

# Medication Review (MR)

## Milestone

**By 2002: All people over 75 years should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review 6-monthly**

Most MRs at the present time are undertaken by doctors with only a small percentage being undertaken by other professionals, e.g. pharmacists and nurses

Some MRs are undertaken whilst a patient is in hospital but there is concern that information may be lost in the transfer to GPs or may not be timely

A suggested format of a MR is described in some detail in the NSF but the reality is that the actual format of a MR will vary considerably depending on the needs of the patient and the professional undertaking the MR.

It is logical that the GP will continue to maintain patient health records and be the professional making the final decision as to who undertakes the MR and the format/ content of the review

In discussion with a number of GPs there is likely to be 2 scenarios

- ◆ The GP will wish to undertake the MR his or herself with no outside help
- ◆ The GP would like assistance in undertaking MRs for all or some of his/her patients

### Discussion point

Do we need to define a specific format/ minimum content of a MR to ensure a required standard is achieved or can we accept professional judgement?

To facilitate the process there is a need to

- Ensure accurate and timely capture of data by GPs from secondary care.
- Provide help for those GPs requiring assistance with MRs

### Capture of data from secondary care

Concern was raised at:

- (a) The lack of information coming back to primary care after a patient has had had a MR at hospital
- (b) Accuracy or legibility of information
- (c) Timely return of information

To date a number of hospitals have responded as to how they will tackle these problems but all involve the production of accurate information (in various formats) on discharge or the faxing of data to GP surgeries

Intervention data from secondary care will also be of value

### Assisting GPs

#### *Care Home Residents*

The IOW uses a clinical pharmacist to assist GPs with MR for care home residents. (funded from moneys previously paid to community pharmacists for providing advisory care home visits)

West Sussex has a nurse practitioner undertaking a similar role in a local trial.

These roles are supported in a Report: The health and care of older people in care homes by Royal College of Physicians, Royal College of Nursing & British Geriatrics Society which also suggests that savings from prescribing budgets as a result of pharmacist interventions could be sufficient to fund these positions.

Early work from the IOW certainly supports these suppositions (data available)

The West Sussex HA medicines group has suggested that savings from drug budget be used to fund one pharmacist plus 3 nurse practitioners per 60 care homes (20 residents per home)

Norfolk is following the IOW lead in funding clinical pharmacists from funds previously used to pay community pharmacies for advice.

### ***Patients in the community***

Wyre Forest PCT, East Elmbridge & Mid Surrey PCTs have taken the decision to employ clinical pharmacists to assist in MR

Nurses undertake over 75s health check in surgeries. With further training or working with pharmacists certain MRs could also be undertaken.

There are numerous medicines management projects underway which may suggest ways forward.

The IOW will bid for second wave funding for a medicines management project which aims to use intervention reports issued by pharmacists in primary and secondary care. Interventions would be graded for importance, cost effectiveness etc by a pharmacist facilitator who could link to GPs via a number of routes. This could follow on from the success of a DOH funded trial in 1995/6 which demonstrated the value of intervention reporting by community pharmacists. Intervention reporting would be an extremely cost effective method of assisting GPs and reports may be generated every time a prescription is issued rather than only every 6 or 12 months.

LPS schemes could also be used as a means of providing assistance to GPs

A pharmacist/nurse team has recently undertaken medication reviews for all patients registered with one GP on the IOW (data available shortly) and information will be available on costs, average time taken per patient, cost savings from drug budget etc.

Medication reviews could be undertaken by professionals other than doctors working to protocols

Community pharmacists could undertake brown bag reviews or reviews for patients suffering from certain disease states or make home visits to the housebound and undertake reviews there using information contained on prescription request slips.

Confidentiality could be raised as an issue