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The Campaign to Help Improve Respiratory Prescribing (CHIRP)

An audit and feedback approach working with General Practices

Background & Method:

Audit and feedback is where “healthcare professionals are prompted to modify their practice when given performance feedback showing that their clinical practice is inconsistent with a desirable target”¹

NHS West Yorkshire Integrated Care Board (ICB) works with University of Leeds researchers using routinely collected data to develop and deliver bi-monthly individual practice-level prescribing reports which are sent to all GP practices across West Yorkshire every 8 weeks.

The reports show the practice’s prescribing in comparison with other practices in the same area, using aggregated anonymous data extracted from the patient record system. The reports show a series of 8 indicators that look at where improvements can be made to bring prescribing in line with NICE guidance on greener and more effective prescribing.

The reports also include research evidence and best practice guidelines to support practices to optimise prescribing and improve patient care.

Indicators:

Data extracted from EMIS and SystmOne:

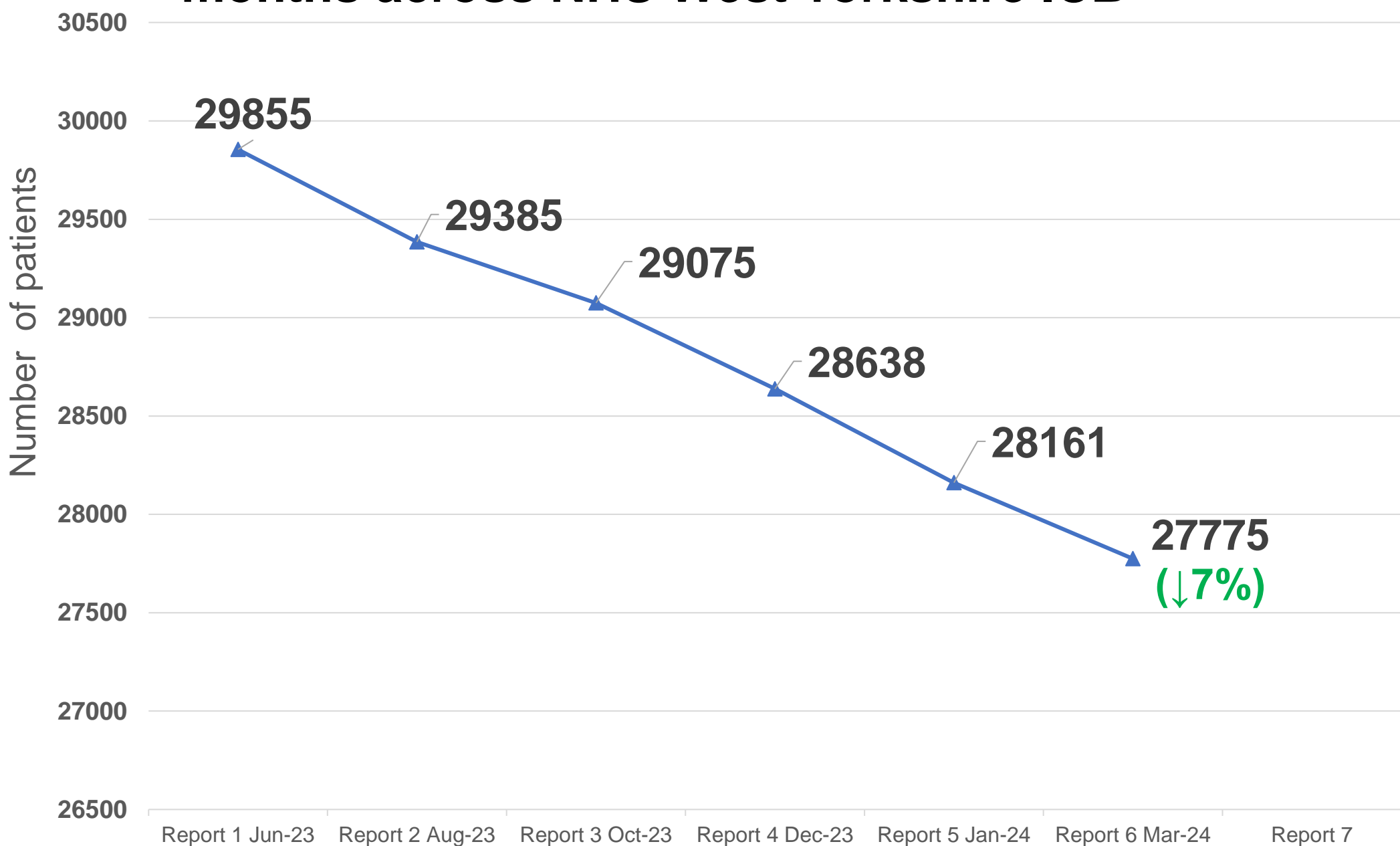
- No. of asthmatic patients with **6 or more SABAs** prescription issues in the last 12 months.
- No. of asthmatic patients with **12 or more SABAs** prescription issues in the last 12 months.
- No. of asthmatic patients with **3 or fewer inhaled corticosteroids (ICSs)** issues in the last 12 months.
- No. of asthmatic patients issued **2 or more courses of oral prednisolone** in the last 12 months
- No. of asthmatic patients aged between **6-19 with second-hand smoke exposure status not recorded** in the last 12 months.
- No. of asthmatic patients with a current repeat prescription **combination of MDI** salbutamol relievers (or acute issue within 8 weeks) with **DPI** preventers prescription issues

Data extracted from OpenPrescribing.net:

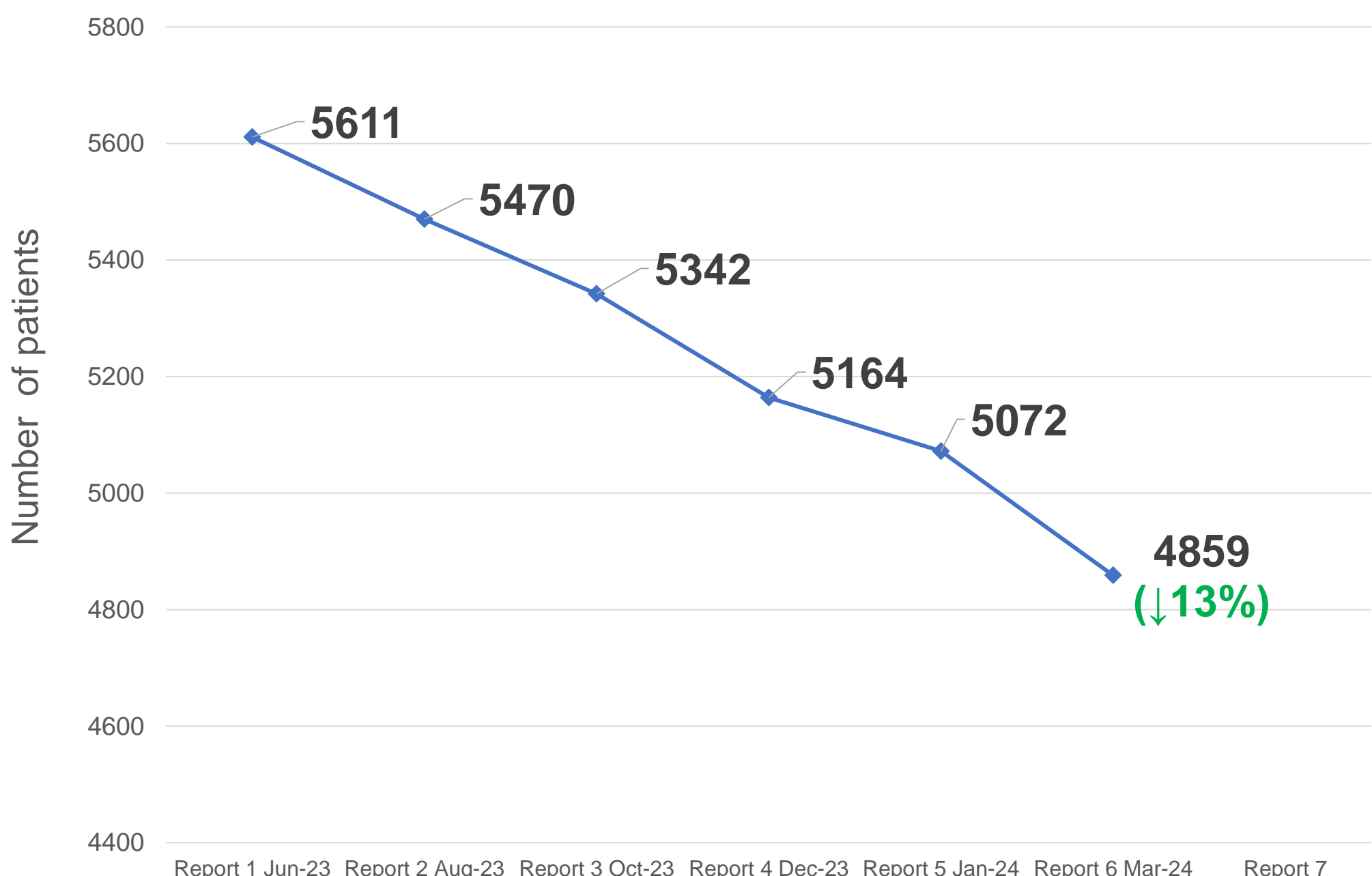
- No. of **non-salbutamol MDI inhalers prescribed** over the last 1 month
- The **mean carbon emissions per SABA inhaler** issued (kg CO₂e) in the last month

Results:

No. of asthmatic patients with 6 or more SABAs prescription issues in the last 12 months across NHS West Yorkshire ICB



No. of asthmatic patients with 12 or more SABAs prescription issues in the last 12 months across NHS West Yorkshire ICB



Preliminary data has already shown **regional signs of asthma prescribing improvements**. During the first 10 months of the project, we have seen decreases in indicators such as the number of patients prescribed 6 or more SABAs a year (**reduced by 7%**) and the number of patients prescribed 12 or more SABAs a year (**reduced by 13%**). Whilst it is difficult to exclude the impacts of prevailing trends and outside influences, these results are encouraging signs of the success of our intervention.

Conclusion:

These reports highlight potential suboptimal asthma management and give evidence-based methods to change prescribing. The preliminary data suggests an improvement in regional asthma care and a reduction in primary care’s carbon footprint.

Reference:

1 Ivers N, Jamtvedt G, Flottorp S, Young JM, Odgaard-Jensen J, French SD, O'Brien MA, Johansen M, Grimshaw J, Oxman AD. Audit and feedback: effects on professional practice and healthcare outcomes. Cochrane Database of Systematic Reviews 2012, Issue 6. Art. No.: CD000259. DOI: 10.1002/14651858.CD000259.pub3. Accessed 11 January 2024.