Scottish Therapeutics Utility Resource

Understanding Your STU Data

Effective Prescribing and Therapeutics Branch

For Practice Managers, Administrative Staff and Prescribing Support Teams

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For more information on the Effective Prescribing and Therapeutics Branch visit:
http://www.therapeutics.scot.nhs.uk/

If you would like more information, please contact EPandT@gov.scot

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FFEDBACK:
Feedback welcome. Please direct to: EPandT@gov.scot and title e-mail '*STU Resource Pack feedback FAO Jason Cormack*'.

Contents

INTRODUCTION

About this guidance

This is a resource at helping interpret the data held within STU. It provides essential information on interpreting the data generated and the reports available in order to help decide priorities for action. The resource pack also includes basic information around possible actions to start resolving the highlighted issues. This pack concentrates on the STU reports more closely aligned to level 1 medication review activities (typically undertaken by reception, admin or pharmacy technician staff with appropriate guidance and training). For information on the clinical reports within STU (e.g. eFIPPS, respiratory, pain and diabetes), see the individual report pages.

The percentage data shown for each report is based on actual GP practice data. The data were extracted from ~195 GP practices within NHS Greater Glasgow and Clyde and include 18 months' worth of data points.

The guidance contained in this document is based on best practice and should be reviewed and adapted to suit individual systems and processes where appropriate.

For a fuller resource around actions to take, see the level 1 medication review guidance: http://www.therapeutics.scot.nhs.uk/stu/. Additional guidance materials will also be made available via this website e.g. audit templates, suggested standard operating procedures, etc.

About STU

The Scottish Therapeutics Utility (STU) is a computer programme that interrogates general practice clinical systems, (EMIS and InPS Vision) to populate an interactive dashboard and standardised reports on prescription items issued by an individual practice. STU helps identify patients who may benefit from medication review.

STU works alongside the clinical system to provide direct access to the individual patient clinical record, to facilitate review and allow the user to make changes if required. STU is licensed by the Effective Prescribing & Therapeutics Branch at the Scottish Government and is available to practices throughout Scotland free of charge. The STU user guide is available at: http://www.escro.co.uk/STU/STU_User%20Guide_Final%20Version.pdf

Installing STU

The STU install guide is available at: http://www.escro.co.uk/STU/STU%20Installation%20Requirements.pdf

Navigating STU

See the STU user guide for help navigating through STU. Access from STU by going to **Help** > **About**
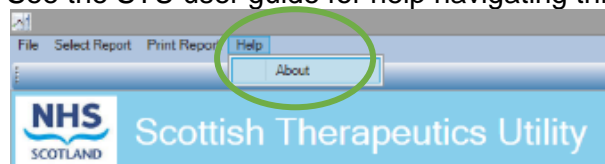
Click on the link for **STU User Guide**

Further Support

If any aspect of the guidance or the STU work requires clarification, please discuss with your GPs, Practice Manager or Medicines Management / Prescribing Support Team.

HANDY HINTS

STU problems / Issues
- STU data populates from the Escro datapump. The datapump updates on a nightly basis (so the information in STU is as up to date as the previous day). On occasions the datapump may stop running (usually due to server conflict issues). If the datapump stops running STU will inform you that the datapump is out of date. To fix this, contact the Escro helpdesk on: 01463 255921
- If the information appearing in STU looks like it may be inaccurate or incorrect, contact the Escro helpdesk on: 01463 255921

Manipulating Data
- Each of the Report Data tabs has a button *Export to excel*. Clicking the button will export the report data as a MS Excel file to allow additional manipulation (e.g. adding additional audit data for further information or removing patient not relevant to the work being undertaken) prior to reporting onwards.
- Data can be sorted by clicking on the relevant column heading
- Many of the reports have filters that can be applied to reduce the amount of information returned

Navigation
- Click on the relevant report name to view a report
- In each report there is a graph and a data tab. Clicking on the tab will show the information
- Issue dates for medication can be viewed by right clicking on a patient and then selecting *View items issued*
- A patient record can be opened in the GP clinical system by right clicking on a patient and then selecting *Open in EMIS / Vision*

Addressing issues identified by STU
- Many of the issues highlighted in STU relate to inefficiencies in systems and processes. If the system or process is not fixed then the issue will continue on an ongoing basis, creating future work. A review of these for the given area is recommended in order to create a lasting solution

STU REPORT 1 – DASHBOARD

Repeat and acute items issued, practice population and patients prescribed repeat items

About the report
This report provides activity figures for acute and repeat prescribing by month. This can be useful in gauging general activity and monitoring workload trends over time.

What do the figures mean?
A high level of acute prescribing compared to repeats can either indicate a large degree of control over a range of drugs (e.g. issuing antidepressants acutely to ensure regular clinician review) or could indicate a potential need for review of 'repeatable acutes' (e.g. special requests for routine items frequently being issued as acute for no reason other than there having been no clinical review and decision to change to repeat). Having a higher level of acute prescribing represents additional workload for the practice (e.g. more GP and staff time spent dealing with a special/acute request compared to a repeat request).

The report can also help highlight potential benefits of serial prescribing e.g. the anonymised practice issued ~21,000 items over the previous year (based on 56 day prescribing interval). Serial prescribing allows a prescribing interval of 24 or 48 weeks which could create a huge benefit in terms of practice workload reduction.

How does your practice compare?
The data below is taken from a selection of practices and indicate the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, If practice STU data is:	What does this mean and what action to take?
Less than 55% Repeats	A level of less than 55% repeats suggests a high degree of 'copy acutes'. This either indicates a high level of control e.g. restricting supply of benzodiazepines, analgesics, etc. or can suggest a lack of structured review of ongoing acute prescribing e.g. not routinely moving appropriate items onto repeat once a patient is stable. **Recommendation** Review acute prescribing (including systems and processes) to gauge if the practice deem the level of acutes as 'appropriate'.
~69% Repeats	Benchmark median (middle) value. **Recommendation** Review this STU report information along with the other STU reports. If other STU reports indicate a need for review (when comparing the practice figure to the figures in this document) then prioritise those. A 'sense check' type review could be undertaken to ensure that the data appears appropriate for the individual practice setting.
Greater than 83% Repeats	Suggests lower levels of acute prescribing. This could potentially indicate a lower level of control over prescribing and therefore patients on selected medicines may be reviewed less frequently than recommended. **Recommendation** A review of the repeat prescribing (including systems and processes) may be warranted to check if there are 'drugs which may be less suitable for repeat' (e.g. benzodiazepines, controlled drugs, HRT, OCP, etc.) which are routinely provided to patients without ongoing review.

STU REPORT 2 – NUMBER OF REPEATS

Patients grouped by the number of active repeat items

About the report
This report shows numbers of patients grouped by number of active repeat items. The report can be used to identify patients with high numbers of drugs on repeat to target clinical and non-clinical medication review.

What do the figures mean?
This report helps show how robust clinical and non-clinical medication reviews are. It can be used to identify patients with high numbers of repeat medication who may benefit from a polypharmacy medication review. The data tables show last issue dates for each medication and a note of the issues over time can be accessed in order to review compliance.

How does your practice compare?
The data below is taken from a selection of practices and indicates the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, look at:	What does this mean and what action to take?
Patients with 10 repeat items as a % of the practice population	
Less than 2.4%	This is below average. A level less than 1.1% would be considered significantly different from most practices. This may simply be due to the practice population e.g. a practice with a higher proportion of younger people registered or a greater proportion of patients on more than 10 drugs. **Recommendation** Review patients to gauge whether or not the figure seems appropriate for the practice. If during review a high proportion of drugs are found to be obsolete (e.g. not ordered for over a year) it can be suggestive of a lack of structured review. Implementing a process of level 1 medication review can help resolve this (and identify other issues that may require attention).
Around 2.8%	2.8% is the median (middle) value. **Recommendation** Review this STU report information along with the other STU reports. If other STU reports indicate a need for review (when comparing the practice figure to the figures in this document) then prioritise those. A 'sense check' type review could be undertaken to ensure that the data appears appropriate for the individual practice setting.
Greater than 3.2%	This is above average. A level greater than 4.4% would be considered significantly different from most practices. This may be due to the practice population e.g. a practice with a higher proportion of older people or could indicate a lack of review and removal of obsolete drugs. **Recommendation** Review patients in order to gauge whether or not the figure seems appropriate for the practice. In this instance it may be worth looking for drugs which may be considered less suitable for repeat (e.g. HRT, OCP, benzodiazepines, CDs, etc.). This could be indicative of a less structured process for managing these items (many practices prescribe these via acute prescribing). Having these on repeat may result in less consistent review than should normally occur.

STU REPORT 3 – DUPLICATE ISSUES

Patients who have received duplicate repeat prescription issues within three days, excluding reprints

About the report
This report identifies duplicate repeat prescription items issued. In this instance a duplicate prescription item is an item (drug) which had been _issued_ on the GP computer system more than once within the previous three days e.g. reissued on a new prescription with a new barcode. The report does not include prescription items which have been reprinted e.g. where an exact copy of the previous prescription has been generated. Under prescription payment rules two prescriptions with different barcodes (a reissue) would be eligible for payment, even if the content is duplicated e.g. same drugs, etc. Where two exactly identical prescriptions (a reprint) are submitted for payment there are circumstances under which payment may be made but this occurs to a much lesser degree.

What do the figures mean?
This report helps highlight potential abuse of medicines and/or stockpiling. It can highlight staff training issues (both permanent and locum) e.g. staff routinely reissuing rather than reprinting in response to lost prescriptions. It can also highlight ordering issues e.g. patient and community pharmacy ordering medication at same time, stoma suppliers requesting prescriptions where they have already supplied items to patients. At the very least it indicates a potential wastage of resources (both in terms of practice staff time generating additional repeat medications and financially in the costs associated with excess supply).

How does your practice compare?
The data below is taken from a selection of practices and indicate the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, If practice STU data is:	What does this mean and what action to take?
0.4% or less	Suggests good control. **Recommendation** Undertake an initial review to determine that there are no drugs liable for misuse.
>0.4% to 1%	Acceptable (depending on individual practice circumstances). **Recommendation** Review this STU report information along with the other STU reports. If other STU reports indicate a need for review (when comparing the practice figure to the figures in this document) then prioritise those. A 'sense check' type review could be undertaken to ensure that the data appears appropriate for the individual practice setting.
>1% to <1.6%	Slightly above average. **Recommendation** Strongly suggest checking for potential drugs liable for misuse, need for staff training and review of systems and processes.
1.6% or greater	Potentially concerning. **Recommendation** Review at earliest opportunity as may be indicative of abuse of multiple drugs and repeat prescribing system. Suggests a potential need to review staff training and/or systems and processes.

STU REPORT 4 – ALL REPEATS ISSUED

Patients who have had all repeats issued at the latest request

About the report
This report can either show patients with all items issued at last request or all items issued at the last three requests. Additionally there is the option of including / excluding Care Home and Multi-compartment compliance aid patients. This report can help identify inefficiencies in the ordering and processing of repeats.

What do the figures mean?
This report helps highlight potential abuse of medicines and/or stockpiling. It can highlight staff training issues (both permanent and locum) e.g. staff routinely issuing prescriptions without checking prior order dates or identifying medication where there may not be a need to receive at every order. It can also highlight ordering issues e.g. patients routinely ordering all of their medication regardless of supply remaining or a less efficiently run managed repeats service ordering 'PRN' / 'MDU' items ordered every time an order is placed.

How does your practice compare?
The data below is taken from a selection of practices and indicate the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, look at:	What does this mean and what action to take?
% of patients on 6 items with repeats all ordered at once	
Less than 19.6%	This is below average. A level less than 4% would be considered significantly different from most practices. This may indicate a large proportion of ordering out of synchronisation e.g. a patient ordering 6 items on 6 separate occasions. This creates additional workload for the practice. **Recommendation** Review patients in order to gauge whether or not the figure seems appropriate for the practice. Review and look for drugs with mismatched number of days supply which is causing medication to run out at varying times. Consider undertaking synchronisation – the aim of bringing order dates into line so that the patient only orders once per cycle.
Around 19.6%	19.6% is the median (middle) value. **Recommendation** Review this STU report information along with the other STU reports. If other STU reports indicate a need for review (when comparing the practice figure to the figures in this document) then prioritise those. A 'sense check' type review could be undertaken to ensure that the data appears appropriate for the individual practice setting.
Greater than 19.6%	This is above average. A level greater than 36.3% would be considered significantly different from most practices. This suggests a high proportion of orders where every repeat item is selected. This can happen when a patient or community pharmacy order medication without conscious thought as to whether everything is required or not. **Recommendation** Review patients in order to gauge whether the ordering seems appropriate. In this instance it may be worth looking for drugs which are prescribed 'as directed' or 'when required' as there may not necessarily be a need for the patient to receive these with each order.

STU REPORT 5 – REPEATS NOT ISSUED

Active repeat items that have not been issued in given time periods with BNF drill down

About the report
This report shows active repeat items which have not been issued by the practice for a set period of time. It identifies medication which may benefit from further action by the practice e.g. clinician review or removal from repeat.

Where practices are undertaking level 1 medication reviews this report can help indicate the degree of effectiveness of these reviews.

What do the figures mean?
This report helps identify non-compliance issues with clinically significant medication for referral to a clinician e.g. gastro-intestinal, cardiovascular, respiratory and central nervous system drugs.

It can also be used to help 'tidy up' patient repeats lists for less clinically significant medication e.g. removing indigestion remedies, laxatives, dressings and bandages, stoma and ileostomy, eye, ear and skin items to help reduce risk of accidental ordering (or accidental selection when issuing medication in practice).

How does your practice compare?
The data below is taken from a selection of practices and indicate the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, look at:	What does this mean and what action to take?
Obsolete drugs at 12 months as % of all repeat drugs (calculate by exporting 12-18 month obsolete report from STU to excel and counting the lines divided by number of repeats for most recent month from STU 1- Dashboard)	
Around 2.7%	2.7% is the median (middle) value. **Recommendation** Review this STU report information along with the other STU reports. If other STU reports indicate a need for review (when comparing the practice figure to the figures in this document) then prioritise those. A 'sense check' type review could be undertaken to ensure that the data appears appropriate for the individual practice setting.
Greater than 4.5%	This is above average. A level greater than 6.3% would be considered significantly different from most practices. This suggests a high proportion of items on repeat which have not been ordered for a period of time. These could be clinically significant medications and should be reviewed by a clinician. **Recommendation** Review patients and highlight clinically significant drugs to a clinician. Consider a process for removing those less clinically significant drugs (e.g. selected creams and ointments) on a regular basis.

STU REPORT 6 – PRIORITY PATIENTS

Multi-compartment compliance aids / Resident in a care home

About the report
This report identifies patients coded by the practice as resident in a care home (coded 13FX receiving medication via a multi-compartment compliance aid (MCCA) (coded 8BIA). *NB At the time of writing this document additional priority patient read codes were being considered (patients in a hostel, multiple hospital admissions amongst others) – STU will automatically update once this work is complete.* This can be helpful in encouraging regular review of these patient as they may have a higher need for clinician input due to having multiple complex conditions and may be receiving multiple medications.

What do the figures mean?
Practices are generally encouraged to prescribe 28 day intervals for care home and MCCA/MDS patients in order to reduce potential for wasted medicines. The report enables the user to ensure prescribing intervals and dose directions are appropriate. In the case of MCCAs the report can be used to assess potential for moving from MCCA back to regular dispensing.

How does your practice compare?
The data below is taken from a selection of practices and indicate the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, look at:	What does this mean and what action to take?
Care home and Multi-compartment compliance aid patients	**Recommendation** Review patients and determine if there are any outwith a 7 / 28 day cycle. Consider whether the supply interval should be amended to 7 / 28 days for these patients. Review and check 'as directed' and 'when required' dose instruction. Identify and resolve any issues with over-ordering. Review order frequency to determine if 'as directed' and 'when required' medication could have quantity reduced (in event of less frequent ordering). Patients on few drugs coded MCCA/MDS could be considered for change to regular dispensing.

As a rough rule of thumb, look at:	What does this mean and what action to take?
Care home patients as % of practice population	
Around 0.2%	0.2% is the median (middle) value. **Recommendation** Care home patients may be underreported by STU as if they are not coded with one of the above read codes then they will not appear in STU. Practice should consider searching for patients using the address details and coding patients if not previously coded.
Greater than 1.1%	This is above average. A level greater than 1.7% would be considered significantly different from most practices. This represents a very high proportion of care home patients relative to the majority practices. **Recommendation** The practice are unlikely to be able to take action to reduce care home numbers but knowing the figure can be helpful in terms of working out resource allocation e.g. GP time commitment for care homes.

Multi-compartment compliance aid (MCCA) patients as % of practice population	
Around 2.2%	2.2% is the median (middle) value. **Recommendation** MCCA patients may be underreported by STU as if they are not coded with the MCCA read code then they will not appear in STU. Practice should consider searching for patients using the address details and coding patients if not previously coded.
Greater than 5.6%	This is above average. A level greater than 8% would be considered significantly different from most practices. This represents a very high proportion of care home patients relative to the majority practices. **Recommendation** Review patients in order to gauge whether the MCCA remains appropriate for each individual. Evidence suggest that use of an MCCA is not always the best method by which to address issues with compliance and concordance.

STU REPORT 7 – CMS

CMS – Serial Prescribing

About the report
This report identifies patients coded as registered with the chronic medication service (CMS) (managed through pharmacy message store and EMIS / INPS Vision). This can be used to review patients and move to a greater proportion of serial prescribing.

What do the figures mean?
Serial prescribing has the potential to significantly reduce the prescription processing workload of the practice.

The report enables the user to:
- Review CMS registered patients for suitability for serial prescribing with the option to filter by number of medication prescribed via repeat.

How does your practice compare?
The data below is taken from a selection of practices and indicate the variation that has been observed. Data within and outwith these ranges may not necessarily be 'good' or 'bad' as individual practices vary in terms of systems and processes, and controls on prescribing. These other factors should be taken into account when reviewing the data.

As a rough rule of thumb, look at:	What does this mean and what action to take?
CMS registered patients	**Recommendation** Review patients (those not marked as unsuitable for serial prescribing) and determine if any are suitable for serial prescribing. Local Prescribing Teams and Community Pharmacies should be able to advise which type of patients would be suitable for serial prescribing e.g. on long term medication with a stable dose. It may be helpful to initially start on patients with lower numbers of repeat medications.