

MEDICINES MANAGEMENT

for health professionals interested in effective prescribing

PCTs see growing role for medicines management

Prescribing advisers in primary care trusts say that they hope to begin using medicines management more widely in the battle to contain rising pressures on prescribing budgets.

With the widespread decommissioning of health authorities on 31 March, community pharmacists will be increasingly represented on PCTs. PCT prescribing advisers believe this will lead to better integration of community pharmacists with primary care teams, enabling medicines management schemes to take off across organisations.

Chris Lawson, prescribing adviser for Mansfield PCT, said her PCT would now be looking to use medicines management as part of its efforts to maintain quality prescribing and cost-effective medicines use.

"We are already seeing a fast pace, and a lot of the work is being driven by the medicines management collaborative pilots, because they have set a lot more targets for organisations around community pharmacy development."

But Ms Lawson said that continuing pressures on prescribing budgets from implementing national guidance from NSFs and NICE were making it more difficult to invest in the staff needed to drive forward quality prescribing and medicines management. "There is a lot less room for manoeuvre within the budget," she said.

Dr Brian Curwain, chief pharmacist for New Forest PCT, said NSF drug costs were also driving prescribing spending up in his area, and that PCTs would increasingly be looking to medicines management to help curb prescribing costs.

"Some PCTs are millions of pounds overspent. We are extremely short of money, and a number of PCTs will inherit deficits from

health authorities," said Dr Curwain.

He added: "If you're looking for savings in prescribing now, in most parts of the country the easy hits with generic prescribing have been made. It will be down to individual therapeutic review centred on patients, including medication reviews. But that process is very labour intensive."

Louise Jackson, primary care pharmacist for Wakefield PCT, said that community pharmacists were increasingly being represented on its medicines management committee, being established to take forward the PCT's strategy.

"We've changed our prescribing section in our strategy document to medicines management, because we recognise that it is not just one GP making decisions about which medicine is right."

She added that the PCT hoped to use expertise from a range of primary care professionals to influence its medicines management policy, from health visitors seeing problems with patients' medicines right through to community pharmacists.

Richard Seal, from the National Prescribing Centre, Liverpool, said baseline data from the first-wave medicines management collaborative pilots confirmed that PCTs were looking at cost issues around medicines use.

"The areas that people are looking at are not surprising, and we have a number of sites looking at gastrointestinal prescribing, around acid suppression and proton pump inhibitors." Mr Seal added that NSAID use, osteoporosis and the appropriate prescribing of statins were also being looked at by pilot sites.

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Local ethics committees approve majority of PSNC-led pilots

Eight of the nine pilot sites taking part in the Community Pharmacy Medicines Management Project have received approval from their local research ethics committees (LREC) and will soon be recruiting their first patients.

John Dixon, manager for the project, which is being led by the five national bodies in community pharmacy headed by the Pharmaceutical Services Negotiating Committee, said that the pilot based in North Tyneside PCT had just received approval, leaving North Southwark PCG as the only scheme now awaiting LREC approval.

"We don't think we're very far away from the first group of patients being invited for their first appointment — researchers have been looking at coronary heart disease registers in the GP practices and validating them," said Mr Dixon. He said the first phase of the project would involve inviting

sufficient patients from each practice to produce five patients per community pharmacy to take part in a test run to evaluate the study processes and documentation before the larger trial began.

After looking at the acceptability of the methodology, researchers will then make any amendments to the study documentation before enrolling patients in the larger study.

The process of inviting patients is likely to take several weeks, and a second letter will be sent by the practices to invited patients who do not respond first time around. Once patients have given their consent to the study, the researchers at Aberdeen will send them a baseline questionnaire, and the practice will begin the process of extracting their relevant details from their medical record and recording them on the form used by the community pharmacists to review patients.

Mr Dixon said that service im-

provements for CHD patients being planned by individual PCTs would not affect the study, as all the patients would benefit, whether in the control or intervention groups. "We will be looking to show a benefit in the intervention group of patients above whatever developments take place locally," he said.

He said that the remuneration arrangements that had been agreed with the DoH were for pharmacists taking part in the pilot only, and should not be seen as a basis for future negotiations. "We're interested in finding out how long the process takes for each patient, including the time taken to prepare for and write up the intervention. We hope to show an economic benefit as well as a health gain for the individual patient from their use of this community pharmacy-based service," Mr Dixon explained.

Comment

Will the next round of structural changes to the health service in England and Wales on 1 April be good or bad for medicines management?

On the downside, the fact that NHS managers will be concerned about making sure the new organisations are running smoothly, establishing new services will not be near the top of their agendas for some time. On the other hand, with many fledgling PCTs starting life short of money, medicines management programmes may be an appealing way for managers to curb costs.

Although medicines management undoubtedly can save money, that should not be the driver for introducing schemes. Rather, medicines management should be used as a tool for improving the quality of prescribing and making best use of medicines for patients. If some schemes do save money, all well and good, but that should not be the prime reason for a PCO to introduce them. Some of the authors in this issue used to hail from PCGs that have now become PCTs. We decided that as their articles were written when they were still in PCGs we should retain the original name.

Second wave pilots ready for launch

Pharmacists from the 40 pilot sites selected as part of the second wave of collaborative medicines management schemes are ready to begin the first learning workshops and decide where the focus of their work will lie.

Richard Seal, from the National Prescribing Centre, Liverpool, said the second-wave projects closely resembled the first wave but that most sites would not know exactly what they would be doing until after the learning workshops.

"The second wave sites had their first orientation meetings in

Manchester and London, which were very successful. They're keen to get on board and run with this. The focus is very much around medication review, in line with the national service framework for older people."

He added that progress among the 26 first-wave sites was also encouraging. He said: "There seem to be far more projects looking at issues to do with the involvement of pharmacists, and pharmacy in general."

He added that a strong patient focus had emerged in some pilots, and some PCTs were involved in

surveys aimed at finding out how medicines affected patients, along with issues around the supply of medicines.

But he added that so far, most of the projects were concerned with mapping the system. The next stage would examine ways of changing it.

"Our pilots are beginning to show that where barriers are overcome then things can move on quite quickly, not just around doing medication reviews, but involving pharmacists in health promotion and so on."

Wales

Pharmacists are being employed directly to work with GP practices to review repeat prescribing in a scheme in North Wales. Prescribing adviser at Conwy Local Health Group, Jamie Hayes, said the scheme aimed to improve the quality and appropriateness of repeat prescribing in a patient-focused approach. He said that pharmacists were encouraged to have as much contact with patients as possible, rather than just analysing data. And already GPs have accepted the service, with most rating it extremely useful. 'We now have 16 out of the 19 practices asking for this type of prescribing support, which has been positively received by GPs,' Mr Hayes said.

PSNC website launched

Members of the public, community pharmacists and GPs involved in the Community Pharmacy Medicines Management Project led by the PSNC can access up to date reports of progress and information about the trial at a new website, <http://www.medicinesmanagement.org.uk>. The public access area of the website provides information on the background to the project, and details of the research methodology used.

GP calls for extended pharmacist role in medication reviews

A leading GP has called for pharmacists to play a much more active role in medication reviews of complex drug regimens, saying that current practices degrade the role of the pharmacist and waste GPs' time.

York GP Dr Joe Neary, chairman of the Royal College of General Practitioners' clinical network, wrote to the British Medical Journal questioning the current practice of GPs having to sign every prescription for drugs that are incrementally dispensed (Br Med J 2002; 324: 548).

Instead, he said that pharmacists could assume a more active role reviewing patient medication, leaving the GP to conduct reviews on a six-month basis.

"As a doctor I should use the time in a consultation to focus on how the patient is feeling, and how their illness is affecting

them. These are the areas I can affect as a doctor," Dr Neary told *Medicines Management*.

He added: "But a pharmacist should have some control over how often a prescription is dispensed, and could be talking to the patient in the interim period about various things, including reminding them of their six-month review with the GP."

Dr Neary said that the current system meant that doctors were continually required to authorise increases in patients' medication, meaning they had to sign multiple pieces of paper, while pharmacists' roles were reduced to that of passive dispensers.

Although Dr Neary agreed that pharmacists could move into the role of a service provider around medication reviews, it would require a change of mentality. "The payment of

pharmacists needs to be carefully reviewed because the current system encourages them to continue dispensing every 28 days."

He added that if pharmacists were to take on an extended role there would need to be some sort of quality assurance system. "It is a tribute to their professionalism that so many pharmacists have continued to keep up to date, without there being any requirement for them to do so."

He added that it was inevitable that pharmacists would eventually take on more of a role as a service provider in future. "The new generation of pharmacy graduates are a major level for change and are redefining the relationship between pharmacists and doctors," he added.

First-wave experience positive

Prescribing advisers from first-wave medicines management collaborative pilot sites say that their positive experiences are beginning to seep through to PCTs.

"We're beginning to get the message through to the PCT about medicines management, and we're beginning to feel as if we are getting somewhere," said Vicky Kernick, prescribing adviser to Exeter PCT.

She said that the medicines management collaborative was working closely with district and practice nurses, as well as the

local pharmaceutical committee, and that the scheme would eventually be rolled out across the whole PCT.

The Exeter pilot is looking at ways of reducing waste around repeat prescribing, and is employing pharmacists to conduct reviews of medication in nursing homes.

Work on a joint formulary with the local acute trust has also just finished.

The collaborative has recently held a meeting for community pharmacists across the city, which Ms Kernick said was the

first time many of them had thought about the services they might provide to patients.

She also welcomed the news that North Devon PCT had been selected as a second-wave pilot site, which she said would strengthen the medicines management network locally.

But Ms Kernick warned that the sheer amount of data that had to be collected was becoming a burden. "You can see people in primary care sagging under the weight of information we are requesting."

Flying pharmacist scheme aims to manage medicines in over-75s

Poole and North Central PCT is setting up a flying pharmacist scheme to help patients who have difficulties with their medicines once discharged from hospital.

District nurses are being asked to look out for problems with medication use among the older patients they visit, and to fax the details straight to the pharmaceutical adviser at the PCT.

The pharmaceutical adviser will then arrange for a pharmacist to visit the patient to try and resolve the problem, and help them manage their medicines more effectively.

Pam Grant, pharmaceutical

adviser to Poole Central and North PCT, said: "We're working with secondary care to sort out some of the problems around discharge of older people from hospital. Patients are discharged with bags full of medicines for diabetes and coronary heart disease, often with little idea of what they're taking and why."

She added that prescribing was often a theoretical exercise, with no follow up to see whether or not the patient could actually take the medicines prescribed.

"It is the pharmacists' responsibility but there is no funding. It is a very labour intensive task, removing medicines from blister

packs and putting them into compliance aids," she said.

Although there are payments available for community pharmacists in Dorset to do some of the work, negotiated with the Local Pharmaceutical Committee, Ms Grant said more money was needed, especially if targets in the NSF for older people were to be met.

"There's a huge demand for this service. We put in a bid for the strategic and financial framework (SaFF) but the health authority said there were other funding priorities."

Ms Grant added that the time had come for the PCT to

consider top-slicing prescribing budgets to fund medicines management services, but that it might meet resistance from local GPs. "You are actually saving on drug costs in the long run," she said.

Meanwhile pharmacists at Amber Valley PCT are running a scheme that trains local pharmacists to Masters degree level to do medication reviews when they visit patients' homes. The PCT hopes that its medicines support service will lead to better use of medicines.

PCT to pay community pharmacists to help review older patients medication

PCTs are beginning to pay community pharmacists to provide medicines management support to GPs outside the collaborative first and second wave pilots.

Community pharmacists in Hillingdon PCT are to be paid a sessional fee for providing advice on prescribing to local GPs as part of a medication reviews service for older people.

And under the scheme, running in Hayes and Harlington locality within Hillingdon PCT, community pharmacists will be paid for providing advice during audit sessions on coronary heart

disease, prescribing for depression and schizophrenia prescribing.

Audits of patients on diabetes medications are already underway. Prescribing adviser Vasundra Tailor said that although the audits were useful for identifying gaps in care, resources were often not available to rectify them.

"Once we've identified the gaps we don't always have the resources to deal with them, in terms of money or time," she said.

"But we've managed to convince our prescribing subcom-

mittee to set aside an amount from our prescribing budget to pay pharmacists for providing advice during these audit sessions," added Ms Tailor.

Hillingdon PCT recently wrote to all its community pharmacists to invite them to become involved in NSAIDs clinics, being planned as part of a review of older people's medication for musculoskeletal disorders.

The PCT is organising a training day on appropriate NSAID prescribing, and once pharmacists have attended they will then be linked with a local GP practice.

"The idea is for the pharmacist to review the notes of patients over the age of 65 in each practice, and make recommendations with the GPs' consent of where medication could be improved," said Ms Tailor. She added that the NSAID clinics would start in March.

Hillingdon PCT has so far been unsuccessful so far in its bid to become a National Prescribing Centre medicines management collaborative pilot site.

"We don't really know why," said Ms Tailor.

Medicines management practice guide launched for NHS

A good practice guide to medicines management has been produced by the National Prescribing Centre (NPC), with support from the National Primary Care Research and Development Centre (NPCRDC).

The resource is intended to stimulate more proactive NHS involvement in the development of effective local medicines management services, according to Clive Jackson from the NPC, Liverpool.

The guide consists of a two-

book resource pack and will be of value to professionals and managers from primary care trusts, GP practices and hospitals, throughout the NHS.

Book 1 is a concise overview of medicines management, aimed primarily at senior NHS managers and professionals. Book 2 is a more detailed reference source.

Book 2 will be of particular value to those who have direct responsibilities for developing and delivering effective medicines management services for

patients, in line with "Pharmacy in the Future" targets.

The Guide is called *Modernising Medicines Management: A guide to achieving benefits for patients, professionals and the NHS*, and is being launched during the week of 15 April.

In addition, the full guide will be accessible from both the NPC and NPCRDC websites.

Please visit either:

www.npc.co.uk or

www.npcrdc.man.ac.uk.

Pharmaceutical care support system wins IT award

Primary Care Pharmacy Ltd in Tamworth, Staffordshire, has won third place in the best use of IT in any health care sector category of the 2002 Healthcare Information Technology Effectiveness awards.

The company was awarded the prize in recognition of its pharmaceutical care support systems. The system can be used to monitor remotely patients' blood pressures.

Commending the project the judges said: "This well conceived project has enormous potential and we eagerly wait to see it implemented across a wider region."

First place in the overall award for best use of IT in the health service was won by Wirrall Hospital NHS Trust for an evaluation of an auto-



The winning team from Primary Care Pharmacy

ated dispensing system in use at the trust. Keith Farrar, director of pharmacy, Wirrall Hospital, said that the judges were impressed by the level of data on the project, which had allowed more efficient use of staff time as well as reducing dispensing

errors by almost half.

The Healthcare Effectiveness IT awards are run by the British Journal of Healthcare Computing and Information management, with other partners including the DoH and NHSIA.