Arden and Greater East Midlands Commissioning Support Unit in association with
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Lincolnshire Prescribing and Clinical Effectiveness Bulletin

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NICE CLINICAL GUIDELINE NG5: *MEDICINES OPTIMISATION: THE SAFE AND EFFECTIVE USE OF MEDICINES TO ENABLE THE BEST POSSIBLE OUTCOMES* (MARCH 2015)

In this *PACE Bulletin* special the recommendations of the NICE clinical guideline on medicines optimisation are reviewed within a Lincolnshire context.

Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use intended to ensure that people obtain the best possible outcomes from their medicines'. NICE have published this guideline within the context of an NHS struggling to cope with an ageing population, lengthening life expectancy, increasing numbers of patients managing one or more long-term conditions and increasing use of medicines to meet the needs of those patients. It is estimated that, in patients aged 60 and over, 58% are managing at least one long-term condition. Adherence with prescribed medicines in people with long-term conditions can be unreliable with 30 to 50% of medicines not taken as prescribed. All of this contributes to poorer than expected patient outcomes, risks to patient safety and health and escalating problems with medicines waste, estimated to cost the NHS approximately £300M per year, approximately half of which is thought to be preventable.

Key NICE recommendations are as follows

Medicines-related communication systems when patients move from one care setting to another

Health and social care practitioners should share relevant information about the person and their medicines when a person transfers from one care setting to another.

Relevant information is defined as:

- contact details of the person and their GP.
- details of other relevant contacts identified by the person, their family or carer (e.g. nominated community pharmacy).
- known drug allergies and reactions to medicines or their ingredients (including type of reaction experienced).
- details of the medicines the person is currently taking, including all prescribed, over-the-counter and complementary medicines. Information should include: the name of the medicine, strength, form, dose, timing, frequency and duration, how the medicines are taken and what they are taken for.
- changes to medicines, including medicines started or stopped, dosage changes and the reason for the change.
- for weekly and monthly medicines, the date and time of the last dose, including injections.

- what information has been given to the person, their family members or carers where appropriate.
- Any other information needed (e.g. when medicines should be reviewed or stopped, ongoing monitoring needs etc).

Consideration should be given to sending a person's medicines discharge information to their nominated community pharmacy when possible and in agreement with the person.

PACEF Comment:
It must be stressed that transfer of information is a two way process that requires clear communication from both primary and secondary care. PACEF are aware that there are issues around incomplete discharge information following discharge from hospital that need to be urgently addressed in county. A multi-disciplinary Medicines Optimisation and Safety Committee has been established, led by United Lincolnshire Hospitals with both primary and secondary care representation specifically to address priorities linked to implementation of this NICE Clinical Guideline. A work programme will be established to target areas where drug treatment can be optimised to reduce risk and improve patient outcomes; priority areas will be diabetes and polypharmacy in elderly patients. To inform this work, it would be extremely useful if practices could continue to report specific issues related to incomplete discharge information to their CCG or relevant prescribing adviser. It must be stressed that this Committee will also include membership from Lincolnshire Community Health Services (LCHS) and Lincolnshire Partnership Foundation Trust (LPFT).

Medicines reconciliation

Medicines reconciliation is defined as the process whereby an accurate list of a person's current medicines is identified and compared with the current medicines in use. As part of the process, discrepancies are identified and rectified and an accurate and up-to-date list is compiled. This list should include prescribed, OTC and complementary medicines.

- Following admission to hospital, medicines reconciliation should be carried out within 24 hours of admission or sooner if clinically necessary. A similar process should be undertaken when a patient moves from one care setting to another.
- In primary care, carry out medicines reconciliation for all people who have been discharged from hospital or another care setting. This should be undertaken by a trained and competent healthcare professional and should be done as soon as practically possible (i.e. before a prescription or new supply of medicines is issued and within 1 week of the practice receiving the information).

PACEF Comment:
PACEF are aware that ULH pharmacy staff are already striving to ensure that medicines reconciliation takes place as a matter of priority with all patients as soon as possible after admission. Through the Medicines Optimisation and Safety Committee and PACEF we will strive to ensure that medicines reconciliation becomes a regular part of the patient journey, not just on admission to hospital, but during the hospital stay and after discharge. At ULHT a project is underway to improve patient discharge which includes medicines reconciliation 24 hours before the planned date of discharge and communication of an accurate discharge prescription to GPs. LCHS are also taking steps to ensure that pharmacist-led review of medication is part of the patient journey through community hospitals.

Medication review

Medication review is defined as a structured, critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact, minimising the number of medication related problems and reducing waste.

PACEF Comment:
At present, in county there are a number of ways that a person can access a medication review. For a number of years now, Medicines Use Review (MUR) has been undertaken on selected groups of patients as part of NHS funded community pharmacy Advanced Services. Close collaboration between general practice and local community pharmacies on selection of patients can help to maximise the impact of this service. Community pharmacies also provide support to patients receiving their first prescription for a range of key medicines through the New Medicines Service. In addition, dispensing practices are also providing Dispenser Review of the Use of Medicines (DRUM) and appliance contractors are providing the Appliance Use Review. Beyond this more comprehensive medication reviews with full access to the patient's medical record are being delivered in practice either by GPs themselves or by a pharmacist or appropriate healthcare professional. A new Medicines Review Project delivered by pharmacists and technicians from the Arden GEM CSU Prescribing and Medicines Optimisation Service is being piloted in a locality of Lincolnshire West CCG focused on patients over 75 on three items or more in a care home. The outcomes of this pilot will be reported in more detail in a future issue of the *PACE Bulletin.* Most recently, NHS England have invited bids from practices or groups of practices to participate in the Clinical Pharmacist in General Practice Pilot. Through the Medicines Optimisation and Safety Committee and PACEF we will try to ensure that wherever possible, medication review activities across the county are coordinated and utilise nationally recognized information sources such as the Screening Tool for Older Persons Potentially Inappropriate Prescription (STOPP) and Screening Toll to Alert to Right Treatment (START). The STOPP/START tool developed in primary care will also be utilized within ULH to ensure consistency of approach. Patients will be followed up after discharge with a particular emphasis on those at high risk of drug-related hospital re-admission. LCHS are also taking steps to ensure that pharmacist-led review of medication is part of the patient journey through community hospitals.

Patient decision aids used in consultations involving medicines

Patient decision aids can support health professionals to adopt a shared decision making approach in a consultation, involving patients, their family members or carers (where appropriate) in a well-informed dialogue consistent with the person's values and preferences. Perhaps the most widely used patient decision aids in primary care have been those used to illustrate cardiovascular risk linked to primary and secondary thresholds for statin treatment to lower cholesterol.

- In a consultation about medicines, offer the person, and their family members or carers where appropriate, the opportunity to use a patient decision aid to help inform a joint decision between clinician and patient that involves trade-offs between benefits and harms and reaches a conclusion consistent with the person's values and preferences.

Clinical decision support

NICE are encouraging organisations, such as CCGs, to consider the introduction of computerised clinical decision support systems to support clinical decision making and prescribing in practice.

PACEF Comment:
Lincolnshire primary care has a long history of utilising clinical decision support software, initially through use of *Scriptswitch*, but, more recently, with the introduction of *Optimise Rx.* The Lincolnshire version of *Optimise Rx* was originally developed in conjunction with First Data Bank for roll-out across the practices of Lincolnshire East CCG. Most recently, *Optimise Rx* has begun to be used within South West Lincolnshire CCG and South Lincolnshire CCG with the prospect of wider roll-out across the county thorough the rest of 2015/16.

Other work under development

Lincolnshire CCGs and ULHT are working in close collaboration to develop a work programme at the Medicines Optimisation and Safety Committee. This work includes the following projects:

- The introduction of biosimilar medicines in hospital and homecare settings. The first biosimilar drug to be approved for use in Lincolnshire is *Remsima* infliximab. *Remsima* is an improved dose banded formulation that has a number of advantages over the originator brand. These are: (1) the product is pre-prepared ensuring that the patient to has quicker access to treatment and that the risks of ward-based reconstitution are minimised; (2) the nursing time required in handling and administering the drug is kept to a minimum; (3) the cost-efficiencies linked to the lower cost of the product are realised.
- Identification of high risk diabetes patients at ULHT through an e-referral tool. This will enable medication review to take place in secondary care with patient follow up into the community.
- Joint use of the STOPP/START tool across primary and secondary care with patient follow-up to prevent readmission.

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