

Medication reviews in a GP surgery

Medicines reviews are integral to the new GP contract. **Jonathan Buisson** visited Hampstead, north London, to meet a pharmacist who is carrying out such reviews within a GP surgery

Marion Harvey, owner of Keats Pharmacy, has a close working relationship with the 12-doctor Keats Group Practice surgery, located just round the corner from her premises in Hampstead, north London. As a result, she is now carrying out medicines reviews at the surgery with full access to clinical records, access that she says is vital to undertaking successful reviews.

Dr Harvey explains that the opportunity to carry out the reviews came as a result of her involvement with the Camden medicines management collaborative, part of the National Prescribing Centre scheme. The Camden collaborative holds meetings at GP surgeries every six weeks involving doctors, pharmacists, nurses, practice managers and primary care trust staff.

"We are looking to improve the quality of service for patients," Dr Harvey says. "We have set out markers of improvement for prescribing. These include synchronising the dates for repeat prescriptions, making sure that all prescriptions include doses, checking that all the anti-inflammatories are actually needed by patients, and checking if patients have any problems with ordering or collecting repeat prescriptions."

As a result of this work, Dr Harvey was invited to undertake reviews for patients aged over 65 years who are on four or more medicines. She acknowledges the help the GP surgery, and in particular Barbara Rasburn, one of the partners, has given her.

Access to records

"They preferred me to go round to them to do the reviews. They have given me a room and trained me on their computer system, EMIS, and I have full access to medical



Marion Harvey: patients are used to talking to me about their medicines

records." For the first set of reviews, Dr Rasburn spoke to the patient while Dr Harvey observed. For a second set they shared the task and now Dr Harvey conducts the reviews on her own. "It was interesting to watch the doctor consulting with patients," Dr Harvey says. "I noted the way in which she talked to patients and drew information out of them."

Patients are invited by letter to book a time for a medicines review and are encouraged to bring all their prescribed and over-the-counter medicines in with them. Each review lasts for about 30 minutes. Dr Harvey has about 20 to 30 minutes preparation time before the first appointment to look through

the records and check on prescribed medicines and the results of blood tests.

Access to medical records and time to prepare are essential to successful reviews, Dr Harvey believes. "I have to see the notes in order to see why a patient is on a medicine." She adds that she is able to talk to a doctor at any time during or after a review. The GPs have been happy to discuss all the prescribing issues she has raised with them and to make necessary changes.

Dr Harvey says that, at first, she did not think there would be much she could do, but there is. "I didn't realise how much I know. I am coming at it from a different angle to the GPs." In addition, the patients she is reviewing are all regular customers at her pharmacy. "They are used to talking to me informally about their medicines. They weren't disturbed or put out to have me doing the reviews."

For patients, separate reviews allow them to discuss any problems they have with their medicines aside from other issues. "It is important to remember that it is a medicines review, it is not to sort out all their other aches and pains; having the pharmacist in front of them helps to focus on that."

Tests and values

During the reviews, Dr Harvey looks at generic prescribing and checks that all necessary blood test results are up to date and the values are satisfactory. If any tests are necessary a GP will be informed. In time, these might be something for the pharmacist to order. Dr Harvey looks to see if the patient understands why he or she is taking the medicines and how they are used and she discusses compliance. "It is important not to make too many changes at one go," she declares.

The pharmacist's views on the patient and the medicines can be recorded in the EMIS system medical notes. However, she says that this is not easy because the system has templates that deal with each medicine separately, rather than as a group.

Dr Harvey believes that community pharmacists have a huge amount to gain from conducting medicines reviews. "The respect you stand to gain from customers is an invisible goodwill benefit — this is important when patients think they know better." She says that pharmacies which are able to offer continuity of service to their customers will manage best. "This will take off where there is a good relationship with GPs. The rest will follow on later."

The surgery is currently paying the pharmacy about £100 for a three-hour session from its own budget. Dr Harvey's training sessions were funded by the primary care trust. The payments may be revised in future.

Medicines management and the new GP contract

Under the new general medical services contract for GPs, which comes into force in April, medical practices can achieve income by meeting set standards. Each standard has a number of points attached to it. For 2004–05, each point will be worth £75. This rises to around £120 in 2005–06.

Under the heading of medicines management, there are two similar standards relating to medication reviews.

■ **Medicines indicator 5** A medication review is recorded in the notes in the preceeding 15 months for all patients being prescribed four or more repeat medicines (7 points).

■ **Medicines indicator 9** A medication review is recorded in the notes in the preceeding 15 months for all patients being prescribed repeat medicines (8 points).

For both indicators, the practice will have to achieve a target of 80 per cent in order to receive payment. Guidance notes say that the reviews can be carried out by a doctor, nurse prescriber or pharmacist. The aim of the reviews is to assess the continuing need for medication and the progress of the condition. Reviews do not necessarily have to be conducted face to face, but could be done by telephone or by a review of records.