Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

Learning Summary
Ladywell Medical Centre (West)

The practice did not set a specific target but their goal was to reduce the number of acute prescriptions over a 6 month period. They aimed to do this by improving procedures underpinning their prescribing systems and designing specific protocols for certain drug classes.

Background

Ladywell Medical Centre West is a busy urban practice with a mixed demographic close to Edinburgh city centre and is based in a health centre with another practice. Its list size has increased to 11,000 patients in recent years due to housing developments.

Key activities

The following change ideas have been tested and implemented.

- **A streamlined acute prescription request system**
  An acute prescription request slip was designed and created by a multidisciplinary team including GPs, reception team and the practice based pharmacist. The slip was attached to all acute prescription requests. Teams may wish to consider if a paper or electronic format works best for them.

- **A Progesterone Only Pill (POP) protocol**
  A POP standard operating procedure was created and shared within the cluster to **reduce variation** and introduce a **consistent process** for issuing this medication on repeat prescription with a limited count.

- **Communication with patients regarding prescriptions**
  A protocol was agreed between the administration team and partners to **address the lack of clarity** in clinic letters about whether a patient has been asked to collect a prescription from the practice. Staff now confirm the choice of practice or pharmacy collection with the patient to **reduce uncollected prescriptions**.

The following change ideas are currently being developed and tested:

- **A Hormone Replacement Therapy (HRT) protocol**
  A protocol is being drafted based on an existing HRT protocol from another health board. Volume of prescriptions for this drug class indicate it is a priority.

- **Introduction of a 'paper-lite' system**
  The practice will use **VISION tasks** in their clinical system to process prescriptions which will allow pharmacotherapy staff to use remote access to **help with workload**.

Impact and learning

The **impact** of the changes cannot be measured yet, however the practice identified learning and future measurements below.

- They are reviewing the **Scottish Therapeutic Utility (STU) data** for repeated acute issues of POP prescriptions and expect to see a reduction in them.

- They expect all POP & HRT patients to have a year's supply of **permissible repeat prescription** after the initial 3 months.

- They expect the STU data to show that the number of repeatable **acute items will be reduced** over the year following the introduction of the acute prescription request slip.

- Having **a multidisciplinary team** contributing to change ideas has made them more likely to succeed. Keep trying to get those resistant to change on board. Nothing ventured, nothing gained.

- The team feel it is very useful to **network and share learning** between practices to **avoid duplication of work**.

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