

Human factors: Improving the process for repeat prescribing of opioids in general practice

Overview of work

To understand the barriers and facilitators for a safe opioid repeat prescribing process in general practice then create ICB level minimum standards that have been co-produced with the system that will be implemented into all general practices to improve safety.

Aim

To take a human factors approach to understanding current repeat prescribing processes for opioids in a range of general practices then use the findings to create ICB level minimum standards that have been co-produced with the system that improves safety and aligns the approach across the system.

What was the problem?

Opioids are controlled drugs that can cause significant patient harm and are frequently mentioned in coroner's reports where repeat prescribing was a key factor in patient death.

However, repeat prescribing of opioid medication in general practice is common. Requests for opioids are received into general practice alongside the 100s of other medication requests every day and are managed by administrative teams. Having a robust and effective process, with clear roles and accountability, would help to ensure that these high-risk medicines are managed safely.

Human factors approach used

- Contextual **interviews** with all key staff involved in the process (administration teams, GPs and pharmacists) in six practices.
- Review of written **work procedures**.
- **Template analysis** of processes used in six practices.
- **Quantitative data analysis** of prescribing data.
- **System analysis** using Systems Engineering Initiative for Patient Safety Framework (SEIPS v2) to thematically identify barriers and facilitators.
- Use the findings to **co-produce minimum standards** with representatives from across the system.

Main findings and outcomes

The initial review found:

- **High variation** in processes across and within practices - differences in procedures included opioids classification included, timing and responsibilities.
- **Lack of clarity** around roles, with assumptions and multitasking commonplace.
- **Limited time** allocated for safe, focused work.
- **Universal recognition** of the need for careful opioid management.

Key improvements identified:

- A clear, embedded **work procedure** with defined roles.
- Agreed use of **clinical system functionality**.
- **Manageable** workload and cognitive demand.

Outcome:

Findings resonated with system partners, enabling **co-production of minimum standards** - creating a safer, adaptable process for all practices.

The work has been included as good practice in the [national repeat prescribing toolkit](#).

For more information see [Improving opioid repeat prescribing processes in general practice](#).

What were the benefits of taking a human factors approach?

- **Applied a systems-thinking approach** to identify key barriers and facilitators, providing a comprehensive understanding of the current process.
- **Revealed critical misalignments** between "work as imagined" and "work as done."
- **Established clear roles and accountability**, which empowered colleagues and enhanced ownership across the process.
- **Co-produced minimum standards** with system partners, ensuring practical relevance, shared commitment, and smoother implementation.
- **Achieved swift agreement at ICB level**, facilitated by the inclusive and collaborative design process that built trust and consensus.

Human factors provided a robust and inclusive approach to improving the safety in opioid prescribing

