Medicines optimisation: delivering safe, clinically effective and cost effective medicines for the best possible outcomes

Overview:

Medicines are the most common intervention in healthcare. Getting the most from medicines for patients and the NHS is becoming increasingly important, and our medicines optimisation programme focuses on helping people to get the most from their medicines and to reduce avoidable harm.

The issue:

It has been estimated that between 30% and 50% of medicines prescribed for long-term conditions are not taken as intended (World Health Organization's world health report 2003).

In healthcare, avoidable medication errors lead to 1,700 deaths in England every year. Errors can be caused during the prescribing, dispensing, administration or monitoring part of the process, and cost the NHS over £98 million annually. The World Health Organisation (WHO) aims to halve the level of severe avoidable harm caused by mistakes between 2017 and 2022.

What we did:

Discharge Medicines Service (DMS)
The Transfer of Care around Medicines project helped support the safe discharge of patients from hospital, and its significant impact on medication safety and reducing avoidable readmissions led directly to the NHS Discharge Medicines Service (DMS) which launched in February 2021.

We supported hospital trusts (particularly community and mental health) to implement the DMS. We continue to lead this programme with the NHS Business Services Authority (NHS BSA) to rapidly increase uptake of Electronic Repeat Dispensing (eRD) in England.

Electronic Repeat Dispensing (eRD)
We released capacity in primary care through uptake of electronic repeat dispensing and helping clinicians to safely support patients taking multiple medicines, with GPs, pharmacists and nurses trained in shared decision-making consultations.

PINCER
PINCER (Pharmacist-led Information technology iNterventionfor the reduction of Clinically important ERrors in medicines management) is a pharmacist-led programme to reduce harm from medication errors in primary care. Wessex AHSN led this national programme between April 2018 and March 2021, supporting clinicians to embed the intervention.

Polypharmacy
With the NHS Business Services Authority (NHS BSA) we produced Polypharmacy Prescribing Comparators, used to identify patients taking multiple medicines who would benefit from a Structured Medication Review as specified in the National Network Contract Direct Enhanced Service (DES). We launched updated comparators in February 2021 and published a training video showing how to use them.

▶ **You can watch the video at youtu.be/iqKf1Lz0eq4 (6:58 mins)**

Health Inequalities

Written Medicine is a tool which supports medication labelling in languages other than English. The impact of not understanding medicines instructions is clear in health terms and economic terms, causing poorer health outcomes and dissatisfactory experience of healthcare.

We hosted a round table discussion exploring how the tool could be more widely deployed within pharmacy teams to ensure patients understand their medicines, to address health inequalities, and to support compliance with General Pharmaceutical Council standards around patient-centred care. We continue to support our industry and AHSN Network colleagues to help Written Medicine achieve greater visibility.

What impact did it have?

DMS (previously TCAM)

- **Over 15,000 patients** in Wessex have been referred on discharge from hospital to community pharmacy

- **Seven hospital trusts** in Wessex are participating in the DMS

- **Two national round table events** held to capture insights from implementing the DMS.

eRD

- In 2021-22, around **1.6 million extra electronic repeat dispensing prescription items** were issued across the Wessex region

- Using eRD has saved more than **6,800 GP hours** in Wessex in the same period.

PINCER

- We trained **over 350 clinicians** in the PINCER intervention

- A total of **238 practices across Wessex (95% of all practices)** used the PINCER tool, and over 100 subsequently uploaded data. Wessex returned the largest cohort across the AHSN Network and demonstrated an appetite that remains in primary care

- Locally, **over 3,500 fewer patients** are at risk from clinically significant medication errors – this represents **13.4% of patients** identified

- Outcomes of a trial published in The Lancet showed a **reduction in error rates of up to 50%** following adoption of PINCER.

Polypharmacy

- **Over 200 GPs and pharmacists** have been trained in shared decision-making skills for multiple medicines safety and in using the Polypharmacy Prescribing Comparators

- Evaluation showed that clinicians felt more confident in stopping inappropriate medicines, with the training achieving **100% positive feedback** and attracting **£46,000 HEE funding** for six additional polypharmacy cohorts

- We submitted a successful bid with researchers from NIHR ARC Wessex to run the MOIRA study, to understand which polypharmacy interventions better support older patients living with frailty.

> **"Due to many problems with the buses, plus difficulties obtaining doctors appointments, I find [eRD] helpful. Plus, I find it saves my GP work and I can collect prescriptions in person at the pharmacy, thus saving the delivery service time, effort and expense, hopefully helping the NHS, too."**
>
> Patient quoted in the eRD evaluation report
>
> **"I now start with the question, "Tell me about your medicines."**
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> Clinician attending polypharmacy training
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> *Brooks, C. F. (Study Lead), Matheson-Monnet, C. B., & Argyropoulos, A. Exploring the eRD experiences and views of patients' study, Centre for Implementation Science and Innovation Insight, University of Southampton and Wessex AHSN

Strategic alignment

Reducing health inequalities

Digital transformation

Environmental sustainability

Patient and public involvement

Workforce

Innovation adoption

Local to national impact

National programme

Want to find out more?

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