



# Can your practice make NSAID prescribing safer?

1 <sup>st</sup> report May 2015	2 <sup>nd</sup> report July 2015	3 <sup>rd</sup> report October 2015	4 <sup>th</sup> report January 2016	5 <sup>th</sup> report April 2016
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## Dear Practice Manager and colleagues

Practices across West Yorkshire are reducing risky NSAID prescribing and associated emergency admissions and drug related deaths. The ASPIRE team is working with your practice to help achieve these goals for your patients. There are practical tools that you can access such as SystmOne searches, prompts and pharmacist support to identify relevant patients and review their care. We have provided examples of how other practices have used these tools to improve their patient care (see page 4).

We encourage practices to continue reviewing NSAID prescribing and balance risks against patient benefits. Consider gastro-protection in patients at higher risk of gastro-intestinal bleeds. Be realistic in your action planning; carefully targeted efforts can still make an important difference to your patient outcomes.

Please share and discuss your practice 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](mailto:aspire@leeds.ac.uk); 0113 343 6731).

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>

### Why review risky NSAID prescribing?

You could reduce preventable drug related emergency admissions by a third<sup>1</sup>.  
80% of drug related deaths could be prevented.

### What have other practices taken advantage of?

- Educational outreach meeting: a free, 30min, pharmacist-led meeting to review your data and identify plans for action. These meetings are only available for another five months. Contact Naila today ([aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) / 01274 299 536).
- SystmOne searches that allow you to identify patients who might be in need of review.
- Targeted SystmOne protocols to support identification of patients when repeat prescribing.
- Up to two days of pharmacist support to tailor these searches to your practice needs and review patient management.



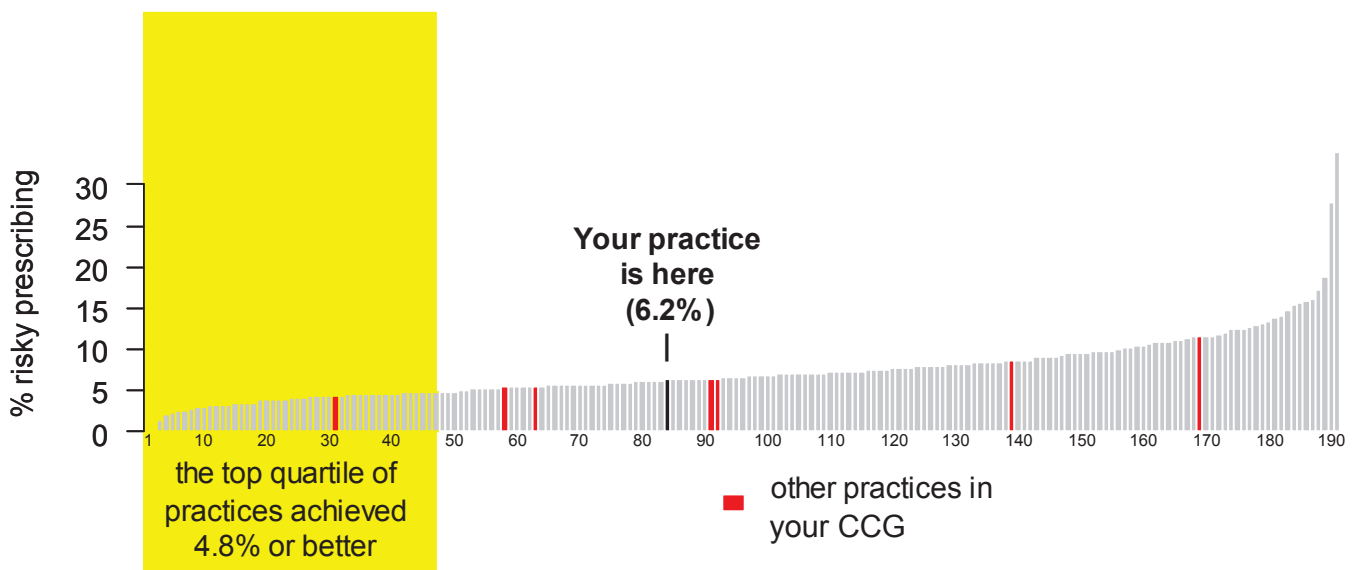
**National Institute for Health Research**

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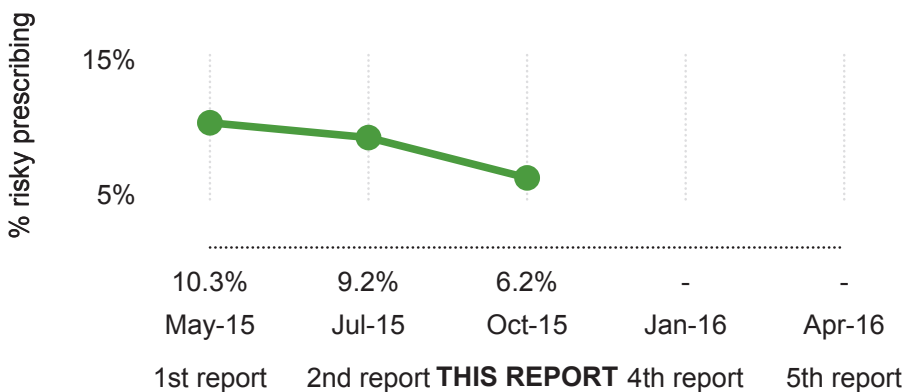
# How well is your practice doing?

## Current achievement in participating practices across West Yorkshire

- Your practice (black bar) and % risky prescribing (6.2%). 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 34%)
- The top quartile of practices within West Yorkshire (yellow box – achieving 4.8% or below)
- Other practices within your CCG (red bars, n=7)



## What has changed?



Risky prescribing in your practice fell by

**4.1%**

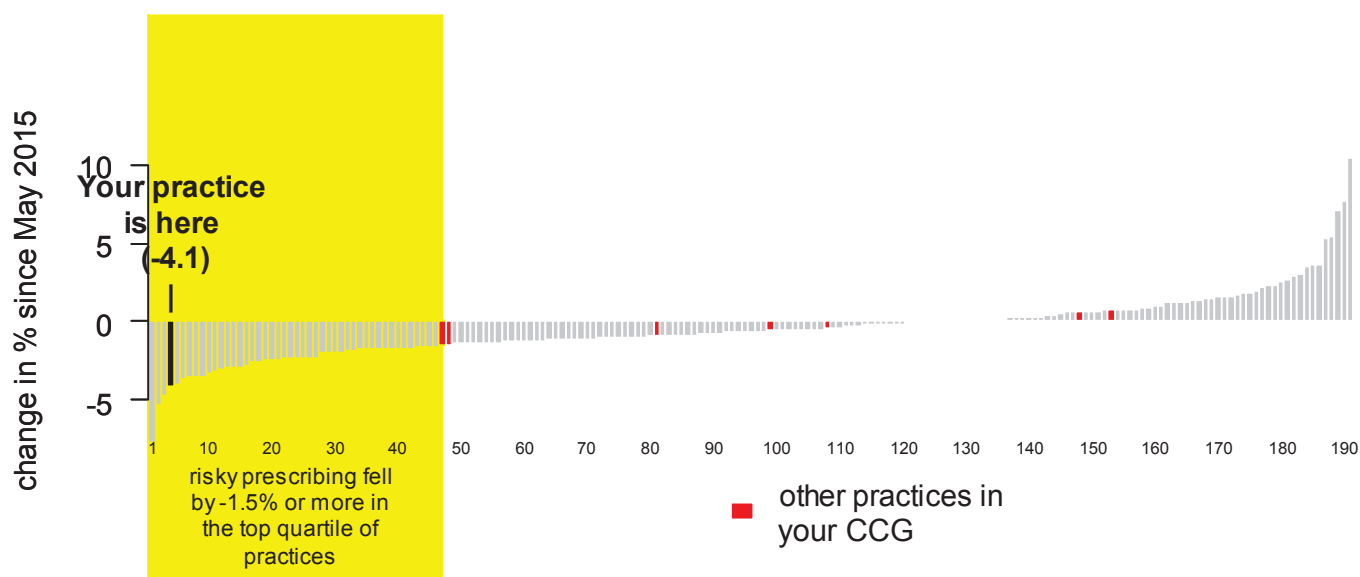
since May 2015.

Now, 571 out of 609 patients are in line with evidence-based targets whilst 38 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 six months?



## Where can we take action?

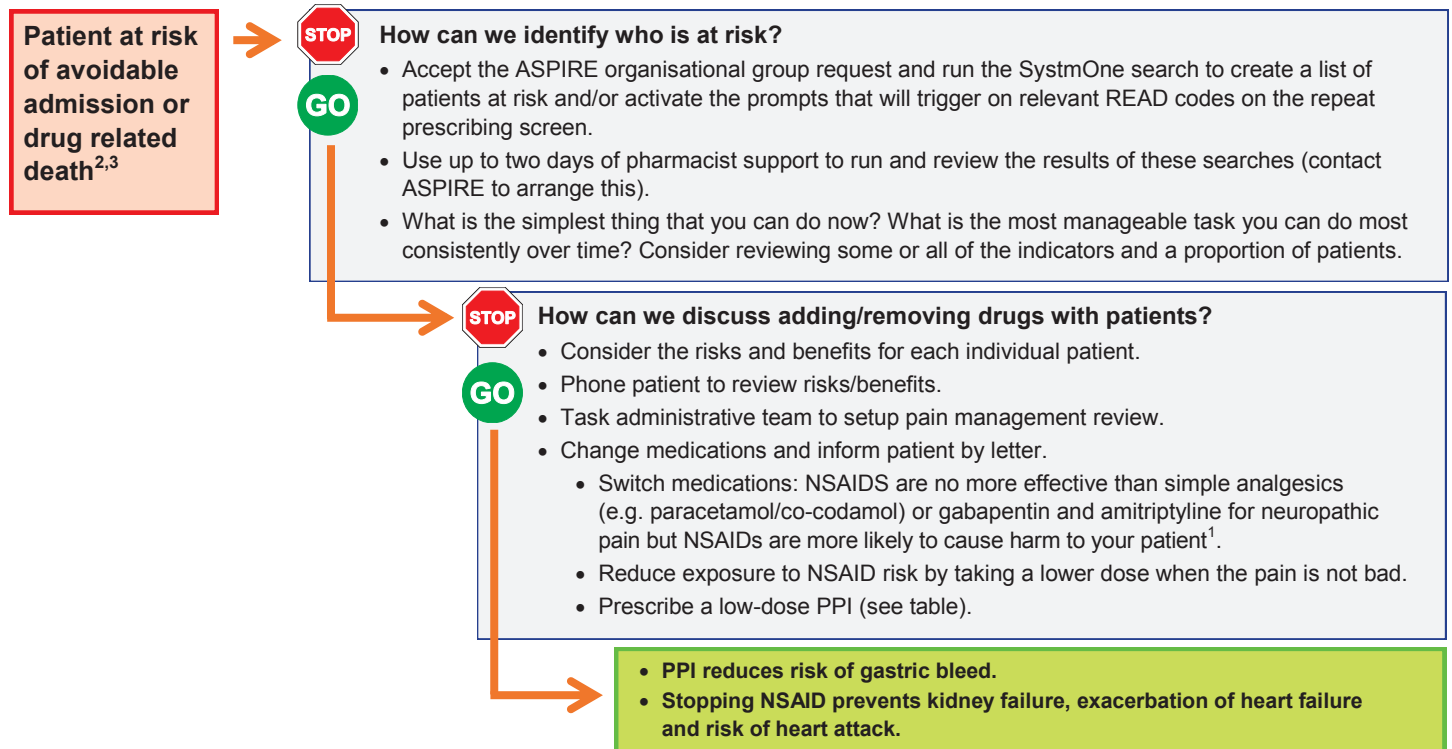
### Indicators of risky prescribing for your practice

Indicator	Data for Action Plan Number of patients to be reviewed	Proportion of patients (%) to be reviewed	Your Progress 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	1/3	33.3	-26.7
Prescribing of a traditional oral NSAID in patients aged 75 or over WITHOUT co-prescription of a gastro-protective drug	13/28	46.4	-8.8
Prescribing of a traditional oral NSAID and aspirin in patients aged 65 or over WITHOUT co-prescription of a gastro-protective drug	3/8	37.5	+4.2
Prescribing of aspirin and clopidogrel in patients aged 65 or over WITHOUT co-prescription of a gastro-protective drug	5/15	33.3	-13.8
Prescribing of warfarin and a traditional oral NSAID	1/121	0.8	-
Prescribing of warfarin and low-dose aspirin or clopidogrel, WITHOUT co-prescription of a gastro-protective drug	4/8	50	-16.7
Prescribing an oral NSAID in patients with heart failure	2/111	1.8	-1.1
Prescribing an oral NSAID in patients prescribed both a diuretic and an ACE-inhibitor / ARB	15/289	5.2	-0.9
Prescribing an oral NSAID in patients with CKD	4/235	1.7	-2.5
<b>Combined indicator</b>	<b>38/609</b>	<b>6.2</b>	<b>-4.1</b>

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

## What courses of action could we take to prevent an avoidable admission or drug related death?

Use your action plan template to identify what will work for your practice team. Consider who can do each task and make full use of the entire team's specialist skills. Here are some suggestions, including examples used by other practices in ASPIRE.



### Licensed doses of medicines for NSAID gastroprotection:<sup>4</sup>

Drug	Dose	License
Esomeprazole	20 mg daily	Prevention of gastric and duodenal ulcers associated with NSAID therapy, in patients at risk.
Lansoprazole*	15 mg or 30 mg daily	Prophylaxis of NSAID-associated gastric ulcers and duodenal ulcers in patients at risk requiring continued therapy (usually 15 mg should be used first)
Omeprazole **	20 mg daily	For the prevention of NSAID-associated gastric ulcers or duodenal ulcers in patients at risk (age >60, previous history of gastric and duodenal ulcers, previous history of upper GI bleeding).
Pantoprazole	20 mg daily	Prevention of gastroduodenal ulcers induced by non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in patients at risk with a need for continuous NSAID treatment
Ranitidine	300 mg twice daily	This is an <b>unlicensed</b> use but recommended as an alternative to PPIs in the BNF

\*Gastro-resistant capsules, capsules or oro-dispersible tablets are licensed \*\* includes Losec MUPs

## Frequently Asked Questions

Since earlier reports, you have raised some questions about the data and/or ASPIRE in general:

### • Do the searches include topical NSAIDs?

Topical NSAID are not included. NICE recommend paracetamol and/or topical NSAIDs ahead of oral NSAIDs, cyclo-oxygenase 2 (COX-2) inhibitors or opioids. For conditions such as arthritis, NICE recommend self-management strategies such as exercise and weight loss, as well as pharmacological treatment.<sup>1</sup>

### • What will happen in the educational outreach meeting?

During a 30 minute practice meeting we can review your achievement data, identify what works in your practice, identify realistic priorities for action and help you to create a manageable plan to improve the care of your patients. We can come back at a later date to review what's worked and help you improve further. Please contact [aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) to arrange a convenient time.

### • We are simply too busy – what can you do to help?

We can offer up to two days of pharmacist support to identify your patients and review their risk – please contact [aspire.admin@nhs.net](mailto:aspire.admin@nhs.net) to arrange this. We offer our resources free of charge to practices. We also offer a modest 'Service Support Cost' sum for research activity. ASPIRE also targets clinical areas relevant to a number of QOF indicators.

### References

1. Osteoarthritis: care and management in adults. NICE guidelines [CG177] February 2014 <http://www.nice.org.uk/guidance/cg177/chapter/1-recommendations>
2. Summary of Product Characteristics [www.medicines.org.uk](http://www.medicines.org.uk) Accessed 25th August 2015
3. <http://www.bmj.com/content/329/7456/15>
4. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2125.2006.02698.x/abstract;jsessionid=6CD88FAE1E87F461090A19B87507FDC0.f01t02>