Healthcare Improvement Scotland

NHS Forth Valley

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Improving Acute Prescribing in NHS Forth Valley

Developing a board-wide enhanced service to improve acute prescribing processes.

This case study describes how NHS Forth Valley tested changes to improve acute prescribing processes and developed a board-wide enhanced service.

Acute prescribing is a significant and unpredictable part of day-to-day workload for primary care services. Improvements can help manage this workload and support implementation of the range of pharmacotherapy services laid out in the 2018 GMS contract.

An acute prescription is any prescription issued 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. Using acute prescriptions on an ongoing basis can result in a risk to patient safety as there is not always capacity to review requests in detail.



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> "What's come out of this is more communication between the pharmacy team and GPs and with that an improvement in the relationship and mutual respect."
>
> **Dr Marianne Herron, GP NHS Forth Valley**

Background

NHS Forth Valley provides care to 288,000 patients in 49 practices across a diverse geographical area. This board has been at the forefront of implementing and developing pharmacotherapy services in Scotland.

From 2018, GP practices started individually testing a range of change ideas to understand how they could make improvements to their acute prescribing processes. The success of these small scale tests led to development of a board-wide enhanced service to spread the improvements across NHS Forth Valley.

Acute prescribing was a focus for the following reasons.

1. The **workload** associated with acute prescribing was identified as a barrier to delivering a comprehensive pharmacotherapy service.
2. There was **variation** in acute prescribing procedures and rates between practices.
3. Acute prescriptions were considered to be a **safety mechanism** to ensure the suitability, and short-term review, of newly prescribed medications. In practice however there wasn't always capacity to review all subsequent requests so this was not the safest way to prescribe.

Approach

1. Individual practice projects

Understanding the system
Individual practices used various methods to consider their current systems so that they understood what worked well and what their opportunities for improvement were. The key initial activities were:

- establishing the team and identifying how they could support improvements, and
- using quality improvement tools to understand the system including fishbone diagrams and process mapping.

Testing changes
The following change ideas were then identified and tested.

- New systems when patients request medication.
- Utilising different recall set ups and skill mix for medication reviews.
- Designing and implementing prescribing plans.
- Switching medication from acute to repeat issue, utilising the permissible repeat function.

Data collection and review of progress
Practices collected data, for example by counting the number of acute prescription requests, and reviewed this regularly to understand the impact of their changes.

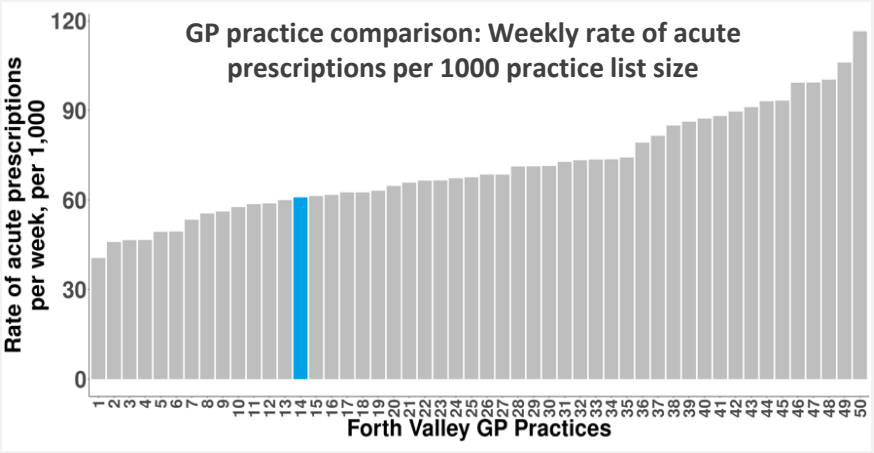
Approach

2. Development of board-wide project

- The board team reviewed the impact of practice projects and recognised the potential for a board-wide approach.
- Tools were developed to help practices start their acute prescribing improvement work including a prescribing review tool for the EMIS clinical system to identify patients with multiple acute prescriptions for the same medication.

3. Review of prescribing data and aim development

- EMIS searches were used to produce datasets on the number of acute prescriptions issued by practices. This showed variation across NHS Forth Valley.
- Each practice was sent their own data with a cluster and board comparison and encouraged to review this.
- Practices discussed their data to create a shared understanding of the need for change and undertook further searches and analysis.
- The team used the comparative data to set a board wide aim of reducing the number of acute prescriptions issued to a rate of 60 per 1000 patients per week.



This chart shows the variation in rate of acute prescriptions across NHS Forth Valley practices.

4. Board-wide change ideas identified & tested

- Having set an aim the team identified board-wide change ideas for practices to test:

1. An acute request decision tree to help indicate when an acute prescription could be moved to permissible or routine repeat prescription.

2. The WWHEN template for prescribers to record **key prescribing parameters** whenever a new medication was prescribed. This documentation of a **prescribing plan** enabled the whole team to see the original prescribers intentions. This made the processing of acute prescription requests quicker and safer.

Who will review at next request?
When should it be reviewed?
How many times can it be issued for?
Expectations (intervention) at review?
Next steps?

Impact

Patients

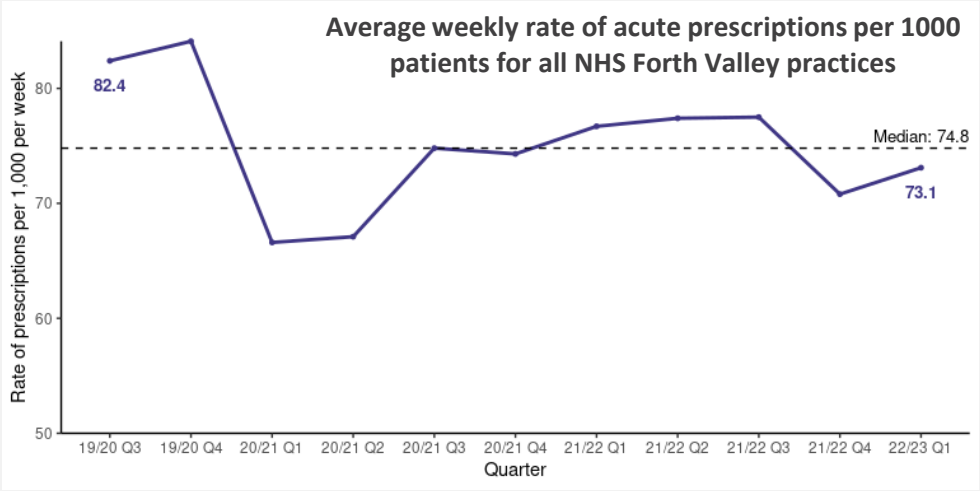
- Review and recall processes are **safer** and management of high risk medications is more focussed.
- Patients have **faster access** to medications and can be seen by the most appropriate member of the multidisciplinary team.

Staff

- Pharmacotherapy teams have more time to **expand their role**.
- **Stronger working relationships** have been built across multidisciplinary teams.

Prescribing data

- The chart opposite shows the progress towards the aim of 60 acute prescriptions per 1000 patients per week across Forth Valley.
- The weekly number of acute prescriptions issued has **reduced** by over 5% in 21 of the 49 practices in NHS Forth Valley.
- In 7 practices the number has reduced by more than 15%.
- There is ongoing variation between practices and the board have developed an audit tool to study the reasons items remain on acute issue.



This chart shows the change, across Forth Valley, in the average number of acute prescriptions per week (displayed quarterly). Moving towards the aim of 60 acute prescriptions per 1000 patients per week. The data has been affected by the impact of Covid-19 restrictions on primary care services.

Top tips

The basis of all improvement work is teamwork.

- Involve the **multi-disciplinary team** and gather thoughts from the whole team.
- Understand roles and responsibilities.
- Get agreement on ways of working to reduce variation.
- Share updates and data to help people see the **impact** of the work.

Use data to monitor progress.

- Ensure the aim is **realistic** and consider what to measure and how often.
- **Identify trends** and try to find explanations for them.
- Use surveys to check confidence and engagement levels.

> "Make sure everyone is on board, if not why not?"
>
> **Helen Broadwood, Practice Manager**

> "This has reduced our number of acutes dramatically, given the pharmacists more time to do other things and patients have more streamlined access to their medications."
>
> **Dr Marianne Herron, GP**

Keep in touch

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