

## Prescribing data audit form

Please complete one of these forms, or both of them, and add them to your **Appraisal and Revalidation portfolio**.

### 1 PACT Standard report audit

**Date of report**

**How does your practice compare with the national and PCT equivalent? What is the change from last year?**

*Example*

*More expensive than National and PCT.*

*Greater use of statins, newer hypertensives.*

**How do your own costs compare with your practice, national and PCT equivalent? What is the change from last year?**

*Difficult to separate out individual costs as so much of the cost is in repeat prescriptions.*

*Also have tended to specialise in different subjects so it depends on distribution of patients seen, e.g. elderly, cardiovascular, diabetic.*

**How does you practice prescribing, by BNF therapeutic group, compare with the PCT equivalent? What is the change over the last two years?**

*More of most groups, respiratory, cardiovascular, diabetic, anti-epileptic. Look after mentally retarded home.*

### 2 PACT Catalogue report audit

**Date of report**

**Therapeutic group**

Select a drug group (BNF classification) for analysis of your prescribing

*Analgesics (NSAIDs)*

**List the top 4 drugs you use in this group**

Select either by cost or by item over a three month period.

Selected by: Cost  Item

- 1 Celecoxib
- 2 Diclofenac
- 3 Etoricoxib
- 4 Indomethacin

**Comment on the drugs you use in this therapeutic group and the reasons for prescribing**

*Cox 2 inhibitors – relative with relatively elderly patients (>65). Urged to use these by NICE. Even after latest evidence may well be lower risk. May be used with aspirin to reduce cardiovascular risk.*

**How could you improve effective prescribing for this group?**

*Prescribe less than original pack size. Arrange more review appointments.  
Audit of use – are they really indicated or would paracetamol be as effective at lower risk.*

**How could you improve the cost of prescribing for this group?**

*Prescribe less overall and audit use. Consider whether Cox-1 would be suitable. Discuss with pharmaceutical adviser.*

**What have you learned from this audit?**

*NSAIDs esp Cox 2 drugs expensive. Fear of bleeding pushes prescribing habits more than clinical need.*

*Difficult situation where use is shared between primary and secondary care.*

**How are you going to implement any changes?**

*Possible co-operation with Pharmacist.*

*Arrange for education meeting with rheumatologist, pharmaceutical adviser and GPs to clarify what are the current best options.*

Name:  
Signed:

Date: