

Medicines Management Team Advisory Summary

GPs must make sure that suitable arrangements are in place for regular drug monitoring, follow-up and review taking account of the patient's needs and any risk arising from their medicines.

Prescribers should familiarise themselves with FDB "Medicines Optimisation" feature (OptimiseRx) to aid in the process. The Medicines Management Team may offer help and support with this



Medication is by far the most common form of medical intervention. However, up to 50% of medicines are not taken as prescribed¹. Adverse drug reactions (ADRs) account for 6.5% of hospital admissions and over 70% of ADRs are avoidable²

Is the drug still needed and appropriate?

During a Medication Review, the need for the medicines should be re-assessed, especially cases such as

- Unlicensed drugs/doses
- Medicines with serious or common side effects
- CDs
- Medicines with potential for abuse/misuse
- Medicines with regular/especial monitoring
- Medicines that may not be needed/appropriate for chronic use
- Medicines with doses affected by changes to liver and kidney function

You may find these resources useful:

- FDB "Medicines Optimisation" Button
https://medsopt.fdbhealth.co.uk/Admin/Content/pdf/OptimiseRx_Installation_Guide-SystmOne.pdf
- Rational Prescribing Guidance: <https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1562>
- Polypharmacy: Prescribing for Frail Adults: <https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=972>

Protocol

It is advisable to develop a protocol for Medication Reviews in the practice which should include:

- Usual review period
- Repeats limited by number of issues or by date
- Compliance & quantities issued
- Formulary status of the medicines involved, Shared Care Agreement in place if appropriate
- What to do in case of review overdue and patient requests more medication
- What to do if only part of the patient's medicines are due for review
- What to do if patient requests medication that is no longer on repeat
- What prescription clerks can and cannot do
- What to do if medication has not been ordered for a long time

To be signed by
Prescription Clerks

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Prescription clerks

Although prescription clerks should not take clinical decisions, there are some actions that they can be encouraged to take within agreed protocols

- Align quantities to synchronise prescription requests
- Amend issue duration to match quantity prescribed
- Flag up overuse of “when required” medication
- Perform compliance checks: number of tablets prescribed vs dose and days since last request
- Refer to prescriber regular requests for acute medicines and suggest to put on repeat
- Decline requests for medication that is not needed or has been issued recently

Each month, over 40,000 items that are to be used “as required” in nature are issued in Wiltshire³. GP practices should ensure there are procedures in place to monitor the usage of these and prescription clerks are able to flag up concerns or overuse.

Example of PRN items might be:

- | | | |
|---------------|----------------------------|--------------------|
| • Alginates | • Haemorrhoid preparations | • Nasal sprays |
| • Dressings | • Laxatives | • Test strips |
| • Painkillers | | • Topical steroids |

Community Pharmacy input

Community pharmacists are commissioned to provide Medication Use Reviews to regular patients⁴

- GPs should consider and take appropriate action on information and advice from pharmacists and other HCP who have reviewed patients’ use of their medication, especially regarding tolerance, side effects or adherence
- Practices should have a protocol in place as to what to do with the information received
- Prescribers can request a community pharmacist to deliver a MUR to a patient (or group of patients) when they consider this can help improve the use of medicines or when they suspect there might be medication related problems
- The NHS New Medicines Service is also available to support patients when started on a new treatment for Diabetes, Hypertension, Respiratory conditions plus any Antiplatelet or Anticoagulants. Prescribers should consider the information supplied by the pharmacist when following the treatment up in practice

References

1. Medication Adherence: WHO Cares?
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3068890/pdf/mayoclinproc_86_4_007.pdf
2. Adverse drug reactions as cause of admission to hospital:prospective analysis of 18 820 patients <http://www.bmj.com/content/bmj/329/7456/15.full.pdf>
3. ePACT data
4. <http://psnc.org.uk/services-commissioning/advanced-services/murs/communicating-with-gps/>