Medicines Optimisation in action
Making the most of medicines
The purpose of this presentation is to illustrate MO in action by highlighting examples of services or activities that help patients to make the most of their medicines.

The illustrations in the presentation were gathered as part of our work to develop the guiding principles for medicines optimisation (www.rpharms.com/medicines-safety/medicines-optimisation.asp). In addition to these examples the RPS Map of Evidence contains more examples of local practice. (http://www.rpharms.com/support/map-of-evidence.asp)
What is this presentation for?

The examples given in this presentation are for the most part lead, supported or delivered by pharmacy teams. This slide set can be used by to illustrate how pharmacy can contribute to medicines optimisation.

Other RPS resources to support MO include:

• MO an evidence summary (PowerPoint presentation)
• MO and pharmacy (PowerPoint presentation)
• MO: good practice guidance for healthcare professionals in England (Word document)

How is this presentation structured?

Each of the following slides contains a short description of a service or activity along with relevant contact details.

The examples were submitted in response to our work on medicines optimisation, as illustrations of local initiatives to help patients make the most of their medicines.

We are not recommending these examples be adopted across the NHS, they are used here as illustrations to help to explain the concept of medicines optimisation and show what it might look like locally.

Where the services have been evaluated this is indicated, those studies under evaluation are highlighted as pilots.

We recommend that any local organisation planning on implementing MO services ensures that evaluations of these services are built into planning stages.
Reduction in hospital admissions for patient with asthma
(evaluated)

A two year initiative has helped the Bristol area achieve a reduction in admissions for asthma through a range of medicines optimisation initiatives:

✓ specialist respiratory nurses working with GP practices to target people frequently admitted to hospital, smokers and those not attending for an annual asthma review;
✓ community pharmacist Medicines Use Reviews for patients not attending GP practices for their regular review;
✓ enhanced training for patients and general practice teams;
✓ targeted education for minority groups;
✓ incentives for GPs to review patients prescribed excessive reliever inhalers and patients who need to be stepped down.

Contact: Jenny.Gibbs@bristol.nhs.uk
Reducing hospital admissions in Shropshire (pilot)

Shropshire had a higher than average rate of hospital admissions due to the unwanted effects of medicines. Pharmacists have been funded to work with GPs on a range of strategies to reduce these type of admissions. These include offering a medicines review service to the following groups of patients:

• Living in care homes
• Taking high risk drugs
• Chronic kidney disease stage 4 and 5
• Frail people with and complex conditions

Contact: catherine.lowe@nhs.net
Preventing falls and fractures (pilot)

Wandsworth CCG Falls Prevention, Management and Bone Health Clinical Reference (multidisciplinary membership including Borough Council services liaison and a patient representative) developed an integrated care pathway to achieve a reduction in the incidence of hip and non-hip fragility fractures, and a reduction in mortality associated with falls and fractures in Wandsworth.

Services expanded or started include:

- Wandsworth Integrated Falls and Bone Health Service, which offers falls risk assessments and tailored exercise classes
- Funding a Fracture Liaison Service and Adult Bone Densitometry (DEXA scan)
- A GP Locally Enhanced Service for case finding patients at risk of falls / fractures / bone health issues
- A Joint Working agreement with a Pharmaceutical Company to fund a pharmacist to conduct an audit in GP practices, focused on ensuring that patients with osteoporosis or at risk of osteoporosis are receiving optimal pharmaceutical management.
- Funding a “handyperson” service to make homes safer for patients

Contact: Nick.Beavon@Wandsworthccg.nhs.uk
Pharmacy Intermediate Care Service (evaluated)

This relates to the pharmacy service within the Sheffield Community Intermediate Care Service (CICS)

A program of data collection and analysis was undertaken from May to July 2011 to allow for an evaluation of the service to take place and inform service development. 305 patients were seen by the pharmacy team during this period. This is 24% of all Intermediate Care patients (1290) in this time period.

Of these:

- The number of patients (over 75s) on Potentially Inappropriate Medicines was reduced by 62% (n=38).
- Medicines use was optimised with 35% (107) of patients issued a tool to support or improve adherence.
- Patients were supported towards independence and empowered to self-medicate with 82% (37 of 45) of patients achieving their goal to self administer medication.
- The need for social care packages for medicines administration was reduced (20% (24 of 117 assessments) of social care packages were avoided) resulting in a cost saving of £108K for social services at SCC and an extra £7k in calls reduced.

Contact: michelle.black1@nhs.net
Medicines Use Reviews for asthma and COPD (evaluated)

An analysis of results from a respiratory MUR project in the south of England has demonstrated significant improvements in patient outcomes, with the interventions leading to better asthma control and COPD symptom management.

An inhaler technique improvement project in the south of England saw over 5,100 MURs delivered across 206 pharmacies, with over 800 “secondary intervention”, or follow up, MURs also completed.

As part of the MURs, pharmacists carried out asthma control and COPD assessment tests and recorded the results in an electronic system. An analysis of the recorded data showed:

- In relative terms, 40 per cent of people with asthma showed better asthma control during the time studied, while 55 per cent of COPD patients showed an improvement in symptom management.
- There was evidence of improved asthma control between the first and second MURs – at the second MUR there was a 40 per cent relative increase in the number of people achieving a test score representing good asthma control. This increase was statistically significant.
- There was evidence of improved COPD management following the intervention – at the second MUR more people achieved test scores indicating a less severe impact on their lives from COPD. The improvement was statistically significant.
- Analysis of data on emergency asthma and COPD admissions showed a positive association between the introduction of the project and changes in emergency hospital admissions.

Contact: psnc.org.uk
Optimising medicines for Parkinson’s disease when in hospital (pilot)

A multidisciplinary healthcare team at East Kent University Hospital Foundation Trust along with the local Parkinson’s disease UK group have been working to improve how patients use medicines when admitted. An audit demonstrated that 70% of patients had missed at least one dose of medication during their admission. In order to address this the following initiatives were initiated in order to optimise medication use:

- Neurology pharmacist providing e-mail advice service for non-urgent enquires about medications. Service promoted by Parkinson’s Disease UK (PDUK) and PD nurses
- Information for patients regarding admission to hospital made available on the EKUHFT website including contact information
- PDUK encouraging patients to carry dated and up-to-date list of medications at all times.
- PD patient attending training sessions with Neurology Pharmacist for pharmacy staff and junior doctors
- PD nurses, Neurology pharmacist and PDUK representatives performing roadshow around the hospitals
- Advice about how to change formulations and medicines to ensure that patients with difficulty swallowing or nil by mouth receive adequate therapy written published on EKUHFT intra-net
- Regular meetings between the PD nurses, PDUK representatives, the Neurology Matron and Neurology Pharmacist

An annual audit of medicines use will monitor improvements in the service. A repeat of the audit (in October 2012) established that fewer PD medications were being omitted (66% of patients had missed at least one dose of medication). Work continues to improve medication use for patients with PD in the Trust.

Contact: Karen.Bartlett@ekht.nhs.uk
Optimising medicines use in care homes

GPs do weekly or fortnightly ‘grand rounds’ in care homes with a multidisciplinary team which must include a prescribing adviser. The aim is to conduct thorough reviews of each resident. The 3 month pilot showed a decrease in prescribing of antipsychotics of 26.6% and of hypnotics by 33.3% as well as a substantial on-going savings in drug costs. The care homes were monitored for call outs to the London Ambulance Service and there was a reduction when compared with the same period the previous year and when compared to other homes without the service. It was estimated that a significant number of hospital admissions were prevented as a result of this proactive service. The concept of robust MDT clinical medication reviews is now an accepted part of a current revision of the GP service, which is being integrated with other services that health provides to support care homes.

Contact: barbara.jesson@nhs.net
Enhanced Dispensing in Care Homes

A pilot service was developed to make better use of the skills and knowledge of community pharmacists when supplying care homes with medication.

Pharmacists had to provide printed Medicine Administration Records; education for care staff and residents through a Medicine Use Review; advice on reducing waste; completion of set audits. Pharmacists proactively had to ensure that all medicines, including externals, had full and clear instructions and to take responsibility for adding directions if the prescription was not complete.

452 medicine use reviews were conducted leading to 1012 interventions.

The 5 most common interventions related to;

- Incorrect or inadequate directions (18%)
- Information on medicines or patient information leaflets (13%)
- Medicines administration or recording (10%)
- Monitoring (9%)
- Optimising current therapy (7%)

Using the adapted RIO scoring method it is estimated that the interventions made by the community pharmacists during the delivery of this service resulted in 23 hospital admissions being avoided saving a potential £80,500 at a cost of £15,813

Contact: barbara.jesson@croydonccg.nhs.uk
Pharmacy Support for Special Sheltered Housing Units

In Special Sheltered Housing units, people have a variety of levels of support with medicines – some receive no support at all and others may receive assistance from staff with some or all of their medication.

An accredited community pharmacist visits the person in their home to provide an MUR and give advice and support to the person and staff about the medicines and how to use them.

A printed administration record is provided each month for people receiving support from staff for administering medication.

High risk patients identified from the MUR receive a medication review from a clinical pharmacist in conjunction with the GP.

In a pilot project in 2012, 21 people in special sheltered housing units received a clinical medication review and 22 interventions were estimated to have avoided an emergency admission.

This service is funded by reablement money from the Local Authority.

Contact: victoria.williams@croydonccg.nhs.uk
Domiciliary Medicines Use Reviews

The Domiciliary MUR initiative aims to support housebound people to make better use of their medicines.

An accredited community pharmacist visits the person in their home to provide a MUR and advice and support to enable the person to take their medicines, liaising with the GP if appropriate.

Suitable patients for the service are identified by community pharmacists, GPs, community matrons, community nursing teams, A&E liaison team and Croydon University Hospital pharmacists prior to discharge.

MURs are peer reviewed.

From April 2012 to February 2013, over 230 domiciliary MURs were conducted in Croydon which, it is estimated, avoided over 130 emergency admissions.

The impact in 12/13 was an estimated cost avoidance of over £400,000. The cost of the service for 12/13 was £42,880, funded by reablement money from the Local Authority.

Contact: victoria.williams@croydonccg.nhs.uk
Medicines optimisation pharmacy service for housebound patients (evaluated)

Central London Community Healthcare is running a medicines optimisation service for house bound elderly patients (+75yrs) taking four or more medicines or a high risk medicine.

A pharmacist visits the patient in their home, reconciles the patients medicines, undertakes a medicines review to optimise therapy, does an adherence assessment with the patients and gives medicines counselling where appropriate. Interventions are then fed back to the patient’s GP and a follow up visit arranged after four weeks if required.

The service is cost neutral based on the waste medicines collected and medicines stopped. The additional benefits of patients having a better understanding of their medicines, potential reduction in emergency admissions and improvements to health need to be quantified. So far, feedback from both GPs and patients has been very positive.

Contact: Anita.Sheth@clch.nhs.uk
Patients get new community pharmacy services (pilots)

Two new medicines support services to evaluate how community pharmacies can benefit patients with long-term conditions commenced in September 2012. The services are designed to give patients practical support, to help them make the most of their medicines and get the best outcomes from the medicines they take. The services enable pharmacists to make relevant clinical interventions and onward referrals, where appropriate. They also deliver public health interventions and targeted support that improve health and well-being, complementing the services provided by GPs and nurses.

The COPD Support service is designed to support patients with Chronic Obstructive Pulmonary Disease (COPD). Following an initial assessment, interventions such as medicines compliance and inhaler technique take place. Public health advice and information on lung health, diet, exercise and lifestyle is provided and interventions such as stop smoking are signposted or provided where appropriate. The regular monitoring of symptoms and adherence with repeat prescriptions takes place and patients are issued with a patient-held personal record card which is checked and updated regularly.

The Four or More Medicines Support Service is designed to support older patients on four or more medicines. Following an initial assessment, the review of patient’s medication takes place and following contact with their GP, recommendations are made on the patient’s medication. In addition to medicines optimisation, regular brief advice and information on health, diet, exercise and lifestyle is provided. The service also looks at medicine issues relating to falls risk and pain management.

The services are part of the Community Pharmacy Future (CPF) project that is looking at pathway design for new pharmacy services and the pilots will include a full health economic evaluation. The initial implementation of the services is from pharmacies run by Boots UK, the Co-operative Pharmacy, Lloyds Pharmacy and Rowlands Pharmacy in two areas in North West England with an extension to other pharmacies in the two areas due in April 2013

Contact: Parag.Oza@boots.co.uk
Training to improve discussions about adherence

The Early Intervention Teams in Sussex Mental Heath Trust received Adherence training. This training has allowed staff to expand the range of techniques available to them to discuss adherence to treatment with patients in an open, honest, non-confrontational manner.

Since the implementation of this training many patients have been more open about their experience of medication and their beliefs about its place in therapy. This has allowed for adjustments to be made to the care they receive to ensure that the medication, information and service that they receive is able to meet the individual needs of the patient. A number of patients have switched medications due to these discussions to a jointly decided option that the patient feels happy to take to prevent further hospital admissions.

Contact: Ray.Lyon@sussexpartnership.nhs.uk
Helping parents and children to optimise medicines use

Medicines for Children is a resource to improve medicines optimisation in children aimed at parents and carers as well as healthcare professionals. The website provides practical, reliable and accessible information to parents and carers.

The website, hosts an expanding library of medicines leaflets, short films and written information demonstrating how to give different types of medicines to children. It also features parents’ stories and updated news about children’s medicines.

The information is written and reviewed by healthcare professionals in consultation with parents and carers.

www.medicinesforchildren.org.uk
Helping pharmacists improve their advice to people with diabetes

The number of prescriptions and the net cost of diabetes drugs have both increased by almost 50 per cent in the past six years. Community pharmacy is superbly placed to help support people with diabetes with their sometimes complex medicine regimens.

A diabetes MUR (Medicines Use Review) toolkit for pharmacists has been developed to support MUR consultations for patients who take medicines for diabetes. The aim of the toolkit is to help develop pharmacists' knowledge and confidence to provide high quality MURs; positively influencing therapeutic outcomes for people with diabetes.

Devon LPC has developed in association with Sanofi Diabetes, Diabetes UK, NPA, PSNC and CPD Easy the diabetes toolkit is freely available for pharmacists to download and use from http://www.lpc-online.org.uk/devon_lpc?news_id=4658
If you have a service example that you would like to add to this presentation then please provide:

- a short outline of the service and any results
- if the service is a pilot, a commissioned service and whether or not is has been or is being evaluated
- contact details

Please supply this information to heidi.wright@rpharms.com.

You may also wish to add the information to the RPS map of evidence at http://www.rpharms.com/support/map-of-evidence.asp
Medicines Optimisation