

Brief Insights

Carrick Medical Practice worked with Healthcare Improvement Scotland over seven weeks using quality improvement methods to improve access to general practice.

The challenge

The practice had a significant demand for acute prescriptions resulting in daily pressure on clinical and administrative staff.

Understanding

They collected prescribing data from the Scottish Therapeutics Utility (STU) and manually using a tally sheet. They looked at their acute prescription demand and the opportunities to change these prescriptions to repeat issue.

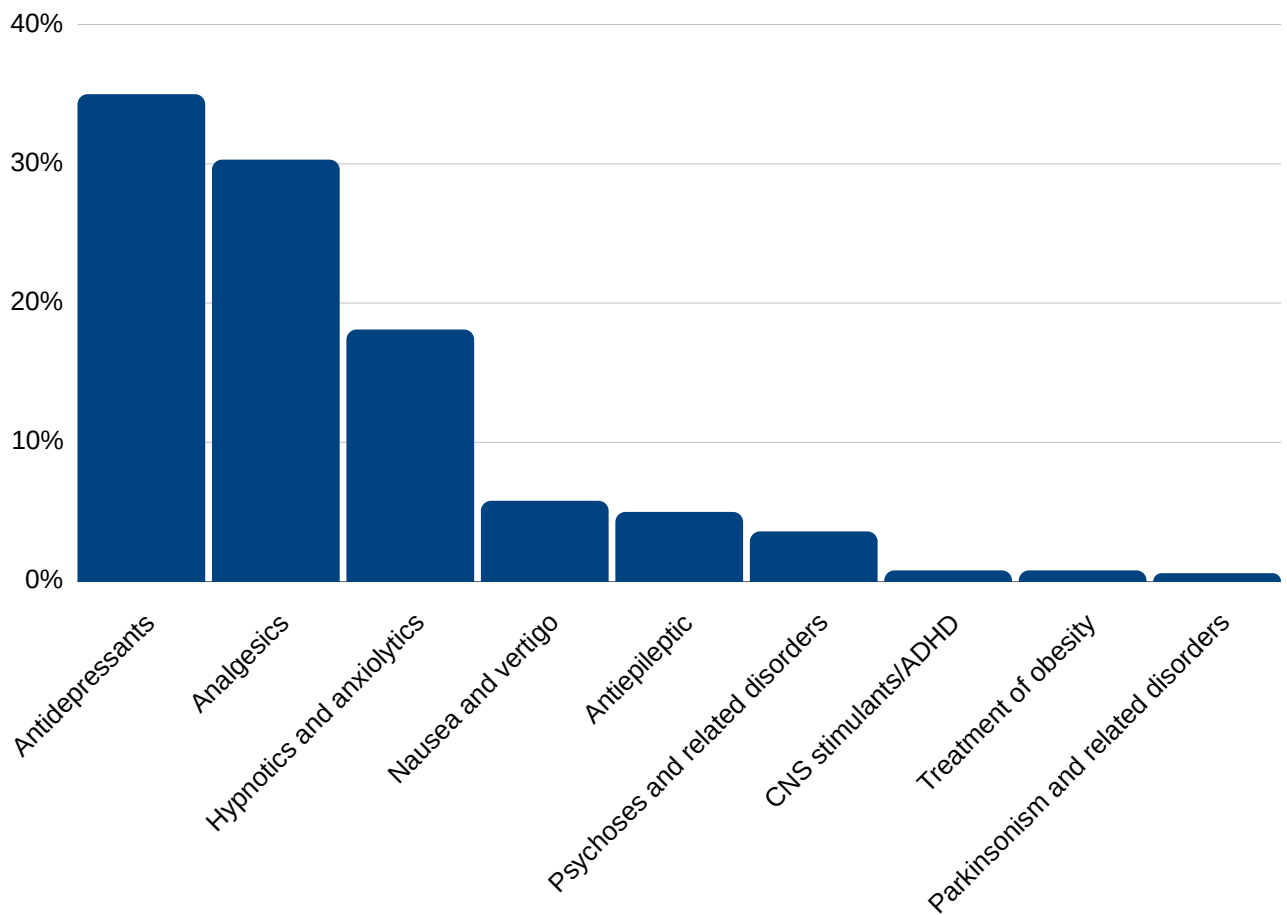
What they found



50-60

Acute prescription requests per day

Percentage of repeatable acute prescriptions in the British National Formulary Central Nervous System chapter in the last six months



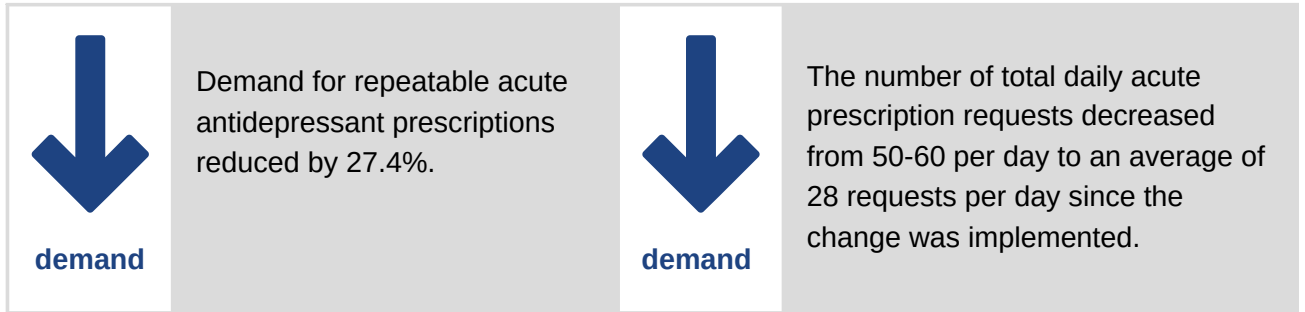
Making a change

The practice identified that antidepressant prescriptions were a significant factor in their acute prescribing workload. They created a new standard operating procedure for antidepressant prescriptions:

1. Patients who attend the practice and have an antidepressant prescription initiated would be asked to make a review appointment before leaving.
2. After review, the prescription would be changed to repeat with an appropriate number of issues, known as permissible or limited repeat.
3. Patients who do not attend a review would receive a two week supply and would be advised to make an appointment.

Pharmacy staff also reviewed existing antidepressant prescriptions and changed them to repeat where appropriate.

Impact from October 2022 to February 2023



What people said

<p>"It gives administrative staff a sense of ownership. If GPs say they're allowed to do it, they're more than happy to."</p> <p><i>Practice Manager</i></p>	<p>"With the acute numbers going down this allows me to have more time to focus on polypharmacy reviews and other pharmacotherapy work within the practice."</p> <p><i>Pharmacist</i></p>	<p>"By having a SOP [Standard Operating Procedure] in place it allows the safe prescribing and regular reviews of patients on antidepressants."</p> <p><i>Pharmacist</i></p>
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Next steps

Once they had embedded their initial changes, the practice went on to test more changes after the 7 week sprint:

1. Allowed admin staff to move additional items from acute to repeat, such as testing supplies for diabetes.
2. Looked at moving endocrine medications from acute to repeat prescriptions.
3. Reviewed STU data to identify further drug categories to consider moving from acute to repeat issue for example HRT.

To start your own access improvement journey, you can join our [Primary Care Access Programme](#), download our [GP access tools](#), or email us for more information at his.pcpteam@nhs.scot.

Thanks to Carrick Medical Practice for working with us to share this learning.

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