NICE guideline 5: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

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Outline

• Background
• Overview of the guideline
  – key points (refer to the guideline for full recommendations)
  – evidence
• Who should take action?
Outline

• **Background**

• **Overview of the guideline**
  – key points (refer to the guideline for full recommendations)
  – evidence

• **Who should take action?**
NICE guidelines on medicines use and practice

Published:
• Developing and updating local formularies
• Patient Group Directions
• Managing medicines in care homes
• Medicines optimisation

In development:
• Antimicrobial stewardship
• The safe use and management of controlled drugs
• Managing medicines for people receiving social care in the community
Evidence into practice
Maskrey N, 2014

Research → National guidance → Local implementation → Care of Individual people

RNLI
NICE guideline 5: Medicines optimisation
www.nice.org.uk/Guidance/NG5

- Updates and replaces ‘Technical patient safety solutions for medicines reconciliation on admission of adults to hospital’ (2007) (PSG001)
- Updates and replaces recommendation 1.4.2 in ‘Medicines adherence’ (2009) (CG76)
Related NICE guidance

Overarching NICE guidance

Patient experience in adult NHS services
CG138 2012

Medicines optimisation
NG5 2015

Medicines adherence
CG76 2009

Drug allergy
CG183 2014
The problem…

- **Berwick report (2013)**
  - patient safety problems exist throughout the NHS as with every other health system in the world

- **Frontier report (2014)**
  - putting in place systems and procedures to improve safety of care might reduce the financial cost of care, as well as improve the quality of life….
  - an increase in polypharmacy has the potential to increase errors and related harm
  - cost of preventable adverse events is likely to be more that £1 billion annually to the NHS
Reason’s ‘Swiss cheese’ model

Defences, barriers and safeguards
Why is medicines optimisation important?

- Ageing population
  - use more medicines
- More people diagnosed with long-term conditions
  - 15 million people in England
  - approx. 30-50% of medicines not taken as intended
- More people diagnosed with >3 long-term conditions
  - from 1.9 million (2008) to ~3 million (2018)
- More people taking multiple medicines (polypharmacy)
  - Risk of harm increases with polypharmacy
  - average number of prescription items per year for any one person in England increased from 13 (2003) to 19 (2013)
- 5-8% of hospital admissions due to preventable adverse effects
Definition of medicines optimisation

For the purpose of the NICE guideline:

‘a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines’
Areas covered in the guideline

• Systems for identifying, reporting and learning from medicines-related patient safety incidents (2 RCTs; 16 OS)
• Medicines related communication systems when patients move from one care setting to another (11 RCTs)
• Medicines reconciliation (4 RCTs)
• Medication review (28 RCTs)
• Self-management plans (14 RCTs)
• Patient decision aids used in consultations involving medicines (28 RCTs)
• Clinical decision support (20 RCTs)
• Medicines-related models of organisational and cross-sector working (18 RCTs)
Strength of recommendations

• ‘Must’ or ‘must not’:
  – legal duty to apply the recommendation
  – if the consequences of not following the
    recommendation could be extremely serious or
    potentially life threatening

• Interventions that ‘should’ or ‘should not’ be used – a
  ‘strong’ recommendation:
  – we use ‘offer’ (and similar words such as ‘refer’,
    ‘ensure’ or ‘advise’)

• Interventions that could be used – a weaker
  recommendation:
  – we use ‘consider’
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• Who should take action?
The patient journey…

Doris
The patient journey…

Systems for identifying, reporting and learning from medicines-related patient safety incidents
Systems for identifying, reporting and learning from medicines-related patient safety incidents (1)
Systems for identifying, reporting and learning from medicines-related patient safety incidents (2)

**Key points:**

- Consider using multiple methods to identify incidents
- Explore barriers that may reduce reporting
- Consider applying the principles of PINCER intervention
- Consider using screening tools (e.g. STOPP/START tool) in some people (e.g. older people, long term conditions, polypharmacy) to identify potential incidents
- Consider assessing training and education needs
The patient journey…

- Systems for identifying reporting and learning from medicines-related patient safety incidents
- Medicines-related communication systems when patients move from one care setting to another
Medicines-related communication systems when patients move from one care setting to another (1)

**Key points:**

- Complete and accurate information needs to be shared, received, documented and acted upon:
  - 2-way responsibility
  - ideally within 24 hours
  - most effective and secure way
  - specific information to be shared (see guideline)

- Person-centred:
  - Discuss medicines with the person at the time of transfer
  - Give them a complete and accurate list of their medicines in a suitable format
Medicines-related communication systems when patients move from one care setting to another (2)

Key points:

• Consider sending a person’s medicines discharge information to their nominated community pharmacy
• Consider additional support for some groups of people:
  – adults, children and young people taking multiple medicines (polypharmacy)
  – adults, children and young people with chronic or long-term conditions
  – older people
The patient journey…

- Systems for identifying reporting and learning from medicines-related patient safety incidents
- Medicines reconciliation
- Medicines-related communication systems when patients move from one care setting to another
Medicines reconciliation

Key points:

When and where?

• In an acute setting – within 24 hours
• In primary care – as soon as practically possible, and within 1 week of the GP practice receiving the information
• Process may need to be carried out more than once during a hospital stay

Who to involve?

• patients and their family members or carers, where appropriate

Who does it?

• Trained and competent health professional
• Designated health professional to have overall organisational responsibility
The patient journey…

Systems for identifying reporting and learning from medicines-related patient safety incidents

Medicines reconciliation

Medication review

Medicines-related communication systems when patients move from one care setting to another
Medication review

**Key points:**

- Consider medication review for some groups of people where a **clear purpose** has been identified. For example:
  - adults, children and young people taking multiple medicines (polypharmacy)
  - adults, children and young people with chronic or long-term conditions
  - older people

- Determine locally who is the most appropriate health professional to carry it out – based on knowledge and skills

- See guideline for specific details on what needs to be taken into account when carrying out a medication review
The patient journey...

Identifying reporting and learning from medicines-related patient safety incidents

Medicines reconciliation

Medication review

Decision-making

Self-management plans

Patient decision aids (medicines)

Clinical decision support

Medicines-related communication systems when patients move from one care setting to another
The patient journey…

Identifying reporting and learning from medicines-related patient safety incidents

Medicines reconciliation

Medication review

Decision making

Self-management plans

Patient decision aids (medicines)

Clinical decision support

Medicines-related communication systems when patients move from one care setting to another
Self-management plans

Key points:

• Consider using an individualised self-management plan:
  – people with chronic or long-term conditions
  – to support people who want to be involved in managing their medicines

• Details of what should be discussed and included in the individualised self-management plan is outlined in the guideline

• Review the self-management plan to ensure the person does not have problems using it
The patient journey…

Identifying reporting and learning from medicines-related patient safety incidents

Medicines reconciliation

Medication review

Decision-making

Self-management plans

Patient decision aids (medicines)

Clinical decision support

Medicines-related communication systems when patients move from one care setting to another
Patient decision aids used in consultations involving medicines (1)

Key points:

Shared decision-making

- Offer all people the opportunity to be involved in decisions about their medicines
- Find out about the person’s values and preferences – they may be different from the health professional
Patient decision aids used in consultations involving medicines (2)

Key points:

Patient decision aids

• In a consultation about medicines:
  – **offer** the person the opportunity to use a patient decision aid (when one is available), to help them make a preference-sensitive decision
  – **do not** use a patient decision aid to replace discussions with a person
  – may be appropriate to have more than 1 consultation to make an informed decision
  – robust development process, in line with the IPDAS criteria
Patient decision aids used in consultations involving medicines (3)

Key points:

Organisational responsibilities

• Consider training and education needs to support health professionals
• Consider identifying and prioritising which patient decision aids are needed for their patient population through, for example, a local medicines decision-making group
• Disseminate to all relevant health professionals and stakeholders
The patient journey…

Identifying reporting and learning from medicines-related patient safety incidents

Medicines reconciliation

Medication review

Decision-making

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Patient decision aids (medicines)

Clinical decision support

Medicines-related communication systems when patients move from one care setting to another
Clinical decision support

Key points:

• Consider computerised clinical decision support systems to support clinical decision-making and prescribing
• Should not replace clinical judgement
• Health professionals need to have the necessary knowledge and skills to use the system, including an understanding of its limitations
• Requirements of the system outlined in guideline
The patient journey...

- Identifying reporting and learning from medicines-related patient safety incidents
- Medicines reconciliation
- Medication review

Decision-making
- Self-management plans
- Patient decision aids (medicines)
- Clinical decision support

Models of care
- Home
- GP
- Hospital
- Community care

Medicines-related communication systems when patients move from one care setting to another
Medicines-related models of organisational and cross-sector working

Key points:

• Consider multidisciplinary team approach for people who have long-term conditions and take multiple medicines (polypharmacy)

• Involve a pharmacist with relevant clinical knowledge and skills when making strategic decisions about medicines use or when developing care pathways that involve medicines use
The patient journey…

- Identifying reporting and learning from medicines-related patient safety incidents
- Medicines reconciliation
- Medication review

Decision-making
- Self-management plans
- Patient decision aids (medicines)
- Clinical decision support

Models of care
- Home
- GP
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Medicines-related communication systems when patients move from one care setting to another
Summary (1)

- NICE guideline on medicines optimisation covers 8 key areas where medicines use could be optimised
- Opportunity to reduce preventable medicines-related patient safety incidents – systems and processes can help to minimise harm
- Involving people in decisions about their medicines is crucial – there are many opportunities to do this
- Aim to understand people’s knowledge, beliefs and concerns about medicines
- Ensure people have complete and accurate information about their medicines, in a format that they can understand
Summary (2)

• Prioritise additional support for people who may need it most e.g. people with multimorbidities, polypharmacy and older people

• Target ‘risky times’ when medicines-related problems are most likely to occur e.g. hospital discharge
  – Medicines reconciliation
  – Medication review
  – Post-discharge support

• Effective 2-way, secure and timely communication between providers is needed

• Needs engagement from everyone across health and social care, not just pharmacy teams

• Review patients regularly
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• Who should take action?
Who should take action?

Full guideline section 4.3

<table>
<thead>
<tr>
<th>Who should take action?</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisations</strong></td>
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<td></td>
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<tr>
<td>• clinical commissioning groups</td>
<td>1.2.1, 1.2.6</td>
</tr>
<tr>
<td>• commissioners and senior managers in local authorities</td>
<td></td>
</tr>
<tr>
<td>the NHS</td>
<td>1.3.4, 1.3.5</td>
</tr>
<tr>
<td>• providers of health and social care services</td>
<td>1.4.2</td>
</tr>
<tr>
<td></td>
<td>1.6.10–1.6.12</td>
</tr>
<tr>
<td></td>
<td>1.7.1–1.7.3</td>
</tr>
<tr>
<td></td>
<td>1.8.1, 1.8.2</td>
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<tr>
<td><strong>Health professionals</strong></td>
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<td></td>
<td>1.2.5</td>
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<tr>
<td></td>
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Evidence into practice
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Research

National guidance

Local implementation

Care of Individual people

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