



MEDICINE OPTIMISATION IN BERKSHIRE EAST CCGs

**Melody Chapman, Lead CCG Prescribing Support
Pharmacist**

23rd July 2015

MEDICINES OPTIMISATION TEAM

- Team of pharmacists who work to get the best out of medicines for the population with resource given.



TEAM AIM:

- To improve the health of the local population promoting safe, effective and efficient use of medicines



MEDICINES OPTIMISATION TEAM

BERKSHIRE EAST CCGs

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WORK STREAMS & PROJECTS

- Medicines Waste
- Antibiotics
- Hypnotic clinics
- AKI (Acute Kidney Injury)
- Care Homes
- Polypharmacy clinics
- Atrial fibrillation



WHAT NEEDS TO BE TACKLED?

- Growing population and greater proportions of older people
- Increase in long term conditions
- Medicines use not always ideal



WITH THE NEED FOR MORE PRESCRIBING HOW TO DO THIS?

- With smaller (in real terms) budgets?

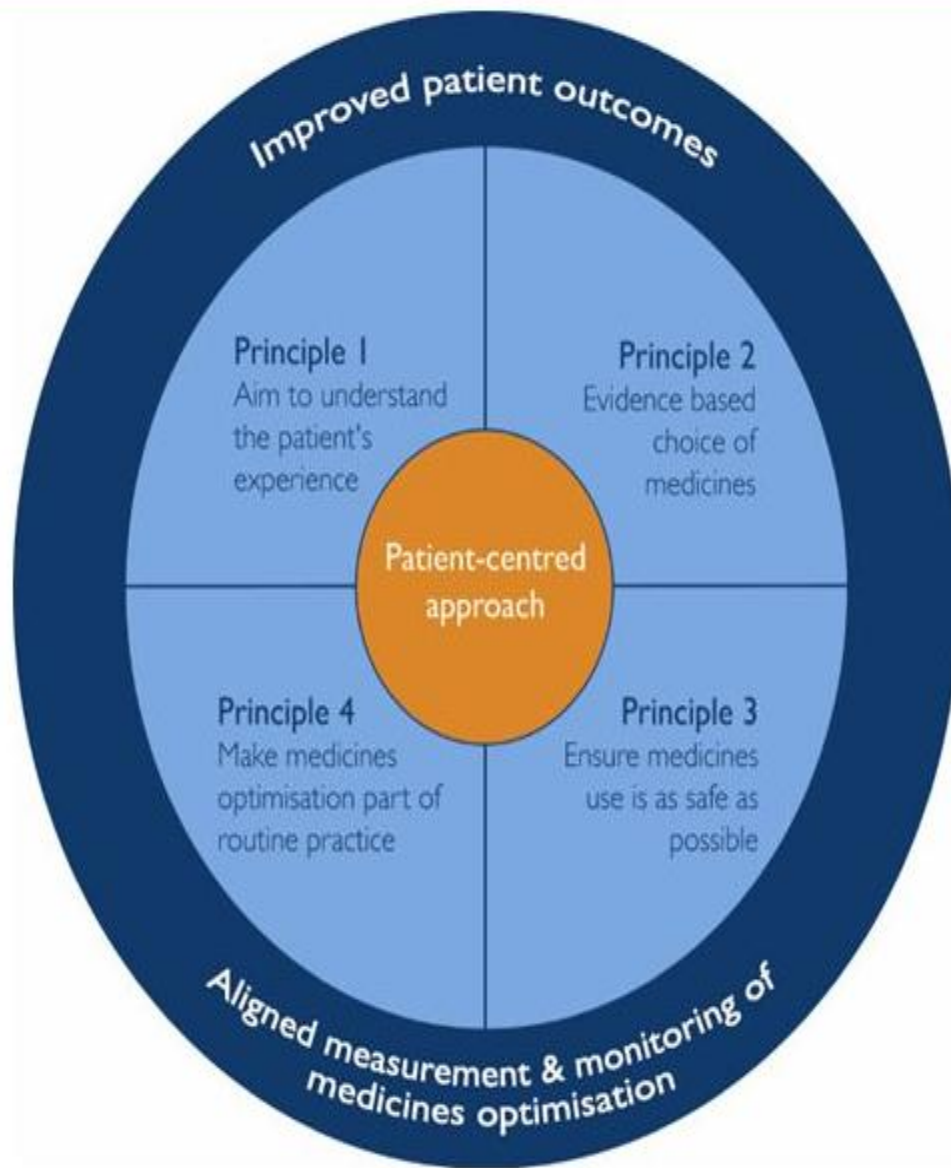


PHARMACY PROFESSIONS CONTRIBUTION TO THE CHALLENGE

- = Medicine Optimisation
- Pharmacists leading the way
- Supporting patients to take medicines and get the best out of medicines
- By engaging with patients and working across professions to get better outcomes



Medicines Optimisation Principles



Medicines Optimisation

Medicines optimisation is an approach that seeks to maximise the clinical outcomes for patients from medicines

- One of the key focuses of the NHS



MO BUSINESS AS USUAL

- Give health professionals unbiased information on new and existing medicines
- Support health professionals and patients to get the best from medicines
- Help avoid harms or side-effects caused by medicines
- Develop guidelines to ensure conditions are managed as well as they can be
- Communicate with hospitals and community pharmacies



FORMULARY

- List of medicines that are recommended for prescribing locally
- When formulary decisions are made it will involve:
 - GPs
 - Consultants
 - Pharmacists
 - Patients



POLYPHARMACY

- What is polypharmacy?
- More than 4 drugs?
- More than 10 drugs?



POLYPHARMACY

- Polypharmacy is...
 - Concurrent use of multiple medicines by one individual.



A TYPICAL POLYPHARMACY PATIENT?



Chapter 1 - Gastro-Intestinal System Drugs

- A **Omeprazole 20mg gastro-resistant capsules** OD, 7 capsule
- B **Prednisolone 1mg tablets** AS DIRECTED, 28 x 2 tablet
- C **Buscopan 10mg tablets (Boehringer Ingelheim Ltd)** 1 -2 TDS PRN, 56 tablet

Chapter 2 - Cardiovascular System Drugs

- D **Aspirin 75mg dispersible tablets** ONE TO BE TAKEN DAILY, 7 tablet
- E **Atorvastatin 40mg tablets** One To Be Taken At Night, 7 tablet
- F **Bisoprolol 2.5mg tablets** One To Be Taken Daily, 7 tablet
- G **Ramipril 1.25mg capsules** One To Be Taken Each Day, 7 capsule
- H **Spironolactone 25mg tablets** 12.5mg od, 3.5 tablet
- I **Ticagrelor 90mg tablets** One To Be Taken Twice A Day, 14 tablet

Chapter 3 - Respiratory System Drugs

- J **Chlorphenamine 4mg tablets** one at night, 7 tablet
- K **Chlorphenamine 4mg tablets** ONE AT NIGHT, 7 tablet
- L **Fluticasone propionate 500micrograms/dose / Salmeterol 50micrograms/dose dry powder inhaler (Personally Administered)** 1 TWICE A DAY, 1 x 60 dose
- M **Ventolin 100micrograms/dose Evohaler (GlaxoSmithKline UK Ltd)** 1 -2 puffs as required, 2 x 200 dose

Chapter 4 - Central Nervous System Drugs

- N **Amitriptyline 10mg tablets** 3nocte, 21 tablet
- O **CD Tramadol 50mg capsules** ONE OR TWO CAPS THREE TIMES A DAY AS REQUIRED, 100 capsule

Chapter 5 - Drugs Used In The Treatment Of Infections

- P **Nystan 100,000units/ml oral suspension (ready mixed) (Bristol-Myers Squibb Pharmaceuticals Ltd)** 1 ML 5 TIMES A DAY, 30 ml

Chapter 6 - Drugs Used In Disorders Of The Endocrine System

- Q **Alendronic acid 70mg tablets** WEEKLY WITH GLASS OF WATER 30 MINS BEFORE FOOD, 1 tablet
- R **Levothyroxine sodium 25microgram tablets** One To Be Taken Daily, 7 tablet
- S **Levothyroxine sodium 50microgram tablets** One To Be Taken Daily, 7 tablet
- T **Metformin 500mg tablets** Twice A Day, 14 tablet

Chapter 7 - Drugs For Obstetric, Gynaecology, And Urinary Tract Disorders

- U **Tolterodine 4mg modified-release capsules** One To Be Taken Daily, 7 capsule



WHY LOOK AT POLYPHARMACY?

- Medication is by far the most common form of medical intervention
- 80% people >75 years take a prescription medicine
- 36% take ≥ 4 and
- 6% take >10 medicines



WHY LOOK AT POLYPHARMACY?

- An estimated 50% medicines are not taken as prescribed.
- Adverse drug reactions (ADRs) to medicines account for at least 6.5% of hospital admissions.
- Patients on average stay in hospital for 8 days
- Over 70% ADRs are avoidable.
- The annual cost of avoidable admissions translates to about £359 million across the NHS in England.



MUST REMEMBER

- Polypharmacy may be appropriate, it will extend life expectancy and improve quality of life
- Appropriate prescribing is the target (it's NOT about numbers)



WHY DO PATIENTS END UP ON MULTIPLE MEDICINES?

- The medicine:
 - Appears to do no harm, BUT may do no good
 - Added, another not removed
 - Given for the side effect of another medicine
 - Following guidelines
 - Older have more than one disease



POLYPHARMACY REVIEW IN OVER 75S YEAR OLDS & THOSE LIVING IN SHELTERED ACCOMMODATION

3 month Pilot in WAM CCG



WHAT DID WE DO?

- Identified patients through searches
- Patients written to and invited to attend a 30 minute medication review appointment with a non-medical prescribing pharmacist
- Patients attended
- Joint agreement reached with medication
- Letter confirming changes



WHAT WAS THE PHARMACIST LOOKING AT?

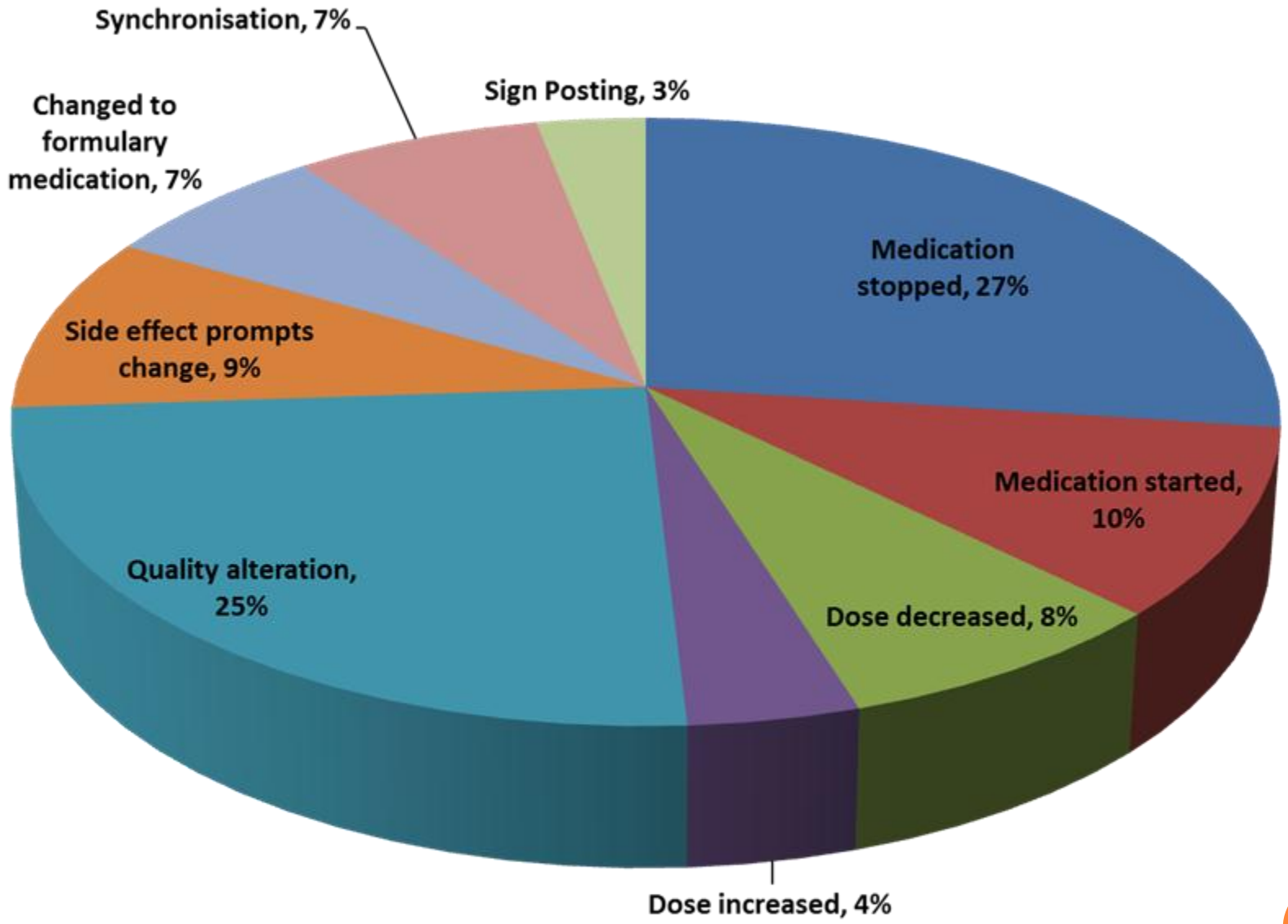
- Valid and current indication
- Adverse drug reactions
- Patient experience
- Was the dose appropriate
- Cost effective
- Effectiveness
- Use of OTC
- Risk of falls



POLYPHARMACY PILOT- RESULTS

- Letters sent out 200
- Sessions 24
- Patients seen 109 (7 telephone consultations)
- 463 interventions





POLYPHARMACY PILOT-RESULTS

- Net Savings £7,685
- Per Patient:
 - savings £70.50
 - stopped 1.21
 - quality intervention 1.13
- Per 3 patients
 - Medication side effect identified
- Attendance rate 50%



POLYPHARMACY PILOT- CONCLUSIONS

- **Conclusions: The pilot was a success**
 - ✓ **integrated working**
 - ✓ **support the named GP**
 - ✓ **improve the quality of care for older people and those with complex needs**
 - ✓ **Helping people to live safely at home**
 - ✓ **Potentially reduce falls due to medication side effects**
 - ✓ **Reduce problematic polypharmacy**
 - ✓ **Reduce variation in the quality and value of prescribing**
 - ✓ **Help people with LTC to manage their health and wellbeing**
 - ✓ **Positive feedback from patients**
 - ✓ **Positive feedback from practice staff**





WASTE CAMPAIGN

MEDICINES WASTE COSTS, DEPARTMENT OF HEALTH ANNUALISED FIGURES

- £300 million unused medicines
- £110 million worth of medicine returned to pharmacies
- £90 million worth of unused prescriptions being stored in homes and
- £50 million worth of medicines disposed of by Care Homes.



WASTE CAMPAIGN

- Over June-July we are undertaking a medicines waste campaign working with a company called Dynamic Advertising to highlight the growing problem of medicines waste.
- £2million is wasted within this area on unused or partially used medication.



WASTE CAMPAIGN

- Within the CCGs these considerable savings can be used to improve prescribing for patients.
- The public campaign promotes the message via:
 - posters,
 - leaflets,
 - local media,
 - social media locally and
 - leaflets within GP practices, community pharmacies, hospitals and care homes.





Medicine Waste

Repeat Prescription CHECKLIST



Before you issue a repeat prescription please check the following:

- If the patient is present, ask if all the items are still being used.
- Explain that items can always be re-ordered in the future if required.
- Issue only what the patient needs and ensure that the bottle shaped leaflets are attached to the new repeat prescriptions.
- If a patient has not indicated the items required contact the patient to determine what is needed rather than issue all items.
- Check the patient's last prescription date and if they are ordering too early, or too late, follow your repeat prescription policy.
- Encourage patients to return any unused medicines to their pharmacy for safe disposal.
- Check 'PRN' medicines are required each time.
- Check number of Inhalers/Insulin requested is appropriate for length of prescription.
- Remind patients to take all their medicines with them when they go into hospital.
- Check care home prescriptions against any order form received, if it is too early follow your repeat prescription policy.

Bracknell & Wokingham Weekender

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BID TO STOP £2m MEDICINE WASTE

by Alex Drury
adrury@berksmedia.co.uk

WASTED medicine left in cupboards or ordered unnecessarily in Bracknell and Wokingham costs hundreds of thousands of pounds a year.
Across East Berkshire the total cost of wasted medicine is estimated to be £2million a year, enough to hire 70 nurses.
Karen Maskell, the lay member for patient and public engagement at Bracknell's Clinical Commissioning Group, said that people stockpile medicine in their homes and order their next prescriptions before they need to.

Royal Hats-cot for Tootsie Rollers





CARE HOMES

BRACKNELL FOREST CARE HOMES PROJECT

- Bracknell LA and B&A CCG are working jointly to improve the quality of care in care homes
- There are multiple workstreams- medicines optimisation being **one** of those.



CARE HOMES

- The overall aims of this project:
 - Reducing unplanned admissions
 - Right care at the right place at the right time
 - Enhancing quality of care
 - Person Centred Care
 - Better prevention and management of long term conditions



MEDICINES OPTIMISATION IN CARE HOMES

Aims

- Improve the quality of care of people living in care homes
- Safety and governance with medicines use
- Reduce medication related incidents
- To promote interventions that may avoid hospital admissions e.g. medication related incidents/ side effects
- Better integration between health and social care



CARE HOMES

- 15 residential/nursing homes
- 400 plus beds
- Provide for a range of care needs



CARE HOMES- WHAT THE PHARMACIST DOES

- A clinical review
 - Reviewing existing medicines
 - Identifying/ highlighting medicines which may increase non-elective admissions with a view to stop/ reduce risk of admission
 - Reviewing for medicines:
 - Not needed anymore
 - Not used by patient
 - Allergy/ intolerance
 - Cost-effective alternative
 - Guidelines choice/ advice
 - Dose reduction
 - Started for acute problem – now resolved
 - Out-of-therapeutic range
 - Risk of falls and fractures
 - Recent advice by Specialist
 - Monitoring



CARE HOMES- WHAT THE PHARMACIST DOES

- Review of SIP feeds:
 - Number of SIP feeds
 - Whether SIP a formulary choice
 - Whether SIP reviewed in previous 6 months
 - Whether patient meets MUST criteria for SIP



RESULTS SO FAR.....

- 4 care homes reviewed
- GPs have actioned medicines interventions



CARE HOME PHARMACISTS

- Outside of the project
- Care homes also visited in WAM CCG and Slough CCG
- Reviews very similar, however not linked to “bigger project” at such
- Significant amount of time spent on reviewing safe-guarding incidents on WAM CCG.
- Pharmacist there integral resource for safe-guarding team.





PREVENTION OF ACUTE KIDNEY INJURY (AKI)

AKI PROJECT

- An initiative to reduce kidney damage
- In patients on medication for:
 - blood pressure,
 - heart problems,
 - Arthritis, pain
 - Type 2 diabetes



ACUTE KIDNEY INJURY (AKI)-THE PROBLEM

- AKI incidence of 25% in medical admissions.
- Two thirds of episodes of AKI develop prior to the hospital admission.
- **We have an opportunity to identify and prevent AKI in at risk patients**



SOLUTION=SICK DAY CARDS

- Advice Card given to patients
- Aim of the cards is to increase patient awareness about stopping certain long-term medicines during dehydrating illnesses such as vomiting, diarrhoea and fever
- The Medicine Sick Day Rules cards were successfully piloted in NHS Highland in 2013-14.
- An evaluation showed the cards were effective, safe and well received.



HIGHLANDS FINDINGS

- Admissions for hospital admissions for:
 - acute kidney injury – small decrease in admissions set against trend of increasing rate of admissions over previous three years
 - Heart failure – no increase in admissions following introduction of card



ACTION “MEDICINES SICK DAY RULES”

- Given to people on specified drugs
- Mnemonic “DAMN” given to healthcare professionals to help remember which medicines are involved.



ACTION “MEDICINES SICK DAY RULES”

Patients counselled:

- If suffer from an illness which causes dehydration e.g
 - Vomiting
 - Diarrhoea
 - Fever
- It can cause dehydration if there are 2 or more episodes of diarrhoea or vomiting
- Temporarily stop taking listed drugs
- Re-start when resolved (usually 24-48 hours) or eating and drinking normally



- Not following this advice can lead to potentially serious side effects, including kidney injury.
- The cards
 - promotes better management of long-term conditions through the safer, more effective and person-centred use of medicines.
 - It helps to raise awareness of potential harms if patients continue to take certain widely prescribed medicines whilst suffering from a dehydrating illness





PHARMACIST-LED HYPNOTIC CLINICS

HYPNOTICS THE PROBLEMS

- Continuing concern over long term use
- Association with 4 excess deaths per 100 people followed for an average of 7.6 years after their first prescription.
- Driving whilst under the influence of drugs is a significant cause of injuries and deaths on the road.
N.B. Drug Driving offence 2 March 2015



HYPNOTICS THE PROBLEMS

- Patients are not always given appropriate information and advice on the risks associated with long term use:
 - Tolerance & addiction
 - Drowsiness, clumsiness, forgetfulness, confusion, impaired judgement
 - Falls & fractures - in people older than 60 years.
 - Association with increased risk of dementia and increased cancer incidence in those prescribed high doses



CLINICS

- Identify & address any underlying cause of insomnia.
- Promote non drug therapies.
- Involve patient support network.
- Guided by patient, pace of withdrawal
- Follow-up for ongoing support and encouragement if appropriate
- Continue until stopped completely or at lowest dose to control effects of withdrawal.



CLINIC OUTCOMES

- Keeping patients from harm
- Patient involved in own healthcare decisions & empowered to manage their medicines
- Education promotes raised awareness for patient.
- In one practice where support clinics were held in 12 months:
 - **number of items** dispensed decreased by 381
 - **annual cost** of hypnotic prescriptions reduced by £14,140, despite temazepam price fluctuations.



The left side of the slide features a series of vertical stripes in shades of brown, tan, and white. To the right of these stripes are several orange circles of varying sizes, arranged in a descending, staggered pattern. The text 'THANK-YOU FOR LISTENING' is positioned to the right of these decorative elements.

**THANK-YOU FOR
LISTENING**