

The challenges of safe prescribing during the Covid-19 pandemic

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Background

With staff being encouraged to work from home during the pandemic, prescription requests were being made by the clinical team via a request book, email or in person. However, the discovery of undelivered prescriptions during the height of the Covid-19 crisis was a cause for concern.

We hypothesise that several factors are contributing to this risk. Firstly, we believe that a high number of failed Essential Shared Care Agreements (ESCA's) are leading to a prescribing burden on the CMHT. ESCA's are written agreements between specialist services and general practitioners and allow prescribing to be shared safely between them (1). GP's are usually responsible for issuing regular and repeat prescriptions for patients in the community. As such, they have systems in place for this function which means they are more appropriately placed for this role than secondary mental health services are. Secondly, another factor contributing to this risk, is our paper prescribing system (as opposed to an electronic prescribing system). Paper prescribing increases the number of human errors, creates challenges in documentation & record keeping and is time consuming. Hinojosa-Amaya Et al. (2) found that medication errors are estimated to be responsible for over 7000 deaths a year. When they compared electronic to paper based prescribing, they found that health care systems using electronic prescribing were associated with reduced medication errors and thus improved patient safety and health outcomes, however it is important to note that the medication errors that did occur were more severe in nature. This spurred on the authors to develop a centralised request system, which, irrespective of the mode of prescribing, would ensure the safe, timely and efficient generation of prescriptions.

Aims

A quality improvement project to explore the prescribing system at a South Staffordshire Older Adults CMHT, leading to the generation of a safer system of prescribing.

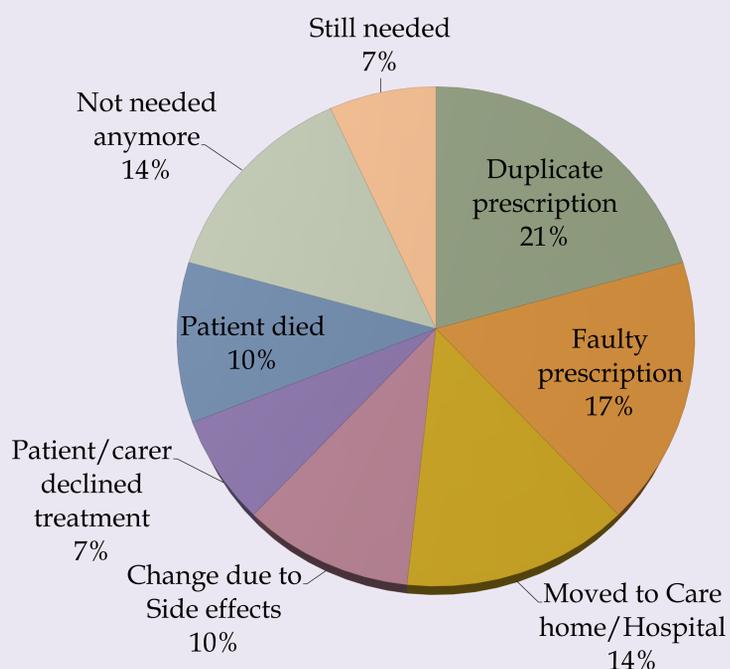
Method

A detailed analysis of undelivered prescriptions in a storage safe was carried out in order to identify the factors resulting in them being undelivered before a novel new requesting system was developed.

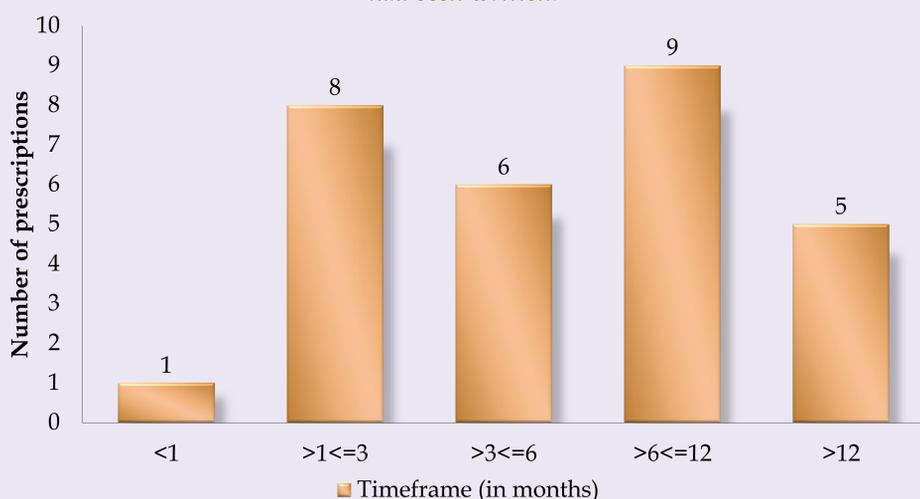
Results

29 undelivered prescriptions were located in the safe during the pandemic and 21 of these had expired (of which 7 were controlled drugs). 93% of prescriptions were identified as no longer needed (for the reasons shown in the pie-chart below).

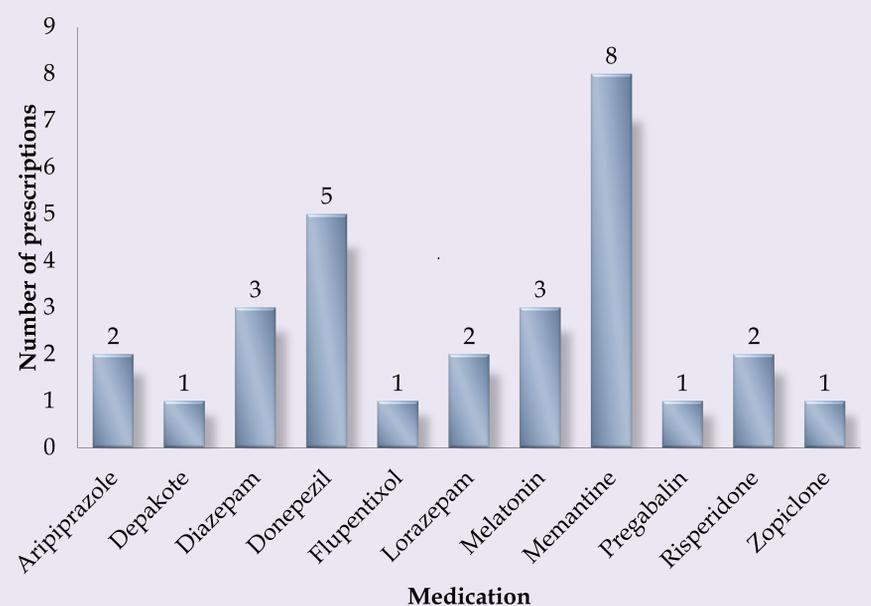
Pie chart to demonstrate the causes of prescriptions being undelivered.



Bar chart depicting the number of months prior to the date of data collection the FP10s had been written.



Bar chart illustrating the types of medications prescribed in the undelivered prescriptions.



Conclusion

The most common reason identified for the prescriptions to have not been delivered were that duplicate prescriptions were generated (21%). A shared, electronic, FP10 request spreadsheet was developed to reduce the risk of this, as it clearly states when a prescription was generated and who is delivering it (see below). This is now being rolled out successfully.

Ultimately, this project highlights a small issue within what is actually a far broader problem. The failure of so many ESCA's in the region, means that there is a huge amount of prescribing burden on the CMHT. The requesting, generation and delivery of long-term medications for such a large number of patients, is a huge strain on resources, which could arguably be better used elsewhere.

W/C 1st March 2021

21 January 2021 08:38

Pathway	Initials	NHS Number	Medication (Not doses)	Frequency of Prescription	Pharmacy	Tick and enter prescriber name when completed	HCP to Deliver
Example: Older Adult	AA	XXXXXXXXXX	Risperidone	28 days	Lloyds	<input checked="" type="checkbox"/> XXXXX	XXXXX
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

1- Pharmacy - Information for professionals, Enhanced Shared Care Agreements (ESCA's). MPFT Intranet. Available from: <https://www.mpft.nhs.uk/services/pharmacy/essential-share-care-agreements-escas>. Last accessed on 9th January 2021.

2- Hinojosa-Amaya JM, Rodríguez-García FG, Yeverino-Castro SG, Sánchez-Cárdenas M, Villarreal-Alarcón MÁ, Galarza-Delgado DÁ. Medication errors: electronic vs. paper-based prescribing. Experience at a tertiary care university hospital. J Eval Clin Pract. 2016 Oct;22(5):751-4. doi: 10.1111/jep.12535. Epub 2016 May 1. PMID: 27133797. Last accessed on 9th January 2021.