

# Study highlights risks of prescribing or monitoring errors in UK general practice

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Around one in 100 patients in a study of over 500 UK general practices are at risk of receiving an inappropriate prescription and around one in 250 have no record of monitoring within the recommended time period, finds a study in *The BMJ* this week.

Older patients and those receiving multiple repeat prescriptions were at highest risk, the findings show.

The results "emphasise the need to give due consideration to the risks of prescribing multiple drugs and the importance of regular drug reviews, especially for patients with multiple conditions," say the researchers.

Prescribing errors in primary care can cause considerable harm, with [adverse drug events](#) accounting for around 7% of hospital admissions in the UK, and half of these are judged to be preventable.

Prescribing safety indicators have been developed to identify patients at increased risk of hazardous prescribing, but they have not yet been assessed in general practices from across the UK.

So a team of researchers, led by Jill Stocks at the University of Manchester, in collaboration with the University of Nottingham, used anonymised patient data from the Clinical Practice Research Datalink (CPRD) to investigate the prevalence and predictors of prescribing safety indicators in UK general practice.

Their findings are based on about one million adult patients registered with 526 general practices across the UK who were potentially at risk of a prescribing or monitoring error.

Around 5% of patients at risk triggered at least one prescribing indicator and almost 12% triggered at least one monitoring indicator.

Older patients and those prescribed multiple repeat drugs had significantly higher risks of triggering a prescribing indicator, whereas younger patients with fewer repeat prescriptions had significantly higher risk of triggering a monitoring indicator.

There was also high variation between practices for some indicators.

The researchers stress that, although prescribing safety indicators describe prescribing patterns that can increase the risk of harm to the patient and should generally be avoided, there will always be exceptions where the indicator is clinically justified.

Nevertheless, they say the high prevalence for certain indicators "emphasises existing prescribing risks and the need for appropriate consideration within primary care, particularly for older patients and those taking multiple drugs."

The high variation between practices for some indicators also suggests potential for improvement through targeted practice level intervention, they add.

In an accompanying editorial, Stephen Chapman, professor of prescribing and head of medicines optimisation at Keele University, and Therese Curtis, real patient volunteer, say the indicators proposed by Stocks and colleagues provide "an excellent platform against which an individual practice can judge success."

However, they believe that financial incentives are the wrong way to improve prescribing. Instead, they call for practice teams that include a clinical pharmacist to provide specialised knowledge on medicines.

"If the findings of Stocks and colleagues encourage such teams and help focus our efforts then safer prescribing and reduced variation should follow. If that happens, everybody benefits, most importantly, the patient," they conclude.

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