

NHS Sheffield recommendations on patient groups to target for Medicine Use Reviews (2010-11)

The PCT would like pharmacies to note the categories of patients which it would like pharmacies to target in 2010-2011.

1. Respiratory patients – inhaler technique check for patients with asthma or COPD

Rationale: These patients may not be getting the best from their medicines due to poor inhaler technique. In-check dials were supplied to pharmacies at the CPDU update event in March 2009 and should be used as part of an assessment of inhaler technique.

Points to note: For pharmacies not represented at the Training Event, In-check dials can be obtained from the PCT (contact Susie on 3051132). Close working with local surgeries needed to ensure patients are managed appropriately.

2. Patients identified as having poor compliance (e.g. vulnerable patients such as the elderly on polypharmacy, patients with mental health problems etc.)

Rationale: These patients will not be getting the best from their medicines. Compliance may be improved through education and better understanding of what their medicines are for.

Points to note: These patients may be identified through the PMR, through large and/or regular waste returns or via the local GP surgery. Repeat dispensing may be a good service to offer these patients as it would allow the pharmacist to discuss medication issues with the patient at each collection.

3. Patients on Lithium

Rationale: NPSA alert on Lithium issued December 2009.

<http://www.npsa.nhs.uk/corporate/news/close-monitoring-of-patients-prescribed-lithium-will-reduce-harm/>

Points to note: Ensure patients on Lithium are aware of the monitoring requirements and blood tests are up to date. Educate on interactions etc.

4. Patients with acne, eczema, psoriasis

Rationale: To educate patients on how to use their skin medications appropriately e.g. effective use of emollients for patients with eczema.

5. Patients started on a new medication

Rationale: To educate patients on the reason for any new medication, how to take, possible side effects etc.

Points to note: A recent audit, undertaken by the PCT medicines management team, on NICE guidance around medicines adherence highlighted that patients are only asked whether they have any questions about their medication 50% of the time. The point of dispensing is an ideal time to ask patients whether they fully understand their medication regime and an MUR offered whereby there is a lack of understanding or new medication started. Audit available at: <http://www.sheffield.nhs.uk/medicinesquestionnaire/>

6. Patients frequently admitted to hospital

Rationale: Poor medicines management can be a reason for admission to hospital and lack of medicines reconciliation can lead to re-admission.

Points to note: An MUR on a patient post-discharge is a really good opportunity to rectify any errors which may have occurred during transfer of care and also is an opportunity to assess patient understanding of any new medicines/medication regime.

7. Patients at risk of falls (falls awareness)

Rationale: The elderly and/or patients on certain medication are at risk of falls, the subsequent effects on patients' quality of life and cost to the NHS is not insignificant.

Points to note: Patients on anxiolytics/hypnotics may be at risk of falls. Patients on oral steroids for longer than 3 months may be at risk of osteoporosis. Patients using bisphosphonates and calcium/vit D supplements should be counselled on use.

8. Patients with stable angina

Rationale: The sign guidelines (<http://www.sign.ac.uk/pdf/sign96.pdf>) for stable angina state: "A diagnosis of angina can have a significant impact on the patients level of functioning. In one study angina patients scored their health as twice as poor as those who had had a stroke. In another survey patients had a low level of factual knowledge about their illness and poor medication adherence.

Community pharmacists are in an ideal place to assess concordance and advice where good compliance with have benefits for the patients health. Also to improve patients general knowledge with regard to their drugs.

Points to Note: One particular area where anecdotally there may be some problems is the use of sublingual nitrates. Kimble et al 2000 "Knowledge and Use of Sublingual Nitroglycerin and Cardiac-Related Quality of Life in Patients with Chronic Stable Angina". demonstrated that in stable angina patients poorer quality of life was related to less knowledge about sublingual nitrates or having had a previous bad experience to sublingual nitrates.

Anecdotally patients often do not order sublingual nitrate sprays for years at a time. If this is due to great angina control it is a good thing however it is worth exploring the reasons with patients they are not using sublingual nitrates.

Some patients find the side effects are preventing their use. Tablets may be better for these patients as they can be spat out once pain relief has been achieved. This is in line with the BNF which suggests sublingual tablets may be more suitable for new patients (<http://bnf.org/bnf/bnf/current/2615.htm>).