Healthcare Improvement Scotland

Acute prescribing toolkit

September 2022

This pdf replaces the previous web-based format due to transition to our new website. A summary of tools contained within the toolkit can be found on our new website.

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Introduction

Acute prescribing forms a large part of the daily workload for GP practices. Quality improvement (QI) methodology can be used to help improve prescribing processes and ensure that prescribing work is managed by the right member of your team, safely and effectively.

Effective prescribing processes can:

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

This toolkit is designed to help primary care multidisciplinary teams, including pharmacotherapy services, safely improve their acute prescribing processes in line with the Essentials of Safe Care.

Throughout the toolkit resources an acute prescription is defined as any prescription without a serial or repeat mandate. This includes prescriptions requested outside of a consultation as well as those issued during a consultation with a primary care clinician.

How this toolkit was developed

This toolkit has been developed in partnership with GP practices and pharmacotherapy services across Scotland that participated in the Acute Prescribing Learning Network. Teams from 10 NHS boards, including 75 GP practices, developed and tested the resources at either board or practice level from January – May 2022.

NHS Forth Valley joined the network to share learning from their ongoing acute prescribing improvement journey. Read the case study to find out more.

How to use this toolkit

This toolkit is designed to help you take a QI approach to improving prescribing processes. It offers you acute prescribing tools and local examples aligned to the steps of the NHS Education for Scotland (NES) QI Journey (see diagram below).



Creating conditions

The first step in any improvement project is to create the right conditions for change. This gives you the best chance of making and sustaining changes which lead to improvement. This section offers resources to help you build your project team and develop a clear shared vision for your project.

You can find out more about the creating conditions stage of the improvement journey on the NES website.

Building your project team

Your project team should include colleagues that represent the different roles and skills within your team. Ensuring you consider a range of experiences and perspectives in your planning and implementation will give you the best chance of making sustainable improvements.

Think about who you might want to include in your project team, this may include:

- prescribers including GPs
- practice manager
- administrative staff
- receptionists
- pharmacists, and
- pharmacy technicians.

'We found it really helpful to include the reception team, pharmacy and GPs in the initial planning of our changes to make sure all parties were pulling in the one direction.'

South Queensferry Medical Practice, NHS Lothian

Team development

When your team is initially formed, building mutual understanding and trust is key to ensuring good working relationships. Your practice pharmacotherapy team may not be employed by the practice making it even more important to define roles and responsibilities to ensure everyone is working towards the same goal.

NHS boards are still building their pharmacotherapy capacity and it is vital that senior leaders at board level are engaged and support the pharmacotherapy team to actively contribute to improvement work. Engaged leadership is essential to building and promoting a culture of safety.

It may take some time for pharmacotherapy staff to build solid working relationships with practice staff. Consider allowing time for this in your team planning as developing relationships and efficient, safe, ways of working will help your team to create the conditions for success.

Using Kahler's Drivers can help you to work together as a team to understand each other's drivers and behaviours and build relationships based on common goals. The questionnaire helps people to identify which driver(s) they exhibit most. The results are then used to facilitate conversations about team relationships and ways of working.

Team huddles

Short weekly **huddles** provide a dedicated space to focus on your acute prescribing improvement project and keep the team communicating well and engaged with what is happening.

Huddles can help your team reflect on shared experience, communicate issues and questions, identify learning and plan next steps. Keeping the huddles short will help retain focus and keep everyone energised.

Use our **huddle checklist** to help you provide structure, clarify roles and maintain momentum.

Stakeholders

Identifying stakeholders beyond your core team that need to be involved in your improvement project will help to ensure the success of your project.

Stakeholder Analysis can help map the individuals who need to be engaged and clarify what role they may play in your project. If your improvement plans impact on other services (e.g. community pharmacy if using serial prescriptions) these individuals should be included in your list of stakeholders and kept up to date with your project.

Developing a **communication and engagement plan** will help to ensure that stakeholders across your service are kept informed and involved as you make changes.

Understand your system

Now that you have established your improvement team and ways of working, the next step will be to understand your current system. This section focuses on the practical tools that will help you bring together a wide range of perspectives to understand your system, including using prescribing data.

You can find out more about the understanding systems stage of the improvement journey on the NES website.

Prescribing data

The Scottish Therapeutics Utility (STU) collates and displays information from practice clinical systems to provide insights into prescribing activity and behaviour. If you do not already have STU installed you can follow the installation instructions.

There are two key areas to focus on in understanding your current acute prescribing – the **Dashboard** tab and the **Repeatable Acutes** tab.

The **Dashboard** tab in STU will illustrate your practice's monthly prescribing activity for the last 18 months broken down by the number of repeat, serial and acute prescriptions. It will also be useful for monitoring the impact of your changes and understanding whether they are leading to improvements, for example seeing the total volume of acute prescriptions decreasing monthly or seeing a change in the number of repeatable acutes for British National Formulary (BNF) chapters you choose to focus on.

The **Repeatable Acutes** tab in STU will snapshot all patients in your practice who have had more than one acute prescription issued for the same medication over the last 3, 6 or 12-month period. The data can be displayed by BNF category and broken down further within that category. This can be of great value allowing your practice team to understand the therapeutic areas causing the most workload, and allows you to develop change ideas focusing on specific medications.

Pareto charts are combination bar-and-line graphs which help illustrate the areas within your prescribing that are causing the most pressure. You can use this Pareto chart tool to create Pareto charts using your STU data. This will allow your practice to identify the 'vital few' areas that may be the source of extra workload within your practice, and will help you to decide which change ideas you are going to focus on.

Murrayfield Medical Practice created their own Pareto chart to identify areas to focus on.

'We created a Pareto chart for our repeatable acutes. Central Nervous System (CNS) is the BNF category associated with the greatest volume of repeatable acutes. We recognise this as a key area where we can work to drive down acute prescription numbers. Dermatology and obstetrics and gynecology were identified as other significant areas. We have based our change ideas on this data.'

Dr Datta and Partners
NHS Greater Glasgow and Clyde

'Using STU was a great resource for us to hit the ground running.'

Airlie Medical Practice, NHS Fife

Process map

Creating a process map to understand a specific process within your system can be a useful collaborative exercise for your project team. You may want to map your current process for patients requesting prescriptions to identify possible areas for improvement such as bottlenecks, waste or duplication of work.

Pathhead Medical Centre created a process map to gain a greater understanding of their system, and identify opportunities for improvement.

Staff capacity

Prescribing makes up a large part of the general practice day-to-day workload, and any changes need to take into account staff capacity. Using a capacity calculator helps you to understand how much time is available for your project and to set realistic objectives and expectations.

User experience

Gathering user experiences of the acute prescribing process, for example from your patients and local community pharmacy, can provide valuable insights and help you deliver person-centred care.

This can be collected via a survey or suggestion box or through conversation with individuals or at meetings. The perspectives of people outwith your practice can help you to understand what is needed, what is working and where there are an opportunities for improvement.

'Patients prescribed contraceptives and Hormone Replacement Therapy have told us that the new way of requesting prescriptions is easier to understand and it minimises their time on the phone.'

Chapelhall Surgery, NHS Lanarkshire

Developing aims

When undertaking an improvement project, it is important to be clear about exactly what you want to improve, including what 'better' looks like (aim) and how you think you will do that (change theory).

This section is designed to help you develop an aim statement for your improvement project and to plan how you will achieve that aim.

You can find out more about the developing aims section of the improvement journey on the NES website.

Develop an aim statement

An aim statement is a concise and simple way to let your team and other stakeholders know what you are trying to achieve through your project. It keeps improvement activity focused on the original purpose.

Your aim statement should be no more than one or two sentences in length. Ideally it will communicate the following:
What you are trying to improve
How much you want to improve by
When you want to have reached your improvement target
Who will be the main beneficiaries of the improvement

To reduce the number of acute prescription requests requiring action by a GP by 20% by April 2023.

Murieston Medical Practice, NHS Lothian

Change theory

Once you have taken some time to examine and understand your system, your team should have some good ideas about what changes may lead to improvement.

A driver diagram is a useful tool to help visualise how you will achieve your goal. It can also be used to help communicate your aim and change theory to stakeholders. It will articulate what parts of the system should change, in which way, and includes your ideas about how to make this happen. As your project progresses and you gather more information, your aim and change theory may need to be updated to reflect new knowledge. Your driver diagram should be updated in line with your aim and change theory.

Levenside Medical Practice used a driver diagram to capture their improvement theory.

To safely reduce the number of acute co-codamol prescriptions by 20% to 30% by December 2022.

Levenside Medical Practice, NHS Greater Glasgow and Clyde

Project planning

Once you have your aim and change theory agreed, **project planning** will help you set out a clear plan for testing changes, tracking your progress and communicating effectively.

An **action plan** can help structure your project work by listing all the actions you need to take to achieve your project goals. Your action plan can also list the resources required for the project tasks and outline potential project timelines.

A **project charter** is a useful way to document what you want to achieve, why it is important and how you will measure success. Your project charter will contain your aim statement, a description of what changes you are testing and how you will measure the impact of your changes. The charter will also be a useful resource for communicating with your project team and stakeholders, particularly when it comes to managing expectations and highlighting and mitigating possible risks.

Measurement

You will need data at all stages of the improvement journey. Data helps you to understand your system, identify potential areas for improvement, monitor progress and communicate the impact of your changes.

A **measurement plan** will help you to develop a suite of well-defined and balanced measures that are aligned to your aim and change theory. Using this tool you can outline what types of data to collect, how and when to collect it and how it will be analysed and presented. These measures will be key to understanding the impacts – planned or unplanned – that your change ideas are having.

Use this example **measurement plan** to help you develop measures for your acute prescribing improvement project.

Testing change – identify change ideas, test and refine

Now that your team are clear on the aim and change theory, it is time to identify change ideas. Change ideas are the things you can specifically test to see if they make a difference. You can find out more about the testing changes stage of the improvement journey on the NES website.

Test and refine

Testing changes helps you build knowledge about what works in your system and why. The change ideas you want to test will depend on the information gained through understanding your system and the aims you have set.

A number of change ideas for acute prescribing have been identified and tested by teams across Scotland. On the next page of the toolkit, you will find detailed information about:

- prescribing plans
- requesting prescriptions
- medication reviews
- prescribing policies
- standard operating procedures (SOPs), and
- care navigation and self-care.

If you have tested the change ideas detailed here and want to make further improvements, there are different approaches you can use to identify change ideas to test. These include deepening your understanding of your system, learning from others and innovating.

Changes you make throughout your improvement journey are often codependent. For example, medication reviews underpin the safe use of repeat prescribing policies. You will therefore likely need to target multiple areas over time. The cumulative impact of various small changes can be greater than one larger test of change. This is particularly true when considering which drug classes to develop SOPs for.

The Plan-Do-Study-Act (PDSA) cycle helps to test each change idea by planning it, trying it, studying the results, and acting on what is learned. Each time you do a test you need to make a prediction about what will happen. If the prediction is wrong, then you need to adjust your theory and test again. You will likely need several PDSA tests for each change idea to fully understand whether and why it works.

Lessons learned logs are used to document about what went well and what could have been even better during the different stages of an improvement project. They help to gain learning from your experience and better plan future projects.

Measurement

For each change idea you will need to decide what to measure and how to collect the data on a regular basis. Keep your **data collection** as simple as possible. For example, running appropriate searches within your clinical system, counting your 'acute prescription list' each day, or completing a basic tally sheet.

To help display and interpret your data a **run chart template** with acute prescribing examples has been developed and tested by practices. **Run charts** can help you to identify shifts and patterns in your data. This can help you see whether changes are resulting in an improvement and whether improvement is sustained.

Testing changes – specific change ideas

On this page you will find a number of suggested change ideas that have been tested by primary care services across Scotland. There are resources linked to each idea to help you test these changes in your own team.

Change idea 1: Prescribing plans

Develop a template to record prescribing plans in patient notes. This supports safe communications by helping other members of your multidisciplinary team to understand the intentions of the original prescriber. Using prescribing plans consistently can enable your team to move through prescriptions safely and quickly without needing to refer back to the prescriber.

NHS Forth Valley introduced key prescribing parameters recorded in patient notes as part of the improvement journey.

'When new medication is started there needs to be a clear plan regarding duration and adding to repeat etc. Otherwise acute prescription numbers may creep up over time and we will find ourselves in a similar situation that we have been in previously'

Dr Datta and Partners
NHS Greater Glasgow and Clyde

Change idea 2: Requesting prescriptions

Review your procedure for requesting medication to ensure it enables work to be directed to the most appropriate member of your team. This can save staff time and effort, and patients will also benefit from a clear procedure which is easy to navigate. Your protocols for requesting prescriptions should be reviewed regularly to ensure safe and efficient ordering and processing of medications.

Ladywell Medical Centre West introduced an acute prescription request slip to support their prescription request procedure.

Change idea 3: Medication reviews

Develop a procedure to ensure all patients on repeat prescriptions have an annual, person-centred, medication review. This will instil confidence in your prescribers to issue medication on repeat rather than acute prescription.

The Scottish Government's Polypharmacy Guidance includes a 7-Step medication review which provides a clear structure for initiating new treatments and reviewing existing medications. Training and supporting resources are available to assist in implementing this guidance. NHS Highland have also created templates for EMIS and Vision clinical systems including screenshots of the templates (EMIS or Vision), installation instructions (EMIS or Vision) and the files to install (EMIS or Vision).

Linburn Road Health Centre introduced changes to their medication review process to safely reduce the number of acute prescriptions.

Change idea 4: Prescribing policies

Create a prescribing policy to document how prescribing is managed in your team. This can help you streamline prescribing workload and ensure members of your team are using the same safe clinical processes for ongoing management of patients and their medications.

Prescribing policies can be developed at a practice or board level. NHS Ayrshire and Arran introduced a board wide prescribing policy.

It is particularly helpful to define how you will use different types of prescription to ensure they are used appropriately. This includes the use of serial and permissible repeat prescriptions.

Serial Prescriptions
A serial prescription allows you to prescribe up to 56 weeks of medication to be dispensed to the patient every 8 weeks. This is often more convenient for patients and can reduce the workload related to issuing stable medications requiring minimal monitoring. For further information on implementing serial prescriptions download Healthcare Improvement Scotland's Serial Prescription Toolkit.

Permissible (limited) repeat prescriptions
Many medications do not require a clinical review every time they are issued but do require a guaranteed review within a specific timeframe. The permissible repeats function within clinical systems is a useful way for you to limit the number of prescriptions that can be issued before a review is required.

NHS Western Isles moved patients on combined oral contraceptives from acute to permissible repeat prescription.

Change idea 5: Standard operating procedure (SOP)

Develop a SOP for a specific drug class or sub class to help minimise variation between your prescribers and increase confidence to issue stable medications on repeat or permissible repeat. A SOP puts robust measures in place to ensure safe management and review of patients and their medications. SOPs can also help clarify roles and responsibilities and ensure you are using your team's skill mix effectively.

A **template SOP** can guide development of your own policy. **Ladywell Medical Centre West** and **Linburn Road Health Centre** both introduced SOPs to support their teams to prescribe common drugs safely and efficiently.

Change idea 6: Care navigation and self care

Implement care navigation to ensure your patients can be seen by the right person, at the right time and in the right place and enable better use of your practice resources. Using care navigation to signpost appropriate patients to self-care resources and community pharmacies including Pharmacy First services can support safe reduction in the number of acute prescriptions issued. A **Care Navigation 10 step guide** is available to help your team implement signposting.

'Administrative staff have been reminded of what minor conditions can be referred to the pharmacy rather than the GP.'

Strathcalder Practice, NHS Lanarkshire

Implement and sustain changes

Once you have demonstrated that testing has resulted in improvement you need to think about how to ensure that the new way of doing things is embedded into practice.
This section focuses on outlining practical tools that will support you to implement and sustain changes. You can find out more about the implementation stage of the improvement journey on the NES website.

Implementation

An implementation plan will play an important role in the success of your improvement. It is important to communicate your implementation plan as soon as it is ready. This will:

- increase co-operation
- help buy-in, and
- ensure you stay on track.

> *'It is very important that change is effectively embedded and communicated to new team members – so change is maintained.'*
>
> **Barns Medical Practice, NHS Ayrshire & Arran**

Support structure

Consider what changes may be required to support implementation and sustainability of the changes you have tested. These may include staff training, altering or creating job descriptions as well as developing SOPs and documentation. You may also want to think about how you can make it easy to use the new processes for example by using pop up reminders or flags in patient records. Embedding these support structures will increase the chances of any changes being sustained.

Ongoing measurement

Ongoing and visible measurement allows you to see whether the new approach is being carried out consistently and helps ensure improvement is sustained. Some measures used in testing may be used to support implementation and beyond to demonstrate sustained improvement. As a team, decide which measures you want to review, how regularly and who else may need this information.

Once you have revisited your previous family of measures, you may need to create some new measures to allow you to know if implementation is proceeding smoothly. For example, if you have introduced or updated staff training, you may wish to measure the percentage of staff who have completed the training.

Sharing learning

We encourage all project teams to share their improvement journey to help spread their learning to other teams.

You can share your learning with your cluster, HSCP, NHS board or beyond by:

- Sharing your experience with your local improvement team and Cluster Lead.
- Contacting us by email at **his.pcpteam@nhs.scot** to share your improvement journey.
- Writing a case study or learning summary for your project.
- Submitting an article to the **BMJ Open Quality** (peer-reviewed paper with a focus on QI projects).
- Submitting a poster to the **NHS Scotland event**.

Acknowledgments

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- Angus HSCP
- Borders HSCP
- Dumfries and Galloway HSCP
- East Dunbartonshire and East Renfrewshire HSCPs
- Edinburgh City HSCP
- Fife HSCP
- Glasgow City HSCP
- Midlothian and West Lothian HSCPs
- North Lanarkshire and South Lanarkshire HSCPs
- NHS Ayrshire and Arran
- NHS Forth Valley
- NHS Western Isles

NHS boards and other organisations across Scotland that have contributed their work and resources for inclusion in the toolkit:

- NHS Highland
- NHS Education for Scotland
- The iSIMPATHY project (Implementing Stimulating Innovation in the Management of Polypharmacy and Adherence Through the Years)

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