

Dr Penelope Barley explains how she used an innovative project known as clinical indications to improve patient communication and knowledge

Some patients have been taking a drug for a long time but are not sure what it does for them and why it's important to keep taking it – or take it at the right time. Some patients are on multiple drugs and are not sure which drugs are for which indication. For example, a patient with hypertension may be prescribed blood pressure-lowering drugs as well as drugs for other long-term problems.

In south-east Kent the PCT used the prescribing incentive scheme (PIS) to ask GPs to link repeat prescriptions to a patient's condition. Clinical computer systems can link prescriptions with listed problems, but we were not using the clinical problem system in our practice.

We decided to fulfil the PIS requirement by putting a clinical indication on repeats. We use the InPS Vision computer system and this allows us to construct a practice formulary with saved instructions, including the clinical indication for the prescription.

By including this as part of the medication instructions, the patient and other doctors are immediately aware of why the drug is being used. This is particularly useful when there are several indications for using a drug, for example, prednisolone.

What we did

Initially I searched for the most commonly prescribed repeats in order to start the formulary. I entered the drugs in the formulary with both their generic and branded names and the most commonly used doses. I then manually entered and saved the dose instructions including the indication for the prescription.

The practice discussed the clinical indications we should use. For blood pressure medication it was easy – I entered 'for blood pressure'. For metformin I entered 'to control blood sugar'. I could put further instructions for the patient but did not want this to become too long.

The PCT pharmacist had spoken to us about the high cost of blood testing strips for diabetes patients. To ensure patients were aware of when to test I entered 'to test blood sugar as per the leaflet' and wrote a leaflet explaining when to test blood sugar. This leaflet was given to the patients when they collected their next script for testing strips, or if they asked for a copy.

We wanted to use reasons that patients could understand and felt happy with. Remember that other people will see the repeat slip; not only pharmacy staff but also friends or relatives who collect the repeat prescription or drugs. For drugs for arrhythmias or angina, I put 'to help the heart', and for antipsychotics and antidepressants I put 'to help your mood'.

Using the indication in this way enables me to give clear instructions about asthma inhalers: salbutamol is now prescribed with the instruction 'use two puffs when needed to treat wheeze', and beclometasone 'use two puffs twice daily to prevent wheeze'.

The instruction for ACE inhibitors is 'for blood pressure/to protect the heart and kidneys', giving the patient that extra informa-



Repeat prescriptions link the drug to a condition using words a patient can understand

HOW I...

IMPROVED PATIENT EDUCATION USING CLINICAL INDICATIONS

SAMPLE REPEAT SCRIPTS

- Repeat tamsulosin HCl mr cap 400microgram (60) capsule(s) – Take one daily to help with urinary problems
- Repeat metformin tabs 850mg (112) tablet(s) – Take one twice a day to control blood sugar
- Repeat ranitidine tabs 300mg (60) tablet(s) – Take one at night to reduce indigestion/inflammation stomach or gullet
- Repeat bendroflumethiazide tabs 2.5mg (56) tablet(s) – Take one each morning for blood pressure
- Repeat aspirin tabs 75mg (56) tablet(s) – Take one daily to thin the blood
- Repeat atorvastatin tabs 10mg (56) tablet(s) – Take one daily to reduce cholesterol
- Repeat glimepiride tabs 2mg (56) tablet(s) – Take one every day to control blood sugar
- Repeat Coracten XL mr cap 30mg (56) capsule(s) – Take one every day for blood pressure
- Repeat enalapril tabs 20mg Last (112) tablet(s) – Take one twice a day for blood pressure/to protect the heart and kidneys
- Repeat Coracten XL mr cap 60mg (56) capsule(s) – Take one daily to lower blood pressure
- Repeat Betoptic eye drop 0.5% (2) 5ml bottles – One drop every day to reduce pressure in eye
- Repeat Advantage Plus biosensor strips (Roche Diagnostics) (50) strip(s) – For testing blood sugar as per leaflet

tion on what the drug does. We debated over what to put for drugs such as Viagra, and resisted the temptation to put 'for your little problem', choosing 'for ED' instead.

Drugs prescribed only by secondary care now have this saved into the instruction box.

If a drug is being used for an indication different from the saved one, the doctor can change the instructions when the master repeat is written: eg, if amitriptyline is prescribed for pain, the doctor deletes 'to help your mood' and types in 'for pain' instead.

If prednisolone is prescribed the saved instruction reads '...tablets in the morning for...' and the GP enters the number of tablets and the indication. This is a useful reminder to enter the dose and indication, and where the patient is on steroids for polymyalgia rheumatica it reminds the GP to monitor the symptoms, ESR and dose.

What we achieved

By linking repeat prescriptions to clinical indications in this way, the practice not only achieved the target set by the PIS but also increased knowledge of regular medication for the patient, for all GPs in the practice who may be signing these scripts and for

other health professionals who become involved in their care. I have not had any complaints from patients about a perceived lack of confidentiality – this is why I was careful about indications for drugs such as those with a psychiatric indication.

I have had patients and carers saying how pleased they are to know what each medication is for. It is also useful when patients cannot remember the name of the 'little white tablet' – they do remember what it is for, which gives the GP some hope of pinning it down. Now we are writing an indication on some of our acute scripts too.

Our Vision software has the facility to import formularies from one practice to another, so this could be shared between practices, although GPs may prefer to construct their own formulary and enter their own clinical indications. EMIS practices can put prescribing directions on drugs in a similar way, so a similar project could be set up on that system too. The formulary with the prescribing indications can be sent from one practice to another, and some PCTs are offering to do this for practices now.

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Competing interests None declared