

# Ker Medical Practice: Understanding and improving acute prescribing

Using quality improvement methodology to improve processes and safely reduce the number of acute prescriptions issued.

This case study illustrates how Ker Medical Practice used quality improvement methodology to identify and test changes to safely reduce the volume of acute prescriptions issued.

An acute prescription is any prescription issued without a serial or repeat mandate. Acute prescribing is a significant 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](#).

The practice participated in the Acute Prescribing Learning Network from February to May 2022. They focussed their improvement activity on acute prescriptions requested and issued outside of consultations with primary care clinicians which they refer to as “special requests”.

The practice’s aim was to reduce the number of items issued on acute prescription per month by 25%, by September 2022.



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“The task of reducing our acutes was initially daunting. Breaking it down into bite-size groups of patients and medications has made it more manageable and less intimidating.”

Dr Ruth Lannigan, GP Partner

## Background

Ker Medical Practice is based in NHS Greater Glasgow and Clyde, with a practice list size of approximately 10,600 patients (June 2022). The practice work closely with a pharmacotherapy team of two pharmacists and a pharmacy technician. An external hub also deal with reconciliation of discharge letters.

Acute prescriptions requested outside of consultations with primary care clinicians were added to a “special requests” list. This list was often extended into the next day’s workload allocation and added to workload pressures.

## Understanding the system

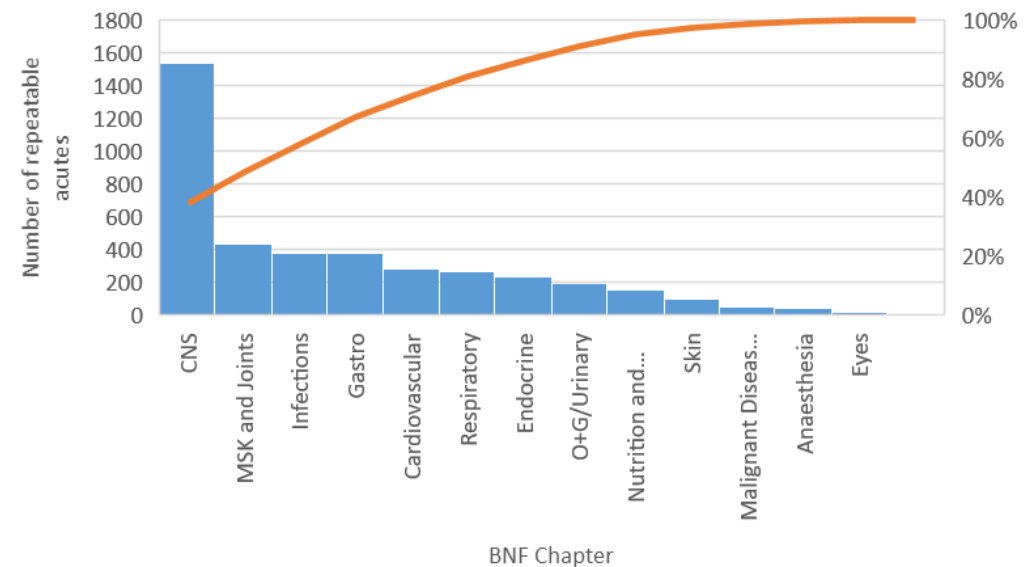
At the start of the Acute Prescribing Learning Network the practice participated in a data collection and benchmarking exercise with nine other practices.

The data showed that Ker Practice had the highest rate of acute prescriptions of all the practices in the network.

- 626 acute prescriptions per 1,000 patients issued per month, more than double the average of other practices.
- Between 6,000 and 7,000 acute prescriptions were issued per month.
- 37% of monthly prescribing activity was acute prescriptions.
- An audit in November 2021 showed that 74% of all acute prescriptions were “special requests”.

This data indicated a strong likelihood that patients were receiving repeated acute prescriptions for the same item. Reviewing the data illustrated the scale of the problem and became a catalyst for practice staff to understand the urgent need for change.

Ker practice last 12 months repeatable acutes



To further understand their system the practice constructed a [Pareto chart](#) to examine Scottish Therapeutics Utility (STU) data on patients issued several acute prescriptions for the same item over the last 12 months.

The chart ordered categories of the British National Formulary (BNF) from largest to smallest enabling the practice to identify areas contributing the most workload. The Central Nervous System (CNS) category was selected as an area for improvement and further analysis showed that anti-depressants and opioid analgesia were the main medications in this category.

## Testing Changes

### Moving appropriate patients to permissible repeats

Following the analysis of their data, the practice focused their first test of change on the high volume of anti-depressant prescriptions issued on acute prescription. The team completed the following tasks

- Constructing and running a search to identify patients in the clinical system (EMIS) who had six or more acute prescriptions for anti-depressant medication in the last 12 months.
- Completing patient medication reviews with a view to safely switching to repeat prescriptions with a 56 day-supply for six issues.
- Initial reviews were conducted by the assistant practice manager and medicines co-ordinator. Any queries were referred to a pharmacist or GP as required.

The changes made for this patient group also ensured reviews would take place after 12 months of repeat medication.

Whilst the anti-depressant prescriptions issued acted as the trigger for the reviews, the practice also examined any of the patients' other medicines which were suitable for switch to a permissible repeat prescription.

### Developing a practice prescribing policy

The practice manager drafted a prescribing policy for the practice, after consulting resources shared by other teams within the Acute Prescribing Learning Network. The policy covers how all aspects of prescribing will be managed including:

- Use of acute and repeat prescriptions and the process for medication reviews.
- Procedures to help admin staff manage patient requests for prescriptions and communicate changes to community pharmacy.

The policy was approved by GPs and the lead pharmacist. This has proved a useful tool for the practice and is particularly helpful for administrative staff involved in prescriptions processes.

## Top tips

- Keep the whole practice team, including pharmacotherapy staff, **involved and engaged** in the project.
- Share the **vision** and look to change prescribing behaviours.
- Take time to review **prescribing data** to offer **insights** into current prescribing practices.
- Have **policies and processes** in place to ensure everyone is doing things **in the same way**.
- Arrange **training** for non-clinical staff to familiarise them with prescribing processes and software.
- **Code conditions** during medication reviews to help ensure more accurate and concise information for future reviews.

“ The introduction of a clear prescribing policy has been a benefit to both clinicians and non-clinicians. ”

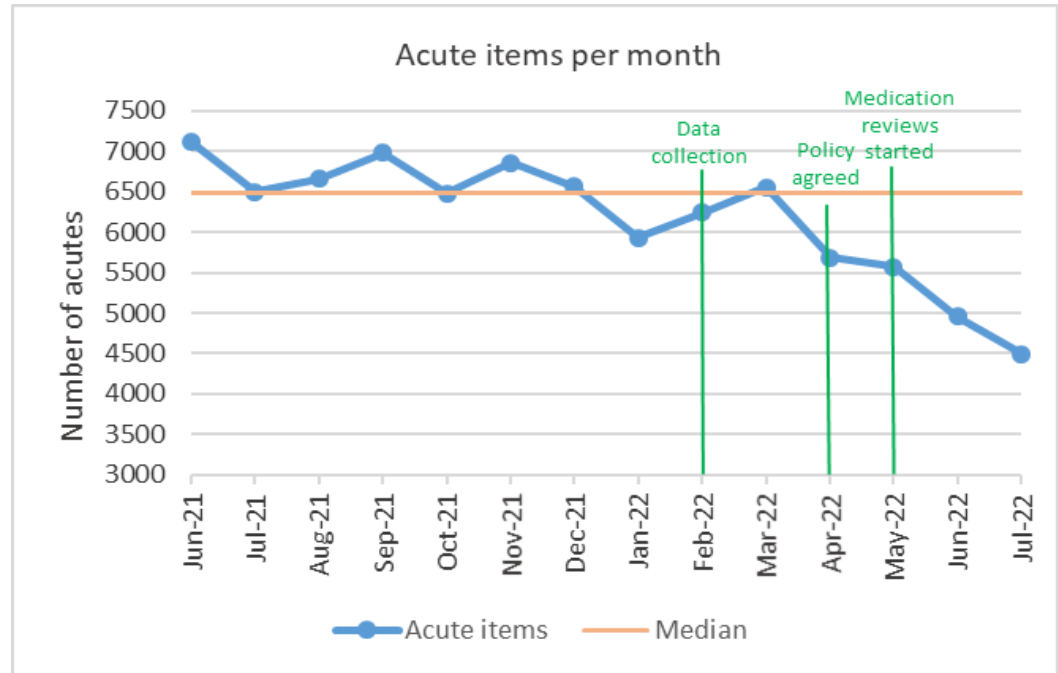
**David Johnston,**  
Practice Development Manager

## Impact

- By June 2022 the monthly number of items issued on acute prescriptions **reduced by 24%** and dropped below 5,000 for the first time.
- Acute prescriptions **reduced** from 37% to 27.5% of the overall prescribing workload.
- There was a proportionate **rise in repeat prescribing**.
- The daily special requests list is **more manageable for practice staff**.
- Acute prescriptions are **no longer used as the default**.
- Patients have **regular holistic reviews** of their medication.

## Next steps

- Revisit the **STU data** to identify whether the **changes are sustained**.
- Collect further **feedback on the prescribing policy** from GPs so that it can be updated.
- Consider **implementing serial prescriptions** to support further reduction in acute prescribing workload.



This chart shows data extracted from STU illustrating the number of items issued on acute prescription per month over the last 18 months.

“The special requests list has not been extended as much recently – it’s beginning to have an impact.”

Linsey MacDonald, Assistant Practice Manager

Keep in touch



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## Acknowledgements

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