



**PHAM-1120**

# Medicines Management in Practice

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# Section 1: Introduction

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Welcome to this course which is one of the compulsory courses for the Certificate in Medicines Management programme.

The use of medicines is the most common therapeutic intervention carried out in the National Health Service (NHS).

Consider the following statistics published by the Health & Social Care Information Centre in July 2014. The data refer to prescriptions written by GPs and nonmedical prescribers working in primary care from 1st April 2012 to 31st March 2013:

- 1,030.1 million prescription items were dispensed overall, a 3.0 per cent increase (29.6 million items) on the previous year and a 58.5 per cent increase (380.4 million items) on 2003. The average number of prescription items per head of the population in 2013 is 19.1, compared to 18.7 items in the previous year and 13.0 in 2003.
- The total net ingredient cost of prescriptions dispensed rose for the first time in three years (1.2 per cent rise (£102 million)) to £8.6 billion. In 2003 the total cost was £7.5 billion.
- Overall costs have been affected by the expiry of patents for several high use medicines and the subsequent use of less expensive generic alternatives. Examples include:
  - The leading BNF Section in terms of net ingredient cost, for the seventh year in succession, is BNF 6.1 Drugs used in Diabetes. Costs have increased for this section by 3.4 per cent (£25.9 million) since 2012, to £793.8 million in 2013. The number of prescription items dispensed has risen by 5.7 per cent (2.4 million) since 2012 to 44.6 million in 2013.
  - The BNF Section with the largest increase in cost between 2012 and 2013 was BNF Section 4.3 antidepressant drugs, where costs rose by £71.0 million (33.6 per cent) to £282.1 million, partly as a result of price changes. The number of items dispensed increased by 3.2 million, (6.3 per cent) to 53.3 million.
- Over 90.0 per cent of all prescription items were dispensed free of charge, with 59.5 per cent dispensed free to patients claiming age exemption (aged 60 and over) and 4.7 per cent

For a full review of prescribing spend in 2012-13 you can access the full document 'Prescriptions dispensed in the Community: England 2012-2013' at:

<http://www.hscic.gov.uk/catalogue/PUB14414/pres-disp-com-eng-2003-13-rep.pdf>

In 2013/14 £95.6 billion was allocated by the Department of Health to the NHS, £65.6 billion of which went to primary care organisations so medicines comprise about 13% of the overall spend in primary care.

Medicines are thus a huge direct cost to the NHS, However, they are also a huge indirect cost to the NHS: in 2008/9 over 542,000 bed days in England and Wales had a coding of 'adverse event to drugs' as a reason for admission<sup>1</sup>; while between July 1 2010 and the end of June 2011 133,727 medication errors were reported to the National Reporting and Learning System database. These errors led to 45 deaths and 236 severe consequences.<sup>2</sup>

Research has demonstrated that up to 6% of hospital admissions are a direct result of problems with medicines<sup>3</sup> and that up to 50% of patients do not take their medicines as intended.<sup>4</sup>

Take a moment to think about these facts, the trends, and possible implications for the future as the population ages and the range of novel, expensive drugs grows.

Using medicines (and the resource they represent) appropriately to improve patient care is at the core of medicines management, the rationale for which has been eloquently expressed in the forward to 'Modernising Medicines Management' by Dr Michael Dixon, a GP and Chair of the NHS Alliance<sup>5</sup>:

*"For too many years, the signing and dispensing of a prescription was our first and last involvement in a patient's medication. That is why many of us have had the experience of opening the kitchen cupboard of a recently deceased patient only to witness six months, unused medication come tumbling out. It is why we sometimes realise with astonishment that a patient who has been prescribed asthmatic inhalers for years has absolutely no idea how to use them. It is why, in the worst scenario, a patient who has been getting indigestion on an anti-inflammatory drug for several months is finally admitted to hospital with an acute gastric bleed.*

*These examples are not a question of wilful neglect, the problem is lack of time or systems to do things better. Modern medicines management provides the answers".*

Increasingly the phrase being used in 2015 is 'Medicines Optimisation'. This was first coined in 2012 and will be explored further in the course. Medicines optimisation is based around four principles which aim to answer the question 'Are we really making the most of medicines?'<sup>6</sup>. These are:

- To understand the patient's experience
- Ensure evidence based choice of medicines
- Embed medicines optimisation as part of routine practice
- Ensure medicines use is as safe as possible

Medicines management is a cornerstone of medicines optimisation which is defined as getting the maximum benefits for patients and the best value for money. Medicines optimisation is patient focused, outcome based and clinically led. Medicines management focuses on getting the processes right. Two other mandatory courses in this Medicines Management Programme focus on other aspects that contribute to medicines optimisation: involving patients (Communication and Consultation in Practice: Patients as Partners) and getting the choice of medicines for an individual right (Medication Review in Practice). The clinical courses will ensure that you are up to date on the evidence based approach to disease management in your areas of clinical practice. Medicines safety is a key element of every course but will be discussed in some depth in this course.

This course will help you to understand the key issues that have led the NHS to raise the profile of, and invest in, medicines management services that will result in medicines optimisation. It will also demonstrate how addressing service quality is fundamental to all aspects of medicines management. The first section will focus on what medicines management is, and how services have been developed and used to support improved patient care. The second will focus on ensuring patient safety through considering the role of clinical governance in medicines management.

However, the course starts with a short section called "Getting up to Speed" This is because healthcare practitioners with different backgrounds are accessing the course and to get the best from the materials provided it is important all users have the same basic understanding of some key principles underpinning medicines management. The short quiz will help you to assess whether or not you need to go through the resources provided in this section before you move onto sections 3-5 of the course. Please note terminology is constantly changing within the NHS so the onus is on you to ensure you are up to date.

The text in each section includes portfolio activities and learning activities to supplement the reading supplied. The purpose of each activity is outlined briefly to help you to see how it will support your learning. There are also some reflective questions interspersed between sections of text, usually centred on the extracts you are asked to read. Please refer to your programme user handbook for advice on how to complete these activities in order to maximise your learning experience. For students enrolled on the Certificate and Diploma courses, further support will be given on your contact days with the University. For those of you accessing this material for continuous professional development or as part of a short course, further support can be provided if required by contacting the postgraduate team.

**All website materials listed in this course were accessed in January 2015.**

I hope you will find this course stimulating and thought provoking. It will challenge you to review how medicines are currently managed for the patients in your care and help you to consider, and perhaps develop, services that improve the quality of medicines management not only in your own practice, but also in the wider context of the multidisciplinary team working within your locality, and across the interfaces between different providers of care.

**What next after completing this course?**

If you are working towards a Certificate in Medicines Management, then you should already have considered which other courses will be valuable to you in your career development.

If you have completed this course as part of your continuing professional development, then this is one of a number of courses that are available to health care professionals through the Medway School of Pharmacy. Students can select courses from a menu of topics which will help them fulfil their developing clinical role. Many are delivered by distance learning, offering students the flexibility to work through the topic at their own pace. At the end of each course the student will be required to submit an assessment which will often be based around case studies.

Successful completion of each course will lead to the health care professional being awarded a given number of academic credits. These credits can be accrued and can ultimately be used to attain a University qualification.

More information on the Medway School of Pharmacy Short Course Programmes can be obtained by emailing [pharmacy@medway.ac.uk](mailto:pharmacy@medway.ac.uk) or by contacting the School office on 01634 883150.

All the staff at the Medway School of Pharmacy hope that you enjoy this postgraduate course and that we will have the opportunity to welcome you back to study other courses in the future.

Finally, all the weblinks cited in this document were checked in early January 2015. Since that time the National Prescribing Centre website has been archived and materials moved to the NICE website. Every effort has been made to ensure that relevant materials have been found on line and the weblinks changed. However, if you find a weblink that does not work, access the NICE website or a search engine to find the document elsewhere.

Linda Dodds  
Course Coordinator  
January 2015

## References

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6. Royal Pharmaceutical Society. *Medicines Optimisation. Helping patients to make the most of medicines. Good practice guidelines for healthcare professionals*. May 2013. Available from: <http://www.rpharms.com/what-we-re-working-on/medicines-optimisation.asp>