Ensuring safe use of non-steroidal anti-inflammatory drugs (NSAIDs): Community pharmacy support through Medication Use Review (MUR)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Business Case Owner:</td>
<td>Example</td>
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<td>Initiative, Programme or PBC Group</td>
<td>Crawley Commissioning Consortium</td>
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<td>Draft</td>
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Part A: Strategic Fit

### Business need

**What is the initiative?**

This initiative aims to ensure safe use of NSAIDs in older people, thereby reducing the number of avoidable emergency admissions caused by these drugs. Patients taking these medicines will be identified by local community pharmacies and prioritised for Medication Use Reviews (MUR) provided and funded through the national pharmacy contract.

**Why is it needed now?**

Tackling unscheduled care is a major commissioning intention for the Crawley Consortium for 2010/11 as this accounts for a significant percentage of the total overall spend per year. NSAIDs cause about 50 preventable admissions per year for an average population of 100,000\(^1\) and current hospital admissions data for the South East confirm that this remains an important patient safety issue.

The QIPP agenda requires quality improvement without additional cost; this work will deliver this and will also improve working relationship within and across care sectors as part of a wider SHA work stream on preventing medicines related admissions.

### Contribution to key objectives

#### World Class commissioning outcomes

The project aims to improve medicines safety, so health is maintained or improved. It includes collaboration between NHS West Sussex, Crawley PBC, GPs, community pharmacists and patients, and is linked to work at Surrey and Sussex Healthcare NHS Trust. Patient outcomes need to be documented to inform future commissioning decisions.

#### Healthier People, Excellent Care

Guiding principles of HPEC include ‘prevention is better than cure’ and that ‘services should conform to best practice’. This project will demonstrate best MUR practice, preventing avoidable harms from medicines.

#### West Sussex strategic commissioning plan/goals

Safer use of NSAIDs could improve quality of life and increase life expectancy for this patient group. Contribution to QIPP delivery strategies: quality improvement and enhancing self care and long term conditions.

#### Vital Signs

Number of emergency bed days per head of weighted population and CVD mortality rate: reduction possible.

#### Other

The NHS Chief Pharmaceutical Officer, Dr Keith Ridge, has identified reducing medicines related admissions as an essential pharmacy function, requiring further development and assessment.

### Existing arrangements

Currently, community pharmacists are paid through the national contracting arrangements to perform MURs once a
existence? If so what are current arrangements? year. There are no arrangements in place for any further directed MURs working in collaboration with GP surgeries.

A.4 Objectives

How will this initiative resolve an issue or what will it enable us to achieve?

Patients on long term NSAID therapy need to be fully informed of the risk v benefit of treatment. The objectives of this community pharmacy target MUR service are:

1) To ensure appropriate gastro-protection is prescribed and adherence is discussed with patients.

2) To ensure that specific issues are discussed and documented (eg risk of concurrent use of NSAIDs bought from pharmacies and other outlets, smoking and alcohol consumption, other medicines which affect NSAID risk) with patients who are known to be at increased risk from NSAID therapy.

(see appendix for further service information)

A.5 Outcomes or Benefits

If we achieve these objectives, what will be different?

1. Known preventable adverse events such as GI bleeds requiring hospital admission will be reduced.

2. People taking NSAIDs will be aware of certain key risks of NSAID therapy and the steps they can take to minimise these risks.

3. There will be improved working relationships and communication between community pharmacies and GP practices as they focus on improving this aspect of medicines safety.

4. Data collected will demonstrate the outcomes of the service to inform future commissioning decisions and community pharmacy development.
### Outcome or Benefit Measures

<table>
<thead>
<tr>
<th>A.6</th>
<th>The measure is...</th>
<th>Evidenced by</th>
<th>Date measurement taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Admissions for GI bleeds Crawley patients v pre-intervention and comparison with other areas of West Sussex</td>
<td>SUS data (obtained from SHA quality observatory)</td>
<td>Time frames to be agreed</td>
</tr>
<tr>
<td></td>
<td>Admissions coded with NSAID as a contributory factor (as above)</td>
<td>(as above)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Community pharmacy data on service uptake and safety issues identified</td>
<td>Pharmacy data collection form (self report)</td>
<td></td>
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Part B: Options Appraisal

B.1 Please list the options you have considered to deliver this initiative and undertake a SWOT analysis for each

You may wish to complete Part C: Affordability and Part D at the same time as this section as the detailed figures from the D1 template need to be included here as total costs

<table>
<thead>
<tr>
<th>Option 1</th>
<th>Description</th>
<th>Do nothing</th>
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</thead>
<tbody>
<tr>
<td>Strengths</td>
<td>The status quo will be maintained</td>
<td></td>
</tr>
<tr>
<td>Weakness</td>
<td>No improvement in medicines safety or reduction in harm from therapy</td>
<td></td>
</tr>
<tr>
<td>Opportunities</td>
<td>None</td>
<td></td>
</tr>
<tr>
<td>Threats</td>
<td>Preventable NSAID related admissions continue with consequent impact on patients and NHS resources</td>
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<table>
<thead>
<tr>
<th>Option 2</th>
<th>Description</th>
<th>Implement target MURs for selected patients prescribed NSAIDs</th>
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</thead>
<tbody>
<tr>
<td>Strengths</td>
<td>Improved safety for those at greatest risk without additional funding</td>
<td></td>
</tr>
<tr>
<td>Weakness</td>
<td>Assistance from partner organisation may be necessary to collect data on service outcomes</td>
<td></td>
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<tr>
<td>Opportunities</td>
<td>Patients better able to manage their own medicines. Working relationships between GPs and community pharmacists developed to support effective use of medicines</td>
<td></td>
</tr>
<tr>
<td>Threats</td>
<td>Not all community providers will want to participate</td>
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- **Preferred Option**: Option 2. The target MUR service affords an opportunity to improve the quality of care using existing resources; such service innovation is required to meet QIPP targets.

- Even if some providers are unable to participate in the target MUR service, provision in any number of pharmacies will still contribute to patient safety and quality of care.

| Implications | | |
|--------------|----------------|
| What are the potential implications of this preferred option? | | |
| Existing provider | N/A |
| Other organisations involved in the H&SC economy | N/A |
| NHS West Sussex workforce | N/A |
| Current provider’s workforce | N/A |
| Clinical Governance | MURs will be provided within the existing clinical governance framework for community pharmacies |
| Quality agenda | The initiative aims to improve the quality of care for the identified patient group and ensure the quality of this |
| Access to Services (see Guidance notes for definition) | The service will be provided by community pharmacists to patients who regularly attend their pharmacy; MUR services are available at nearly all community pharmacies in Crawley |
| IM&T | N/A |

**Medicines Management**

**B.4 What are the anticipated implications regarding changes in what, how, the cost or the quantity of medicines being prescribed or supplied?**

A small increase in prescribing of gastro-protective medication (e.g., proton pump inhibitors) is possible, but these are cheaply available and NICE has advised co-prescription. Adherence with gastro-protective agents might also be improved and overall NSAID use reduced. If patients have a clearer understanding of how to take their medicines, this can reduce the quantity of wasted medicines, which are an enormous burden to health budgets.
Part C: Procurement

C.1 Provider strategy

What is the proposed approach/strategy for procurement and why have you chosen this approach/strategy?

Liaise with community pharmacy contractors, invite each to sign up to provide the service and attend launch event.

C.2 Procurement timetable

What is the proposed timetable for procurement?

The proposed implementation date will be 1st January 2011.

C.3 Commercial arrangements

What are the key features of the proposed procurement?

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<thead>
<tr>
<th>Provider type</th>
<th>Delete as appropriate</th>
<th>Community Care Provider</th>
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<tbody>
<tr>
<td>Contract terms and length</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Payment mechanisms</td>
<td>N/A</td>
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<tr>
<td>Performance Incentives</td>
<td>N/A</td>
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Part D: Affordability

D.1 Funding source

What funds is this initiative accessing?

NONE
(Possible partner organisation to support data collection)

References
1 More on NSAID adverse effects. Bandolier 2000;7 (issue 9):6-8
2 NICE Clinical Guideline 59 Osteoarthritis Feb 2008
Appendix

**Oral NSAID safety check (MUR)**

1) Regular oral NSAID use with inadequate gastro-protection

All patients* collecting prescriptions for oral NSAIDs including coxibs regularly for at least 3 months (BNF chapter 10.1.1)

- Quantity indicates taking at least 3 days each week

- No proton pump inhibitor/other gastro-protection co-prescribed OR proton pump inhibitor not being ordered/collected even though on repeat prescription list

⇒ Prescription intervention MUR

⇒ Standard MUR 1-3 months later to confirm gastro-protection

If MUR not possible eg patient does not collect own prescription or refuses MUR

⇒ Notify GP practice that MUR was not possible but potential GI concern

* NICE advises co-prescription of PPI for all patients with osteoarthritis or rheumatoid arthritis and people over 45 with chronic low back pain

http://www.cks.nhs.uk/nsaids_prescribing_issues/management/detailed_answers/gastrointestinal_adverse_effects/people_at_increased_risk

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2) Older people

Patients aged over 55

- Collecting prescriptions for oral NSAIDs including coxibs regularly for at least 3 months (BNF chapter 10.1.1)

- Quantity indicates taking at least 3 days each week

- Proton pump inhibitor co-prescribed and quantity indicates good adherence

⇒ Standard MUR
Key aspects of oral NSAID target MUR

- patients regularly prescribed an NSAID or coxib (ie for 3 months of more)

* Does the patient know why they are using the medicine?*
What’s the patient's understanding of the purpose of NSAID treatment eg general pain relief, muscle pain, osteoarthritis, headache, gout?
Find out if being managed by a specialist or there is any specialist recommendation for regular or high dose NSAID (eg patients with rheumatoid arthritis or ankylosing spondylitis).

* Does the patient use the medicine as prescribed?*
What dose do they take and how often? How effective do they find it?
Unless other specialist advice, patients should take the lowest effective dose for the shortest possible time. Can they manage their symptoms with occasional use or lower dose rather than regular use?

* Side effects*
Have they ever had any stomach ulcer problems or bad indigestion?
* Co-prescription of gastro-protection is advised for regular users of both traditional oral NSAIDs and coxibs. Reinforce the importance of taking their PPI to prevent stomach problems or refer if not prescribed. NSAID patients who take other medicines such as low dose aspirin, clopidogrel, SSRIs, warfarin, etc will be at even greater risk if adherence to gastroprotection is poor
* Advise on smoking cessation and alcohol consumption as appropriate: heavy smokers and drinkers are at increased risk of GI problems.
* For older NSAID patients particularly eg age 70+, renal function tests should be done – ask patients if they remember having any blood tests in the last 12 months. If not, include this on the MUR form and notify GP/practice nurse

* More information provided on use of medicine*
Do they use any over the counter products?
Explain that is important not to buy any pain killers without checking whether they are okay to take with their medicines. Unwittingly taking two NSAIDs has resulted in serious harm to patients.

* Essential background for pharmacies providing this service:*
MeReC Extra, Issue 30: ‘Cardiovascular and gastrointestinal safety of NSAIDs'

http://www.cks.nhs.uk/analgesia_mild_to_moderate_pain#-467395