

SUPPORTING THE IMPLEMENTATION OF PRESCRIBING ADVICE IN PCOs

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The department of medicines management at Keele University produces prescribing reports specifically for primary care organisations. In this article, the authors outline the process and framework of the reports and provide feedback on the value of these reports from users in primary care

A central theme of current health policy is quality.¹ The introduction of clinical governance gives all health organisations a statutory duty to seek quality improvements.² In 1999, the Government established primary care groups (PCOs) in England with the aim of bringing together health professionals in each area to work together to improve the health of the local population.¹ In addition, the Government has set out objectives to provide information to health professionals to enable them to deliver improved population health and more effective management.³ Each group was developed to provide and commission health care for a population of approximately 100,000 in its locality. Since their inception, PCOs have been employing pharmacists to drive the quality initiative forward. A questionnaire survey by the National Prescribing Centre in 1998 identified over 400 new individuals who were providing prescribing advice and support to GP practices and shadow PCOs.⁴ This figure is now closer to 1,000. The skills required to deliver on this agenda are many and varied. Often, time pressures and the level of local support available for these individuals has meant that time that could be spent on practice visits or clinical issues has been spent processing prescribing data.

Health authorities, PCOs and their advisers have routinely used prescribing analysis and cost (PACT) data to monitor prescribing in primary care and interpret trends. Analysis of prescribing data reveals that there are often wide variations in the costs and volumes of prescribing among practices.⁵ The implications of these factors are that there are pressures to control prescribing costs and improve the quality and appropriateness of prescribing. In order to maximise the use of advisers' time, the department of medicines management at Keele University started to produce prescribing reports specifically for PCOs in February 2000. In this paper, we outline the process and framework of the reports and provide feedback on the value of these reports from users in primary care.

PRIMARY CARE ORGANISATION REPORTS

The process for the production of the reports is summarised below:

1. Therapeutic area decided by end users
2. Multidisciplinary steering group advises on content and key issues
3. Clinical text produced from evidence base
4. Analysis of prescribing and supplementary data
5. Reviewed by expert opinion and steering group members
6. Formatted for ease of use

A multidisciplinary steering group comprising pharmacists, general practitioners (GPs), a data analyst, medical and pharmaceutical advisers, a consultant clinical pharmacologist and a public health consultant advise on the content of the reports. The reports are distributed every two months and over the past year, the following therapeutic areas have been reviewed: antibacterial drugs, lipid-lowering drugs, non-steroidal anti-inflammatory drugs (NSAIDs), ulcer-healing drugs, asthma and diabetes.

Examples from the reports are outlined below.

Examining the impact of new drugs on prescribing budgets The uptake on new drugs in primary care can be monitored using prescribing data. For example, the recently launched cyclo-oxygenase 2 (COX-2) inhibitors, rofecoxib and celecoxib, are being heavily promoted as a major advance on traditional non-steroidal anti-inflammatory drugs on the basis of their gastrointestinal safety profile. Given the size of the NSAID market, these newer agents have the potential to increase prescribing costs substantially. Figure 1 highlights the volume of prescribing of rofecoxib during its first four months on the market in one PCO.

Supporting the implementation of national guidance PCOs are being given considerable freedom in deciding the important issues affecting them, though increasingly, there is central direction being provided through the national service frameworks and guidance issued by the National Institute for Clinical Excellence (NICE). For instance, NICE has recently issued guidance on the use of proton pump inhibitors (PPIs) in the treatment of dyspepsia recommending that all doctors prescribing PPIs will need to

review the indications for their use, and assess the dose used, with the aim of reducing it where appropriate.⁶ Figure 2 highlights the variation among practices in one PCO in the prescribing of treatment and maintenance doses of PPIs. There was a fourfold variation in the prescribing (by volume) of PPIs between practices with the highest and lowest rates. The proportion of PPIs prescribed as maintenance doses ranged from 3 per cent to 84 per cent in practices for this PCO.

Using the General Practice Research Database (GPRD) to pilot principles A recognised disadvantage of PACT data is the inability to link prescribing directly with morbidity or individual patients.⁷ The GPRD is a United Kingdom database recording morbidity, prescribing data and referrals and provides a resource for monitoring prescribing in primary care.⁸ It contains prescription data for approximately 642,000 patients from 41 practices in the West Midlands area.

In the West Midlands, analysis of 5,790 patient specific bronchodilator and corticosteroid prescriptions recorded on GPRD between 1993 and 1996 indicated that only 7 per cent of patients prescribed a dry powder inhaler had ever been prescribed a metered-dose inhaler.⁹ With the advent of cash-limited budgets for PCOs, reducing unnecessary initiation of dry powder inhalers could yield cost savings with no adverse effect on patients' health. For instance, switching 50 per cent of patients from dry powder inhalers to metered-dose inhalers in the PCOs across the West Midlands could generate approximately £2.8m for reinvestment in other areas, such as implementing the national service frameworks. Wholesale switching of chronic medication would be undesirable and untenable, but in the absence of complicating factors, time invested in guiding patients through a switch could result in more effective disease management and contribute towards more rational prescribing in the treatment of airways disease.

RESULTS OF THE QUESTIONNAIRE

The questionnaire constructed for this study consisted of a range of closed and open questions. It was distributed during April to June 2000 to 30 PCOs within the West Midlands region. Responses were received from 21 pharmacists, 20 GPs, three managers and two nurses.

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TABLE 1: RESULTS OF THE QUESTIONNAIRE

Measure	Number of respondents (per cent)				
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
The report was interesting	28 (61)	16 (35)	1 (2)	1 (2)	0 -
The report was well presented	26 (57)	18 (39)	2 (4)	0 -	0 -
The topics presented were relevant to current practice	25 (54)	21 (46)	0 -	0 -	0 -
The report was useful	23 (50)	21 (46)	1 (2)	1 (2)	0 -
The report added to my knowledge base	13 (28)	26 (57)	4 (8)	3 (7)	0 -
I would like to receive similar reports for different therapeutic areas	29 (63)	16 (35)	0 -	0 -	1 (2)
I would like to see more General Practice Research Database results included	7 (15)	27 (59)	9 (20)	2 (4)	1 (2)

TABLE 2: RESULTS OF THE QUESTIONNAIRE

Content	Number of respondents (per cent)			
	Very useful	Useful	Not useful	No response
PCO comparisons of prescribing	19 (41)	21 (46)	4 (9)	2 (4)
Practice comparisons of prescribing	26 (57)	17 (37)	3 (7)	-
Cost comparisons of drug therapy	23 (50)	21 (46)	2 (4)	-
Clinical text produced from evidence base	23 (50)	22 (48)	1 (2)	-

CONCLUSIONS

The introduction of the new NHS quality agenda is likely to see a change in the roles performed by general practice prescribing advisers. PCO prescribing advisers are likely to become more involved in providing prescribing support in general practices. It is clear from the results of the questionnaire that they not only welcome local support but have also found the reports to be helpful in setting local standards for prescribing and the monitoring of PCO performance against them. The key benefits of the reports are that they provide a baseline from which GPs and pharmacists can work. By providing key messages alongside prescribing data, the reports have enabled PCOs and their advisers to focus on the primary issues of concern.

This method of delivering prescribing support is generalisable and we expect that the reports will be extremely useful to other PCOs engaging in prescribing support and clinical governance. Users of the reports expressed that in the future they would like to export figures from the reports to facilitate supplementary oral presentations with their local GPs. We have now arranged to deliver the reports via e-mail in a PDF format to facilitate this.

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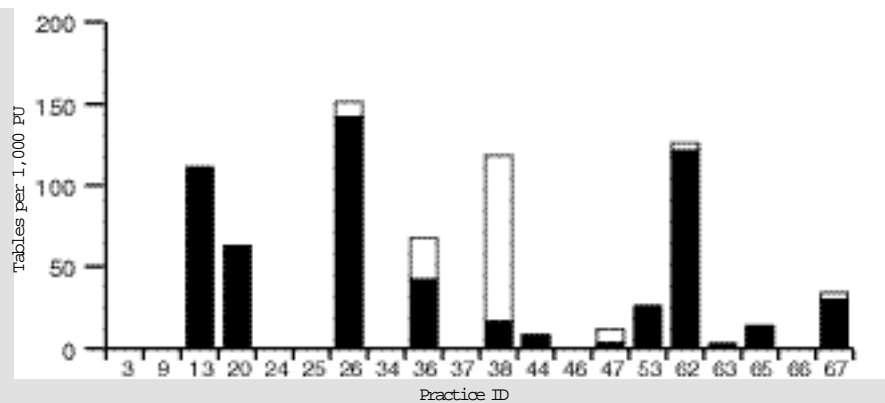


Figure 1: Variation in prescribing of rofecoxib across a typical primary care organisation (data: Prescription Pricing Authority). Key: ■ rofecoxib 12.5mg; □ rofecoxib 25mg

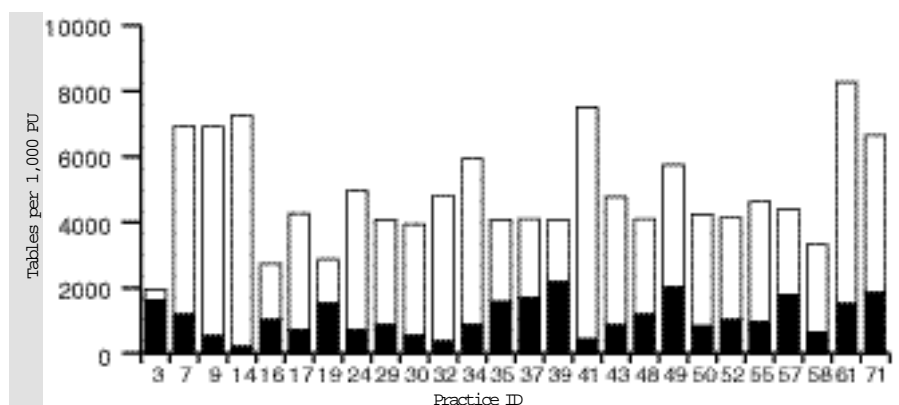


Figure 2: Variation in prescribing of proton pump inhibitors across a typical primary care organisation (data: Prescription Pricing Authority). Key: ■ maintenance; □ treatment

Respondents stating that they found the reports interesting and well presented amounted to 96 per cent (Table 1). All of the respondents found that the topics covered were relevant to current practice; 96 per cent of respondents stated that the reports were useful and 98 per cent stated that they would like to receive similar reports for different therapeutic areas. Some 85 per cent of respondents felt that the reports added to

their knowledge base. Respondents stating that the practice comparisons of prescribing were useful amounted to 94 per cent, while 87 per cent found the PCO comparisons useful (Table 2). Cost comparisons of drug therapies were classified as very useful by 50 per cent of respondents, and useful by a further 46 per cent; 98 per cent of respondents found that the accompanying clinical text was useful.