Healthcare Improvement Scotland

SCOTTISH PATIENT SAFETY PROGRAMME

# Learning Summary
## Linburn Road Health Centre

The **aim** of the practice is to **safely** reduce the number of acute prescriptions from over 30% of overall prescriptions issued to under 20% by July 2022 (over a 6 month period).

## Background

Linburn Road Health Centre is an urban practice with a list size of nearly 9000 and a younger than average population based in Dunfermline. It is a 2c practice (meaning it is under the management of NHS Fife) currently running with a lot of locum GPs.

## Key activities

The practice identified two key areas of focus:

- **Medication reviews**

  The practice initially considered the staff skill mix required to complete level 1, 2 and 3 reviews in order to reduce their backlog.

  - Level 1 reviews are undertaken by a mixture of staff
  - Level 2 and 3 reviews are currently only done by pharmacists.

  The practice piloted guidance developed by a pharmacist to allow pharmacy technicians to undertake level 2 reviews.

- **Standard operating procedures (SOPs)**

  The practice used Scottish Therapeutics Utility (STU) data to identify repeatable acute prescriptions that could be moved to permissible repeat prescriptions including:
  - anti-depressants
  - progesterone only pill
  - anti-histamines
  - creams/emollients
  - paracetamol/codeine/tramadol

A number of patients taking anti-depressant medication met the criteria for moving to repeat prescriptions as they had been on stable doses for a significant period of time.

The practice utilised a **medication review letter** that had been **implemented elsewhere**. This gives clear correspondence from the patient on how stable they are on their medication and allows the patient to make an appointment if required. Their medication can then be added to permissible repeat with an appropriate limited number of issues.

This work was largely carried out proactively with clinicians working through lists to identify appropriate patients. The work will be maintained reactively, being actioned as and when patients request prescriptions, going forward.

## Impact and learning

- The practice continue to use STU data to **measure** the number of repeatable and overall acute prescriptions issued each month to identify any **improvements**.
- The **acute prescriptions**, as a percentage of the overall medications issued, **dropped** from **31.5%** in February 2022 to **29.3%** in April 2022. GPs are confident that if this continues to decrease, it could **reduce** their **acute prescribing workload**.
- Input from the Pharmacotherapy team is increasing the number of reviews being undertaken which gives **confidence** to switch medications from acute prescription to repeat issue.
- **Feedback** from **patients** suggests that changes have **improved** their experience of ordering prescriptions.
- Administration staff have noticed a **reduction** in their **processing time** when re-issuing prescriptions.

## Next steps

- A pharmacist external to this project will be **sharing** and **implementing** the medication review letter in another practice.
- The practice plan to introduce standard **key prescribing parameters** to ensure **prescribing plans** are recorded in medical records.
- The practice plan to create a formal **practice agreement** for switching prescriptions from acute to repeat.

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