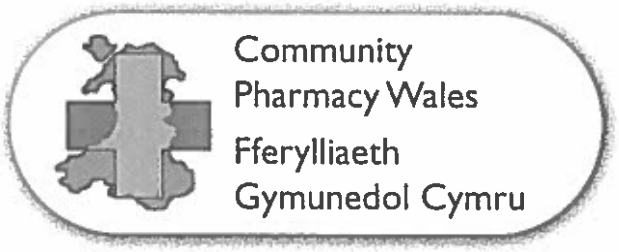


Community Pharmacy Wales

A Community Pharmacy Enhanced Service

Medicines Optimisation and Waste Reduction Service

Date May 2013

Introduction

The Welsh Assembly Government's own figures clearly highlight the unacceptably high level of medicines waste occurring within NHS Wales. While the creation of an element of medicines waste is inevitable; a significant amount of waste occurs as a result of inefficiencies in the system and the lack of a sustained, systematic approach to waste reduction.

Over 70 million items of medicine are prescribed in Wales and, using the Welsh Government's best estimate, over 1.5 million of these items could be for medicines that were either not needed or were over supplied. Inefficiencies in the ordering, prescribing and supply of medicines are estimated to cost the NHS in Wales over £13 million each year.

This enhanced service is designed to capitalise on the unique position that community pharmacy holds right at the heart of medicines prescribing and supply decision making and seeks to put in place a fully comprehensive service, designed to optimise the use of medicines and reduce avoidable medicines waste. This service will allow NHS Wales to reinvest reductions in medicines waste into improved healthcare.

Service overview

The purpose of the service is to improve patient outcomes. The service will achieve this by:-

- Improving the use and effectiveness of prescribed medicines ensuring that both patients and NHS Wales receive optimum payback from medicines expenditure.
- Reducing medicines waste so that savings can be reinvested into other patient services.

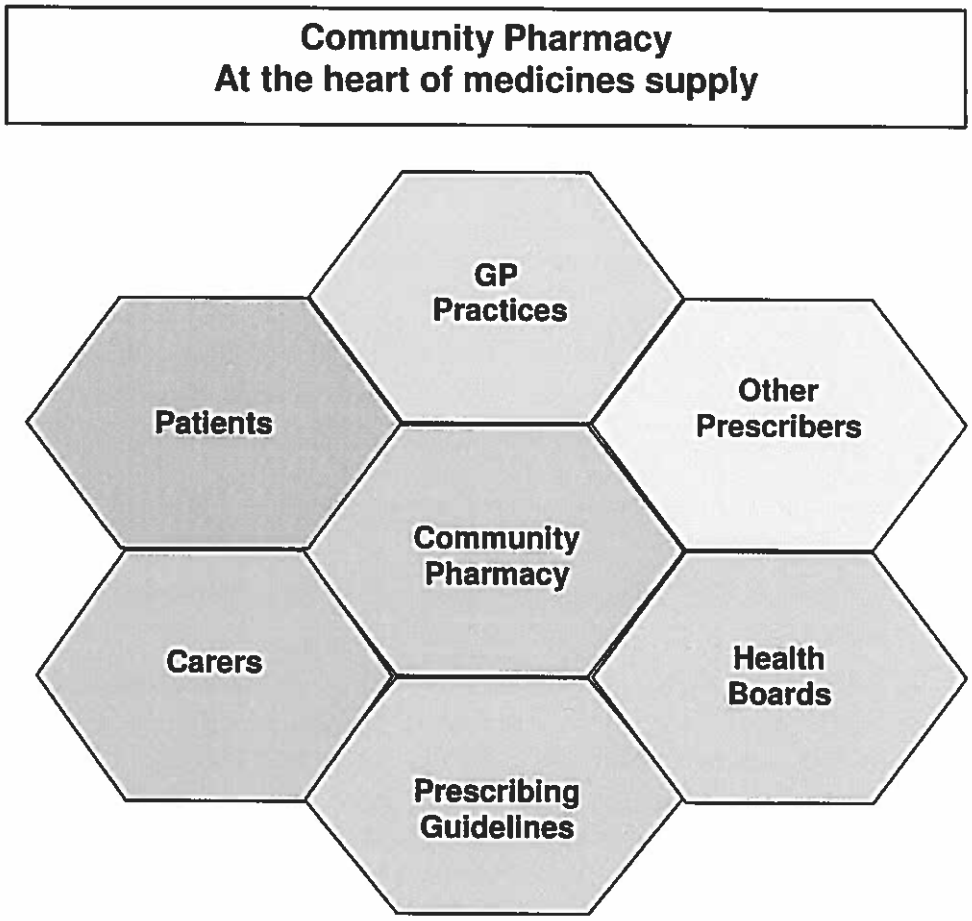
These twin objectives will be achieved by making full use of the knowledge and experience of community pharmacists. Under current arrangements; in services such as the MUR service or local not dispensed schemes, pharmacist interventions are limited by the scope of the service as currently commissioned. For example; the current commissioning arrangements for the MUR service may provide for an simple initial review of inhaler technique but would not support a comprehensive follow up review; neither would it support a domiciliary or telephone medicines use review. The current requirement for a pharmacist to check whether patients require all of their medicines before supplying, is limited to the Repeat Dispensing Service. A further example would be the lack of a service that provides support for a patient during the crucial first three months following the prescribing of a new medicine, where compliance issues are greatest and many patients stop taking their new medicine. Lack of support for new medicines often results in medicines waste and another medicine being prescribed.

This service is based around the MUR process and extended to include a range of other currently identified interventions that will improve compliance and reduce waste. This is a fully **holistic service** that removes the current restraints preventing a pharmacist from using all of their skills and experience to identify and follow up prescribing, ordering or conpliance issues, without being restrained from doing so by limitations in current commissioning arrangements.

When a GP is in consultation with a patient they are free to use their skills and knowledge to identify and meet the health needs of that patient. This service ensures that, when a pharmacist is undertaking a medicines intervention with a patient, they are similarly able to identify and follow up on any prescribing or waste issue identified in the consultation.

Community Pharmacy

The network of over 700 community pharmacies in Wales is uniquely placed at the very heart of the medicines ordering, prescribing and supply processes. There is no other part of NHS Wales better able to identify waste in the prescribing, ordering and use of medicines.



The VAST majority of prescribed items will at some stage in the supply process pass through the hands of a community pharmacist. Community Pharmacy Wales believe that the leveraging of this unique experience and knowledge is the key to reducing medicines waste and optimising the use of medicines.

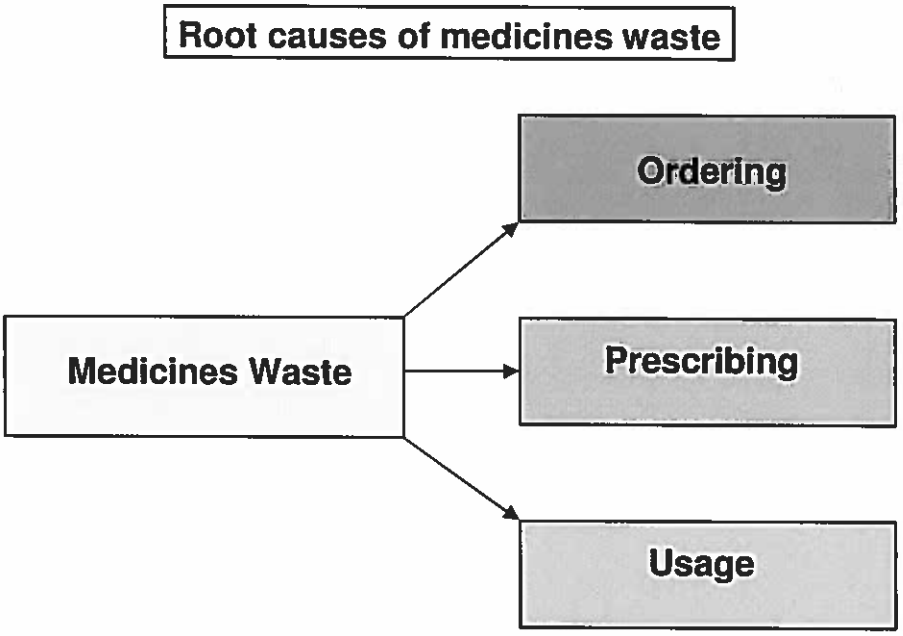
Pharmacists advise CPW that during each and every working week they are aware of over ordering of prescribed items, examples of inefficient prescribing and become aware of poor patient adherence. Each of these has the potential to lead to medicines waste.

The NHS in Wales has previously invested in a number of medicines waste campaigns aimed at encouraging patients to return unwanted medicines to community pharmacies. Whereas they may have a short term impact, they often, in the longer-term only succeed in emptying patient medicine cabinets across the Principality. CPW believe that many of these campaigns address the symptoms rather than the root cause of medicines waste and therefore do not address the underlying issues.

The root causes of medicine waste

Feedback from our contractors, operating on the frontline, indicates that in their experience there are three root causes of medicines waste, namely:-

1. **Less than optimal ordering of medicines by patients or their carers.**
2. **Waste caused by inefficiencies in the prescribing process.**
3. **Usage and compliance issues with prescribed medicines.**



The 'Medicines Optimisation and Waste Reduction Service' is a community pharmacy enhanced service designed to systematically address the issues around inefficient ordering of medicines, less than optimal prescribing of medicines and ensuring that medicines that are prescribed are used effectively.

When a decision is taken to prescribe a medicine for a patient then it is extremely important that the patient and NHS Wales receive full value from that investment. Poor compliance and other usage issues regularly result in suboptimal use of medicines and sometimes in complete treatment failure. Evidence from a survey by Barber, Parsons, Clifford, Darracott

and Horne, identified that **less than two weeks after being prescribed a new medicine one third of patients are already non adherent and of these 55% did not realise they were taking their medicines incorrectly.** Suboptimal use is often associated with the prescribing of new or additional medication at a significant cost to NHS Wales while medicines no longer wanted are returned to community pharmacy for disposal. It is for these reasons that CPW feel that medicines optimisation is clearly part of the solution.

The 'Medicines Optimisation and Waste Reduction Service' seeks to systematically work through a number of the system and people issues that create medicines waste and to provide a solution to any issues identified.

The service has been designed so that the pharmacist looks at all of the identified areas as part of a medicines optimisation and waste reduction intervention with a patient. **A MUR is delivered as part of the intervention and followed up by a systematic look at other areas not covered as part of the MUR process.**

Current medicines management services delivered through community pharmacies in Wales are not always designed to maximise the benefits for key stakeholders. Too often a fixation on remuneration mechanisms and service specifications limits a pharmacist's ability to make a maximum contribution to the medicines optimisation and waste reduction agenda.

Medicines Optimisation and Waste Reduction Service – Elements of the enhanced service

The following elements, when taken together, will result in a comprehensive, systematic and effective focus on the three areas identified as being the key drivers of medicines waste: ordering, prescribing and usage.

The MUR will form the core service element and in addition the pharmacist will review with the patient a number of elements that are potential sources of medicines waste.

The key principles adopted in designing the service are:-

- The service is a holistic medicines optimisation intervention.
- The service is built around the patient.
- The intervention seeks to meet the needs of patients, prescribers and Health Boards
- The service incorporates and builds on the existing MUR intervention
- The service supports closer GP/Pharmacist collaboration
- The service builds waste management into the intervention.

Ordering

As part of the intervention the pharmacist will undertake the following.

Review of Patient Ordering: The pharmacist will review with the patient their ordering of repeat medication to improve the process and to identify any aspects that could generate medicines waste. The pharmacist will check the patient's understanding of any recommended changes and provide feedback to the prescriber where appropriate on any agreed changes to ordering.

Review of medicines in stock: The pharmacist will ask the patient to bring in all of their current medicines or will look at patient's medicines on a domiciliary visit. The pharmacist will remove any medicines no longer required for safe disposal. The pharmacist will make a note of medicines in excess and tailor the future supply of medicines to run down the excess stockholding.

Changes to prescribing intervals: The pharmacist will identify patients who would be suitable for repeat dispensing and in addition identify patients that would benefit from changes to the prescribing interval. Recommendations will be reported to the patient's GP.

Promotion of Effective Ordering: The pharmacy will make effective use of LHB/WAG produced show material and leaflets designed to educate patients on effective ordering of medicines.

'As Required' Medication Review: The pharmacy will identify and explore with the patients any medication with 'as required' or 'as directed' dosage instructions and discuss with the patient their usage of the medication. Advice on effective ordering will be provided to the patient and feedback on items no longer required, or required less frequently, will be provided to the prescriber.

Prescribing

Health Board Prescribing Support: The Health Board will bring to the attention of the pharmacy those medicines that have been identified as 'target medicines' by the health Board and the action they are seeking to take in relation to the target medicines. The pharmacist as part of the service check if these target medicines have been prescribed and take the Health Board recommended action in relation to the prescribed medicines. The pharmacy will provide feedback to the prescriber and/or the LHB as required.

Review of 'Specials': If the patient has been prescribed a special the pharmacy will review prescriptions for medicines requiring 'specials manufacturing' to check if there are more cost effective prescribing options available.

Prescribing Feedback Service: The pharmacy will provide advice and feedback to the prescriber where prescribing is sub-optimal. As part of this element of the service the pharmacy will systematically review the following and provide appropriate feedback to the prescriber.

1. Where there is evidence of over prescribing of the medicine.
2. Where there is an opportunity to prescribe generically.
3. Where there is an opportunity to optimise either the dose or the strength of the prescribed medicine.
4. Where there is an opportunity to synchronise the prescribing interval.

Usage

Inhaler Technique: The pharmacist will undertake an inhaler technique for patients prescribed medicines in inhaler form. The pharmacist will educate the patient on the use of the inhaler and check their inhaler technique. The pharmacist will arrange for a follow up review three months later to check that the patient is using the correct technique. The pharmacist will undertake a recognised compliance assessment at the initial and follow up consultations for evaluation purposes.

Newly Prescribed Item Support: It is well recognised that difficulties are often experienced with newly prescribed medicines, for example transient side effects. A review of newly prescribed medicines identified that **less than one fifth of patients were taking the medicine as intended and experienced no problems with the medicine.** Poor patient understanding of newly prescribed medicines will often result in less than optimal compliance and high levels of waste. The pharmacist will review the newly prescribed medicine within the MUR element of the service and in addition will contact the patient at one month and three months after the first prescription to provide advice and support and to identify any compliance issues. The pharmacy will provide feedback to the prescriber as appropriate.

Compliance Support: Difficulty in taking medicines often results in poor compliance and results in unnecessary waste. The pharmacy will, in discussion with the patient, address the issues that patients have with the ordering and use of their medicines and identify any adjustments that they feel will improve patient compliance. Where the provision of MDS is

believed to be the preferred solution this will be provided to those patients that qualify for this compliance support under the requirements of the DDA. The GP will be informed where the patient does not qualify under DDA.

Telephone and domiciliary MURs: Some patients that have potential issues with the use of their medication may not be able to attend the pharmacy for a MUR. If the pharmacist believes that the patient will benefit from the Medicines Optimisation and Waste Reduction Service they will arrange to provide the service on the telephone or visit the patient in their home.

Optional additional elements to the service

The service has been designed as a single holistic service that will identify and reduce potential wastage of medicines through a medicines optimisation approach.

In addition CPW has identified optional extensions to the core service which it believes may be of interest to Health Boards and may further improve the use of medicines and reduce wastage.

Review of Care Home Ordering: The pharmacy will review, with a nominated representative of the care home, the medication ordering process adopted by the care home. Advice on effective ordering will be provided to the identified representative and to the prescriber if deemed appropriate. The ordering process will be re-audited after an agreed period of time. Issues that could result in medicines waste will be identified as part of the review. If requested the pharmacy will check compliance with local ordering processes and provide feedback to the LHB and CSIW.

Formulary Compliance: This service is designed to support LHBs operating a medicines formulary. The pharmacy will review prescribing of items outside of formulary recommendations and will provide feedback to the prescriber and/or the LHB as required. The pharmacy can, if required by the LHB, provide additional activity data.

Prescribing Guidelines: National and local guidelines have been produced with the objective of ensuring effective and cost effective prescribing. This service will ensure the benefits of this process are realised on the ground. The pharmacy will review prescribing against national guidelines e.g. NICE or BTS, or against local guidelines. The pharmacy will provide feedback to the prescriber where prescribing varies from the guidelines. This will reduce waste arising from less than optimal application of prescribing guidelines.

Hospital and Care Home - Medicines Listing: This element of the service has been specifically designed to support patients moving between care settings and to improve the medication processes involved in the transfer, as medicines waste and duplication of prescribing often results from inefficient transfer processes. The pharmacy will, in collaboration with the patient and the GP practice, provide a nominated person within the care setting with details of regular prescribed and purchased medicines used by the patient.

Carers Training: Many medicines are ordered, collected and administered by carers on behalf of patients. Carers include; independent carers, those working for Social Services or

carers in a care setting such as a care home. Poor understanding of medicines amongst carers often results in less than optimal ordering processes and compliance issues. The pharmacy will provide accredited medicines management training for carers. The training will be designed to improve their understanding and knowledge of prescribed medicines. This educational process will help improve ordering, administration and compliance and as a result reduce medicines waste.

Carers Support Service: The pharmacy will provide compliance aids such as MAR sheets and MDS to support carers in the administration of medicines and will act as a source of medicines expertise to be called on, by the carer, when required. This service will reduce the cost and complexity of medicines administration by carers.

Supervised Administration: The pharmacy will provide a 'Supervised Administration of Medicines' service for specific medicines, or for named patients. The service will operate where it has been identified that there is a high risk of non-compliance or where it is important to ensure compliance e.g. TB medication.

Prescribing advice to GP Practices: The Health Board may wish to commission the pharmacy to provide sessional prescribing support to local GP practices. The Health Board or GP practice will provide guidance to the pharmacist on those areas which they would wish to review.

CPW will be happy to work with any Health Board that may wish to introduce these additional service elements.

Payments

An element of the service will be paid for as a MUR and be subject to the MUR allowance of 400 MURs. An single additional fee will be paid to cover all the additional elements of the service.

Delivery and evaluation

The pharmacist would work through an agreed checklist covering all of the elements of the service.

CPW would recommend that the National Electronic Claim and Audit Form (NECAF) be adapted to include the Reducing Medicines Waste Service. This would support simplified payments to contractors while gathering the data required to evaluate the service and contained in the checklist.

Summary

Medicines waste is estimated to cost the NHS in Wales around £13 million. Medicines Waste arises as a result of:-

1. Less than optimal ordering of medicines by patients or their carers.
2. Waste caused by inefficiencies in the prescribing process.
3. Usage and compliance issues with prescribed medicines.

Community pharmacy is uniquely placed to observe and to address the issues that cause medicines waste on behalf of NHS Wales. The effective engagement of community pharmacists in the management of medicines in the community setting has the potential to produce a number of benefits for:-

- Patients who use medicines to improve health outcomes.
- Prescribers who seek to make the most effective and cost effective prescribing decisions.
- Health Boards who have a responsibility to manage prescribing spend and to reduce waste in the system.

This systematic and comprehensive service identifies the problems and provides practical solutions to the issue of medicines waste and will make significant inroads into the £13 million of medicines waste.

This is a real **'invest to save'** opportunity for the NHS in Wales with every £1 invested in services of this nature from community pharmacy is estimated to achieve savings three or four times higher than the money invested.