## **Tayside Prescriber**

## ADTC Supplement No. 17

February 2002

Please complete this questionnaire
It's your chance to influence the Tayside Area Drug Formulary!

## **Tayside Area Drug Formulary - Survey of Opinion**

The Tayside Area Drug Formulary (TADF) was first developed in 1995 and has subsequently been revised on an annual basis. This survey aims to obtain views of formulary users on the value of the TADF to their current practice. A few minutes of your time to complete the following questions would be most appreciated. The information that you provide will help to shape future editions of the TADF.

1.	Do you have a paper copy of the Tayside Area Drug Formulary (TADF)?		
	Yes No		
2.	Do you use the TADF in your practice?		
	Frequently Sometimes Not at all		
3.	Which aspects of the TADF do you find useful to your practice? Rate each on scale of 1-5, 1 being very useful, 5 being of no use		
	Core formulary choices Core formulary prescribing tips Guidelines (listed overleaf) Drug Evaluation Panel recommendations Phone numbers None of the above		
4.	If you rated any of the above 1 or 5, please include comments to support your view		

5.	What is your opinion of the core formulary?				
J.	what is your opinion of the core formulary:	Agree	Disagree		
		718100	Disagree		
	Drug choices too narrow				
	Drug choices too broad				
	More prescribing tips required		H		
	Fewer prescribing tips required		H		
	Tener brosensing abs reduined				
6.	Which guidelines do you find useful? Rate each on a scale of 1-5, 1 being very useful, 5 being very useful, 6 being very useful, 6 being very useful, 6 being very useful, 6 being very useful, 7 being very useful, 8 bein				
•	no use		,		
	Joint guidelines				
	Dyspepsia				
	Cardiovascular				
	Hypertension				
	Secondary prevention of CHD				
	Heart failure				
	Anticoagulant				
	Smoking cessation				
	HRT	Ш			
	Osteoarthritis				
	Acne				
	Primary care only				
	Antibiotic policy				
	Antibiotic policy				
	Hospital only				
	Paediatric antibiotic policy				
	Adult antibiotic policy				
	Hospital special notes	<u> </u>			
	Paediatric prescribing				
	Therapeutic drug monitoring				
	Pain control				
	Oxygen in Acute Management				
	Oxygen in relation to anaesthesia				
	Diabetics undergoing surgery	<del>     </del>			
	Cardio-Pulmonary resuscitation				
	Curdio I dimondry resuscitation				
7.	If you rated any of the above 1 or 5, please inc	clude comments	to support your view		
			••••••		
			•••••		
		•••••	•••••		

8.	What additional guidelines would you like to see? – please state if relevant to Primary Care or Hospital edition				
9.	Does the TADF influence your prescribing/advice to prescribers?				
	Frequently				
	Sometimes				
	Not at all				
10.	Please include comments to support your view				
		••••••			
		••••••			
		••••••			
11.	Has the TADF been used as a basis for your practice formulary/ward prescribing policy?				
	Yes				
	No	Ш			
	Don't know				
12.	What format do/would you find useful? Please	tick all that apply			
	Spiral bound booklet				
	Électronic (CD)				
	Intranet				
	GPASS (GP computer software)				
13	Are you aware that the TADF is available on the Tayside intranet?				
	Yes				
	No				
14	Would you find regular feedback data on formulary adherence at practice/ward level useful?				
	Yes				
	No				
15.	How often would you wish the above data to be issued?				
	Quarterly				
	Half yearly	$\square$			
	Yearly				

16. Please provide any general comments on the formulary below (specific condrug choices/guideline detail should be fed back by completing tear-out paback of the TADF)				nents on e at the	
				• • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	•••••	
				• • • • • • • • • • • • • • • • • • • •	
	• • • • • • • • • • • • • • • • • • • •			• • • • • • •	
	•••••		• • • • • • • • • • • • • • • • • • • •	•••••	
17.	17. Professional group				
	Hospital Doctors				
	•	Speciality – please specify			
		Grade – please specify			
	General Practice Doctors				
	C. O. C.	GP*			
		GP Registrar*		<u>-</u>	
		GP Retainer*			
	Medical student				
	Practice pharmacist	*			
	Community pharma				
	Pharmacist manage Practice nurse	ed service			
	Hospital nurse				
	Nurse prescriber				
	Other – please spec	cify			
	* Please complete enclosed GPASS questionnaire				

Many thanks for completing this questionnaire. Please return in the envelope enclosed by 7th March 2002 to Doreen Wilkie, Personal Assistant, Prescribing Advisers Office, Ashludie Hospital, Monifieth, Angus, DD5 4HQ, Fax 01382 527890