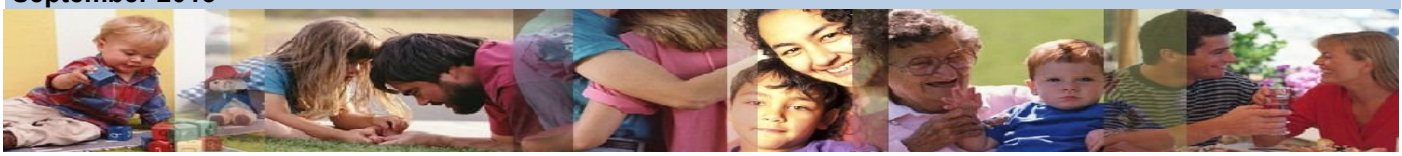
NORTHERN IRELAND MEDICINES MANAGEMENT

September 2015

Health and Social Care Board



Newsletter supplement: Medicines Optimisation

Getting the most from medicines for both patients and the NHS is becoming increasingly important as more people are taking more medicines.

It has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended. With the number of adults living with long-term health conditions in Northern Ireland expected to rise 30% by 2020, this brings a number of challenges to how healthcare is delivered.

Optimising a person's medicines is important to ensure a person is taking their medicines as intended and can support the management of long-term conditions, multimorbidities and polypharmacy.

NICE published their guideline 'Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes', in March 2015. Locally, the Northern Ireland Medicines Optimisation Quality Framework has been developed to provide a regional model for Medicines Optimisation that includes quality standards best practices, outcome measures and innovation focus http://www.dhsspsni.gov.uk/showconsultations?txtid=77646

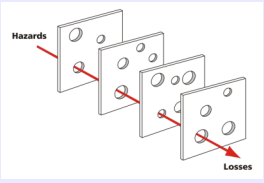
NICE defines Medicines Optimisation as:

'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'

In day to day practice, Medicines Optimisation relies on patient and health and social care professional partnerships and aims to help more patients to self-manage, to take their medicines correctly, reduce harm, avoid taking unnecessary medicines, cut down on waste and improve medicines safety. Ultimately it can help encourage patients to take increased ownership of their treatment and support care closer to home.

The NICE guideline on Medicines Optimisation covers eight key areas where medicines use could be optimised. These key areas are summarised in this newsletter supplement. Full details can be found at https://www.nice.org.uk/guidance/ng5/

1. Systems for identifying, reporting and learning from medicines-related patient safety incidents



Improving learning from medicines-related patient safety incidents is important to guide practice and minimise patient harm.

Actions

- Healthcare professionals should report all identified medicines-related patient safety incidents consistently and in a timely manner.
- Patients should be informed how to identify and report medicines-related patient safety incidents.
- Steps should be taken to reduce further risk when incidents are identified.
- Consider using a screening tool (e.g. STOPP/START tool in older people) to identify potential medicines-related patient safety incidents in some groups, e.g. older people, polypharmacy, people with long term conditions.

2. Communication when patients move from one care setting to another

It is important to target 'risky times' when medicines-related problems are most likely to occur. Relevant information about medicines should be shared with patients and between health and social care practitioners when a person moves from one care setting to another. This includes both transfers within an organisation (e.g. from intensive care to a hospital ward) and from one organisation to another (e.g. when a person is admitted to hospital, or discharged from hospital to their home).

Action

- Complete and accurate information needs to be shared, received, documented and acted upon, ideally within 24 hours of transfer.
- Both the current care provider and the new care provider have responsibility to ensure this occurs.
- The most effective and secure way of transferring this information should be used, e.g. secure electronic communication.
- Medicines should be discussed with the person at the time of transfer. A complete and accurate list of medicines should be given to the person in a suitable format.
- Clinicians may consider sending a person's medicines discharge information to their nominated community pharmacy.
- See guideline for full details on the information that is required to be shared.

3. Medicines reconciliation

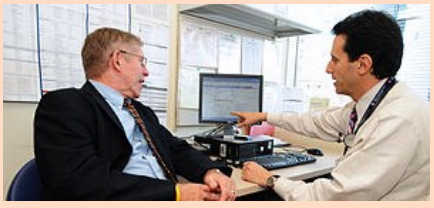
Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes, thereby resulting in a complete list of medicines, accurately communicated. Patients should also be asked about any over -the-counter or complementary medicines that they take.
Medicines reconciliation is as important for patients returning back to primary care as it is for patients going into hospital, particularly when the patient may be taking multiple medicines.

Action

- In primary care, carry out medicines reconciliation for all people who have been discharged from hospital or another care setting. This should happen as soon as is practically possible, before a prescription or new supply of medicines is issued and within one week of the GP practice receiving the information.
- In an acute setting, this should be carried out within 24 hours, and may need to be carried out more than once during a hospital stay.
- In all care settings, a designated health professional should have overall organisational responsibility for the medicines reconciliation process.
- Patients should be involved in the medicines reconciliation process.

4. Medication review

NICE define medication review 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 of medicines, minimising the number of medication-related problems and reducing waste'. Medication reviews are carried out in people of all ages.

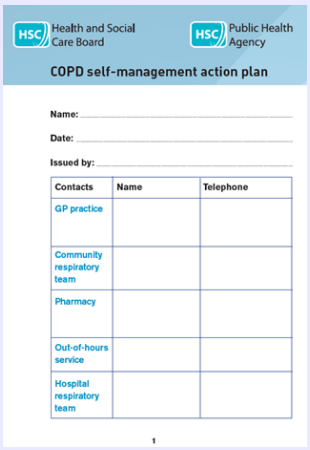


Action

- Consider medication review for some groups of people where a **clear purpose** has been identified, e.g. polypharmacy, people with chronic or long-term conditions and older people.
- Determine locally who is the most appropriate health professional to carry it out.
- See guideline for full details on what needs to be taken into account during a medication review.

5. Self-management plans

Self-management plans aim to support people to be empowered and involved in managing their condition. They are used to support people who want to be involved in managing their medicines. NICE defines self-management plans as ‘structured, documented plans that are developed to support a person's self-management of their condition using medicines.’ Family members or carers can also be involved when appropriate to support their use, e.g. a child and their parent(s) using a self-management plan.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COPD self-management action plan

Name: _____

Date: _____

Issued by: _____

Contacts	Name	Telephone
GP practice		
Community respiratory team		
Pharmacy		
Out-of-hours service		
Hospital respiratory team		

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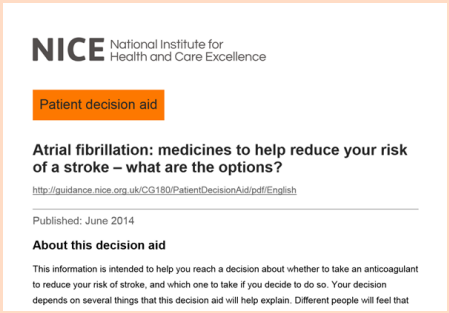
Action

- Consider using an individualised self-management plan for people with chronic or long-term conditions, e.g. COPD, asthma, diabetes, hypertension and those on anticoagulation for atrial fibrillation.
- See the NICE guideline for full details of what should be discussed with the person and included in the self-management plan.
- A record should be made in the patient’s notes.
- The self-management plan should be reviewed at a later date to ensure the person does not have problems using it.

6. Patient decision aids

Many people wish to be active participants in their own healthcare, and to be involved in making decisions about their medicines. Patient decision aids can support health professionals to adopt a shared decision-making approach in a consultation, to ensure that patients are able to make well-informed choices that are consistent with the person's values and preferences.


NICE National Institute for Health and Care Excellence

Patient decision aid

Atrial fibrillation: medicines to help reduce your risk of a stroke – what are the options?

http://guidance.nice.org.uk/CG180/PatientDecisionAid/pdf/English

Published: June 2014

About this decision aid

This information is intended to help you reach a decision about whether to take an anticoagulant to reduce your risk of stroke, and which one to take if you decide to do so. Your decision depends on several things that this decision aid will help explain. Different people will feel that

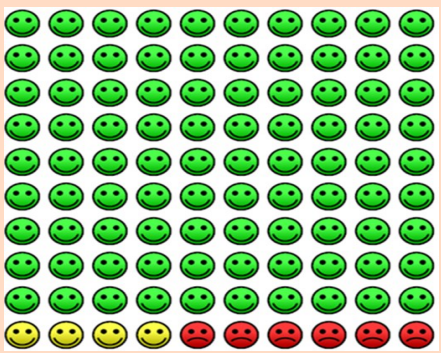
Action

Shared decision-making:

- All people should be given the opportunity to be involved in decisions about their medicines. It is important to find out what level of involvement in decision-making the person would like and avoid making assumptions about this.
- The person’s values and preferences should be explored; they may be different from the health professional.
- The person's values and preferences are used together with clinical expertise and the best available evidence when discussing the available treatment options with a person, i.e. the principles of evidence-based medicine.

Patient decision aids:

- In a consultation about medicines patients should be offered the opportunity to use a patient decision aid (when one is available), to help them make a preference-sensitive decision.
- Patient decision aids should not be used to replace discussions with a person.
- More than one consultation may be needed to make an informed decision.



7. Clinical decision support

In this NICE guideline, 'clinical decision support' relates to computerised clinical decision support software. This may be active or interactive at the point of prescribing medicines.
Clinical decision support software is a component of an integrated clinical IT system providing support to clinical services, both in a GP practice and secondary care setting. Integrated clinical IT systems are used to support health professionals to manage a person's condition.

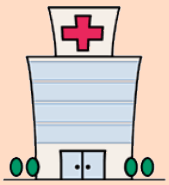
Action

When using a computerised clinical decision support system to support clinical decision-making and prescribing, ensure that it:

- identifies important safety issues
- includes a system for health professionals to acknowledge mandatory alerts. This should not be customisable for alerts relating to medicines-related 'never events' ['never events' are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers].
- reflects the best available evidence and is up-to-date
- contains useful clinical information that is relevant to the health professional to reduce 'alert fatigue'.

8. Medicines-related models of organisational and cross-sector working

The introduction of skill mixing of various health and social care practitioners to meet the needs of different groups of people has led to different types of models of care emerging across health and social care settings. Cross-organisational working further provides seamless care during the patient care pathway when using health and social care services.



Organisations within the NHS are recommended to:

- Consider multidisciplinary team approach for people who have long-term conditions and take multiple medicines (polypharmacy)
- Involve a pharmacist with relevant clinical knowledge and skills when making strategic decisions about medicines use or when developing care pathways that involve medicines use.

References

1) NICE. NICE CG76 Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. 2015
2) DHSSPSNI. Northern Ireland Medicines Optimisation Quality Framework. 2015

This newsletter has been produced for GP practice staff and Pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Medicines Management pharmacists in your local HSCB office.

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