PRESCRIBING SUPPORT TEAM PARACETAMOL AUDIT
(JULY 2005)

NAME OF AUTHORISING GP: _____________________________

SIGNATURE OF AUTHORISING GP: ____________________________

DATE OF AUTHORISATION: _____________________

SUMMARY
All patients currently listed in the practice as requiring paracetamol as an analgesic should be taking paracetamol tablets. The purpose of this audit is to identify patients currently paracetamol 500mg capsules or soluble tablets and then switch the formulation of paracetamol for those patients to tablets.

Objective
To promote rational cost effective paracetamol prescribing for use in analgesia. Detailed advice on analgesic prescribing can be found in the Summary of Product Characteristics and patient information leaflets for specific products, the British National Formulary (BNF), the National Prescribing Centre (NPC), Scottish Intercollegiate Guidelines Network (SIGN), Prodigy NHS, the Pain Society and the World Health Organisation (WHO).

www.npc.co.uk/MeReC_Bulletins/2000Volumes/pdfs/vol11n01.pdf
Rational
Adult patients on paracetamol should be on 500mg tablets. Paracetamol capsules and dispersible formulations are considerably more expensive than its tablet equivalent.

Method
A computer search on “paracetamol capsules, caplets or dispersible on repeats” will produce the patient details. The formulation of paracetamol is to be switched to 500mg tablets. It is important to ensure that the non-formulary dose/preparation is deleted then the new dose added for audit purposes. Patient compliance will be checked and non-compliance will be brought to the attention of the GP. A note will be added to the records of those patients who purchase their paracetamol OTC. A letter to be sent to each patient (see Appendix 1) Practice to scan letter into patient’s file (or file in patient notes) A note is to be recorded onto the computer system detailing the action taken. The local community pharmacist(s) are to be informed about the audit by the LHP pharmacist/technicians.

Audit Criteria and Interventions

<table>
<thead>
<tr>
<th>Patient Criteria</th>
<th>Action to be taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be communicated to the patient by the practice preferred method eg patient letter</td>
<td></td>
</tr>
<tr>
<td>Patients on paracetamol 500mg capsules</td>
<td>Switch to paracetamol tablets 500mg</td>
</tr>
<tr>
<td>Adults patients on paracetamol 500mg dispersible</td>
<td>Switch to paracetamol tablets 500mg</td>
</tr>
<tr>
<td>Adults patients on paracetamol 500mg caplets</td>
<td>Switch to paracetamol tablets 500mg</td>
</tr>
</tbody>
</table>
Audit criteria for exclusion

- Any criteria for exclusion as specified by the authorising GP

Suggested criteria for referral to practice

- Patients who are non compliant with treatment
- Concomitant medication - other paracetamol containing medication
- Any other specified criteria as specified by the practice
Dear ~[Title] ~[Surname]

IMPORTANT CHANGE TO YOUR PARACETAMOL PRESCRIPTION

We write to inform you that we have reviewed patients in this surgery who take PARACETAMOL regularly as a painkiller. Evidence from large studies has now shown us that there is no difference in efficacy between the different preparations, as far as pain relief is concerned, although there is significant difference in cost.

The next time you request your prescription for paracetamol, you will notice we have changed your prescription to paracetamol tablets. Please finish any remaining paracetamol, and then start the new paracetamol tablets as directed.

If you should have any queries or concerns regarding this change please contact your GP/Nurse practitioner when you are next in the surgery.

Yours sincerely,

The Drs
**Changes to repeat prescribing**

1. The audit must be checked and agreed with a GP in the practice prior to work being undertaken by the Prescribing Support Technician.

2. Agreement is made between the Practice and the Prescribing Support Technician on a suitable date for implementation.

3. It is recommended that the practice/LHP pharmacist notify local community pharmacies of the impending change in prescribing.

4. The Prescribing Support Technician conducts a search of the Practice Clinical System to identify patients currently prescribed the preparations as authorised on the Prescribing Review form.

5. Patients are assessed with respect to suitability for transfer to the preferred product on an individual basis by the Prescribing Support Technician.

6. Patients who, in the professional judgment of the Prescribing Support Technician, are considered unsuitable for transfer will be identified and referred back to the Practice.

7. No patient may be changed beyond the scope of the SPC unless authorised by the prescriber.

8. All changes to prescribing must be recorded within the prescribing field and wherever possible linked to an indication.

9. Dose and rates of usage should remain the same or equivalent to the original prescription wherever possible.

10. Each patient should be informed of changes made according to Practice preference. The Prescribing Support Team recommends personalised written communication sent from the Practice. Additional information e.g. patient leaflets may be included wherever possible. A sample letter is attached (Appendix 1).

11. If the patient is under the age of 16 then any information should be addressed to the patient’s parent or guardian.

12. If the patient is in residential care or has their medication otherwise supervised, e.g. Dosette dispensing, information regarding any changes should also be communicated to the relevant service providers.

Prescribing Support Team July 2005
13. The Prescribing Support Technician will communicate information about the review to relevant personnel within the practice e.g. Receptionists, Nurses etc. and, if appropriate, create on screen reminders on the Clinical System.

14. A project file is retained by the Practice containing a list of patients involved, patient letter templates and any additional information sent, a copy of the Protocol and Prescribing Review and Prescribing Support Team contact details.

15. The Prescribing Support Technician may record statistics of the review for report purposes and analysis of the review. No information regarding individual patients leaves the practice.

16. A follow up audit in 3-6 months will be made to identify any problems