



Case 2

Reducing Prescribing Costs and Improving Management of Long Term Conditions

Brief

To reduce prescribing overspend in an outer London GP practice.

Commitment

4 pharmacist sessions per week for 5 months in 2006.

The Practice

- List size = 14,000+; largest practice in PCT
- Demography = Located within large residential estate, 13% of list size 65 years & above
- Medical staff = 5 GPs (recently reduced from 7 & replaced with nursing staff)
- Prescribing budget = £1.5million +
- % projected overspend on prescribing budget = 15%

Interventions

- Review of clopidogrel prescribing

79 patients reviewed.

Outcome: Projected 13k per annum saving

- Review of prescribing in COPD

82 patients reviewed. Review highlighted that disease management within the practice was not in line with national guidance. Pharmacist identified issues that needed resolving to change practice and successfully negotiated a practice change management plan.

Outcome: Consensus action plan for COPD agreed by all practice clinical staff (see below).

- Expansion of Repeat Dispensing

Implemented practice protocol & targeted appropriate patients to transfer to Repeat Dispensing.

Outcome: 100% increase in the number of patients with repeat dispensing, thereby minimising potential wastage of medicines.

- Standardisation of medication review process

Identified weaknesses in medication review process and successfully negotiated a practice change management plan to standardise the medication review process and the documentation of it.


Outcome: Consensus action plan for Medication Review agreed by all practice clinical staff (see below).

- Switching of analgesic medicine formulations

25 patients reviewed (taking co-codamol effervescent)

43 patients reviewed (taking diclofenac MR)

Outcome: Projected £3.2k per annum saving



COPD Action list

Action	By when	By whom
Review selection of cases from pharmacist COPD project & agree practice action plan to deliver change	25.4.06	Partners & Pharmacist
Document & implement practice protocol for management of COPD including confirmation of diagnosis, dealing with abnormal spirometry results, routine follow up, treatment, management of exacerbations, referral criteria (GP/hospital/PR), documentation	30.6.06	CC & KV
Update practice COPD template in line with NICE COPD guideline	30.6.06	NS
Assess practice staff training needs: Spirometry Management of COPD	8.5.06	CC
Co-ordinate training to meet staff needs	31.5.06	CC
Implement Rx changes arising from pharmacist led COPD review: <ul style="list-style-type: none"> • Mechanism to recall 73 pts (admin to send letter to patients to make an appointment with one of 5 GPs or KV i.e. 12/13 patients each) • Mechanism to refer to pharmacist data collection forms (Paper forms to be allocated amongst GPs & KV) • Procedure for withdrawal of ICS &/or tiotropium (Gradual managed withdrawal where appropriate with full details of follow up planned to be documented at 1st COPD review appointment) 	30.9.06	All GPs & KV
Review capacity for COPD routine follow up appts & spirometry (currently approx 200 pts on COPD register; amended QoF 2006/7 for FEV1 within 15m for pts on COPD register) – <i>Consider extending respiratory clinic to all day Thursday (10pts/day)</i>	Implemented	
Review current COPD register (approx 200 pts) to confirm diagnoses; differentiate 'at risk' patients i.e. COPD monitoring indicated from confirmed diagnoses (N.B. Clean register!)	1.10.06	KV & HCA
Review patients prescribed tiotropium to confirm that they have moderate to severe COPD	31.3.06	Pharmacist
Review patients prescribed therapeutically duplicate inhalers for COPD to reduce inappropriate prescribing	31.3.06	Pharmacist
Review process of GP medication review to increase effectiveness of prescribing & reduce wastage & inappropriate prescribing	9.5.06	GPs & Pharmacist

Agreed by practice partners: 25.4.06



Medication review action list

Action	By when	By whom
Prepare & deliver tailored 'in practice' medication review workshop	9.5.06	Pharmacist
Consolidate feedback from medication review workshop & finalise content of medication review template	30.5.06	MD
Create read codes & medication review template as per agreed content	30.6.06	NS
Identify staff learning needs to undertake medication review & co-ordinate staff training to meet needs	Ongoing via practice appraisals	CC
Undertake continuing professional development to meet identified learning needs for medication review	Ongoing	All practitioners
Consider current practice for actioning clinical recommendations & medicine changes contained in hospital letters & revise process to improve implementation rate	30.6.06	All doctors
Complete medication reviews for all patients that have requested repeat dispensing	TBC	CC

Agreed by practice clinical staff at medication review meeting 9.5.06