



Sam Merriel

## HOW DO WE KNOW WHEN TO PRESCRIBE?

Prescribing medications for our patients is a core part of general practice. During a typical session we could see a recently diagnosed patient with asthma to review and re-prescribe their inhalers, speak to a mother on a telephone consultation who is concerned about her daughter's cold that has 'gone onto her chest' wanting antibiotics, and receive a prescription request via reception from a local nursing home for an older man with a urine dipstick suggesting infection. After a consultation where we have made a decision to prescribe, how do we know when it has worked and when it has not? How do we know if our patient has come to harm from a prescription? With rising workload pressures in primary care, decreasing levels of continuity with our patients, and a more transactional nature to interactions between patients and GPs, following up with patients to know the outcome of treatment is getting harder.

What other sources of feedback on our prescribing are available? There are a plethora of freely accessible prescribing datasets for

understanding trends and local patterns in prescribing, including the NHS English Prescribing Dataset from the Business Services Authority (<https://opendata.nhsbsa.net/dataset/english-prescribing-data-epd>), publications from NHS Digital (<https://digital.nhs.uk/data-and-information/areas-of-interest/prescribing>), or the OpenPrescribing initiative (<https://openprescribing.net>), but none are linked to patient outcomes.

Structured medication review services delivered by practice pharmacists were introduced as part of PCNs to address potentially inappropriate prescribing, but a research paper by Madden and colleagues in this issue suggests their implementation hasn't matched the policy vision. Squeezing practice meetings, palliative care reviews, and frailty MDTs into our overstretched days is hard enough, so finding the time to gather and review practice prescribing data would be no easy task.

Some clues about simple and effective methods to aid prescribing safely and effectively come from two papers in this issue focusing on bronchodilator prescribing for patients with asthma. MacBride-Stewart *et al* assessed individualised feedback to GPs on bronchodilator prescribing using visual summaries and action-oriented messaging in a pragmatic cluster randomised trial in 233 GP practices in Scotland. A reduction in potentially inappropriate prescribing was found among the practices receiving the intervention. De Simoni *et al* undertook a quality improvement prescribing project in East London and found providing practices with simple tools to identify patients with excess short-acting beta-agonist (SABA)

## Issue highlights

In addition to articles addressing overprescribing of short-acting beta-agonists (SABAs) in patients with asthma, this issue has research on antibiotic prescribing in children and residents of aged care facilities, and GP views on prescribing for medical termination of pregnancy. Further insights into parkrun participants and primary care engagement with physical activity come from a research paper and linked editorial. *Life & Times* contributions tackle some of the major challenges facing us presently, including war in Ukraine, ambulance response times, and the apparent slow death of the NHS. Finally, don't miss the excellent book review on Jeremy Hunt's book *Zero: Eliminating Unnecessary Deaths In A Post-Pandemic NHS*.

prescriptions based on prescribing data could potentially improve outcomes for patients with asthma. Implementing simple tools in primary care that are easy to integrate into practice activities and provide individualised, task-focused feedback to clinicians may help improve prescribing practices and reduce inappropriate prescribing.

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Further notes from the editors and other *BJGP* news can be found at <https://bjgplife.com/bjgp>



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