NHS

UNIVERSITY OF LEEDS

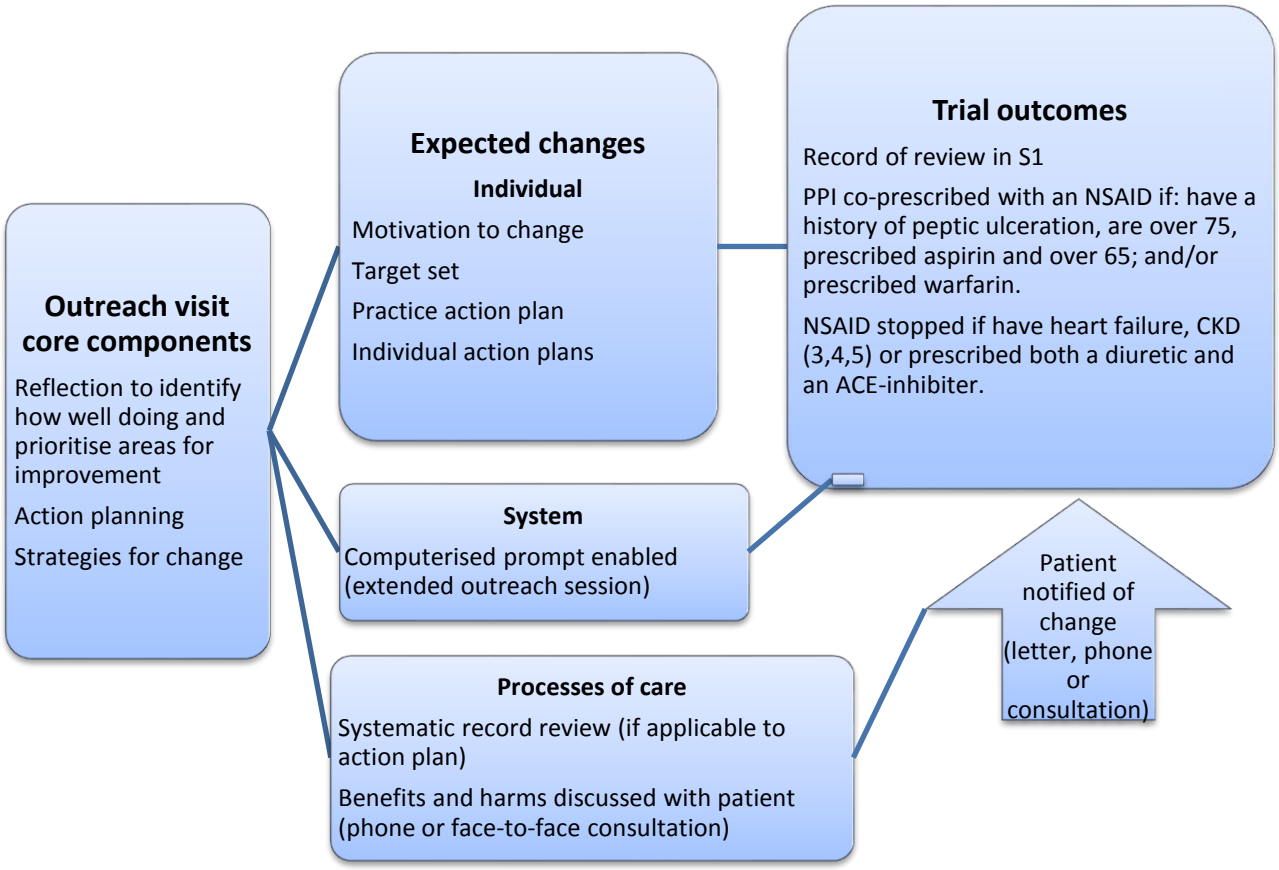
ASPIRE
Action to Support Practices Implementing Research Evidence

Help to make prescribing safer

What is it that we want to do?

- How well are you doing? Share practice data and achievements.
- Is there room for improvement? Identify what you want to change.
- What action will we take? Action plans and strategies that others have found effective.[1]

Figure 1: What we expect to happen from the outreach visit



OUTREACH MEETING

Introduce facilitator and ASPIRE, and where we hope to get to.

Hello my name is 'insert' I am a 'insert'.

Much research suggests that we can do better for our patients – everyone knows this, and knows that achieving it is often easier said than done. ASPIRE funded by the Department of Health, aims to develop and test ways to support you in implementing evidence-based practice effectively and realistically within the constraints and challenges of real-life general practice.

NSAID use is a well-recognised indicator of prescribing safety, particularly in patients at higher risk of developing serious side effects [2]. Reducing NSAID prescribing can prevent adverse events (e.g. gastro-intestinal bleeding, worsening of chronic renal impairment and precipitating heart failure) [3-6], all of which increase demands on your practice.

We know that practices are currently under a great deal of pressure at this time. We recognise that there are increasing demands within consultations. For example, the average GP consultation of 11.9 minutes covers 2.5 problems [7], and we realise how safety conscious many general practices are. However, we have consulted widely with your general practice colleagues across West Yorkshire and analysed data from a large number of practices. Improving prescribing safety, especially around NSAIDs, emerged as a priority because there is still room for improvement. Today we have up to 30 minutes and at the end of that time I hope you will have a plan to support safer NSAID prescribing.

Boost motivation and confidence by reflecting on current data

Here are your practice data on nine safer prescribing targets - highlight positive achievements. Stress that this is expected good practice to prevent adverse drug events.

- Show feedback graph and table of indicator achievement included in feedback report.
- Do these data make sense to you? Is your data now different? Why might that be?
- Which of these would you like us to start thinking about?
- Show action plan and information in feedback report relating to benefits.

Identify what will make it easier to change

- Identify past successes in practice team
- Share scripts and examples of good practices from other practices.

- Freely discuss resistance with all practice team (if time allows use additional cost/benefit resource at end).
- Can you remember any memorable situations where risky prescribing had a negative impact
- Introduce long and short significant event forms and ask if they would be interested in using these in addition to Datix © to facilitate practice discussions, and use as evidence for NHS appraisal.

What can you do next?

- Supply and complete blank action plan template based on indicators prioritised in earlier discussion of practice data.
- Take a copy of the completed form before leaving the practice.

What can be applied to other indicators of safe NSAID prescribing?

In this session we have worked on one/two plans for action and a time for reviewing your achievements. You've set a time to review your achievements. When you are reviewing your progress remember to identify what was achieved.

It is important for you to understand why things don't necessarily go as planned. You could reduce or change your goal(s) if you find them difficult to achieve or maintain.

Here are some blank templates so that you can plan how to move to your next goal once success has been achieved.

Follow-up? Options for contacting us for further support?

We will provide further feedback every 12 weeks to help you monitor progress.

If you would like to review a list of patients potentially at risk we have a template that you can use in the practice. One of you might wish to use this list as the basis of a clinical audit which can be used as evidence for GP appraisal and revalidation. We can offer up to two days additional support for audit, case note review and discussing challenging situations.

Please add your name to the attendance register in order for us to generate a certificate of attendance for you.

Disclaimer

These notes are intended to be adapted for local situations. They are not intended to replace other sources of information.

Cost and benefits (advantages and disadvantages) of changing and NOT changing.

	Advantages	*Disadvantages*
What are the advantages and disadvantages of changing		
If more disadvantages	*Ways of reducing disadvantages*	
	Advantages	*Disadvantages*
What are the advantages and disadvantages of NOT changing		

1. Michie, S., et al., *Improving health; changing behaviour. NHS Health Trainer Handbook.*, 2008, Department of Health.
2. Huerta, C., et al., *Nonsteroidal anti-inflammatory drugs and risk of ARF in the general population.* Am J Kidney Dis, 2005. **45**(3): p. 531-9.
3. Howard, R.L., et al., *Which drugs cause preventable admissions to hospital? A systematic review.* British Journal of Clinical Pharmacology, 2007. **63**(2): p. 136-147.
4. Loboz, K.K. and G.M. Shenfield, *Drug combinations and impaired renal function -- the 'triple whammy'.* Br J Clin Pharmacol, 2005. **59**(2): p. 239-43.
5. National Institute for Health and Care Excellence. *Dyspepsia and gastro-oesophageal reflux disease: Investigation and management of dyspepsia, symptoms suggestive of gastro-oesophageal reflux disease, or both*. Available from: http://www.nice.org.uk/guidance/cg184/.
6. Bandolier. *NSAIDs and adverse effects*. 2007; Available from: http://www.medicine.ox.ac.uk/bandolier/booth/painpag/nsae/nsae.html.
7. Salisbury, C., et al., *The content of general practice consultations: cross-sectional study based on video recordings.* Br J Gen Pract, 2013. **63**(616): p. e751-9.