PRECSRIBING SAFETY
GMS Quality Improvement project 2024/25

Name of Practice: Brunswick Health Centre
Name of Cluster: City Cluster

PLAN: Understanding the problem

Reviewing the prescribing Safety Dashboard within Primary care is crucial for enhancing patient safety, ensuring effective medication use and maintaining compliance with best practice. This requires a good understanding of the parameters set within the dashboard and ensuring other clinical and prescribing staff are aware of the importance of adherence to local guidelines.

PLAN: Involving others

The Prescribing Lead for the Practice, Dr Helen Locking, is responsible for regularly reviewing the dashboard and making other clinical staff aware of areas in which there may be room for improvement. All parameters on the dashboard are regularly reviewed but specific areas that are deemed of high clinical importance, such as NSAID prescribing in CKD, patients with a high anticholinergic burden and those being prescribed unopposed oestrogen where paid close attention to. The plan was to review all the patient records and then where appropriate, to have telephone or face to face consultations to do a comprehensive medication review. All patients reviewed, where appropriate, had warnings added to their patient notes, for example, for those with CKD, a warning was added to highlight to other clinicians the NSAIDs should not be prescribed to this cohort of patients.

PLAN: Aim: What are we trying to accomplish?

We are trying to identify potential prescribing risks, monitor adherence to guidelines and implement corrective actions where appropriate. We plan to focus on high risk medications, drug interactions and compliance with SBUHB formulary.

PLAN: Measures: How will we know a change is an improvement?

By frequently reviewing the dashboard we can assess whether our interventions are having a beneficial effect upon the prescribing statistics. This has a wider benefit of ensuring patient safety and improving adherence to local guidelines. We can compare these key performance indicators against national standards and internal targets. We will also ensure regular feedback to our clinicians to discuss the findings, share best practices and address any concerns.

DO: What changes did we make could result in an improvement?

All areas of the dashboard were reviewed. For PS11- pts with a GFR <60 who had received a repeat prescription for NSAIDs- all patients were reviewed. Any who had NSAIDs on their repeat prescription were contacted and asked where possible to discontinue their NSAIDs. All had repeat U&Es done and Urine ACR. They were educated on their condition and the risks of using NSAIDs. Some of the patients identified had only NSAIDs gels on their repeat and they were counselled with regard to their usage. There were 2 patients who after being fully counselled on the risks of using NSAIDs in CKD refused to stop them, but in both of these patients, their ACR was negative and they continued on a reduced dose.

All PS12- Patients over 75 with an ACB score of 3 or more have been reviewed and were possible the doses of anticholinergics were reduced. This currently stands at 62 patients, however this was previously higher. It is a challenging group to work with as many are reluctant to reduce their medications as they perceive that they are getting more benefits than side effects from them. On all notes a patient warning that has been added to highlight to all clinicians the ACB score and the importance of deprescribing where possible. We continue to bring this up in clinical meetings within the practice, to ensure that all our prescribers are aware of the importance of anti-cholinergic burden. We will continue to work on this group.

With the cardiovascular Indicators, we had 14 patients identified in PS04 in which a bblocker had been prescribed in patients with a history of asthma. Of these all patients were reviewed and all were on a cardioselective bblocker and they reported no symptoms of increased breathlessness or more frequent exacerbations of their asthma. All were on a stable dose of the bblocker and it was deemed clinically appropriate to keep them on their current dose, however a flag was attached to all these patient notes to make all clinicians aware of the prescribing of a bblocker in a patient who was known to have asthma. The patient was also counselled on the potential side effects of bblockers.

Of the Female specific prescribing safety indicators, we have 15 patients who are deemed to be receiving unopposed oestrogens. Of these 2 were transgender, 7 had a mirena coil in situ which had been sited within the last 5 years and 6 were receiving a prescription for utrogestan. There were no patients that were receiving unopposed oestrogen who should not have been. All patients with a mirena coil had a flag put on their notes with the date of insertion and so that any clinicians would know when the patient was approaching expiration of their coil.

STUDY: What did the measure(s) show, and what have you learned?

From the dashboard, it is clear that there will always be patients identified as being at risk, when in fact the risk is low, such as those coded as asthmatic, but have no ill-effects from being on a cardioselective beta-blocker. Also there are frequently patients who are identified as being on unopposed oestrogen, but are in fact either not on unopposed oestrogen as they are receiving a separate progestogen such as utrogestan, or they have a mirena coil fitted, or they are transgender. However, it is good practice to review these patients to ensure prescribing guidelines are being adhered to.

ACT: Reflection and the next steps

Engaging with patients and informing them about their medications is essential. It establishes channels for patients to report medication related issues or concerns and for us as prescribers, to inform them of potential risks. It is also essential to ensure that all prescribers remain up to date with local guidelines, offering regular training on safe prescribing practices, updates to the formulary and use of the prescribing dashboard. We shall continue to use the prescribing safety dashboard, in addition to carrying out our regular prescribing audits, medication reviews and drug monitoring recalls.

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