NHS

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ASPIRE
Action to Support Practices Implementing Research Evidence

Can your practice make NSAID prescribing safer?

1st report May 2015	2nd report July 2015	3rd report October 2015	4th report January 2016	5th report April 2016

Dear Practice Manager and colleagues

A third of all preventable drug related emergency admissions are due to NSAIDs or antiplatelet drugs[1]. Additionally, NSAIDs and antiplatelets cause up to 80% of all preventable drug related deaths. The ASPIRE team is working with your practice to help more of your patients receive recommended treatment and lower the risk of avoidable complications.

We encourage practices to keep reviewing prescriptions related to NSAIDs where potential risks should be carefully balanced in relation to patient benefits – and to consider gastro-protection in patients at higher risk of gastro-intestinal bleeds.

There are things you can do to make sure your patients are safe. ASPIRE offers quarterly comparative feedback, practice educational meetings, computerised searches to identify patients, and additional pharmacist support to review patient notes. You can use any of these as you wish to improve your levels of evidence-based care.

Please share and discuss your data with your team. We will also send you ten copies of this report. If you require more copies of this or previous reports, or have any other queries about ASPIRE, please contact Dr Tom Willis (**aspire@leeds.ac.uk**; 0113 343 6731).

Why does risky NSAID prescribing matter?

Risky prescribing can harm your patients.

Small increases in the prescribing budget can prevent the cost of a hospital admission or a drug related death.

Yours sincerely

Dr Robbie Foy
General Practitioner & Professor of Primary Care
on behalf of the ASPIRE team

For more information on ASPIRE, please see
http://medhealth.leeds.ac.uk/aspire

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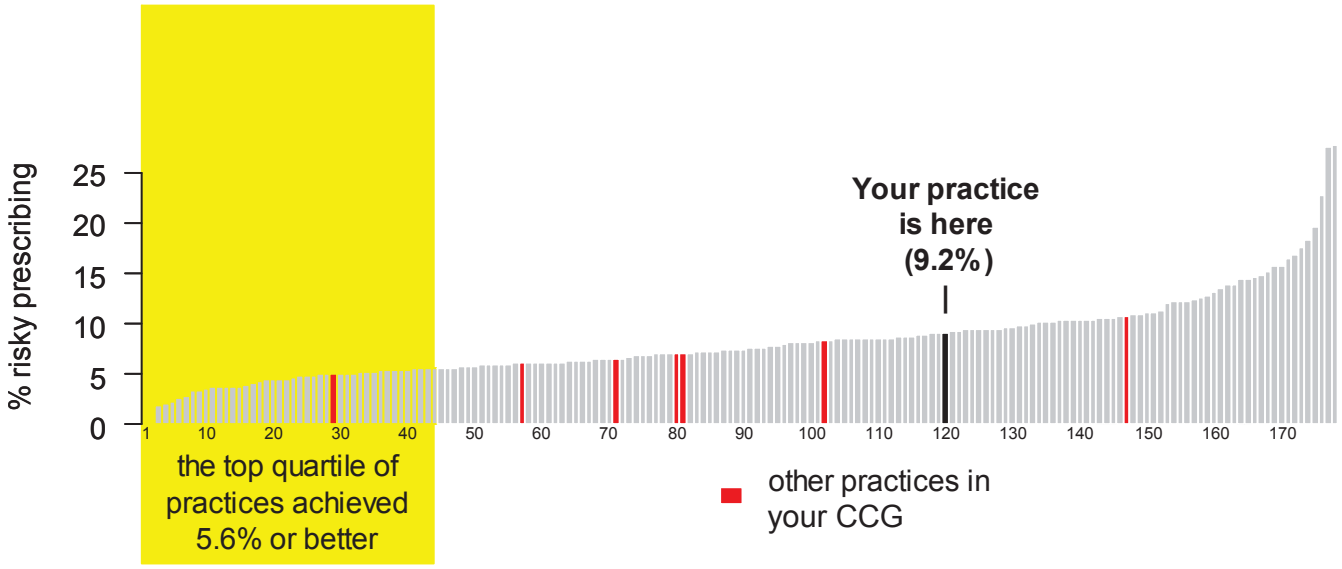
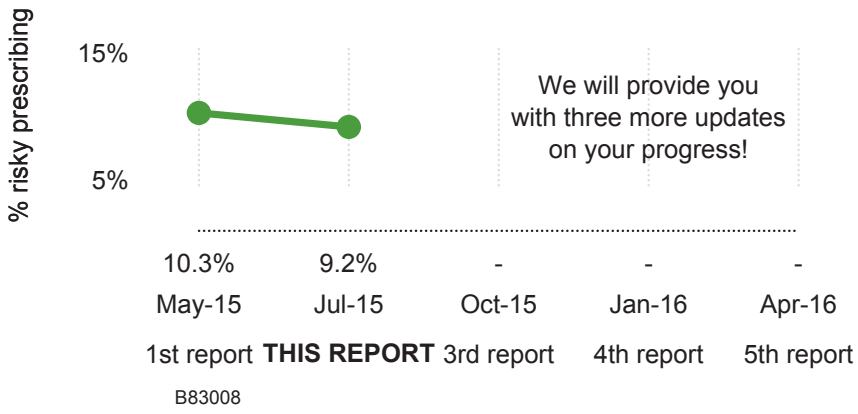
How well is your practice doing?

Achievement in participating practices across West Yorkshire June 2014 to June 2015

- Your practice (black bar) and % risky prescribing (9.2%). A lower value indicates better clinical practice, i.e. fewer patients are prescribed in a risky manner (against guidelines)
- Achievement throughout West Yorkshire overall (range 0 to 27.8%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 5.6% or below)
- Other practices within your CCG (red bars, n=7)



What has changed?



Risky prescribing in your practice fell by

1.1%

Now, 486 out of 535 patients are in line with evidence-based targets whilst 49 could benefit from further action.

Congratulations! Please share these data with your colleagues. Your team are preventing drug related emergency admissions and drug related deaths. Can you identify what has had the most impact? Please review your action plan to ensure this improvement continues.

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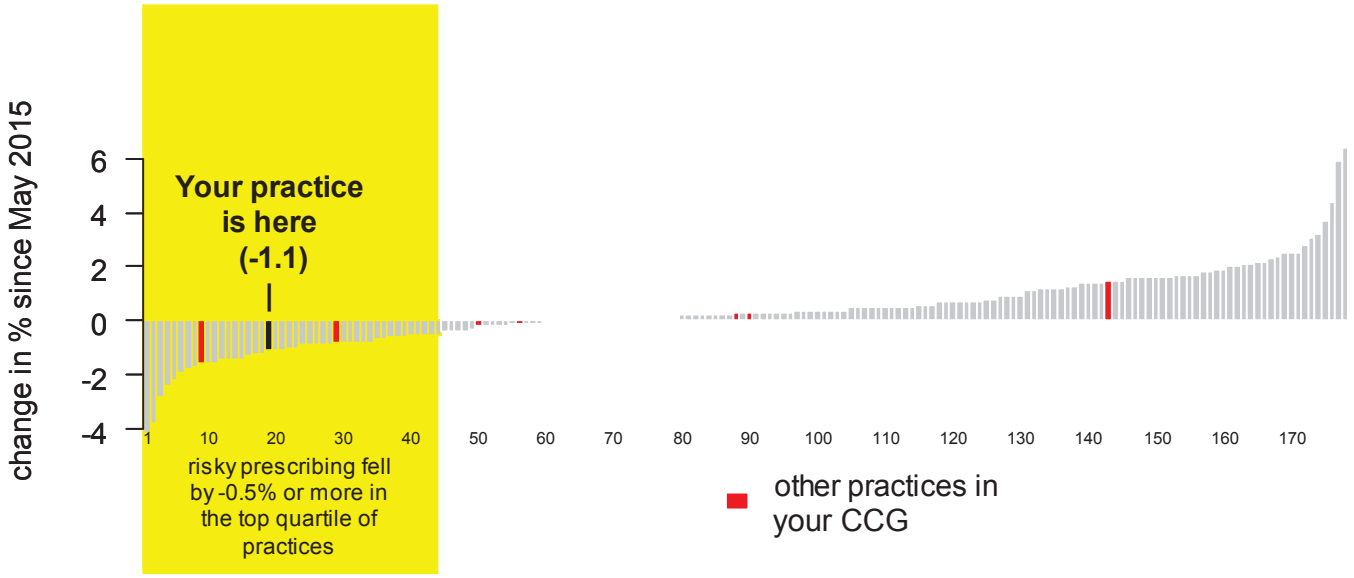
What have other West Yorkshire practices achieved in three months?



Where can we take action?

Your Progress

Indicators of risky prescribing for your practice

Indicator	Number of patients to be reviewed	Proportion of patients (%) to be reviewed	Change in proportion since May 2015
Prescribing of a traditional oral NSAID or low dose aspirin in patients with a history of peptic ulceration WITHOUT co-prescription of a gastro-protective drug	2/5	40	-20
Prescribing of a traditional oral NSAID in patients aged 75 or over WITHOUT co-prescription of a gastro-protective drug	19/31	61.3	+6.1
Prescribing of a traditional oral NSAID and aspirin in patients aged 65 or over WITHOUT co-prescription of a gastro-protective drug	3/5	60	+26.7
Prescribing of aspirin and clopidogrel in patients aged 65 or over WITHOUT co-prescription of a gastro-protective drug	8/17	47.1	0
Prescribing of warfarin and a traditional oral NSAID	-/-	-	-
Prescribing of warfarin and low-dose aspirin or clopidogrel, WITHOUT co-prescription of a gastro-protective drug	6/11	54.5	-12.2
Prescribing an oral NSAID in patients with heart failure	2/102	2	-0.9
Prescribing an oral NSAID in patients prescribed both a diuretic and an ACE-inhibitor / ARB	15/278	5.4	-0.7
Prescribing an oral NSAID in patients with CKD	7/232	3	-1.2
Combined indicators	49/535	9.2	-1.1

Higher levels on these indicators generally suggest risky prescribing practice; lower levels generally suggest safer clinical practice.

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What will you do next to prevent an avoidable admission or drug related death?

- Identify a lead clinician who can take action on this.
- Disseminate this report to all relevant colleagues.
- Contact Naila Hussain at Prescribing Support Services (01274 299 536; **aspire.admin@nhs.net**) to arrange a convenient time for a 30 minute outreach session to create a plan for action and a follow-up visit to maintain achievements.

- Run the SystmOne searches to create a list of patients at risk. We have made these available within SystmOne and sent instructions on how to action them. Please contact **aspire@leeds.ac.uk** if you have any queries.
- Consider other sources of help in your local area, such as your local Medicines Management Team.
- Set-up the SystmOne prompts that will trigger on relevant READ codes on the repeat prescribing screen. (These can be set up for you at your outreach visit).

- Discuss current practice within a team meeting to identify what could be changed or improved. Our outreach facilitators can help with this discussion.
- Use the action plan template to create a plan for reviewing your at risk patients.
- Significant event audit reports (2 or 4 pages) to support practice discussion will be introduced at your outreach visit or are available from **aspire@leeds.ac.uk**. These could be used as a basis for discussion at team meetings and may provide evidence for revalidation.
- Up to two days of pharmacist support to review patient notes will be offered at your outreach visit or contact **aspire.admin@nhs.net** to arrange.

Frequently Asked Questions

Since the last report in May 2015, we have received some questions relating to the data and/or ASPIRE in general. We have collated the most common queries and our responses below:

• Where do these data come from?

These data were extracted from SystmOne in July 2015 by the NHS Yorkshire & Humber Commissioning Support Unit and cover June 2014 – June 2015. The ASPIRE team have created a bespoke search for each indicator that goes beyond QOF codes to capture the intricate ways that clinicians code patient data. We have made searches available on SystmOne so that you can identify relevant patients – please contact **aspire@leeds.ac.uk** if you require more information.

• Are there any financial benefits of participating?

We offer our resources free of charge to practices. We also offer a minor 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.

• Why can't I produce the same numbers as the report?

It is important to remember that you may have changed patient care since we collected these data. SystmOne updates on a daily basis so it may not be possible to replicate the figures in your practice feedback reports.

• How is ASPIRE funded?

ASPIRE is a five-year research programme funded by the National Institute for Health Research (NIHR). Grant Reference Number RP-PG-1209-10040. We have the support of all CCGs in West Yorkshire and our research involves over 200 general practices in the region.

NHS
National Institute for Health Research

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