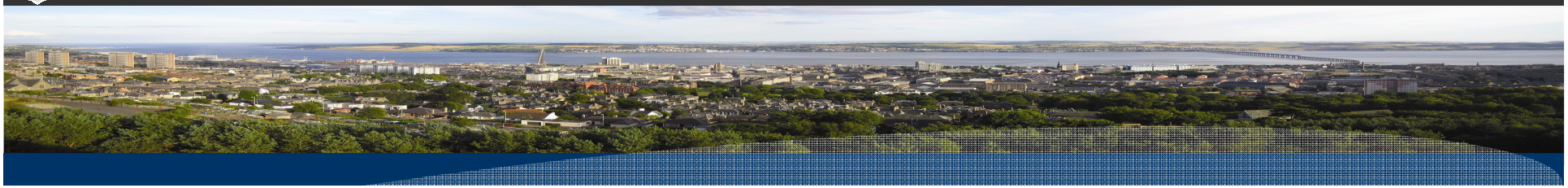


Making better use of GP clinical data for quality and safety improvement

Bruce Guthrie

GP electronic data

- The single richest source of electronic data in the NHS
- Held locally for clinical use
  - Front-end view is designed for clinical use
  - Searchable but restricted views (lists)
- Sometimes shared for other uses
  - Payment
  - Improvement
  - Research

Two questions for you

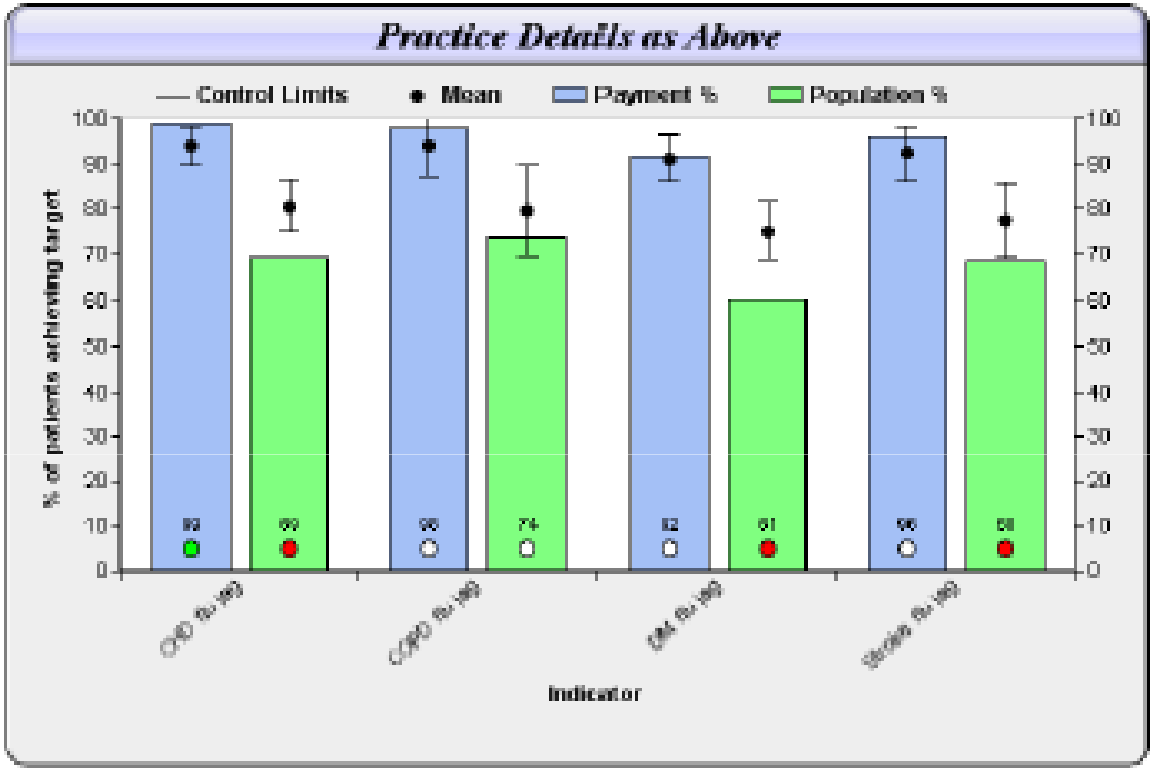
- How do you use data now?
  - Not things like QOF which everyone does
- What would you like to do with data?
  - Quality, safety, organisation of care, whatever

Using data

- No right or wrong way
- Various possible additions to list generation
  - Use indicators/measures (eg QOF)
  - Comparative data (but which comparators?)
  - Regular feedback
  - Restructure data ('clinical view' is logical but restricted for many purposes)

Quality - Payment vs Population

Description	Pay	Pop n
CHD flu jag	●	●
COPD flu jag	○	○
Dbt flu jag	○	●
Stroke flu jag	○	●

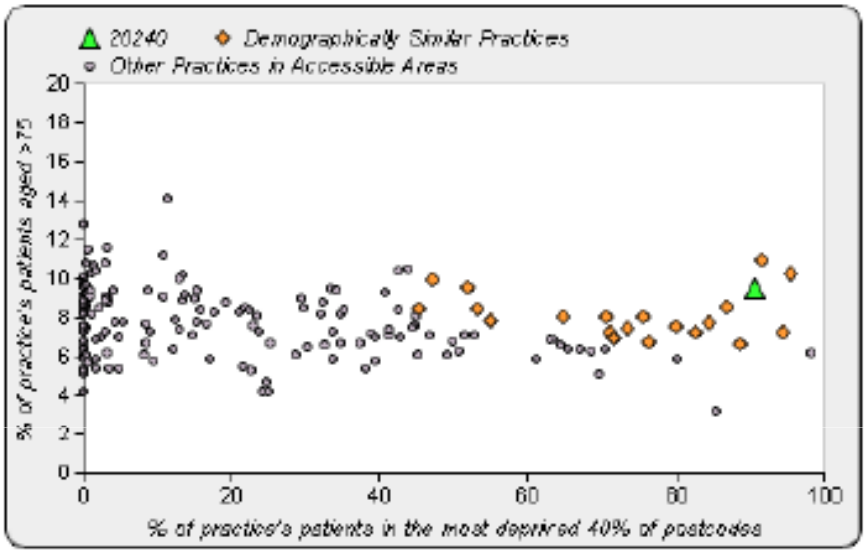


Similar Practices Overview Tables + Chart

Target Practice

Year	2010
Practice	20240 : Dr Oudeh
Address	THE HEALTH CENTRE,WALLSGREEN ROAD,CARDENDEN,FIFE KY5 9JE
SEURC Category	Accessible (<30 mins drive time to town of >10,000 people)
Contract	nGMS

	Demographics - Index Practice	Similar Mean
% Patients Aged > 65	20.4	18.9
% Patients Aged > 75	9.5	8.1
% Patients Aged > 85	2.0	1.8
% Patients in Most Deprived 20% of Postcodes	57.7	27.0
% Patients in Most Deprived 40% of Postcodes	90.6	73.1
List Size	3038	5532
Total QOF Points	915	970

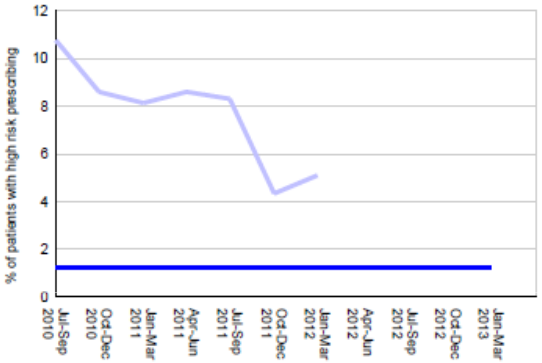


Practices are matched to a group of 'demographically similar' similar practices as follows:

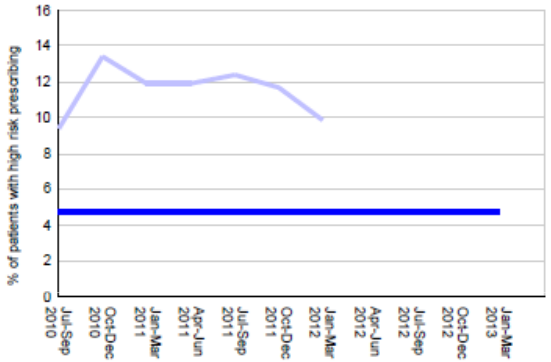
- Practices are grouped as being in a primary city/urban area/accessible area/remote area
- Within these urban/rural groups, practices are matched with practices with a similar percentage of their patients aged >75, and a similar percentage of their patients living in the most deprived postcodes in Scotland.

Details of the 'demographically similar' group are shown on the next page ("Similar Practices" tab). The graph above shows the practice you were examining in the QOA as a green triangle (the 'index practice"), with its matched group as orange diamonds. All the other practices in the same urban/rural group are shown as blue edged diamonds. The graph is intended to help you judge how well the practice is matched to its group - some practices are not easy to match because they are very different to all others. Whether well matched or not, a better understanding of the demography may help you understand patterns in quality seen.

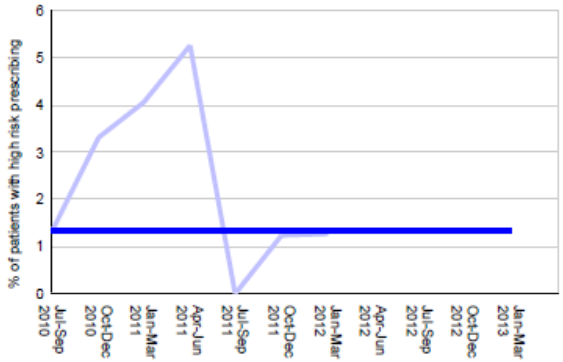
>=75 years, prescribed antipsychotic



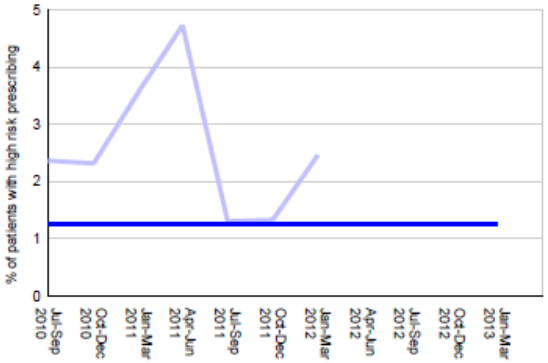
>=65 years and on diuretic and ACEI/ARB, prescribed NSAID



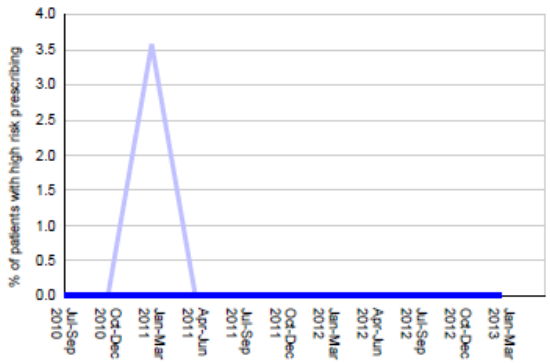
>=75 years, prescribed an NSAID w/o gastroprotection



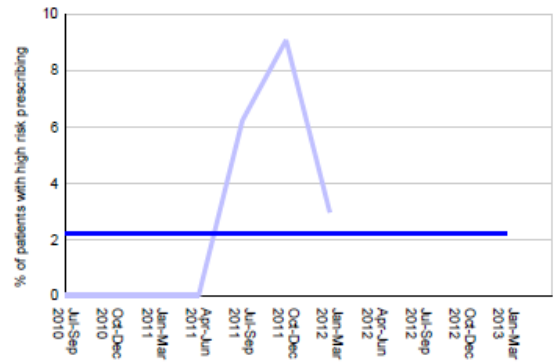
>=65 years and on aspirin/clopidogrel, prescribed NSAID w/o gastroprotection

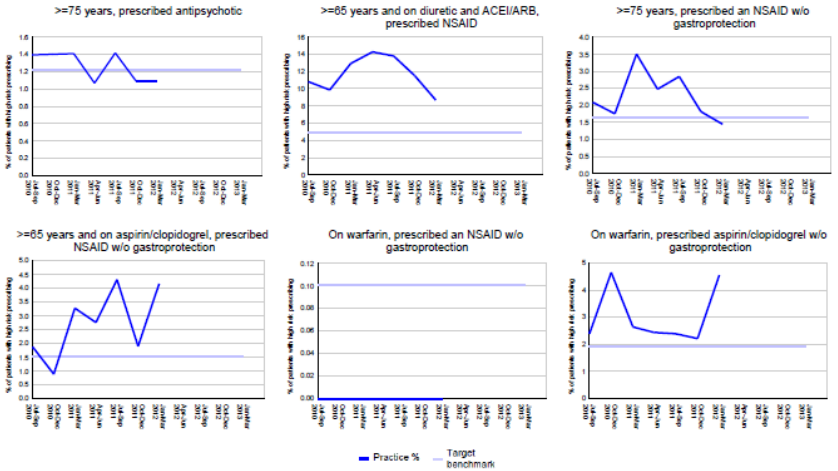


On warfarin, prescribed an NSAID w/o gastroprotection



On warfarin, prescribed aspirin/clopidogrel w/o gastroprotection





- Each chart shows changes over time the percentage of patients who are vulnerable to adverse effects of a particular group of drugs, who receive one of those drugs (for example, the percentage of patients prescribed warfarin who have also been prescribed an oral NSAID). A more detailed explanation is provided in the pages that follow.
- The dark blue lines show data for your practice. The target benchmark (light blue line) shows the level which the 25% of practices with the lowest rates on this indicator achieved in 2010/11.

Indicator 4. Older person (>=65 years) currently taking either aspirin or clopidogrel who is prescribed an NSAID without gastroprotection

What does this indicator measure?

This indicator measures the percentage of patients aged 65 and over who take aspirin or clopidogrel, and who are also prescribed an oral NSAID without also receiving gastroprotection.

Why does this matter?

Aspirin alone approximately doubles the risk of GI bleeding and co-prescribing an NSAID increases that risk to approximately 8-fold compared to untreated patients. Co-prescription of an NSAID with clopidogrel carries similar risks. The Committee for the Safety of Medicines (CSM) has advised that co-prescription of low dose aspirin and NSAIDs should only be used if absolutely necessary. If combined treatment with low dose aspirin and NSAIDs is considered to be essential, then patients should receive gastro-protection using a PPI like omeprazole or lansoprazole to reduce GI risk (note that low dose aspirin negates the gastro-protective effect of Cox-2-selective NSAIDs, so these are not recommended). In addition, ibuprofen and naproxen (but NOT diclofenac) have a more favourable cardiovascular risk profile than cox2 selective NSAIDs and therefore have advantages in patients using low dose aspirin for cardio-protection. Gastro-protection with a PPI reduces the excess risk of GI bleeding, but does not abolish it, **and the safest course of action is always to avoid the NSAID in people already prescribed antiplatelets if possible**.

What does the information show for my practice?

You had 9 (4.17%) patients aged >=65 and taking aspirin or clopidogrel who were prescribed an NSAID without gastroprotection in January to March 2012. This was higher than the benchmark of 1.54% (the light blue line benchmark is set at the percentage achieved by the quarter of practices with the lowest rates in 2010/11). These prescriptions are high risk and we encourage you to review these patients to ensure that the prescription is appropriate. Searches to identify these patients in Vision or EMIS are available at www.xxx.yyy.


Quality in Prescribing - Change Over Time - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Back Search Favorites
Address http://10.252.0.87:3000/qualityprescribing/runchart#.measure_id=-1&practice_id=538&unit=number&date=20120506
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High Risk Prescribing for
Report Date: May 06 2012
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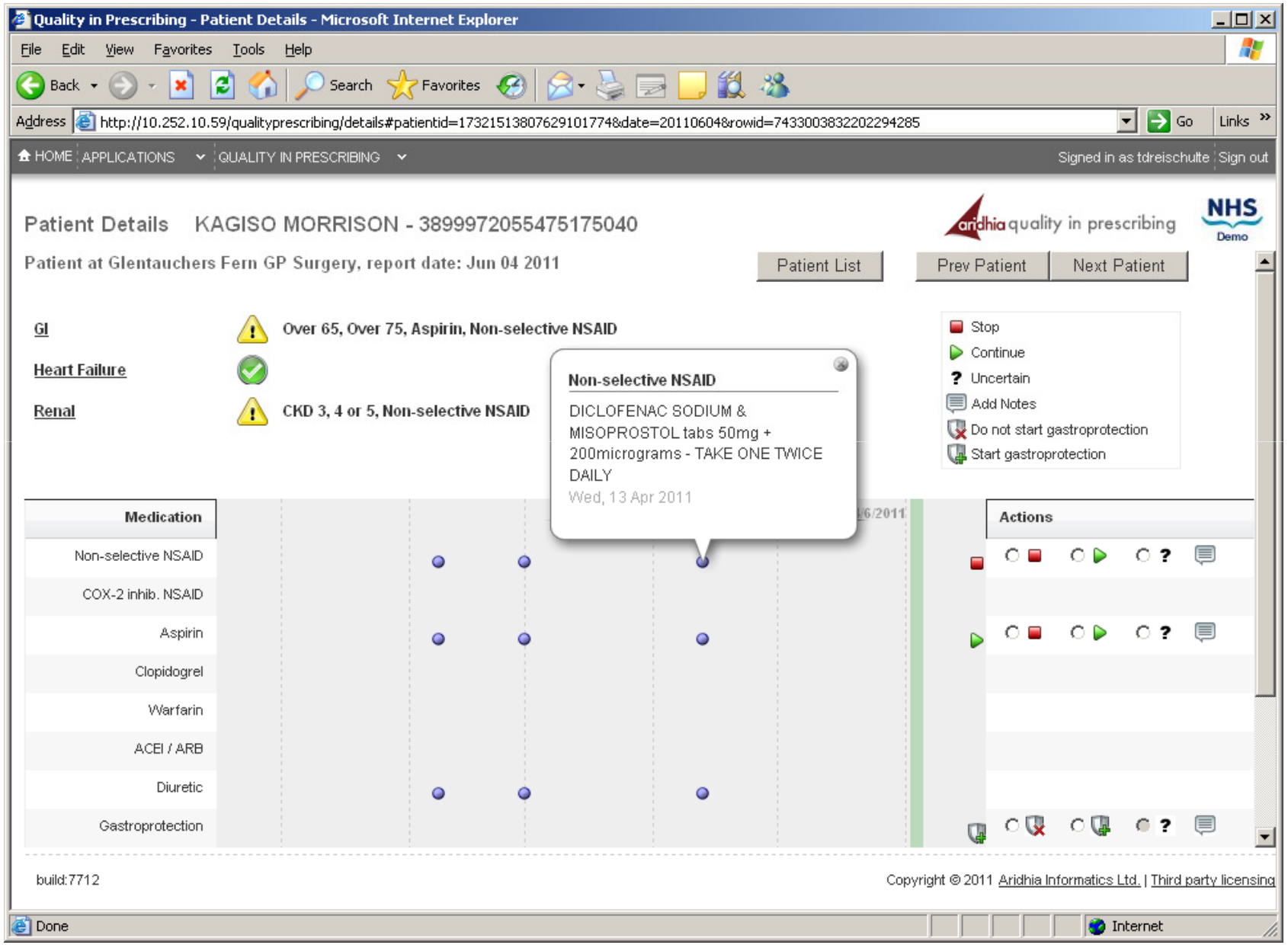
Quality in Prescribing - Patient Details - Microsoft Internet Explorer
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aridhia quality in prescribing
NHS Demo
Patient at Glentauchers Fern GP Surgery, report date: Jun 04 2011
Patient List
Prev Patient
Next Patient
GI
Over 65, Over 75, Aspirin, Non-selective NSAID
Heart Failure
Renal
CKD 3, 4 or 5, Non-selective NSAID
Non-selective NSAID
DICLOFENAC SODIUM & MISOPROSTOL tabs 50mg + 200micrograms - TAKE ONE TWICE DAILY
Wed, 13 Apr 2011
Stop
Continue
Uncertain
Add Notes
Do not start gastroprotection
Start gastroprotection
Medication
Actions
Non-selective NSAID
COX-2 inhib. NSAID
Aspirin
Clopidogrel
Warfarin
ACEI / ARB
Diuretic
Gastroprotection
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Done
Internet

Isobel Guthrie 1310340139 (80 years)
477 Duncan Street,
San Francisco,
Ayrshire AK47 6DW

Current repeat medications

AdCal D3 tablets, take one twice per day, 56 tablets	24/03/14	Fractured finger
Alendronate 70mg tablets, take one on a Sunday, 28 tablets	11/06/14	
Aspirin 75mg dispersible tablets, one in the morning, 56 tablets	24/09/14	Type 2 diabetes
Atenolol 50 mg tablets, two daily, 56 tablets	23/10/14	Essential hypertension
Detrusitol XL 4mg tablets, as required, 56 tablets	24/09/14	
Diclofenac 50mg tablets, as directed, 84 tablets	23/10/14	
Dipyridamole Retard 200mg capsules, one bd, 112	24/09/14	Transient ischaemic attack NOS
Gliclazide 80mg tablets, take bd, 112 tablets	24/09/14	Type 2 diabetes
Indapamide 2.5mg, take one daily, 28 tablets	23/10/14	Essential hypertension
Metformin 500mg tablets, one tds, 168 tablets	24/09/14	Type 2 diabetes
Perindopril 4mg tablets, once a day, 56 tablets	24/09/14	Transient ischaemic attack NOS
Simvastatin 40mg tablets one at night, 56 tablets	24/09/14	Essential hypertension
Thyroxine 50mcg tablets, in the morning, 56 tablets	24/09/14	Congenital hypothyroidism

NHS SCOTLAND

The Scottish Government

Polypharmacy Guidance

October 2014

Developed by The Model of Care Polypharmacy Working Group

Pharmacy, Medicines and Therapeutics, Scottish [illegible] Health and Social Care Directorates

33 pages!

All Wales Medicines Strategy Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan

Polypharmacy: Guidance for Prescribing in Frail Adults

34 pages!

July 2014

		Linked problem	Bleeding risk	Hypotension	Hypoglycaemia	Renal risk	Sedation/ confusion risk	Falls risk
AdCal D3 tablets, take one twice per day, 56 tablets	24/03/14	Fractured finger						
Alendronate 70mg tablets, take one on a Sunday, 28 tablets	11/06/14	?						
Aspirin 75mg dispersible tablets, one in the morning, 56 tablets	24/09/14	Type 2 diabetes	O					
Atenolol 50 mg tablets, two daily, 56 tablets	23/10/14	Essential hypertension		O				O
Detrusitol XL 4mg tablets, as required, 56 tablets	24/09/14	?		O			O	O
Diclofenac 50mg tablets, as directed, 84 tablets	23/10/14	?	O			O		
Dipyridamole Retard 200mg capsules, one bd, 112	24/09/14	Transient ischaemic attack NOS						
Gliclazide 80mg tablets, take bd, 112 tablets	24/09/14	Type 2 diabetes			O			O
Indapamide 2.5mg, take one daily, 28 tablets	23/10/14	Essential hypertension		O		O		O
Metformin 500mg tablets, one tds, 168 tablets	24/09/14	Type 2 diabetes						
Perindopril 4mg tablets, once a day, 56 tablets	24/09/14	Transient ischaemic attack NOS		O		O		O
Simvastatin 40mg tablets one at night, 56 tablets	24/09/14	Essential hypertension						
Thyroxine 50mcg tablets, in the morning, 56 tablets	24/09/14	Congenital hypothyroidism						
Age 80			↑	↑	?	↑	↑	↑
Is the patient frail?			?	?	?	?	?	?
Is the patient at high falls risk?							?	?
Duodenal ulcer 01/01/93			↑					
CKD 3 eGFR 56 15/09/14						↑		
Fracture neck of femur 25/12/12							↑	↑
Fall 13/06/13							↑	↑

Issues to consider at review

Polypharmacy 13 drugs

- Clear indication?
- Frailty/general fitness?
- Are drugs for prevention indicated?
- Are drugs for symptoms achieving their aim? If symptoms well controlled, consider trial of stopping or stepping down treatment intensity to see if symptoms return?

High risk NSAID prescribing

- Age>65, no PPI
- On aspirin, no PPI
- On ACEI and diuretic
- CKD eGFR 56

Aspirin and diypridamole for transient ischaemic attack – clopidgrel recommended

Multiple blood pressure lowering drugs – falls risk

- Blood pressure 112/64
- Atenolol
- Indapamide
- Perindropril
- Detrusitol XL (anticholinergics cause postural hypotension)

Multiple glucose lowering drugs and HBA1c 6.2%

- Metformin
- Gliclazide

One question for you

What would you like to do with data?

UNIVERSITY OF DUNDEE