Practice guidance for Prescribing Safety QI project 2024-25

Background

The prescribing of a medication is the most common intervention in healthcare.

Close to 84.5 million items were prescribed by all primary care practitioners in Wales and dispensed in the community in 2022-23. Of these, 84.2 million items were prescribed through general practices, an increase of 1.3 million (1.6%) items since 2021-22 and the highest number on record.[1]

Whilst prescribing a medicine has the potential to improve health, it may also be associated with harm which may arise from unintended consequences of therapeutic use (i.e. adverse drug reaction), or medication error (i.e. through inappropriate prescribing, dispensing, administering, monitoring or use).

Demographic changes, including an ageing population and the increasing prevalence of co-morbidities, have driven increases in the concurrent use of multiple medicines (so called “poly-pharmacy”) with patients on multiple medicines more likely to suffer side effects from medicines.

Most preventable adverse drug events in primary care are attributable to errors in prescription and medication monitoring, and changes in practice enabled by information technology have substantial potential to reduce the frequency of these errors.[2]

The pharmacist-led information technology intervention for medication errors (PINCER) study demonstrated how a multifaceted intervention comprising feedback, educational outreach, dedicated pharmacist support and use of information technology can improve quality through improvements in prescription safety and medication monitoring in general practices, at a low cost per error avoided.[3]

Previous GMS quality improvement projects, between 2019 and 2022, focused on incentivising GMS contractors to take action to reduce the prevalence of risk factors associated with avoidable medicines related harm. The intention is to build on and develop this earlier work, in the context of the new Unified Contract and associated Assurance Framework. This framework sets out a number of quality indicators, including the completion of the Prescribing Safety Module on the Primary Care Information Portal, where being an outlier in terms of prescribing prompts further discussion with the local health board.

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[1] Primary care prescriptions: April 2022 to March 2023 | GOV.WALES

[2] Schedlbauer A, Prasad V, Mulvaney C, et al. What evidence supports the use of computerized alerts and prompts to improve clinicians’ prescribing behavior? J Am Med Inform Assoc 2009; 16: 531–38.

[3] Avery A et al. A pharmacist-led information technology intervention for medication errors (PINCER): a multicentre, cluster randomised, controlled trial and cost-effectiveness analysis. Lancet 2012; 379: 1310–1319.

Aim

The aim of this QI project is to improve the prescribing safety indicators (reduction in numbers at risk) at practice level.

Objectives

All contractors will complete these 3 objectives (A, B and C) by the end of the QI period 31st March 2025:

A. At the start of the QI cycle, the practice clinical team will review practice-level Prescribing Safely data indicators (Listed at Annex A) and agree **at least two themes** for targeted improvement. These may be selected because:

   - Indicators where the practice has the highest levels of prescribing;
   - Indicators where the practice is furthest from the health board average prescribing levels; and/or
   - Indicators where there is a high-risk of harm through errors in prescribing.

   This selection should not include indicators covered in local prescribing incentive schemes.

B. Practices will undertake QI project activity designed to reduce rates of prescribing against each of the indicators under the identified themes. This could include (but not be limited to):

   - Using GP systems to identify possible prescribing issues;
   - Inviting patients to surgery for review;
   - Ensuring patients have appropriate tests for known side effects;
   - Making arrangements for ongoing review; and
   - Educational meetings with prescribers.

C. The practice clinical team will meet at the end of the QI cycle to review progress against the identified themes and to agree project outputs, including how learning will be embedded within the practice team following the conclusion of the project.

Requirements of the QI Project

<u>Practice level</u>

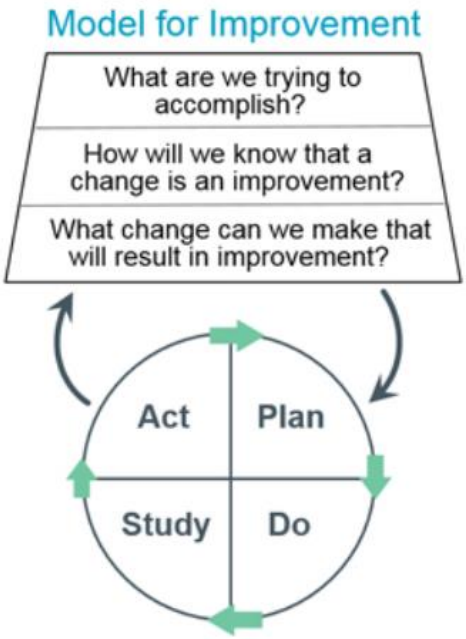
- Each general practice will have access to an online prescribing safety dashboard and will meet at the start of the QI cycle to discuss the information provided by the dashboard.
- Practices will identify a GP or pharmacist prescribing safety lead, who will be expected to lead the practice team in the use of a range of techniques to help correct medication errors and prevent future ones.
- Practices to adopt a QI methodology, including:

- Review of baseline data
- Review of their processes
- Introduction of tested small cycles of change.

Further information on QI methodology can be found at the links below:

How to Improve | IHI - Institute for Healthcare Improvement

https://youtu.be/nPysNaF1oMw



- Practices will discuss their learning with their GMS collaborative. Minutes of this meeting should be submitted to health boards as confirmation that this discussion has taken place.
- Practices will complete a nationally agreed QI Poster for sharing at the final collaborative meeting before 31/3/2025, confirming conclusion of the project and highlighting outcomes achieved.

GMS Collaborative level

- Practices to share aggregate practice-level data on prescribing indicators.
- Practices to discuss accuracy of data and process for refinement.
- Discuss, share best practice, and consider adaptation of QI processes if applicable across collaborative.

DHCW level

- DHCW will continue to support the Prescribing Safety PCIP module, providing the ability for practices to view their own aggregate data in comparison to their and other Clusters, their and other LHBs, and the all-Wales level.
- In the event that this aggregate data extraction is not in place for the duration of the QI project cycle, DHCW will aim to provide either a solution via dataset & business rules for each GP system supplier to implement; or make available pre-authored searches to enable practices to undertake their own local searches.

LHB level

- LHBs to ensure practice completion is verified against agreed indicators via completion of a nationally agreed QI Poster, shared and discussed with the collaborative and shared with the LHB by 31st March 2025.
- LHBs will collate the posters to allow thematic review at national level.

Verification and achievement

Practices:

- Practices will need to demonstrate achievement of the Objectives A, B and C by 31st March 2025. Evidence of achievement will be set out in a nationally agreed QI Poster shared and discussed with the collaborative and shared with the LHB. Minutes of the collaborative meeting should also be shared as evidence of the discussion.
- The contractor should ensure that the poster states where the QI activity has resulted improved prescribing outcomes.
- A poster template and further guidance for completion will be circulated to practices by end of October 2024.

LHB:

- LHBs will be required to verify that practices have undertaken all actions required to meet Objectives A, B and C, to confirm achievement and award payment.
- This will be done by reviewing each individual practice's nationally agreed QI Poster shared and discussed with the collaborative and shared with the LHB by 31st March 2025.

Annex A: Prescribing Safety QI Project Selected Indicators

Theme 1: Reducing harm from medication induced acute kidney injury (AKI)

- Number of patients on the CKD register (CKD stage 3–5) who have received a repeat prescription for an NSAID within the last 3 months.
- Number of patients who are not on the CKD register but have an eGFR of < 59 ml/min and have received a repeat prescription for an NSAID within the last 3 months.
- Number of patients with concurrent prescriptions of an NSAID, renin-angiotensin system (RAS) drug and a diuretic.
- Number of patients aged 75 years and over with a current prescription for an ACE Inhibitor or loop diuretic without a check of renal function and electrolytes in the previous 15 months.

Theme 2: Reducing harm from medication induced bleeds

- Number of patients with a peptic ulcer who have been prescribed NSAIDs without a PPI.
- Number of patients with concurrent prescriptions of warfarin and an oral NSAID.
- Number of patients with concurrent prescriptions for a DOAC and an oral NSAID.
- Number of patients aged 65 years or over who are prescribed an NSAID plus aspirin and/or clopidogrel but without gastroprotection (PPI or H2-receptor antagonist).
- Number of patients with concurrent prescriptions of an oral anticoagulant (warfarin or DOAC) and an SSRI.

Theme 3: Reducing harm from antipsychotic and anticholinergic medicines

- Number of patients aged 65 years or over prescribed an antipsychotic.
- Number of patients aged 75 years and over with an Anticholinergic Effect on Cognition (AEC) score of three or more for items on active repeat.

Theme 4: Minimising risks associated with hormonal contraception and hormone replacement therapy

- Number of female patients with a current prescription of oestrogen-only hormone replacement therapy (HRT) without any hysterectomy READ/SNOMED codes.
- Number of female patients with a past medical history of venous or arterial thrombosis who have been prescribed combined hormonal contraceptives.

Theme 5: Reducing foetal exposure to potentially harmful medicines

- Number of female patients aged 14–55 years with a prescription for sodium valproate.

- Number of female patients aged 14–55 years with a prescription for oral retinoids.