Reception supervisors, admin screening px requests
- Acquiring form building permissions – quick & easy tweaks to form
- Form on landing page and secret Vision text templates!
- HIS team support 😊

What were the challenges?

- Patients without own BP monitor and not wanting to buy one
- Patients using medication not for menopause purposes
- HRT shortages & 12-month supply
- Response to clinical red flags

We overcame our challenges by

- Putting a BP monitor and instructions in the waiting room – still need a privacy screen!
- Loose agreement with community pharmacies re 6-month supply
- HRT requests assigned to GP 1-2 days after receipt, to ensure prompt action re any clinical red flags entered on form

Riverside Medical Practice: Online forms for HRT review and re-order

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Top tips

- 'Don't put signs up, put speed bumps in the road'
- Consider old v new processes in granular detail - identify everyone involved at each step. We forgot to brief coders re baseline health data and community pharmacies re supply, until last minute.

Benefits and impact

- Easier access to HRT review – 89% said process 'is' or 'may be' better
- Increase in prescribing safety – and red flags identified
- Benefit for Reception team – something to offer patients on phone if same-day GP appointments fully booked
- Model to follow – clinician-initiated SSRI online review now in place

Qualitative feedback (captured via HRT review form)



'Much prefer being able to answer these questions online instead of needing to arrange a face-to-face appointment in the practice.'

'Much better, work for NHS and do shifts so this is much easier for me.'

'This is a great way of reviewing HRT.'

'Thank you for making it easier.'

Carrick Medical Practice – Acute Prescriptions

Plan	Do
<ul style="list-style-type: none">• To reduce number of acute prescriptions by 20%• Acute prescribing figures will drop – repeat prescribing and CMS (serial prescribing will increase• Involved the whole practice team, including Clinicians, Pharmacists, MHP and Admin team• Measure progress using STU and EMIS Web Searches	<ul style="list-style-type: none">• Data Collection using STU and input data into the Pareto Chart• Involving the whole team / mapping the “ideal” process• Challenges Workload pressures – 7 week sprint was challenging. Some time constraints• GP Locum working within the practice unsure of new process• Data was collected before and after the sprint
Study	Act
<ul style="list-style-type: none">• As predicted we managed to reduce the number of acute prescriptions for anti-depressants• Data was analysed using STU and EMIS Web searches. Pareto chart was updated and re-run in February 2023.• Results from EMIS Web searches showed acute prescribing decreased by 27.4 %• Found we could make small changes to other acute prescriptions – dressings and some diabetic items.• We need to update our SOP to include anti-depressant reviews being done by pharmacy team when patients are on CMS.	<ul style="list-style-type: none">• Continue to monitor acute anti-depressants• Monitor acute prescriptions as a whole and focus on other areas• We will apply process to other acute items• Pharmacist now has more time to focus on polypharmacy reviews and other pharmacotherapy work.

Carrick Medical Practice – Acute prescriptions

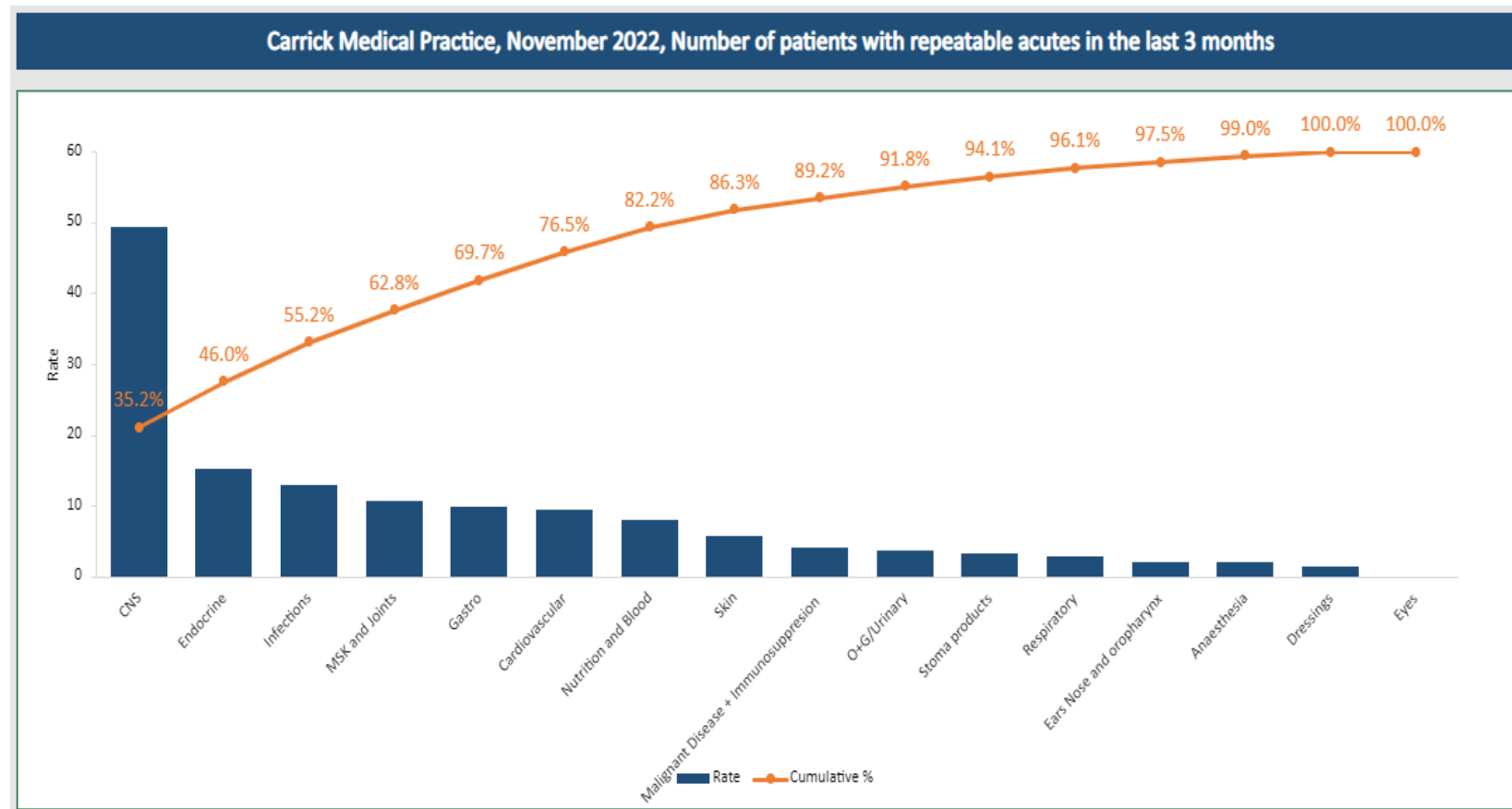
What we have done: Focus on acute prescription levels

Data collection:

Scottish Therapeutic Utility (STU) data pareto chart

Findings:

1. CNS chapter
 - antidepressants
2. Endocrine chapter
 - test strips/lancets etc



Carrick Medical Practice – Acute prescriptions

Change ideas:

- Standard operating procedure for antidepressant initiation
- Proactive review of existing antidepressants prescriptions
- Protocol so admin staff can safely move items from acute to repeat

What's worked well?

- Targeting the effort
- Involving the whole team!
- Mapping the 'ideal' process

What have been the enablers?

- Using STU data
- Enthusiasm...pharmacy & admin team taking ownership of areas
- Communication
- Existing medicine management work

Carrick Medical Practice – Acute prescriptions

What have been the challenges?

- Workload pressures
- Locums not following new process

We overcame our challenges by:

- Sharing the load
- Documenting & sharing the process

Top Tips

- Utilise everyone's skill set...
- Turn off the tap & bail out the water
- Tackle a mix of 'quick wins' & longer-term changes

Thank you

- Access the Acute Prescribing Quick Guide [here](#)
- Register interest in the Quick Start Programme [here](#)

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