

---

# **Generic prescribing and rationalisation of tablet strength**

# Generic prescribing and rationalisation of tablet strength

## Type of audit

<b>Structure</b>	<b>x</b>
<b>Process</b>	<b>x</b>
<b>Outcome</b>	<b>✓</b>

## Who to involve?

Consider involving/informing the following individuals from the start:

- All community pharmacy staff – including locums and your pre-reg trainee.
- Local practice(s): GPs, reception/computer staff.
- Patients/customers.
- Local pharmacist group if established, or other pharmacists in your area.
- Local audit facilitator.
- Medical/Pharmaceutical Prescribing Adviser or Primary Care Pharmacist, if exist locally.

## Background – Why is this audit worth doing?

- Primary care expenditure on drugs is increasing. A recent report from the Accounts Commission for Scotland<sup>1</sup> highlighted areas where improvements in quality and cost-effectiveness could be made, one of which being generic prescribing. The extent of generic prescribing varies between Health Boards (HBs) and Practices.
- Local Health Care Co-operatives (LHCCs) throughout Scotland are becoming more involved in the management of drug expenditure and require to develop systems to assist in this task.
- Community pharmacists identify prescriptions on a daily basis which could be written generically and/or for which tablet strength could be altered to simplify supply, reduce costs and assist in patient administration e.g. sertraline 50mg tabs two in the morning changed to 100mg tabs once daily.

### Benefits of doing this audit

- Benefits to patients ✓
- Benefits to pharmacists ✓
- Benefits to the health care team ✓

## Aims and objectives of the audit

### Aim

To effect cost savings through promotion of generic prescribing and rationalisation of tablet strength.

### Objectives

- To quantify the potential scope for generic substitution and rationalisation of tablet strength.
- To calculate and inform relevant members of the Primary Health Care Team of potential cost savings identified by the audit.
- To agree a locally acceptable action plan to implement and evaluate proposed prescription changes.
- To assess patient satisfaction with any prescription changes.

## The audit cycle

### 1 Defining criteria and setting standards

#### Criteria (i.e. the aspects of care which you are going to be measuring)

Suggested criteria which may be appropriate for this audit are:

Criterion	'Must do/could do'
Prescriptions should be prescribed generically.	Must do
Prescriptions should state an optimal tablet strength.	Must do
Patients should be satisfied with any prescription changes.	Could do

#### Standards (i.e. the proportion of times the criteria should be fulfilled)

It will be essential to agree these locally. An example of standards which may be appropriate are:

- X% of prescriptions should be prescribed generically (this will be dependent on the current practice/HB level of generic prescribing).
- 85% of prescriptions should state an optimal tablet strength <sup>A</sup>.
- 85% of patients should be satisfied with any prescription changes <sup>A</sup>.

Footnote: The standards listed in this table are either 'anecdotal' (A) i.e. based the opinion of 2 or more Scottish Audit Facilitators, or 'evidence-based' (E) i.e. drawn from the literature or data from previously completed audits (see reference section at end of template).

### 2 Assess local practice

#### Getting things started

- Decide whether the audit will be run on an individual pharmacy or locality basis.
- Decide which criteria you wish to focus on (see 'defining criteria and setting standards' – some criteria are only 'could do') through discussion with your local GP practice(s).
- Decide which prescriptions you wish to include/exclude from your audit e.g. include top 10 generic cost-saving drugs; exclude prescriptions for anti-epileptics or modified release preparations, patients with a particular disease state. The choice is yours and should be discussed and agreed with everyone involved in the audit.
- Decide on a suitable reference source to calculate potential cost savings e.g. current edition of MIMs.
- Agree a suitable local mechanism for informing GP practices of the potential to improve generic prescribing and tablet strength details for individual patients.
- Agree a suitable timescale and mechanism for implementing prescription changes.
- Decide whether there is a need to provide standardised patient information to patients for whom a change in prescription detail is recommended.
- Decide locally on an appropriate timescale to assess patient satisfaction following any prescription changes.
- Consider how you plan to assess patient satisfaction: qualitatively, or using a generic patient satisfaction tool? For example: <http://www.hcia.com/products/datamanagementcenter/patsat.htm>.

---

**What data to collect?**

See 'data collection form' (attached) and 'form for estimating cost savings' (attached).

**How much data to collect?**

This should be agreed locally. The size of your audit will be defined either by the number of prescriptions which are available for inclusion, or by the time period over which it is run.

You may be able to calculate the average number of prescriptions for your pharmacy where change would be possible, by looking at last month's prescription data.

Factors to consider include:

- Total no. of pharmacies participating in the audit.
- Total no. of GP practices participating in the audit.
- Total no. of prescriptions per pharmacy available for inclusion in the audit.
- Time available for data collection.

Further advice on selecting a suitable time period over which to run the audit can be obtained from your local audit facilitator.

**How to collect it?**

- Collect continuously for a defined time period, remembering to inform all staff, especially locums, if data is to be comprehensive.
- Collecting data for a proportion of prescriptions, or on certain days/during quiet periods, will bias your results.
- A worked example for estimating cost savings is attached.

### **3 Compare practice with standards**

### **4 Change**

Some suggestions:

- Feedback the results of your audit to all relevant members of the Primary Health Care Team and agree an action plan for change e.g. LHCC agreed prescription changes, or actual changes at practice level to individual patient records.
- Liaise with GP practices to update their repeat prescribing records, as appropriate.
- Consider the level of patient satisfaction: Are all patients being informed prior to any prescription changes? Is the best information being given?

### **5 Re-audit**

6-12 months after completion of the first audit.

---

### Resources

- Sample data collection form and form for estimating cost savings (attached).
- Estimated time to complete the first audit (during normal working hours): 2 months to set things up, X weeks to run the audit (dependent on your decisions reached under 'how much data to collect'), project write-up within 1 month.
- Estimated time to complete the re-audit (during normal working hours): X weeks to run the audit (dependent on your decisions reached under 'how much data to collect'), project write-up within 1 month.

### References

- 1 Supporting Prescribing in General Practice. Accounts Commission for Scotland, Edinburgh, September 1999.

**Date of production**

April 2000

**Suggested review date**

April 2001





