
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]

ARRANGING MEETING

Facilitator to contact practice manager to arrange meeting following distribution of feedback report. Complete brief form to identify resources involved and send follow-up email to practices from ASPIRE e-mail address.

Dear #PracticeManager

I am looking forward to the outreach session with all of your relevant practice staff on #Date on improving NSAID prescribing safety. I am looking for up to 30 minutes to help you create a plan for safer NSAID prescribing and therefore reduce future avoidable adverse events. Can you identify a clinical lead who will be able to attend as well as yourself, given that any changes may need both clinical and administrative action?

Yours sincerely

#Facilitator

Further information for members of practice staff who will be attending the outreach session

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.

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. Lobo, 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.medicines.org.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.