The Devon formulary and referral user survey full report

At the end of 2017, the Formulary Team undertook a user survey to enable the team to understand and improve user experience and satisfaction.

In November 2017 a first draft of the survey was piloted with Medicines Optimisation colleagues in the N&E locality. Following feedback, changes were made and a second, larger pilot was undertaken with CEMO colleagues from N&E and S&W in addition to the FIG chairs. The survey was further refined with their feedback, going live on 18th November 2017 and closing after 4 weeks on 18th December 2017.

Users were invited to take part via a number of routes; a direct email was sent out to practice managers, prescribing leads and community pharmacies; FIG members were asked to disseminate a similar email throughout their organisations; the survey was highlighted via the CEMO news; and the homepage of the formulary website highlighted the survey and provided a link

The survey had 211 responses and comprised 18 questions although not all questions were answered by all respondents. The majority of responses were as a result of the initial direct e-mail with considerably fewer via formulary links and CEMO news.

The results of the survey are summarised below.

Demographics

The first 2 questions sought to collect user demographic data; questions and responses are presented below.

Q1. Within which geographical area of Devon do you primarily work?

Of the 4 geographical regions (excluding "Devon-wide"), response rate was more than double in the highest region (East) than in the lowest region (West).
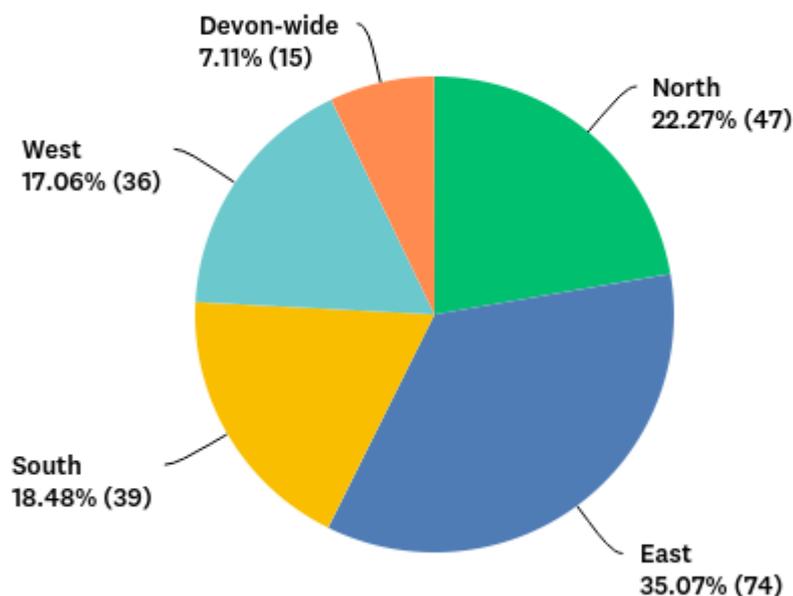
Q2: What is your primary job role?

As expected, respondents were predominantly GPs and primary care nurses; these account for over 36% of respondents. A wide range of clinical and non-clinical job roles utilise the formularies and a full breakdown of user roles is provided in appendix 1. There is also some duplication of role within the "other" classification as outlined in appendix 2 which, if incorporated, slightly changes the proportions.

Over all sectors, nurses comprised the largest group of respondents by healthcare profession (28%); closely followed by doctors (27%), then pharmacists (21%).
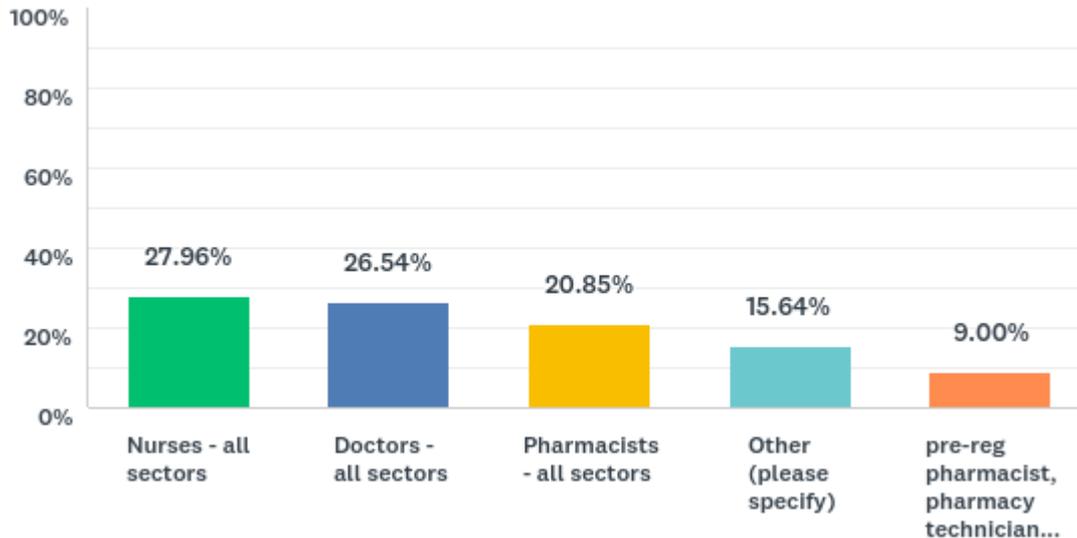
Including all healthcare professions, the majority of respondents were from primary care providers (46%), followed by secondary care providers (27%). CCG/commissioner workers represent approx. 11% of responses.
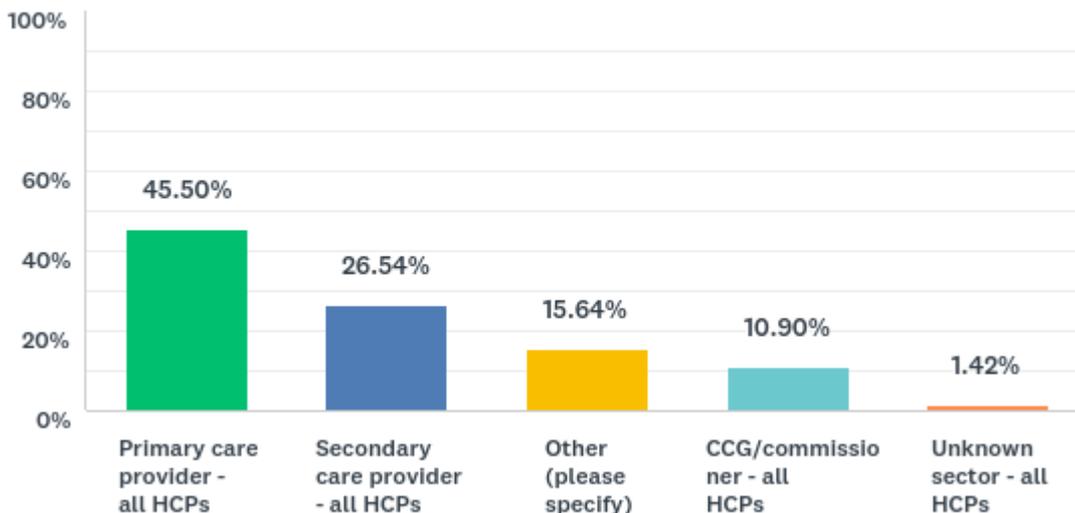
The next 3 questions sought to understand patterns of usage and reasons for accessing the website and app content.

Q3: On average how often do you use the Devon formulary and referral website or app?
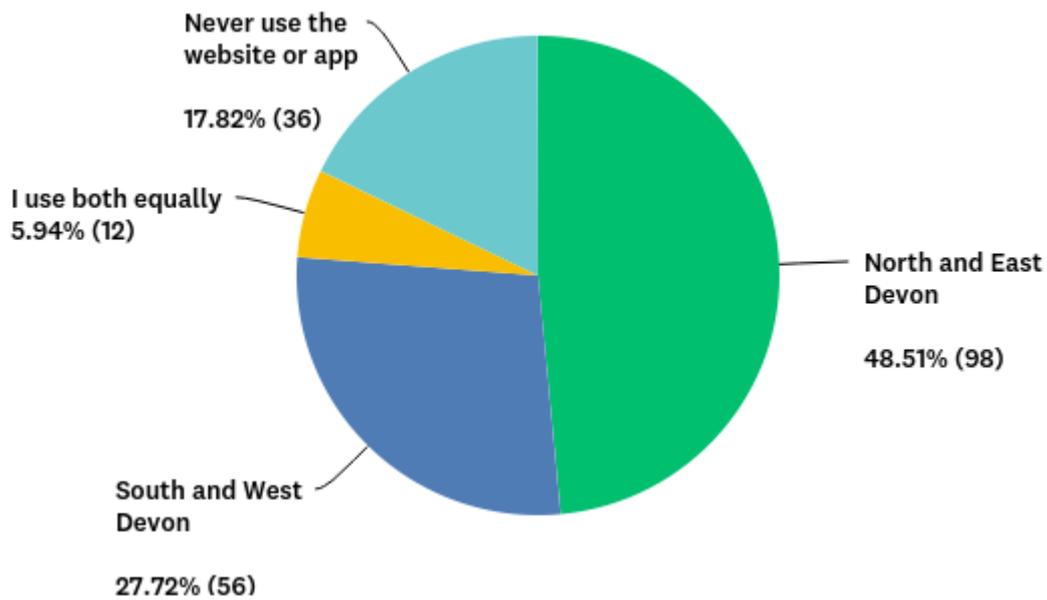
Of the respondents that answered this question 81.3% (161/198) used the website; of those that use the website, 64.5% (104/161) reported that they use it at least weekly.

However app usage was lower; 63.4% of respondents reported that they have never used the app. Only 36.6% (56/153) of respondents used the app; of these two thirds (37/56) used it monthly, or less than once a month.
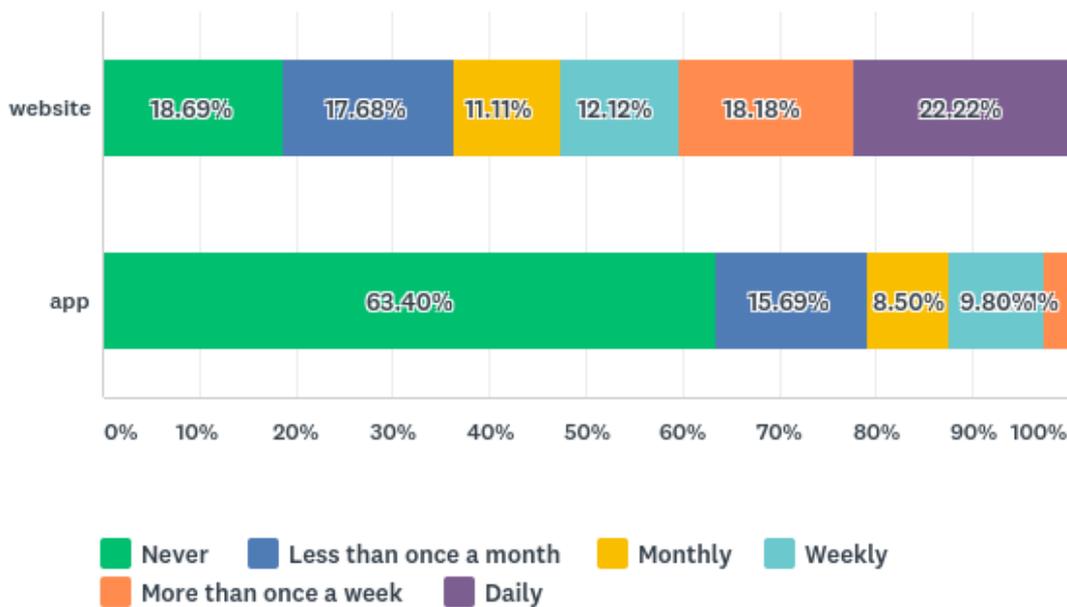
Q4: Which formulary and referral region do you usually access?

Of the respondents that answered this question (202) nearly twice as many accessed the N&E formulary (98) as the S&W (56); and 36 stated that they have never used the Devon formulary and referral website or app.

Q5: What do you principally use the Devon formulary and referral website or app for?

Of the respondents that answered this question (161), the main uses of the Devon formulary and referral website or app were for "*checking whether a particular drug is recommended locally*", or for "*checking which drug is recommended for a specific indication*". Responses specified under "other" in the survey are given in appendix 3.
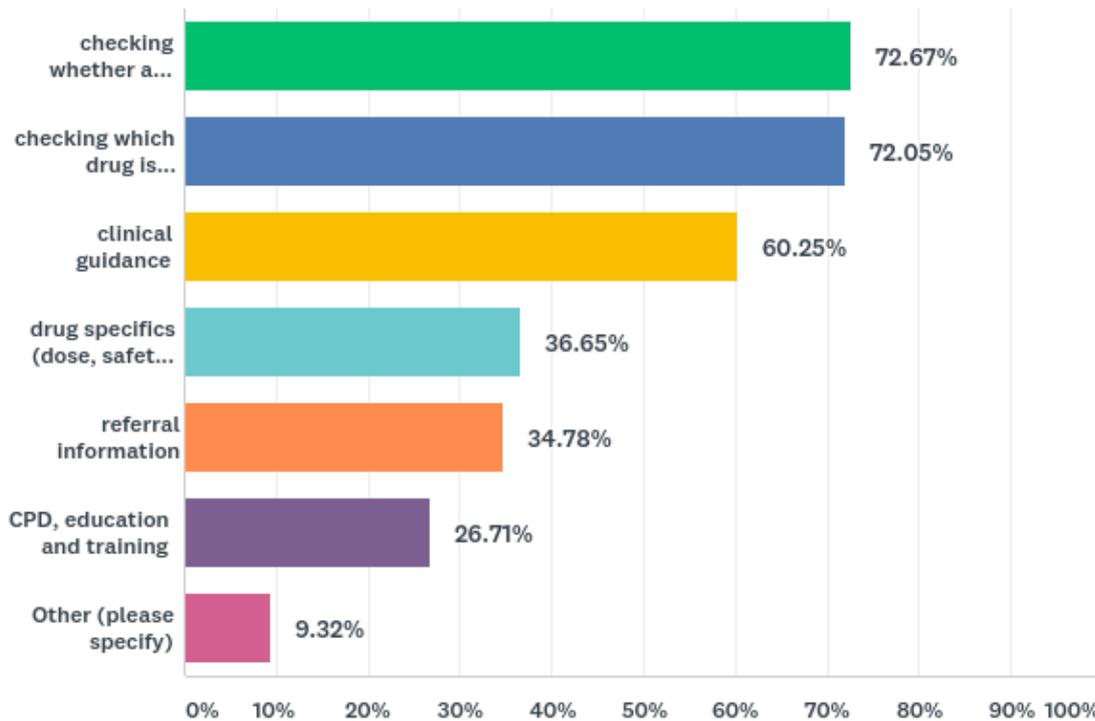

General thoughts on content

Questions 6, 7 and 8 relate to users' thoughts on the relevance, complexity, and amount of information contained within three main sections of the formulary and referral portal: drug entries, clinical guidelines, and referral guidelines.

Q6: Thinking about the relevance of content, on a scale of 1-5 (where 1 = mostly irrelevant and 5 = highly relevant), how would you rate the following?

Of the respondents to this question, 9% (13/147) had never used the clinical guidelines; 5% (8/147) had never used the drug entries, and 23% (33/144) had never used referral guidelines.

72% of respondents who had used the resources rated clinical guidelines 4 or 5 (relevant or highly relevant); 78% rated drug entries 4 or 5; and 62% rated referral guidelines as 4 or 5.
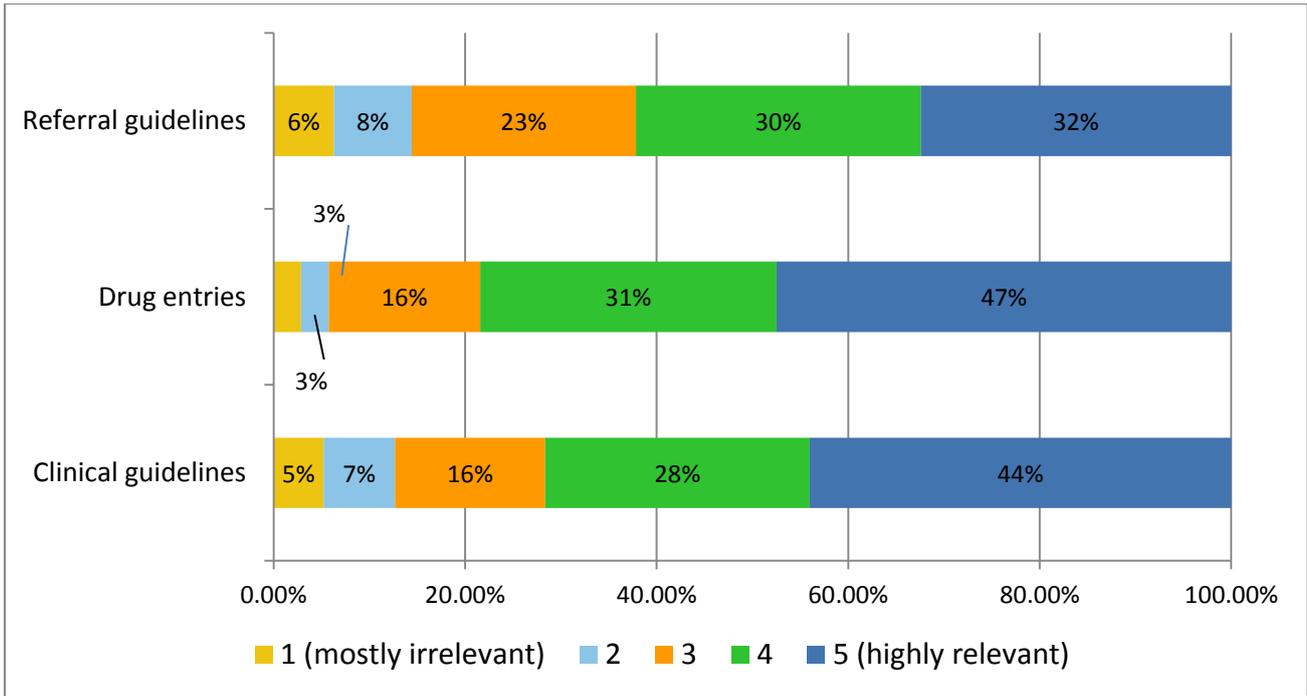
Excluding "never" users, weighted average scores from those who had used the resources were: Drug entries 4.17; clinical guidelines 3.98; and referral guidelines 3.74; where 1 is mostly irrelevant and 5 is highly relevant.

Q7: Thinking about the complexity of content, on a scale of 1-5 (where 1 = too simple and 5 = too complex), how would you rate the following?

Of those respondents that stated they have used these resources, approx. 80% reported that clinical guidelines and drug entry content were "about right" in terms of complexity; and approx. 76% reported that referral guidelines were "about right" in terms of complexity.
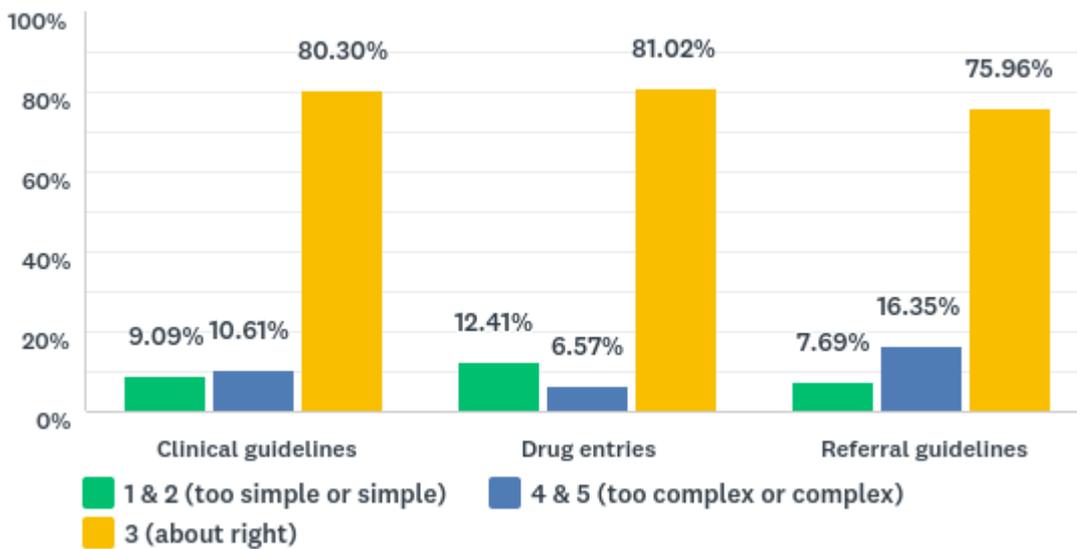
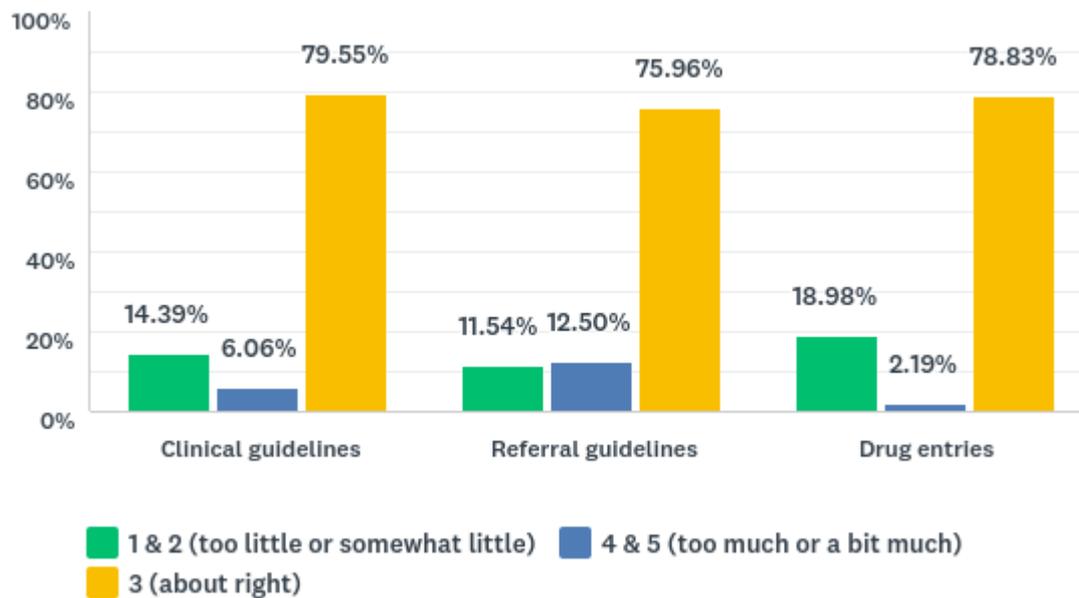Weighted average scores from those who had used the resources were: Drug entries 2.77; clinical guidelines 2.76; and referral guidelines 2.68; where 1 is too simple, 3 is about right and 5 is too complex.

Q8: Thinking about the amount of information, on a scale of 1-5 (where 1 = too little and 5 = too much), how would you rate the following?

Of those respondents that stated they have used these resources, approx. 80% reported that the amount of information was "about right" for drug entries and clinical guidelines; and approx. 76% reported that the amount of information was "about right" for referral guidelines.

Weighted average scores from those who had used the resources were: Drug entries 2.76; clinical guidelines 2.73; and referral guidelines 2.69; where 1 is too little information, 3 is about right and 5 is too much information.

In Questions 9 to 11, users were asked to consider the ease of finding information on the website, and on the app.

Q9: Thinking about the website, on a scale of 1-5 (where 1 = very easy and 5 = very difficult), how easy is it to find information through...

Fewer than half of respondents (approx. 49% of 131 respondents) reported that finding information on the *website* via the search function was easy or very easy; and more than a quarter (27%) reported this to be difficult or very difficult.

Finding information on the website via general navigation (i.e. browsing) was rated slightly better, with 60% of 135 respondents reporting this to be easy or very easy.
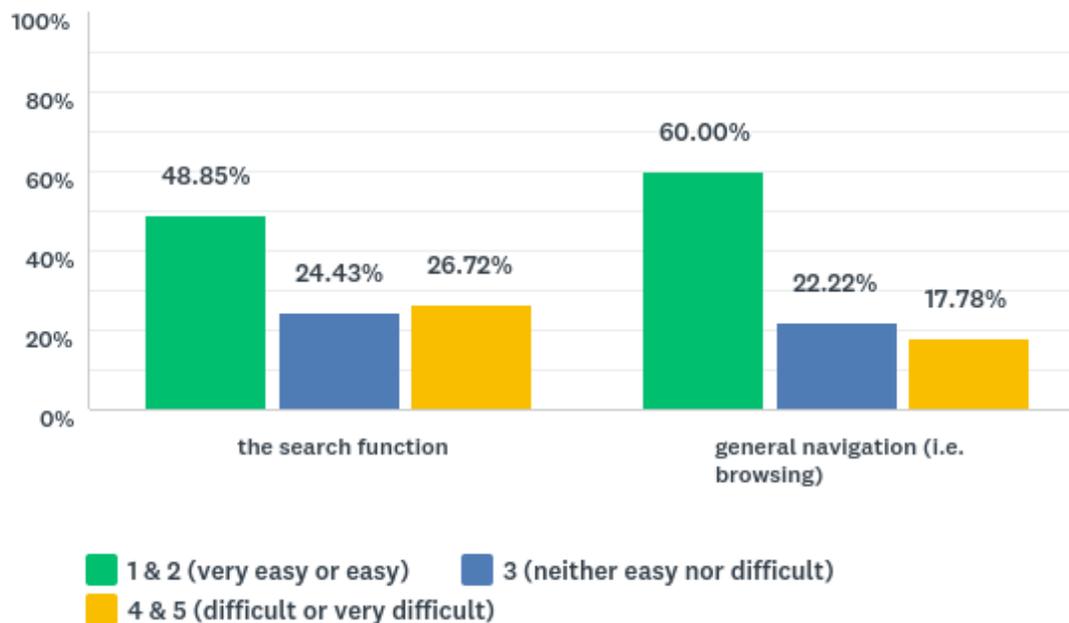
With 40% to 51% of respondents suggesting it is not easy to find information on the website, and weighted average scores of 3.38 for the search function and 3.63 for general navigation (4 & 5 = difficult or very difficult); there is room for improvement in these areas.

Q10: Thinking about the app, on a scale of 1-5 (where 1 = very easy and 5 = very difficult), how easy is it to find information through...

Finding information on the *app* was reported to be only slightly easier than via the website, although the number of respondents in this group was lower (54 used the search function, 58 used general browsing to find information).

Approx. 52% of respondents reported that finding information on the app via the search function was easy or very easy; and one fifth (20%) said it was difficult or very difficult.

As with the website results, finding information on the app via general navigation (i.e. browsing) was rated better, with approx. 65% of respondents reporting this to be easy or very easy.
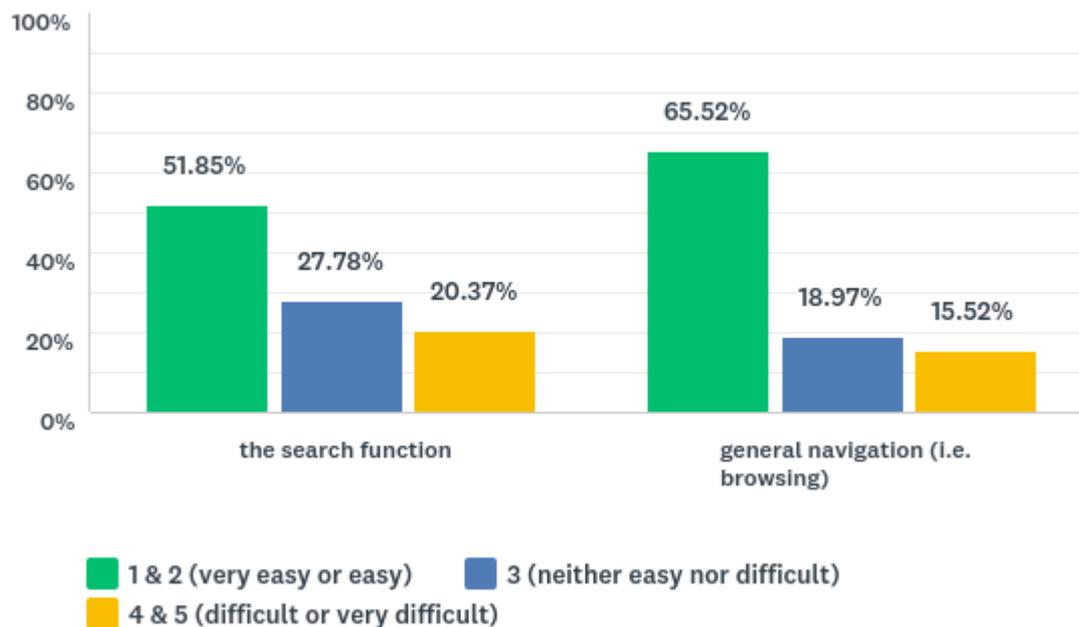

Weighted average scores were: 3.54 for the search function and 3.72 for general navigation; again this suggests there could be some room for improvement.

Q11. Please detail below any specific issues you've experienced locating information on the website or app.

14 of 39 responses (36%) related specifically to issues with the search function

Of these 14 responses, 8 (57%), highlighted issues with multiple hits and associated problems in retrieving the relevant information:

- "need to scroll through multiple search hits to access correct information"
- "Similar entries in searches"
- "Similar entries on search functions"
- "When you search for a named drug it often directs you to guidelines about when to use that drug, rather than to the page detailing dose etc. It can be quite hard to get from the guidelines to the dose information"
- "I know how the formulary is laid out, and yet I still find it difficult to locate specifics. The search function will throw up a list of options, but from the way it displays the list, it is then quite difficult to work out which one is relevant."
- "First thing that comes up on a search is not necessarily what you are looking for. Drugs used for more than one condition are harder to find the relevant stuff you want rather than relating to another condition (one of my consultants was using the "wrong" strength as the agreed one for a condition they did not find but they did find the entry for another condition and chose to use that strength for example)"
- "the search function is not always good to find information, I have often had to type in different options to find what I am looking for. ?better search engine would be useful."
- "search function often doesn't find what I'm looking for. would like to be able to preset Western Locality."

The remaining 6 (43%) specifically reported that the search function is unable to cope with spelling errors:

- "need exact spelling which I can't always remember / sometimes mistype"
- "the need to spell things correctly when using the search function!"
- "if I make a spelling error it does not offer me an alternative"
- "Search requires an exact match"
- "Website, search wont correct spelling errors, also does not bring up search in relevance, and you cant (sic) use google to search website."
- "I think the search function could be better - it would be helpful if it made suggestions / 'did you mean' if something is spelt incorrectly for instance."

10 out of 39 responses (26%) reported general issues in locating information without specifying whether utilising the search function or general browsing:

- "Its (sic.) really clumsy - difficult to find things in a timely manner unless you know where it's hidden and hard to print from"
- "difficult to find specific drug"
- "Knowing which chapter has the information I need"
- "app seems quicker drug doses and trade names would be useful"
- "no autofill function on searching the website, but there is on the app."
- "My main use of the formulary is to identify which antibiotics I should be using   first line /second line /etc. in cases of a specific infection but this information is not easy to find. I would suggest a chapter heading of "infection" and list each infection under this heading with data on when to prescribe and when prescribing which drug to use."

- "I frequently find it difficult to recall information advice and guidance i know i have read before"
- "initially I had difficulty finding it but tend to mostly use palliative care advice"
- "some of the referral criteria such as DVT pathway is not located easily and then linked into another website. Also the TIA pathway/form I am yet to find."
- "In general the navigation is a bit tricky and confusing, as one can navigate the condition & / or the drugs & / or the referral guidance separately i.e. they don't seem very integrated, as a result I mainly use it for checking which is the formulary drug for a specific condition but not for general management of a condition. I rarely use it for referral guidance, except to confirm where referral is "discouragaged" (sic.) e.g. simple hernia, if I was going to use it for condition management or referral guidance I would probably do this outside of the consultation as background reading. I mostly use the website when consulting and the app for background reading outside of consultations simply because that's when I'm using the relevant device."

Interestingly, 7 out of 39 responses (18%) reported no issues in locating information:

- "nil"
- "Have always managed to find the information Easily"
- "None"
- "always found it very useful"
- "Excellent website and app - has made a real benefit to my referring / prescribing - I use it on a daily basis - at our surgery and OOH - well done - many thanks"
- "N/A"
- "NA"

4 out of 39 responses (10%) gave no specific problems relating to the search function or browsing, but indicated more generalised issues on both the website and app:

- "Only really use it for info about drugs used for conditions on the periphery of my specialist area. Just keep me up to date with regemen (sic)"
- "Connection to papers not brilliant"
- "Once the chapters are loaded it works well but it takes a long time to load them"
- "limited choice"

4 out of 39 responses (10%) reported technical/connection issues:

- "App- more to do with having phone connected, don't always have connection so don't tend to use app very often"
- "Don't have signal in many parts of the hospital and/or don't take my phone to clinic"
- "No internet access, no wifi, 3G etc at work"
- "Usually when I go to use it the website is down!"

The traffic light drug classification system

This section of the survey addressed user understanding and satisfaction with the formulary traffic light drug classification system. Respondents were first presented with an explanation of the traffic light system as presented in the formulary (reproduced in appendix 4); they were then asked the following questions.

Q12. Do you understand the traffic light drug classification system?

92% of 145 respondents said they understood the traffic light classification system.
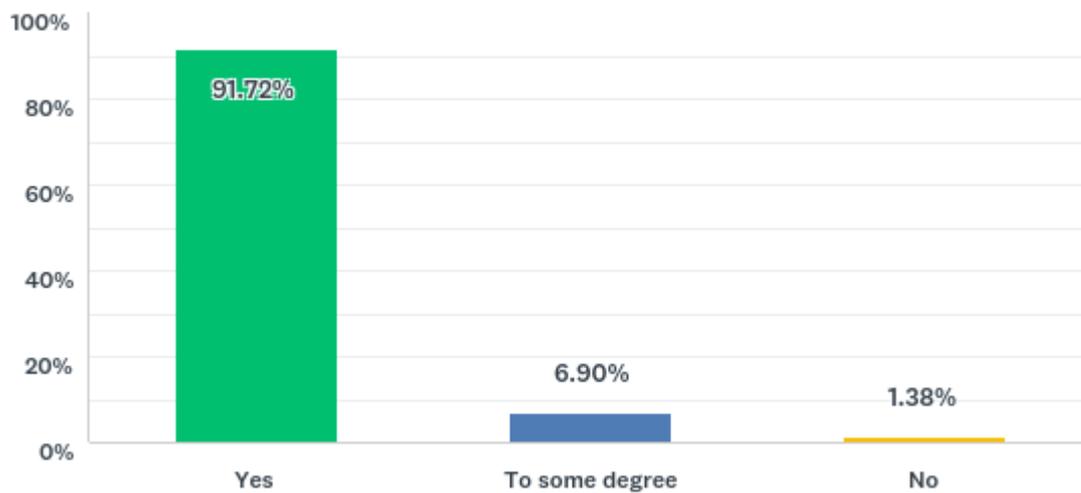
Q13. What is causing issues with your understanding of the traffic light drug classification system? (Please select as many as apply)

The 12 respondents who answered "to some degree" or "no" to question 12 ("Do you understand the traffic light drug classification system?") were given the opportunity to highlight causes for their incomplete understanding of the system. Four broad areas were provided as possible answers, or respondents could select "other" and provide specifics. Answer choices were:

- Insufficient explanation of the system
- Explanation is unclear
- Misrepresentation of the colours or conflicting advice from colleagues
- Individual classifications make no sense, i.e. peculiarities of particular drugs
- Other (please specify)

14 responses were provided by these 12 individuals:
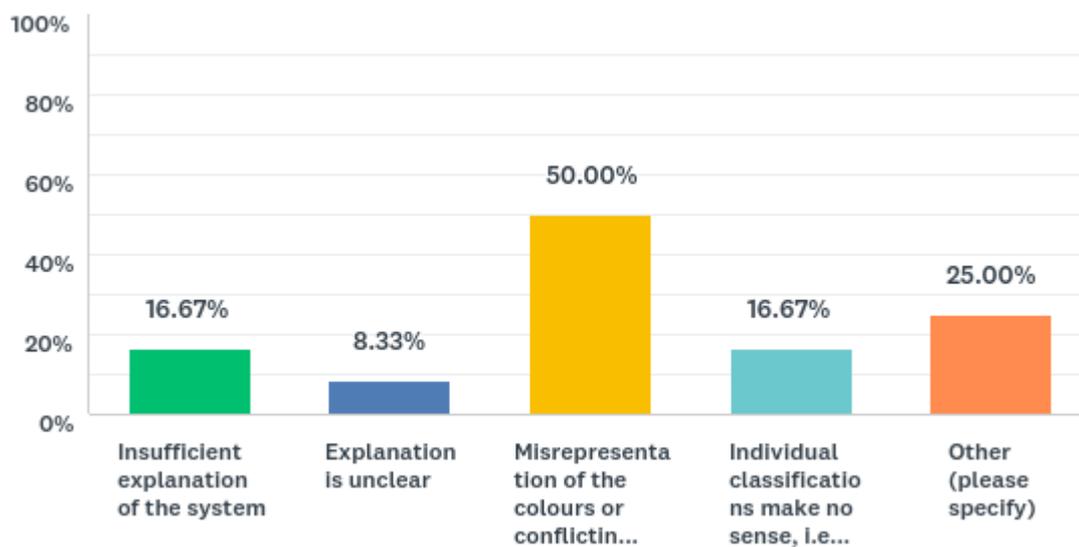
The 3 "other" responses provided specifics as follows:

- "Sometimes in a rush to read explanations of the system but on the whole it works well"
- "Not relevant to my rob (sic.) role."
- "I have never tried to use it so can't really say. The explanation seems intelligible. I do think having 'no first line' drug may be confusing when there is a 'second line'; is that the first line drug but drugs aren't first line or is it the second line drug!? However not having used it I am not sure."

Q14. Do you find the traffic light drug classification system helpful?

Of the 141 respondents to this question, approx. 80% (113 people) indicated that they found the traffic light drug classification system helpful. Only 1 respondent (0.7%) indicated that they did not find it helpful. Almost one fifth of respondents (27/141) indicated that the system was helpful "to some degree".
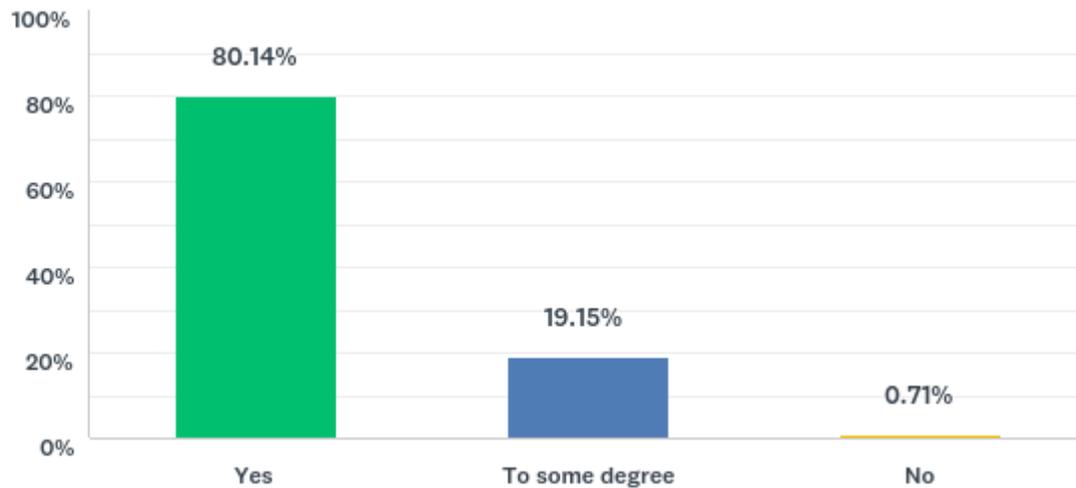
Q15. Does the traffic light drug classification system cause you any particular difficulties in your practice?

Again, 141 responses were provided to this question. Whilst around 82% or respondents (115/141) indicated that the traffic light drug classification system does not cause them any particular difficulties, almost 1 in 5 respondents answered "yes".
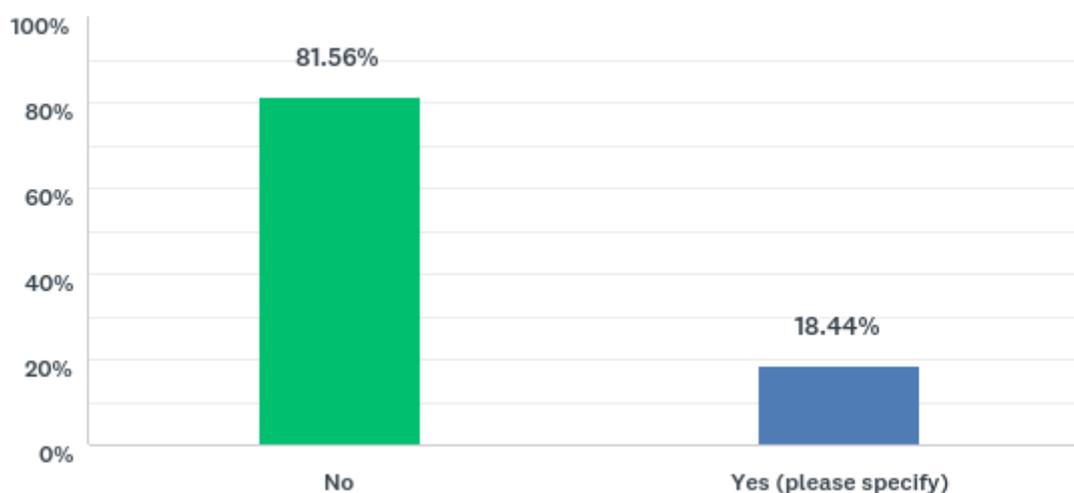
The 26 respondents who indicated that the system causes them difficulties provided the following specific reasons:

13 of 26 responses (50%) highlighted issues with acute trusts requesting primary care prescribing of red (secondary care only) drugs:

- "Consultants ignore it and ask us to prescribe red drugs on a near weekly basis, or expect us to start amber drugs inappropriately"
- "Treatments started in secondary care, there information is very limited/lacking on how the pt wold (sic.) obtain further supplies, recent issue with a depot antipsychotic."
- "Hospital prescribers do not acknowledge it - and there seems to be very little follow up to encourage a change in their behaviour. This means that we in primary care feel emotionally blackmailed into prescribing because otherwise the patient will not receive treatment."
- "When consultants start a drug or a patient is told to ask us and we cannot prescribe as per the traffic light system."
- "only that colleagues persist in prescribing red drugs and then you might have an appointment / angry patient to explain why you didn't issue it"
- "Sometimes we have problems with specialist initiated drugs as GPs don't always differentiate with red drugs. Sometimes GPs will prescribe a red drug for years and then suddenly say they have just seen it is red and start to refuse to do it which the patients don't understand (they have had it from their GP for years) and don't want."
- "Secondary care continues to expect us GP's to prescribe RED drugs - I had 2 examples of this yesterday. Why don't you police the behaviour of secondary care in this regard in the same way you expect us to adhere to referral guidelines (i.e. you reject a DRSS referral and we have no come back but you never deal with hospital drs pressurising us to prescribe RED drugs"
- "Helpful to push back to consultants trying to move work to primary care thats (sic.) inappropriate."
- "Secondary care wanting us to initiate red drugs"
- "Not always helpful when advising GP's on prescribing meds to avoid patients coming to hospital"
- "when moving 'specialist' drugs back to GP"
- "Not really a problem with the classification system, more with its interpretation. Some amber and red drugs cause practical problems for patients in obtaining repeat supplies and this is not applied consistently across every locality"
- Confusion about amber drugs from professionals Lack of consistency on hospital only drugs

6 of 26 responses (23%) related to individuals who disagree with, or are confused about, the colour classification of particular drugs in specific circumstances:

- "Where a drug is say yellow in 1 area but red in another or yellow for 1 indication but then in notes says it is red eg dalteparin"
- "Sometimes Red drugs are appropriate in primary care e.g. high end antibiotics could be GP prescribed on the advise (sic.) of microbiology"
- "Sometimes I might want to prescribe a fairly inoccuous (sic.) red drug such as ondansetron and I'm unsure why it is listed as red"
- "The difference between specialist and seconday (sic.) care only is not easy to differentiate. Sometimes I am more than happy to initiate one of the 'specialist' meds but then get put off by the colour."
- "sometimes have to prescribe orange and red drugs due to difficulty accessing secondary care advice quickly"
- "Some confusion from GPs about the meaning of amber"

3 of 26 responses (12%) related to issues around shared care guidelines.

- "Can do when shared care guidelines are necessary"
- "'Specialist Use' often puts GPs from prescribing in primary care, even when support/shared care offered"
- "self care guidelines! differences between N/S/E/W! can be tricky. e.g. Red shared care drug in SD&T mercaptopurine but pt is going to RD&E."

2 of 26 responses (7%) highlighted issues with non-formulary or off-label drugs.

- "due to various drugs used in palliative care being off-label"
- "I may need products which are not on the formulary."

2 of 26 responses (7%) did not indicate what difficulties, if any, the traffic light drug classification system caused.

- "sometimes"
- "xx"

Q16. Would alternative drug classification approaches or sub-classifications be more helpful?

Only 2 of 139 respondents (approx. 1%) indicated that alternative drug classification approaches or sub-classifications would be helpful; around 44% (61 of 139 respondents) said maybe. Approx. 55% of respondents did not think that alternative approaches would be more helpful.
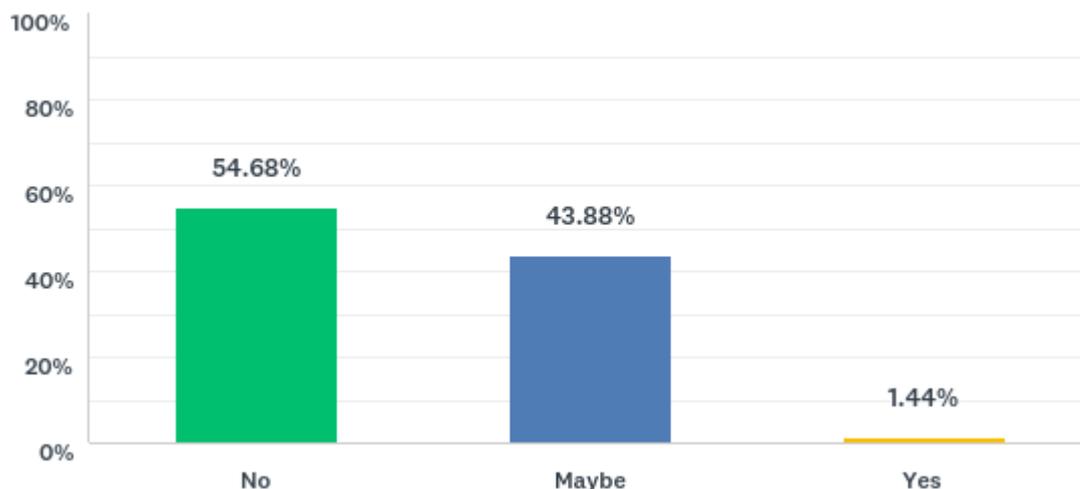
Q17. If so, what approaches or sub-classifications would be more helpful?

Respondents were given the opportunity to identify alternative drug classification approaches or sub-classifications that they thought would be beneficial. 20 responses were received, eight of which provided no suggestions (4), or indicated that the respondent was happy with the current system (4).

Five responses (25%) suggested that additional information or detail would be useful e.g. providing a rationale for a decision, or more tightly defining usage:

- "Sometimes first line drugs are more expensive or less available (e.g. locorten vioform for otitis externa) or specialists seem to prefer second line drugs or it is difficult to see the rationale for the classification. Greater clarity and how to choose between first and second line options might be helpful."
- "Alternatives if first line therapy not tolerated by patient." *(It is noted that these are currently often offered by other green, or blue options – although not for every drug/class)*
- "Some drugs have supply issues, so alternatives would be useful" *(It is noted that alternative options are sometimes recommended in the joint formulary, however alternatives as a result of short to medium term supply issues are usually dealt with by the medicines optimisation teams)*
- "To subdivide amber more clearly"
- "Specific approval criteria for all specialist-initiated items"

Two responses (10%) were related to implementation, and the behaviour of other healthcare professionals, rather than the drug classification system:

- "Making specialist teams more aware would be most helpful"
- "Closer working between medicines optimisation teams in primary and secondary care with more patient focussed approach"

Two responses (10%) described new sections or colour classifications:

- "Hospital only - only for administration in hospital Purple (!) currently restricted to hospital prescribers due to commissioning limitations" *(it is noted that this is essentially the current red category)*
- "Community Nursing formulary ie V100 prescribing dressings catheters creams in one section"

Two responses (10%) suggested revisions to the layout of sections:

- "When there is more than one drug choice within a colour category, ordering the entries with respect to cost efficiency would be better than alphabetical"
- "Clearer brand choices"

One response (5%) was related to issues of specific classification rather than the system itself:

- "Sometimes the classification seems over strict, some specialist drugs are routinely prescribed in general practice, e.g. fluticasone nasal spray"

Additional comments

Finally, users were thanked for their input and given the opportunity to make comments or suggestions to the formulary team.

Q18. If you have any further questions, comments or suggestions (i.e. current issues or future developments) please use the box below

34 additional responses were received to this open question; 32% of responses represented general, positive feedback:

- "The formulary is brilliant and a real gem. Other geographical areas do not have such a well developed, and well loved document. Please keep up the already high standards. And Thank you!"
- "I find the app very useful and consult it quite a bit in my role. Thank You."
- "It's excellent"
- "On the whole I find it a very valuable tool"
- "Just that I should use it more!"
- "Brilliant resource"
- "it is the most useful resource in the realms of General practice to stay connected with local changes that seem to happen all the time"
- "Fantastic resource - please keep updated :)"
- "As above - many thanks"
- "Useful for hospital practitioners too - esp as ED (kind of community /hospital interface really) especially for antibiotic guidance. please keep that up to date and relevant, with allergy advice, pregnancy advice, and recent hospitalisation advice. much appreciated use concurrently with the hospital antimicrobial app."
- "Think formulary should be used instead of PGDs as most up to date information"

44% of respondents made specific recommendations for future content/upgrades:

- "This is a great resource. It would be helpful if there were a link to side effects."
- "Recently viewed pages or scroller, localities map?"
- "Recently viewed pages list or scroller, localities map?" *(this may be a duplicate response)*
- "Single formulary for Devon"
- "I used to find the quick quizzes a good way of doing a bit of CPD and finding out what had changed in formulary/guidance." *(It is noted that new quizzes have not been published in some time)*
- "It would be useful to have the shared care guidelines in the formulary rather than via a link to the CCG website"
- "Childrens' formulary included would be helpful"
- "More referral guidelines and links to management guidelines ?link to RD&E protocols. It's great, thank you!"
- "Please could specific pathway/referral form be linked into the disease management pages rather than having to search elsewhere for them. DVT/TIA/Derm etc"
- "I believe a lot of respiratory prescribing guidance has been put on the CCG website? If so it would be could to mirror or link to this on the Formulary website, as becoming familiar with and navigating between multiple websites can be impractical."
- "Make it easier to search for conditions and their treatment - including detailed drug regimes"
- "As above *[referring to responses to earlier questions]* re improved search function"
- "its (sic.) good - a more useful summary of the new changes / guidelines to come out monthly would help me - its (sic.) my job to disseminate them to the practice in updates"

- "Would be very helpful to specify dm+d codes for formulary items, or to make a dm+d based spreadsheet of formulary items available"
- "It would be much more helpful to digest the information in the website if multiple green drop-down boxes in each segment could be expanded at one time, rather than one-at-a-time. For example, in the page linked below: https://northeast.devonformularyguidance.nhs.uk/formulary/chapters/1.-gastrointestinal/irritable-bowel-syndrome It would be useful to have all of the drop-down segment's (sic.) listed below expanded at once, rather than expanding one minmising (sic.) the others: - Diagnosis and Referral - General Management Advice - Symptom management. Thank you very much for launching this survey, the website is generally very professional and useful but I'm glad to be able to share my views."

Two responses (6%) related to technical issues with the use of the app:

- "Cannot use app but would like to as hospital mobiles do not allow apps to be down loaded and do not have it on them"
- "Please develop the App for Windows 10 phones!!!"

Two responses (6%) gave feedback specific to content of clinical referral guidelines – this will be fed back to Devon Referral Support Services (DRSS):

- "The referral guidelines for adolescent eating disorder is FAR TOO ONEROUS, TIME CONSUMING AND COMPLEX for primary care. I suggest an intermediate nurse led triage and assessment clinic is developed"
- "The Paediatric Eating Disorders page has a lot of information on it, I find it difficult to pick out the important points and find a practical way of delivering the assessment in general practice. However it is a complex area, rather than simplifying the assessment, perhaps patients may be better served by the assessment suggested on this formulary + referral page being performed in a specialist nurse led clinic in secondary care/ in outreach clinics within primary care. Most other pages of the website I have used are more succinct and are user friendly within a general practice setting."

A further four (12%) responses related to individual issues as follows:

- "Some of the referral and management guidelines are frankly unhelpful and full of the obvious"
- "Please see my comments re RED drugs and incorrect behaviour of secondary care with these as noted above"
- "Shared care needs to be consistent across Devon and reflected more clearly in formulary Clarification on degree of expected formulary adherence would be useful - 80%, 90%, 95%, 100% as it is often abused when patients move from out of area creating challenges of who prescribes the non formulary medicine (primary or secondary care)"
- "It seems that it takes ages for modern drugs to get on to the formulary and in to the supply chain. My area of practice often has newer products which don't feature on the formulary."
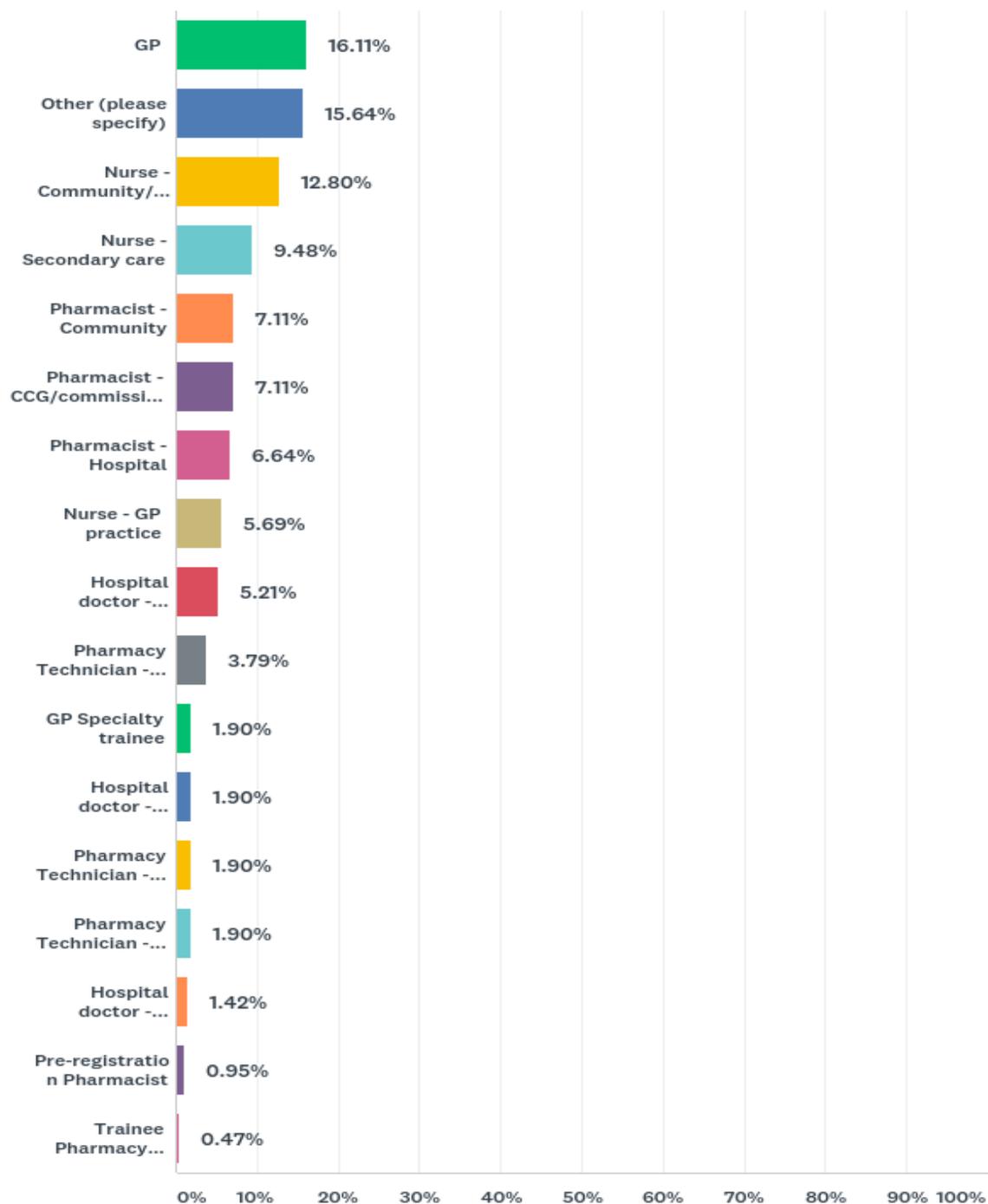
Next steps

A number of potential "next steps" have been identified as a result of this report, these are briefly summarised below:

1. Contact the web design agency, Reactor15, to discuss what functionality options can be amended within budget:

   a) Search function:
      - Spelling errors/auto correct,
      - Revise out drug names from CRGs
   b) Toggle/filter between formulary and referral hits
   c) Recently viewed pages list
   d) Windows® phone app cost.
   e) Autofill search function for the website

2. Ask secondary care colleagues to help address issues around requests for primary care prescribing of secondary care only (red) drugs

3. Consideration of FAQ page to include info about applications/reclassifications

4. Feedback to DRSS

5. Determine which trust(s) will not allow personal download of app to trust supplied phones and ask if phones can be supplied with app already embedded.

6. Production of summary report for publication

7. Quizzes updated and new ones published

Appendix 1

What is your primary job role?

Job Role	Percentage
GP	16.11%
Other (please specify)	15.64%
Nurse - Community/...	12.80%
Nurse - Secondary care	9.48%
Pharmacist - Community	7.11%
Pharmacist - CCG/commissi...	7.11%
Pharmacist - Hospital	6.64%
Nurse - GP practice	5.69%
Hospital doctor -...	5.21%
Pharmacy Technician -...	3.79%
GP Specialty trainee	1.90%
Hospital doctor -...	1.90%
Pharmacy Technician -...	1.90%
Pharmacy Technician -...	1.90%
Hospital doctor -...	1.42%
Pre-registration Pharmacist	0.95%
Trainee Pharmacy...	0.47%

JOB ROLE BREAKDOWN OF "OTHER"

ADMINISTRATIVE ROLES (9)

- Admin
- Admin
- Manager
- CHC case manager
- Independent research
- Data Security and Protection
- Clinical Effectiveness - non clinical
- Non Pharmacy branch Manager/ checking technician
- Medical Secretary

NURSES (8)

- Specialist Nurse Community
- Clinical Nurse Specialist
- Clinical Nurse Specialist palliative care
- Community palliative care nurse
- Senior Nurse, Sexual health Clinic
- Advanced Nurse practitioner- out of hours
- Clinical Nurse Specialist Aural Care Acute Sector
- Nurse practitioner Walk in Centres

PRACTICE MANAGERS (8)

- Practice Manager
- Practice Manager
- Practice Manager
- Practice manager
- Practice Manager
- Practice Manager
- Practice Manager
- Practice Manager

PHARMACISTS (5)

- Pharmacist - GP Practice
- Meds Optimisation Pharmacist but work in GP practices
- Clinical Practice Pharmacist - Independent Prescriber
- Pharmacy Dispenser-Hospital
- Pharmacy Manager

OTHER CLINICIANS (3)

- Clinical lead
- Physiotherapist
- Physiotherapist

Appendix 3

What do you principally use the Devon formulary and referral website or app for? Other Responses.

- "didnt (sic.) know one existed"
- "Dressings"
- "Checking formulary status of drug"
- "So many reasons! Education of prescribers is also very high on my list"
- "Comparing status of drugs with other statuses of those drugs in the UK."
- "Show patients the advise (sic.)"
- "Formulary updates for practices"
- "training and education"
- "i use all the time"
- "shared care info"
- "checking that the local advice isn't out of date"
- "Checking that local drug decisions are in the formularies and on the referral pages from a governance perspective (i.e. NICE TAs, local commissioning policy, etc)"
- "configuring EPMA system"
- "Maintaining formularies"
- "Formulary traffic light status of a drug"

Appendix 4

Traffic-light drug classification system

First line

- Preferred treatment option, either within a treatment pathway or drug class.
- In some sections a first line option is not given. This is done to draw attention to cases where either pharmacotherapy is seen as second line to some other form of therapy or if the use of a drug from a different pharmacological class is seen as the first line treatment.

Second line

- Alternative treatment option generally used later down the treatment pathway or if the first-line drugs are inappropriate or ineffective.

Specialist use

- Treatments where specialist input is required for general use.
- A specialist is not exclusively a consultant, rather someone with recognised skills, for example a GP with a specialist interest, specialist nurse, or microbiology culture and sensitivity report.
- Examples of specialist input:
  - A specialist initiates treatment.
  - A specialist provides advice for a specific patient.
  - Appropriate prescribing is in accordance with specific guidelines developed either included or referenced in the formulary.
- GMC prescribing guidance on responsibilities for contining care or treatment: www.gmc-uk.org/guidance/ethical_guidance

Secondary care only

- The prescribing responsibility for these medicines should normally remain with the consultant or specialist clinician. These drugs should not be initiated or prescribed in primary care.
- It is recommended that the supply of secondary care drugs should be organised via the hospital pharmacy.
- GP practice prescribing systems
  - It is important that GPs are informed of the supply and use of these drugs and that they are recorded in individual patient records on the GP prescribing system and added to the patient's medication list as a hospital drug.
  - Ensure that the start date is recorded, the drug appears on the repeat list, and interactions/adverse effects are flagged up by the computer when other drugs are supplied.
  - Systems should be in place to ensure no hospital drugs will be issued accidentally by a GP practice if a prescription is generated for the patient in error.
  - Information from secondary care should be used to keep the records updated. For example where the drug is no longer required or changed. This will reduce the potential risks associated with inaccurate records.
  - Please follow the advice here for adding medicines prescribed by outside sources to GP computer systems
- GPs should contact their local Medicines Optimisation Pharmacist for advice and support on the use of secondary care drugs.