

Enclosure 3: National Medicines Management Programme Board

Driver: Reduce Volume Intervention: Targeted MUR's

Situation

The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review will help patients understand their therapy and it will identify any problems they are experiencing along with possible solutions. A report of the review will be provided to the patient and to their GP where there is an issue for them to consider. It is hoped that this service will aid concordance with medicines and reduce wastage, it has also been suggested that MUR's may be used to reconcile medicines at discharge from hospital so that patient safety is improved. Health boards have been unable to direct MUR's at target group but have actively encouraged pharmacists to do so. Throughout ABHB "targeted" MUR's in the areas of discharge from hospital, NSAID prescribing and inhaler usage have been actively encouraged by the health board, the latter utilising the Local Pharmacy Practice Forum. A Chronic Conditions Bid around targeted MUR's was also successful and evaluated and this is described below.

Background

The Directed Medicines Use Reviews (MUR's) initiative actively targeted "high risk" patients for MUR utilising a pharmacist resource funded by the initiative. Key areas of **adherence, waste and clinical intervention** were recorded and outcomes if available. Pharmacists were given time to target patients which would not normally be singled out due to their complexity, this was appreciated greatly by the pharmacists involved. By targeting MUR's to discrete patient groups, more effective use was made of pharmacists' expertise in medicines management and more time was spent with patients who need support. A key area for improvement is for pharmacists to develop effective interaction with GP's in relation to MUR effects and outcomes.

The scheme was set up as a result of a Chronic Conditions Management Initiative. It aimed to allow effective integration of Community Pharmacist input into the pharmaceutical care of CCM patients by carrying out directed MUR's in patients at risk, for example:

- Patients with polypharmacy >6 items
- Patients > 75 years on > 4 items
- "Frequent Fliers" or patients recently discharged from hospital
- Housebound Patients
- Patients where wastage of medicines is identified
- Respiratory patients on inhalers

Some of these services are enhanced MUR's around Inhaler technique assessment, brown bag reviews (where patient brings all their medicines into the pharmacy for review) and domiciliary visits.

Community pharmacists were already providing this service, the key difference here was that the target groups were specified, fitting in with the CCM agenda (MUR's cannot be directed within the Community Pharmacy Contract – suitable patient types can only be "suggested" as targets). It was proposed, and accepted, to backfill

community pharmacist time to effectively direct and target MUR's to patients with complex medicines management needs. There was an expected commitment to discuss MUR's with GP, record interventions and follow up outcomes in terms of medicines management issues.

Performance Monitoring

- Estimates of waste reduction – live intervention data with quantifiable data on actual cost savings due to reduction/cessation of excessive supply
- Impact of Interventions by pharmacist – cost and quality – live data collated by pharmacists
- Effect on readmission rates
- Improvement in Prescribing Performance Indicators/AOF targets

The above performance monitoring criteria were somewhat ambitious in terms of the overall take up of the scheme, especially concerning readmission rates and improvement in prescribing indicator/AOF targets, however there were effective interventions which, if actioned, could effectively contribute to better patient care.

Assessment

Overall, the results are illustrated below. Obviously some patients had multiple issues around concordance, waste and clinical problems with their medicines.

Total Number of patients	Average time of consultation in minutes	% of Domicillary Visits	% of patients with adherence issues	% of patients with medication waste	% of patients where a clinical intervention was made	% where no action made	% to follow up
270	25	19%	51%	22%	42%	48%	34%

The main themes arising from this small scheme were:

Adherence

In this high risk group of patients just over half of them had adherence issues, this is in line with the estimated level of concordant behaviour demonstrated in the literature and emphasises the importance of medicines management interventions in patients with chronic conditions. The following comments were annotated by pharmacists carrying out the reviews

“Patient prescribed Dosulepin 25mg last year but being used by patient on a “when required basis” for no apparent reason.” – Dosulepin is an anti-depressant deemed less suitable for prescribing (AWMSG Indicator)

“Patient had stock of Lorsartan 50mg and 100mg and did not notice the difference in strength, therefore was taking either tablet instead of just the 100mg tablet” – This could lead to poor blood pressure control.

“Patient was told to stop taking a certain tablet by the hospital but is unsure which one. Has stopped taking Furosemide as a result” – This could lead to admission due to fluid retention.

“Patient not taking isosorbide mononitrate twice daily only taking in the morning” – This is an ineffective dose which could result in angina attack and possible admission

“Pain relief from maximum dosage of tablets not enough. Occasionally taking more than recommended dose of medication”

*“Poor inhaler technique ” No-one has ever shown me how to use one”-
Could result in increased chance of hospital admission, this was a recurring theme*

“Patients blood glucose monitor not functioning”- Could result in unsatisfactory Control of blood glucose and wastage of strips

“Patient unsure what a lot of her medication for”

“Patients medication out of sync and has to visit the surgery regularly to order medication”

“Patient unsure which inhalers to use when. Patient has been quite short of breath recently” -” Could result in increased chance of hospital admission

“Patient complained that she did not like taking simvastatin due to the fact that it makes her ache” - Could be changed to another statin with less side effects?

“ The best intervention I had was a customer who had not taken their ramipril (for high blood pressure) for 6 months, contacted GP who reviewed medication and called patient in for BP check”

“Patient expressed the wish that she would like to come off Priadel (Lithium).... Advice given re. contact clinic, Lithium card given to patient”

Waste

Wasted medicines was also highlighted in 22 % of patients, the MUR tool can be used to produce significant cost savings to the NHS – one intervention was to stop Singulair (a medicine for asthma) in a patient who was not taking it – this one intervention amounts to approximately £300 annualised savings). There was also an intervention where the combination inhaler Symbicort dose was reduced by two thirds after consultation with the GP which could amount to £700 savings in addition to any advantages in terms of safety.

One of the pharmacist s carried out “Brown bag reviews”, where patients were encouraged to bring all their medicines with them so that they could be reviewed. A significant proportion of these patients (33%) had excessive quantities of medicines in relation to their dosage, this excessive supply was estimated to be in the region of £1300. Patients were instructed not to order excessively at their next repeat prescription order and the practices were informed in some cases.

MUR's were often used to synchronise medicines so that excessive prescription requests, from patients to practices, were reduced.

Clinical Intervention

There were a number of clinical interventions which were accepted by Gp's and changes made to patients therapy, examples include

- Adcal D3 – dose changed from one tablet daily to the evidence based dose one tablet twice daily
- New HRT prescribed – Dixarit still on WP10 – referred to GP – Dixarit stopped (savings potential £100 per year)

- Seretide and Serevent on same script – referred – Serevent stopped (Savings potential £360 per year)
- Asthma patient at Step 1 with Ventolin only – poor control – referral to GP ? add steroid
- Patient referred to GP ? start statin – statin started
- Patient with inadequate supply of analgesics – GP review
- Gliclazide stopped in 75 year old patient on referral to GP via MUR
- Ipratropium and Tiotropium on regular repeat prescription – MUR referral to GP- Ipratropium stopped

Health Promotion

One pharmacist in particular used the MUR to get over important lifestyle information to the patients. This consisted of BP monitoring, Dietary advice, exercise referral and smoking cessation advice.

Summary

This small pilot shows that half of all patients who are offered MUR's, have no resultant actions arising from the intervention but are still provided with support from this service. 50% of patients in this study showed multiple problems ranging from adherence issues, to the necessity for clinical intervention by GP. Wastage of medicines is also highlighted by this intervention and this can be used to reduce the supply of unwanted medicines to patients.

There were subtle differences in the way each pharmacist carried out this intervention, with varying degrees of emphasis on adherence, wastage and health promotion intervention. However all pharmacists teased out significant interventions which could lead to poor control of chronic conditions. Many of these directed patients would not be obvious targets to the current MUR service provision, due to their complexity. This CCM intervention allowed pharmacists the time to interact better with their complex patients and develop a professional client-centred service. Pharmacists taking part in the scheme felt that their relationships with patients improved as a direct result of having the opportunity to spend more time with customers, talking to them, and providing advice about the importance of medicine taking as just one facet of managing their illnesses.

Recommendations

- Developing closer links with GP's and working with them to improve patient care, by improving quality and usefulness of the MUR. This can be achieved with active targeting into disease areas that matter, integrated with medicines management strategies for the health board.
- Notifying pharmacies of patients who have recently been discharged from hospital could also be improved, although this is improving. IT development and sharing information with community pharmacists is again pivotal to this.
- Documentation of outcome of MUR needs to be improved and show-cased, to raise healthcare professionals' awareness of how effective this tool can be.
- "Brown bag" reviews and domiciliary visits to hard to reach patients can highlight significant medicine usage interventions that can improve patient

care and improve efficiency in resource utilisation. A fee structure around this and effective advertising and referral pathways will aid development.

This project does show that there is room to cement the MUR in the care of patients with chronic conditions. There is much work to do with both the public and GP's to improve the outcomes from MUR's and raise their profile as an important intervention. However, there were significant interventions demonstrated within this small study which gave pharmacists a real chance to target the patients that matter.