UKMi Executive September 2012

UKMi and Medicines Optimisation in England
A Consultation

Executive Summary

Medicines optimisation is an approach that seeks to maximise the beneficial clinical outcomes for patients from medicines with an emphasis on safety, governance, professional collaboration and patient engagement. Medicines optimisation is likely to be one of the key focuses of the NHS Commissioning Board.

UK Medicines Information (UKMi) is an NHS pharmacy-based service. Its aim is to support the safe, effective and efficient use of medicines by the provision of evidence-based information and advice on their therapeutic use.

The service’s two main functions are to support medicines management within NHS organisations and to support the pharmaceutical care of individual patients. The UKMi service is provided by a network of local and regional medicines information centres.

The UKMi Executive comprises the Directors of regional and national centres and provides strategic direction for the services.

This paper explores the background to medicines optimisation, aspects of current work of UKMi that are relevant and proposes a number of areas to explore with key stakeholders that have the potential to support the transformational changes in MI necessary for its delivery.

UKMi Executive recognises the importance of medicines optimisation and welcomes the opportunity and challenge of contributing to this agenda. UKMi’s track record in producing material to support horizon scanning, local decision making, clinical management, and patient safety is an excellent basis on which to build and support medicines optimisation. The key issues for this transformation include:

- Achieving greater influence and co-operation with national and local stakeholders, and improving inter- and intra-professional collaboration and patient and public engagement.
- Ensuring that the range, format and content of our outputs focus on the needs of patients, and of the professionals and organisations charged with optimising medicines use.
- Ensuring sufficient resources to deliver the workload proposed, but also creating efficiencies so that our outputs are “scalable” to achieve the impact required and remain affordable.

Over the next six months, the UKMi Executive will establish a work programme for the next three to five years. In doing this we will engage with stakeholders to transform the UKMi current work programme to ensure that it is appropriately focussed on improving medicines optimisation.

We welcome contributions and comments on this paper from individuals, organisations and networks.

Copies of this paper and a set of consultation questions are available from http://www.ukmi.nhs.uk/. Completed forms and/or other informal comments may be sent by email to UKMIConsultation2012@uhbristol.nhs.uk.
UKMi, through its regional services will engage with the lead pharmacists in the NHS Commissioning Board and its local area teams to help formulate and support their delivery of the medicines optimisation agenda. UKMi aims to facilitate and sustain medicines optimisation by adopting these new approaches:

1. **Empowering patients**
   - Explore innovative ways to support patients and carers to use their medicines better and safely.
   - Evaluate the impact of, and lead in the provision of, NHS patient medicine helplines.
   - Identify, and respond to, gaps in patient information about medicines.

2. **Improving patient safety and reducing risk**
   - Develop our work in supporting health professionals with clinical enquiries, many of which address patient safety issues.
   - Build on our previous experience of collaborating with the MHRA, NPSA and other specialist pharmacy services to improve patient safety by:
     - Supporting the NHS Commissioning Board’s medicines safety work.
     - Working with the pharmacy community and patients to improve pharmacovigilance.
     - Working with quality assurance pharmacy specialists to reduce patient risk.

3. **Advising healthcare professionals**
   - Ensure equity of access to medicines information (MI) services, particularly for community pharmacists undertaking medicines optimisation services such as Medicines Use Reviews and New Medicines Services, by addressing resource issues and promoting MI more actively in primary care.
   - Scope the need for extended hours of MI services to support the NHS.
   - Evaluate and promote published evidence supporting best pharmacy practice.
   - Provide e-learning for healthcare professionals supporting relevant medicines initiatives.

4. **Supporting organisations and networks**
   - Facilitate delivery of the work programmes of the NHS Commissioning Board and its local area teams.
   - Support clinical commissioning groups (CCGs) and commissioning support services (CSSs) to plan and deliver their medicines agenda.
   - Support the National Institute for Health and Clinical Excellence (NICE) and provide material enabling Local Decision Making Groups to make consistent, evidence-based decisions.
   - Work with quality assurance and procurement pharmacy specialists to formalise a national approach to advising the NHS about product shortages and how to address them.

The UKMi executive recognises that the use of the term “medicines optimisation” and the specific changes in commissioning outlined in the Health and Social care Act are issues pertaining only to England. UKMi works across the whole of the UK and many of the issues concerning effective medicines use and primary care development described within this paper are relevant to the NHS throughout all four nations. Our very clear intention is to continue to work as a UK wide network, collaborating and providing products and services that benefit the whole of the NHS. Many of the stakeholders and specialist groups with whom we will be consulting will have membership across the UK and we welcome comments on that basis.
Background

Despite developments in healthcare in general, as well as in medicines management, clinical pharmacy and medicines information, considerable problems remain in how medicines are used in practice. The evidence for this includes the following:

- NICE reports that 30–50% of medicines are not being taken as intended, resulting in a loss in health gain of billions of pounds.
- A significant proportion of patients newly started on a chronic medication quickly become non-adherent, often intentionally so. Many have problems with their medication and information needs.
- Over half a million patient safety incidents were reported to the National Reporting and Learning System in England and Wales between 2005 and 2010. 86,821 (16%) of these incidents reported actual harm with 822 incidents resulting in death or severe harm.
- The Care Quality Commission NHS Inpatient Survey 2009 found that many patients report receiving insufficient information about medicines they are asked to take.
- Preventable adverse effects of medicines account for 4–5% of all hospital admissions.
- The General Medical Council’s (GMC’s) EQUIP and PRACTICE studies report an unacceptable level of prescribing error across all grades of hospital doctors and by GPs.
- The Care Home Use of Medicines Study found an unacceptable level of errors in prescribing, dispensing, administration and monitoring when medicines are used in care homes.
- A report on the use of antipsychotics in dementia shows unacceptable levels of prescribing of these medicines.
- Avoidable medicines wastage in primary care is running at about £150 million per year.

The central themes for the government in moving the NHS forward include:

- Delivering improved patient outcomes
- Integrating care around the patient
- Achieving patient engagement
- Implementing clinically led commissioning
- Ensuring improved productivity and affordability of services

These aims are underpinned by a number of policy and legislative developments.

- The Health and Social Care Act
- The Innovation, Health and Wealth Report
  - The drive to improve the rapid implementation of NICE guidance
  - The recognition of the facilitative role of local formularies in spreading innovation
- The QIPP transformational programme
- The 2012/13 Outcomes Framework
- The introduction of value based pricing for medicines

Medicines Optimisation

The Department of Health and, increasingly, the professions are using the concept of medicines optimisation as a transformational approach to tackle the above concerns. The precise definition of medicines optimisation requires further development as it is translated from a “concept” to an “offering” but is likely to include the following elements:
Medicines Safety
• Avoiding harm from medicines
• Ensuring good medicines governance and the safe and secure use of medicines
• Learning from errors and incidents

Effective Outcomes
• Ensuring optimal outcomes from medicines by implementing NICE guidance, evidence based practice and the rapid adoption of appropriate innovatory treatments
• Delivering value for money from medicines
• Helping all health professionals understand their own responsibilities in optimising medicines use

Patient experience
• Ensuring decisions are made jointly and that patients and their carers are knowledgeable about their medicines.
• Providing support for patients at all points and across all interfaces of healthcare.
• Local decisions about medicines are robust, transparent and in accordance with NHS Constitution
• Care is integrated and personalised around the patient

It seems likely that medicines optimisation will become a key work stream for the National Commissioning Board and rolled out through its local area teams.

UKMi – Making an Impact

The UKMi Executive recognises the importance of medicines optimisation and welcomes the opportunity and challenge to develop ideas about how it can better contribute to this agenda. It also recognises that, whilst there are some foundations in place (for example the community pharmacy based New Medicines Service and Medication Use Reviews) there is a significant amount of work to do in order to develop and implement the professional interventions that will deliver medicines optimisation to the aspired scale and scope.

Within the pharmacy professions, there needs to be greater inter-disciplinary working to share learning, knowledge, expertise and skills. The numbers of patients who need to be supported mean that no single sector of the profession will be able to deliver medicines optimisation in isolation.

Medicines Information Services, aimed at providing advice and information to achieve safe and cost-effective medicines use, have developed over the past 30 years or so in conjunction with the nationally funded developments such as the National Institute of Health and Clinical Excellence and the National Prescribing Centre (now incorporated into NICE as the Medicines and Prescribing Centre, MPC). Similarly, the clinical pharmacy networks have developed strongly with the United Kingdom Clinical Pharmacy Association (UKCPA). New developments in community pharmacy services have been underpinned by educational support from the respective Centres for Pharmacy Postgraduate Education. Directors of Pharmacy and Heads of Medicines Management have also been central to the development and delivery of improvements in medicines management at organisational and patient levels. The Royal Pharmaceutical Society (RPS) has published Professional Standards for Hospital Pharmacy Services13 which aim to deliver quality, patient focussed pharmacy services. The RPS has also published a joint statement with the Royal College of General Practitioners which addresses how community pharmacists and general practitioners can work together to improve patient care14. Whilst acknowledging the progress made in medicines management, there is a need to consider how much greater strides can be taken with medicines optimisation.

Although UKMi already works with these organisations and networks it recognises that there are likely to be benefits from a more strategic and coherent programme of collaborative work.
What the UKMi network continues to offer is a national professional network of Medicines Information Centres, supported by a range of measures such as professional standards, training and resources. There are a number of efficiencies in the system not least the UKMi contributions to NHS Evidence, for example Medicines Q&As, and the other freely available material that UKMi shares across the NHS such as horizon scanning material. This track record in producing material to support horizon scanning, local decision making, clinical management and patient safety is an excellent basis on which to build further and support medicines optimisation. The network also has experience in working constructively with the pharmaceutical industry, for example with horizon scanning and as part of the arrangements for UK PharmaScan.

UKMi is ready to explore how it can support patients, the public, professionals and organisations in improving medicines optimisation. In England, new structures will underpin all commissioning, including the new structures supporting primary care commissioning and medicines optimisation. UKMi needs to engage with the NHS CB Local Area Teams (some of which will also lead on specialist commissioning), Local Pharmacy Networks as well as looking to engage with the new clinical senates.

The current Modernising Pharmacy Careers Programme Board (MPC PB) work-streams are also very relevant to UKMi. The pharmacy professions will be better able to undertake more direct patient facing roles and deliver medicines optimisation if they are equipped with skills that enable them to access, evaluate and utilise evidence about medicines use as well as be fully aware of the range of material available through the UKMi network. The changes proposed in both work stream 1 (professional formation) and work stream 2 (postgraduate education) provide opportunities to embed and emphasise the need for such skills and to ensure that, as undergraduate curricula and postgraduate development frameworks (both at a general and advanced level) are developed, these learning needs are addressed. UKMi has a number of tools in place already to support the learning and development needs of pharmacy technicians, pre-registration pharmacists and pharmacists including a national Practice Development Seminar, a National Training Course, the UKMi Training Workbook, MiCAL and a Framework for Advanced and Consultant Level Practice. As MPC PB proposals are further developed, UKMi will look to work with stakeholders to support this and ensure that its own portfolio of learning and assessment tools are fit for purpose.

The table on the following pages outlines some of our initial thinking on how we will transform our work to support medicines optimisation.

The key issues in making this transformation include:

- Achieving greater influence and co-operation with national and local stakeholders, and improving inter- and intra-professional collaboration and patient and public engagement.
- Ensuring that the range, format and content of our outputs focus on the needs of patients, and of the professionals and organisations charged with optimising medicines use.
- Ensuring sufficient resources to deliver the workload proposed, but also creating efficiencies so that our outputs are “scalable” to achieve the impact required and remain affordable.

Many potential developments have resource implications and this will highlight issues over the current funding streams for local and regional MI services. New funding or reprioritisation of existing funds will need to considered but UKMi at this stage would prefer to start the dialogue rather than be stymied by financial concerns.

Next Steps

Over the next six months, the UKMi Executive will establish a work programme for the next three to five years. In doing this we will engage with stakeholders to transform the UKMi current work programme to ensure that it is appropriately focussed on improving medicines optimisation.

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In order to begin that process we are inviting a range of stakeholders and individuals to comment on the ideas and proposals in this paper.

The UKMi executive recognises that the use of the term “medicines optimisation” and the specific changes in commissioning outlined in the Health and Social care Act are issues pertaining only to England. UKMi works across the whole of the UK and many of the priorities and approaches described within this paper are relevant to the NHS throughout all four countries. Our very clear intention is to continue to work as a UK wide network, collaborating and providing products and services that benefit the whole of the NHS. Many of the specialist groups with whom we will be consulting will have membership across the UK and we welcome comments from all UK countries.

How to Respond

We welcome contributions from individuals and from organisations and networks. Copies of this paper and a set of consultation questions is available from http://www.ukmi.nhs.uk/. Completed forms and/or other informal comments may be sent by email to UKMIConsultation2012@uhbristol.nhs.uk.

We welcome responses before 12 December 2012
Annex A: Summary of potential areas for development in support of medicines optimisation

1. Empowering Patients

There are fundamental issues to be addressed to define the most effective interventions to optimise medicines use and ensure that they are deliverable and affordable on the scale required. Whilst MI services can support patients directly through, for example, responsive telephone helplines it may require investment or redirection of resource to provide such support. Where interventions are delivered through, for example community pharmacies and general practices in primary care, MI services can support patients through the availability of information to support shared decision making.

Exploring innovative ways to communicate with and inform patients
A number of examples of making information available to patients exist in the UK. These include NHS Choices, NICE patient summaries and patient facing material from Datapharm. There are examples from the US, for example the American Society of Health System Pharmacists’ website.

Patient helplines
Our previous work with NHS Direct has shown that patients value being able to contact health care professionals for advice on medicines by telephone or e-mail. The new 111 services are unlikely to be able to offer the same level of response. Many hospital pharmacies offer helplines for their own patients. There is a need to explore the value, benefits and feasibility of extending these services more widely and to help assure that they operate to a suitable standard.

Gaps in patient information provision
There may be value in scoping available patient information about medicines to identify the information gaps that need to be addressed e.g. FAQs and databases of medicines that interact with alcohol or how patients should deal with missed doses. This work must be done by working with partner patient organisations.

2. Patient Safety and Risk

Avoiding errors and improving safety
MI services should be promoted as a means to reduce errors and improve medicines safety, by targeted marketing of their enquiry service and providing online resources and training (e.g. e-learning) aimed at key areas of risk such as care homes. In addition to preventing harm from medication, which is known to result in avoidable hospital admissions, safe and effective medicines use is an important contributor to quality of life in the increasing numbers of people being treated for long term conditions.

National safety initiatives
Building on our previous work to assist in the implementation of NPSA alerts UKMi could assess evidence to support medicines-related national safety
initiatives and work with NHS CB or providers to deliver implementation tools for safe medication practice. This work could usefully draw on the expertise of other national specialist pharmacy services such as the National Pharmaceutical Quality Assurance Committee and Specialist Procurement Pharmacists.

**e-yellow cards**
Building on the work with the MHRA on the successful technology for adverse drug reaction reporting via MI Databank, we will work with other stakeholders to encourage clinical pharmacist and community pharmacist participation in yellow card reporting. We also need to consider how we might boost patient reporting. It might be productive to promote UKMi as the way for patients to seek advice and help on reporting side effects e.g. on MHRA and NHS Choices websites.

### 3. Supporting Healthcare Professionals

**Ensuring there is equity of access to, and awareness of, MI services for all primary care professionals**
MI services are generally based in secondary care and are well used by clinical pharmacists, nurses and hospital doctors. Whilst many primary healthcare professionals access MI services, the vast majority do not. This may be due to difficulty in access (e.g. the non-availability of services because of funding issues) or because of a lack of awareness.

Since the majority of medicines are prescribed and dispensed in the community, this will be a key area to implement medicines optimisation and there will be benefits from the wider use of MI services by primary care. This will involve actively promoting the clinical enquiry service to GPs, community pharmacists, commissioners and primary care and community nurses. UKMi could work with appropriate stakeholders to address this e.g. RCGP, RPS, Pharmacy Voice etc.

**Community pharmacists**
Community pharmacists and their teams are seeing their roles expand and it is expected that they will have a key role in medicines optimisation. Medicines Use Reviews and the New Medicines Services are being targeted to increase their impact and many community pharmacists work closely with GPs and care homes. CPPE provides valuable support for these activities. Complementary to this, UKMi can provide valuable additional support in the form of, for example, responsive enquiry answering, targeted on-line “Q and As”. It may be necessary to design and deliver new solutions to keep community pharmacists abreast of key safety and therapeutics messages to assist them in practice. Discussions with stakeholders (e.g. CPPE, Pharmacy Voice, MPC/NICE) would be useful to explore ways forward.

**Extended working hours**
UKMi Executive should explore whether its specialist clinical knowledge should be available to NHS services providers outside its traditional hours of operation. This will involves talking to GP out of hours services, community pharmacists, on-call pharmacists, and 111 services.

**Supporting pharmacy practice**
UKMi summarises and critically evaluates key published evidence to support innovation in pharmacy practice, medicines management and medicines
optimisation. Summaries could be presented as Q and As and published on NHS Evidence. UKMi should work with other Specialist Pharmacy Services, The Royal Pharmaceutical Society, UKCPA and others to identify topics and deliver.

**Clinical interventions/ audit**

As an approach to ensure intended outcomes from medicines use are achieved, a partnership with UKCPA may enable UKMi to provide the evidence base to support specific clinical interventions/audits and any post-audit correctional behaviour, while UKCPA provides the methodology and encouragement for clinical pharmacists to undertake the work locally.

**E-learning in medicines management**

There are examples where UKMi services have successfully led the development of e-learning tools to support medicines management e.g. in IV medicines mixing and in medicines reconciliation. The UKMi Executive could take on a wider leadership role in coordinating pharmacy’s provision and awareness of e-learning resources to support medicines management initiatives. This will require working with a range of organisations and probably identifying funding to address any gaps.

4. **Supporting organisations**

**NHS Commissioning Board**

If medicines optimisation becomes firmly embedded in the work stream of the NHS CB and its local area teams, strong links with Regional and Local MI services will provide valuable support for NHS CB staff. UKMi, through its regional services would look to engage with these to help formulate and support their delivery of the medicines optimisation agenda.

**Public Health, Clinical Commissioning Groups and Support Services**

Strong links with regional and local MI services will provide valuable support for CCGs and CSSs to supplement their national support mechanisms and sources of guidance on medicines. Public Health England and Health and Wellbeing Boards will also require support with delivering their national and local agendas.

**Local Professional Networks**

New networks will be a key part of the infrastructure on the NHS. In assessing and supporting local commissioning of services, clinical senates and local professional networks will find access to MI services of value.

**Area and Local Prescribing Committees and local formularies**

Area and Local Prescribing Committees will have a difficult role to play in managing a range of key tasks including managing Local Formularies, promoting innovation in medicines use, improving medicines safety, and managing medicines expenditure and QIPP programmes. With the perturbations in medicines management teams as Clinical Commissioning Groups and Commissioning Support Services are set up, there may be difficulties in maintaining the levels of engagement and effort to meet the increasingly challenging area of local formularies. NICE and MPC, together with other support agencies
make a large amount of information available to the NHS. UKMi should work with a sample of Area and Local Prescribing Committees to assess how medicines information services can effectively and efficiently fill any gaps in their information needs and support local decision making. UKMi is also engaging with the NICE work on good practice in local formulary management.

Supporting NICE and Medicines and Prescribing Centre
UKMi will continue to support NICE to deliver its programmes including the unlicensed medicines initiative, and its anticipated remit to appraise more medicines at launch. There is potential to build on the current publication, “NICE Bites”, to extend its brief to include other material and advice to enhance the implementation of NICE guidance (e.g. signposting to other guidance, costing models and decision making aids).

Product availability and shortages
UKMi should, working with other Specialist Services in QA and Medicines Procurement, formalise a national approach to advising about significant product availability problems and suitable alternatives particularly when crucial to the delivery of national policy e.g. vitamin D deficiency.

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5 Pirmohamed M et al. Adverse Drug Reactions as a cause of admission to hospital; prospective analysis of 18,820 patients. BMJ 2004;329:15
6 Dornan T et al 2009. EQUIP study http://www.gmc-uk.org/about/research/research_commissioned_4.asp
8 Aldred DP et al 2009. The Care Home Use of Medicines Study.
11 York Health Economics Consortium/School of Pharmacy London 2010