

**ACCIDENT PREVENTION**  
**Medicines that can impair driving**  
Ready-to-go series

**To deliver health gain by increasing awareness about medicines that can impair  
people's ability to drive**

*Review date: August 2002*

# Introducing the Ready-to-go series for Quality Improvement

How often do we do something and think of ways that it could be improved if only....? In a busy practice it is all too easy to continue dealing with the same problems time and time again without stopping to think of solutions. Often the solutions require the co-operation of others, and this is time consuming. But if we do stop and think, a small investment of several people's time may be fruitful in the longer term.

## AUDIT

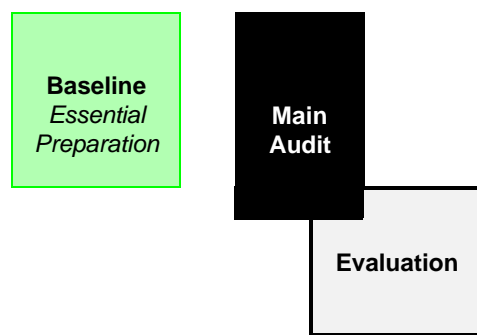
**Quality improvement**, as a professional responsibility for all the caring professions, is often undertaken through a process of peer review or audit. Audit is used as a tool to deliver quality improvements and encourage the evaluation of interventions. For practitioners who are unfamiliar with audit, or are unsure of the size of a problem, a baseline audit can provide useful information and confirm whether the perceived problem is a priority worth investing time in.

## WORK BOOKS

The **Ready-to-go** series has been developed by *The Royal Pharmaceutical Society of Great Britain* to support quality improvement in Pharmaceutical Care by encouraging the adoption of evidence based practice and supporting established good practice.

The **Ready-to-go** series is designed for ease of use by busy practitioners in their work place through the use of *Work Books*. A *Resource Pack* provides a reference source for the series.

The Work Books that support Campaign Audits are shown in the diagram below.



The programme has been designed to ensure that changes effected though audit reflect the standards and good practices set by the health professions.

**Audit can be a useful tool for implementing change. The process of audit also provides an opportunity to evaluate the change.**

**In this workbook the audit process is used to guide participants through a campaign designed to raise awareness about medicines that can impair people's ability to drive.**

**As part of this process information is gathered to evaluate the campaign - allowing you to demonstrate your contribution to raising awareness of road safety issues by advising people on:**

- the need to avoid driving until accustomed to the effect of medicines that can impair driving
- how daytime drowsiness caused by some drugs can increase the risk of road traffic accidents
- how some medicines can affect reaction times when driving
- the choice of drug treatment in the context of their lifestyle
- the law relating to the use of drugs when driving

## Introduction

### Preparing to audit

You may have already completed a baseline survey/pre-audit for this topic. For those who have not, and would like to, copies can be obtained from the address at the back of this book. The baseline survey enables participants to decide whether or not the topic is important in their daily practice. It also goes through issues that need to be addressed before hand in this particular topic area. The preparatory work is summarised at the beginning of this work book.

### Recognising Success

Success and a commitment to quality improvement by being active in audit is recognised through the award of Quality Credits. These can be applied for by individuals and/or practices on completion of the campaign.

### Involving Others

Whilst the campaign and evaluation itself can be undertaken as a uni-professional activity, the exercises that follow the baseline survey/pre-audit illustrate some of the issues that you should address by way of preparation.

**It is particularly important** to work with local general practitioners (GPs), practice nurses and accident prevention workers to discuss the types of interventions you might make. This will also help to ensure that the messages that you give are consistent with theirs.

Although the data collection form for this campaign is designed for use by pharmacists, other practitioners including, community psychiatric nurses, counsellors, health promotion specialists and public health consultants may be very interested to see the information that is collected, and to discuss the evaluation and action plan with you. This work book has been designed to encourage multi-professional interaction.

*For pharmacists and general practitioners* it offers the chance to develop a professional working relationship with a clear focus on reducing road traffic accidents amongst people taking medicines that can impair driving. It presents an opportunity to involve dispensing staff and counter assistants, bringing with it the advantages of sharing the workload and introducing staff to the concepts of good practice, audit and evaluation.

### Resources Required

Basic resources include the Resource Pack, a pen, calculator, and of course your time. Avoid hectic times e.g. the Christmas period. A little or a lot of help with the campaign and evaluation can be found from a number of sources, many of which are described in more detail in the Resource Pack. A sponsor or mentor who is familiar with this audit can take you through the stages, whilst your local audit group may be able to provide computer facilities to help with the analysis or print high quality graphs.

## Purpose

- To utilise the opportunities presented daily in pharmacies to improve awareness about medicines that can impair driving
- To ensure that people who take medicines that can impair driving have received appropriate advice
- To ensure that people who are about to start taking medicines that can impair driving receive appropriate advice
- To ensure that people who are taking or who are about to take medicines that can impair driving have access to further information if required
- To ensure that people taking medicines that may impair driving are aware of the law relating to driving and use of medicines.

## Criteria

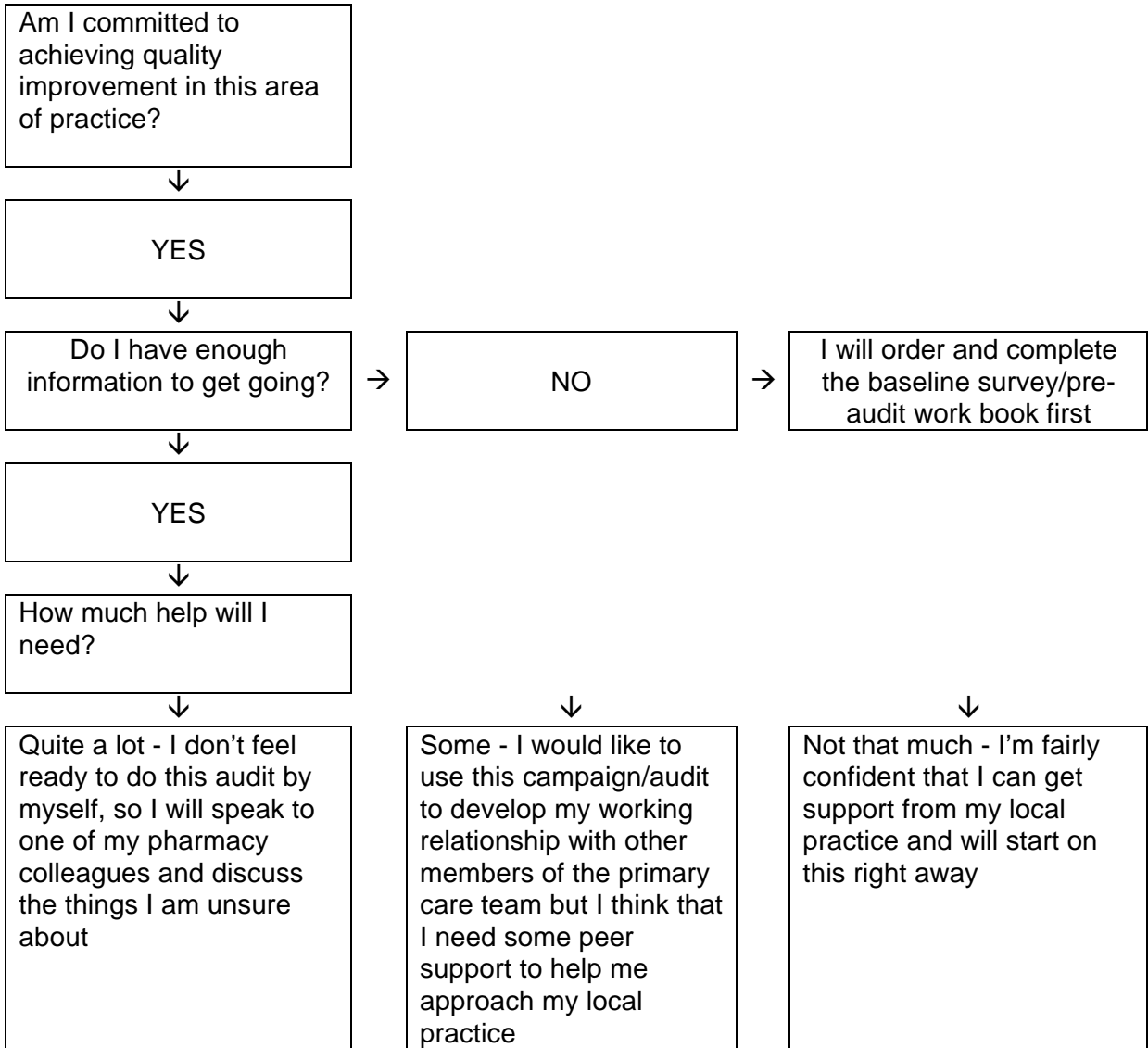
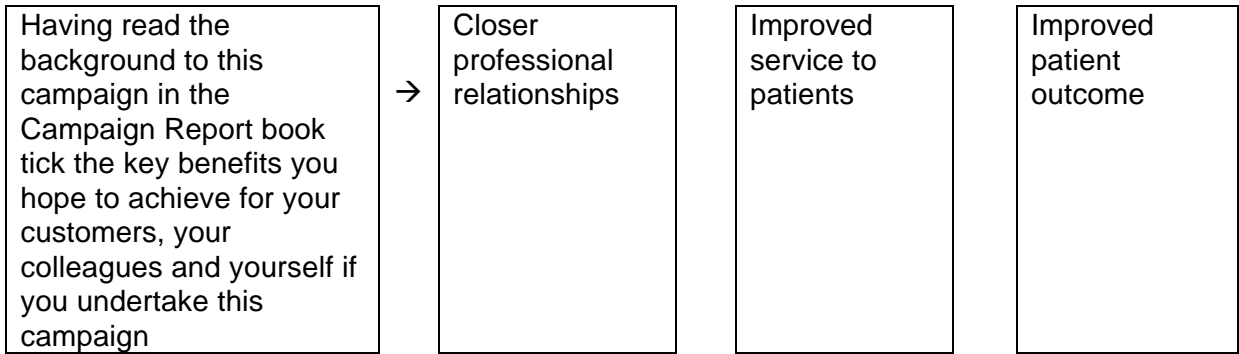
- People should aware that some medicines can impair driving
- People who are taking medicines that can impair driving should be aware of this
- People who start taking a drug that can impair driving should be advised not to drive until they have become accustomed to the effects of the drug
- People who wish to discuss the risks and benefits of medicines that may significantly affect their lifestyle should be referred to their GP
- People should be aware that taking any medicine that significantly impairs driving is a motoring offence

## Data to be collected

### Data used:

- Name of medicine
- Drug group
- New or established prescription
- Driving status
- Previous receipt of information on medicines and driving
- Source of information
- Reported experience of daytime drowsiness
- Risk assessment
- Action points
- Outcomes

## Getting started



This work book contains all the information that you should need to undertake the audit, including:

- Data collection
- Evaluation
- Data analysis
- Action plans
- Presentation
- Monitoring

Follow through the prompts for preparing the campaign and audit then complete the action plan to identify those you wish to involve, people who can help you, resources that you will need, and people who might be interested in the results.

### Plan your approach

**For the best results it is important to think through the change process and plan your approach before making any evidence based intervention.**

If you have completed the second part of the work book for the baseline survey/pre-audit of medicines that can impair driving you will already have considered some of the practical and ethical issues that your intervention/s might raise.

As preparation for this campaign/audit, check through the following questions before completing your action plan.

Does your local health authority have a strategy for the prevention of accidents? Ask your local pharmaceutical adviser, ring the health authority and ask to speak to someone in public health or ask for a copy of the Health Authority's most recent health improvement programme (HiMP)

Is there a national campaign to promote awareness of medicines that can impair driving already developed for use by pharmacists and/other practitioners e.g. GPs, CPNs, health promotion specialists? Ask your local health promotion office, your local CPPE tutor, your pharmaceutical adviser or contact the Pharmacy Healthcare Scheme

Do you have a local health promotion unit? Ask if they are involved or know of anyone else who is actively promoting awareness of medicines that can impair driving, have they developed local leaflets and posters?

Can you get a free supply of local leaflets or will you need to get some from a national organisation?

Do you have a form for evaluating pharmacy based campaigns

Do you have any guidelines for counselling patients who need lifestyle advice on driving and medicines use?

Do you have a referral form you can use to inform the GP of discussions you have had with the patient?

## Audit Plan

Anticipated start date	
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<b>NETWORKS</b>	Action
<p><i>People who can provide me with support</i>  <i>See suggested networks and hints in the Audit Resource Pack</i></p>	

<b>MENTOR/TUTOR</b>	Action
<p><i>An individual who can encourage me</i>  <i>This can be another pharmacist you know and respect, perhaps someone you have learnt from in the past</i></p>	

<b>INVOLVING OTHERS</b>	Action
<p><i>People I should involve/inform of campaign/audit</i>  <i>Consider your own staff, GP and practice nurse, your local pharmaceutical adviser etc.</i></p> <p><i>Will I do this campaign/audit by myself, with some other pharmacists, or with my local GP practice?</i></p>	<p><i>You might want to use or modify one of the prepared letters in Audit Resource Pack</i></p>

<b>RESOURCES</b>	Action
<p><b>I require:</b>  <i>e.g. Leaflets, posters, time, training, a calculator, access to a computer, copying facilities</i></p> <p><i>Have any leaflets been produced and used locally? Ask your local health promotion unit if they have any resources they have developed for others.</i></p>	

<b>DISSEMINATION: People who should see the results</b>	Action
<p><i>Ask yourself if they should really be contacted now to inform them of your intention to become more proactive in this area.</i></p>	

## Instructions

Suggested duration of audit: 1 or 2 weeks

(follow up on outcomes may continue for longer)

### Select sample

*People to be included :*

People over 17 taking centrally acting medicines

### Standards set

***Based on evidence of risk and your own professional judgement***

- Everyone should be aware that some medicines can impair driving
- All medicines that can impair driving, must be dispensed with the appropriate BNF advisory label
- Everyone taking centrally acting medicines should be aware that the medicine may impair driving
- Everyone who is about to start taking a centrally acting medicine should be advised not to drive until they are accustomed to the effects of the drug and have established that they are not impaired
- Everyone taking medicines that can impair driving and wishing to discuss the balance between treatment and lifestyle should be referred to their GP for advice
- Everyone taking medicines that can impair driving should be aware that, if affected, they are committing a motoring offence

### Action points

Although this activity is based on the available evidence your actions will, to some extent, need to reflect local custom and practice. Based on the information gathered in preparation for this campaign/audit list any amendments to the suggested action points and/or outcomes in the box below, as well as on the data collection form.

**Collect data**

Using the accompanying flow chart, familiarise yourself with the data collection form. The form can be adapted if you wish to reflect action points and/or outcomes that are more suited to your own practice. The data collection forms can be removed from this work book and placed next to the work area where the data is collected.

**Case studies**

Giving some more detailed examples of the interactions you have had with customers and the interventions made is a helpful way of illustrating to others the added value of your professional input. This is known as a case study. Four outlines are provided on pages 13 and 14 for you to complete.

**Key to data collection**

<b>Number of people included in audit</b>	<b>A</b>
<b>Number of these seen regularly</b>	<b>B</b>
<b>Medicine being taken</b>	<b>C</b>
<b>Drug group</b> <i>(coded reply)</i>	<b>D</b>
<b>New prescription</b>	<b>E</b>
<b>Numbers who drive</b>	<b>F</b>
<b>Numbers previously received information medicines and driving</b>	<b>G</b>
<b>Source of information received</b> <i>(coded reply)</i>	<b>H</b>
<b>Numbers reporting day time drowsiness</b>	<b>J</b>
<b>Risk assessment</b>	
<b>Numbers unaware of risk</b>	<b>K</b>
<b>Action points</b>	
<b>BNF label included on medicine</b>	<b>L</b>
<b>Numbers where advice offered</b>	<b>M</b>
<b>Numbers where leaflet offered</b>	<b>N</b>
<b>Numbers referred to GP</b>	<b>P</b>
<b>Outcomes</b>	
<b>No change</b>	<b>Q</b>
<b>Medicines changed/stopped</b>	<b>R</b>
<b>Numbers stopped driving</b> <i>(temporary/permanent)</i>	<b>S</b>

**Transfer data**

Transfer totals from the data collection form to the data analysis table on the next page

**Data analysis**

Use the formulas shown in the tables to perform the calculations on your data. The letters used in the formulas indicate the column on the data collection form where the correct figures can be found. The results of your calculations can be presented graphically using the outline graphs that follow.

## Results

Number of people receiving centrally acting medicine	A		
People seen regularly as a proportion of these	$(B \div A) \times 100$	%	$\alpha$

Drug group <i>(use coded reply in column D)</i>	Calculation	Results	
Proportion of people taking benzodiazepines	$(Bz \div A) \times 100$	%	$\beta$
Proportion of people taking zopiclone	$(Z \div A) \times 100$	%	$\chi$
Proportion of people taking TADs	$(T \div A) \times 100$	%	$\delta$
Proportion of people taking SSRIs	$(S \div A) \times 100$	%	$\epsilon$
Proportion of people taking antihistamines	$(Ah \div A) \times 100$	%	$\phi$
Proportion of people taking other drugs	$(O \div A) \times 100$	%	$\gamma$

Source of information* <i>(use coded reply -column H)</i>	Numbers	Rank
		1
		2
		3
		4

\* respondents can give more than one answer

	Calculation	Results	
Proportion of people receiving centrally acting medicine for the first time	$(E \div A) \times 100$	%	e
Proportion of people who drive	$(F \div A) \times 100$	%	f
Proportion of people who have previously received information on driving and use of medicines	$(G \div A) \times 100$	%	g
Proportion of people experiencing day time drowsiness	$(J \div A) \times 100$	%	j
Proportion of people unaware of risk <i>(and already taking medicine)</i>	$(K \div A) \times 100$	%	k

Action points			
Proportion of medicines dispensed with BNF warning label	$(L \div A) \times 100$	%	l
Proportion of occasions when you offered advice on driving and medicines use	$(M \div A) \times 100$	%	m
Proportion of occasions when you offered a leaflet on driving and medicines use	$(N \div A) \times 100$	%	n
Proportion of occasions when you referred people to their GP	$(P \div A) \times 100$	%	p

Outcome <i>(regular patients only)</i>			
Proportion where no change occurred	$(Q \div B) \times 100$	%	q
Proportion where medicine changed/stopped	$(R \div B) \times 100$	%	r
Proportion where driving stopped	$(S \div B) \times 100$	%	s

Summary of findings

\_\_\_(A) people who received centrally acting medicines on prescription during a \_\_\_\_\_ period in \_\_\_\_\_month participated in the campaign. Of these \_\_\_ % ( $\alpha$ ) use the pharmacy regularly

The proportion of prescriptions by drug group were

Benzodiazepines	% ( $\beta$ )
Zopiclone	% ( $\chi$ )
Tricyclic antidepressants	% ( $\delta$ )
SSRIs	% ( $\epsilon$ )
Antihistamines	% ( $\phi$ )

The proportion of people receiving a centrally acting medicine for the first time was \_\_\_\_\_-% ( $e$ )

The proportion of people receiving a centrally acting medicine who also drive was \_\_\_\_\_% ( $f$ )

The proportion of people who have previously received information on medicines and driving was \_\_\_\_\_% ( $g$ )

The three most frequently cited sources of information were

- 1<sup>st</sup>
- 2<sup>nd</sup>
- 3<sup>rd</sup>

The proportion of people who reported experiencing day time drowsiness was \_\_\_\_\_% ( $j$ )

The proportion of people who were unaware of potential risk was \_\_\_\_\_% ( $k$ )

The proportion of occasions when appropriate BNF advisory label included on dispensed medicine was \_\_\_% ( $l$ )

The proportion of occasions when advice on medicines and driving was offered \_\_\_% ( $m$ )

The proportion of occasions when a leaflet on medicines and driving was offered \_\_\_% ( $n$ )

The proportion of occasions when patient was referred to GP \_\_\_% ( $p$ )

The proportion of occasions where no change in medicines occurred \_\_\_% ( $q$ )

The proportion of occasions when the medicine was changed/stopped \_\_\_% ( $r$ )

The proportion of occasions when the person decided to stop driving \_\_\_% ( $s$ )

## Notes

## Further information

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Details of other audits in the **Ready-to-go** series can be downloaded from our web site [www.rpsgb.org.uk/audhome.htm](http://www.rpsgb.org.uk/audhome.htm)

## Medicines that can impair driving - Data collection form

Target group - People taking centrally acting medicines

	I.D e.g. initials	Regular patient	Medicine being taken	Drug Group (see code)	New item	Drive	Prev. info on driving	Info Source (see code)	Experience day time drowsiness
e.g.		✓	<i>Diazepam</i>	<i>Bz</i>	-	✓	✓	<i>L</i>	-
e.g.		✓	<i>Zopiclone</i>	<i>Z</i>	✓	-	-	-	
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
TOT									
	A	B	C	D	E	F	G	H	J



Drug group	
Bz = benzodiazepine	S = SSRI
Z = zopiclone	Ah = antihistamines
T = TADs	O = other

Source of information	
L = label	Ph = pharmacist
GP = doctor	N = nurse

