

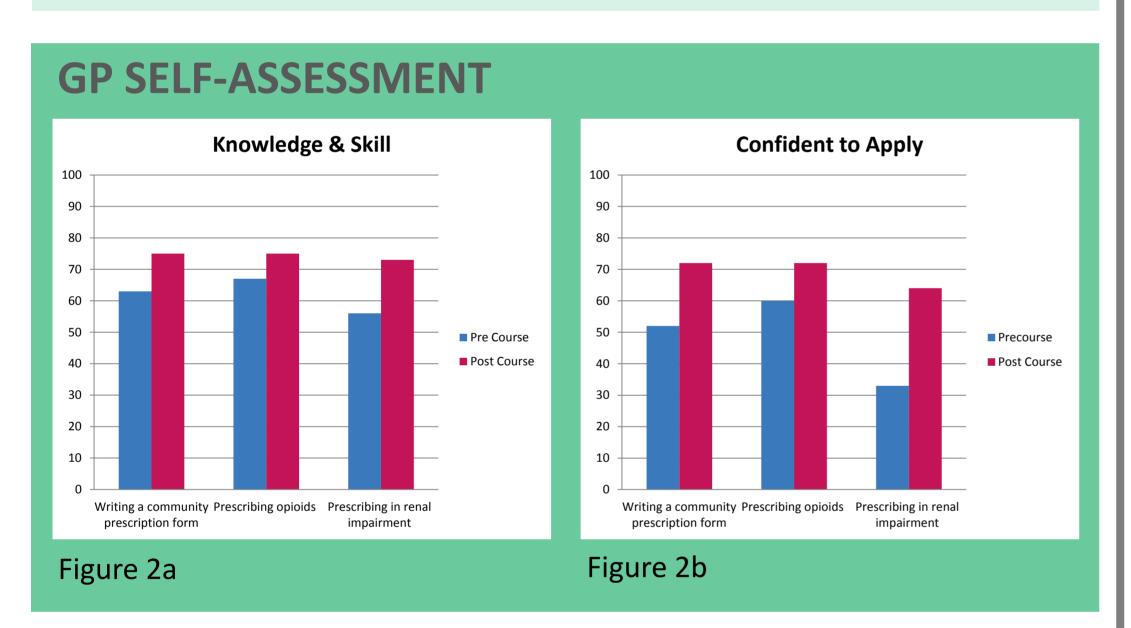
Impact of an Education Programme to Improve Prescribing of Anticipatory Medications in the Community

BACKGROUND

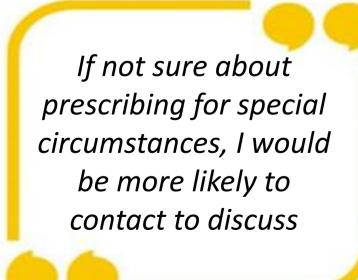
A baseline audit demonstrated a need to improve anticipatory prescribing at the end of life in a community setting. The specialist palliative care team facilitated education on end of life care prescribing. The impact of the education delivered was evaluated using a combination of methods.

METHOD

Six sessions on anticipatory prescribing were delivered to 93 General Practitioners (GPs) in year one and five sessions to 56 GPs in year two. A mixture of teaching methods were used both years. Delegate feedback was collected for all sessions. Informal education / coaching with GPs was also provided. A prospective re-audit was conducted of 50 prescription charts to identify any change in prescribing practice.



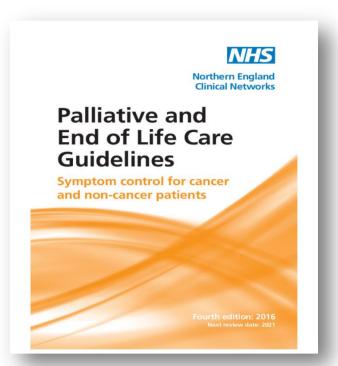
Very useful, good to have an update as many of the complex situations discussed today are not dealt with regularly in clinical practice

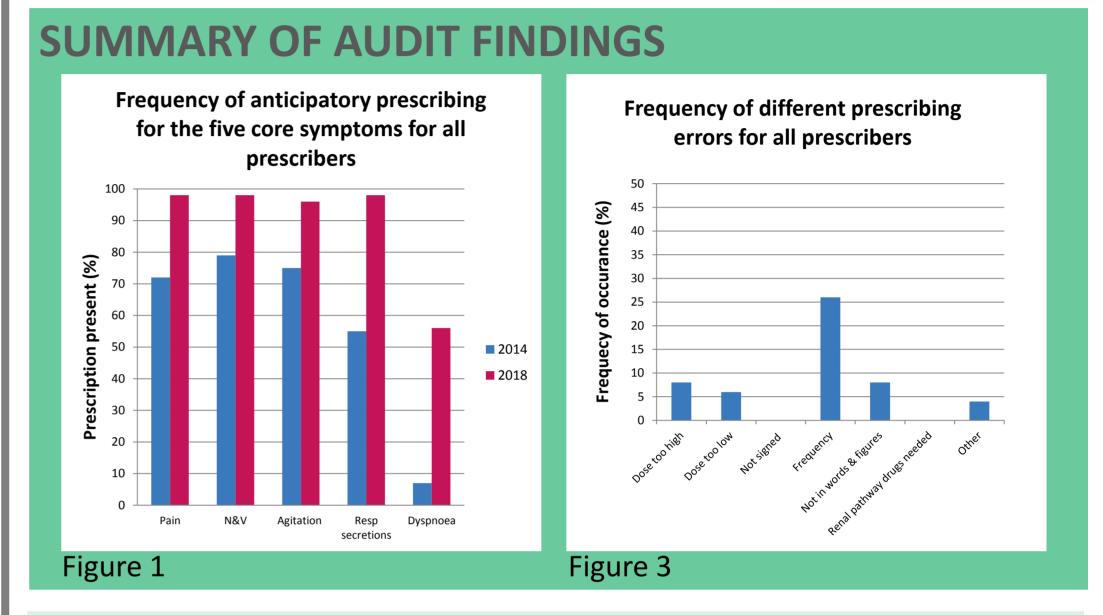




Session allowed an insight into the speciality of palliative care. More aware of what they can do and offer







RESULTS

A re-audit showed anticipatory medication was prescribed more frequently for the five core symptoms. The increase in prescribing frequency ranged from 19% to 49% (figure 1). This finding is consistent with an improvement in delegate knowledge and confidence scores (figure 2). However, half the patients had an error on their community prescription chart compared to 41% in the baseline audit. This should be considered in the context of each chart containing more prescriptions than in the previous audit. 26% had an error due to an incorrect frequency of as required medication (figure 3). Other errors identified included the dose being too high (8%) and too low (6%).

CONCLUSION

The audit showed a significant improvement in practice; with anticipatory medication for all five core symptoms prescribed more frequently. GP's need to prescribe anticipatory medication relatively infrequently which may contribute to the errors observed on half of the community prescription charts. To reduce such errors a commitment to on going education is required. Overall the education programme delivered by Specialist Palliative Care resulted in a positive change in practice.

St Benedict's Hospice & Centre for Specialist Palliative Care South Tyneside NHS Foundation Trust

Dr Rebecca Theobald - Consultant in Palliative Medicine - rebeccatheobald@doctors.org.uk
Gail White - Education & Development Lead gail.white@stft.nhs.uk
Julie Johns - Out of Hours Palliative Care Nursing Sister - julie.johns@stft.nhs.uk
Sophie Northway - Education Co-ordinator - sophie.northway@stft.nhs.uk

