

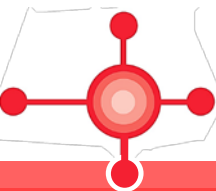
**Mrs Louise Howard-Baker
(AWPAG Chair)**

**The All Wales Prescribing Advisory
Group's role in optimising the use of
medicines in Wales**

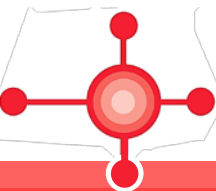
Medicines Optimisation

The goal of **medicines optimisation** is to help patients to: improve their outcomes; take their **medicines** correctly; avoid taking unnecessary **medicines**; reduce wastage of **medicines**; and improve **medicines** safety.

(RPS May 2013)



Key references

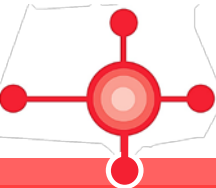


TheKingsFund> Ideas that change
health care

Polypharmacy and medicines optimisation

Making it safe and sound

Authors
Martin Duerden
Tony Avery
Rupert Payne



TheKingsFund>



Medicines Optimisation: Helping patients to make the most of medicines

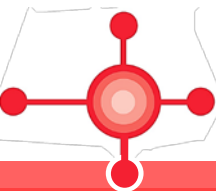
*Good practice guidance for
healthcare professionals in
England*

May 2013

Endorsed by



ACADEMY OF
MEDICAL ROYAL
COLLEGES



TheKingsFund>



NICE National Institute for
Health and Care Excellence



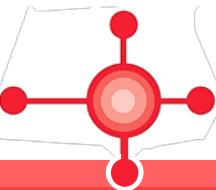
Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes

NICE guideline
Published: 4 March 2015
[nice.org.uk/guidance/ng5](https://www.nice.org.uk/guidance/ng5)

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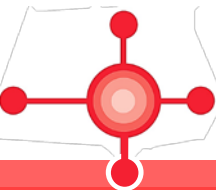


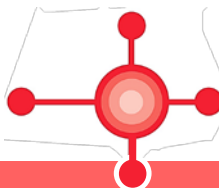
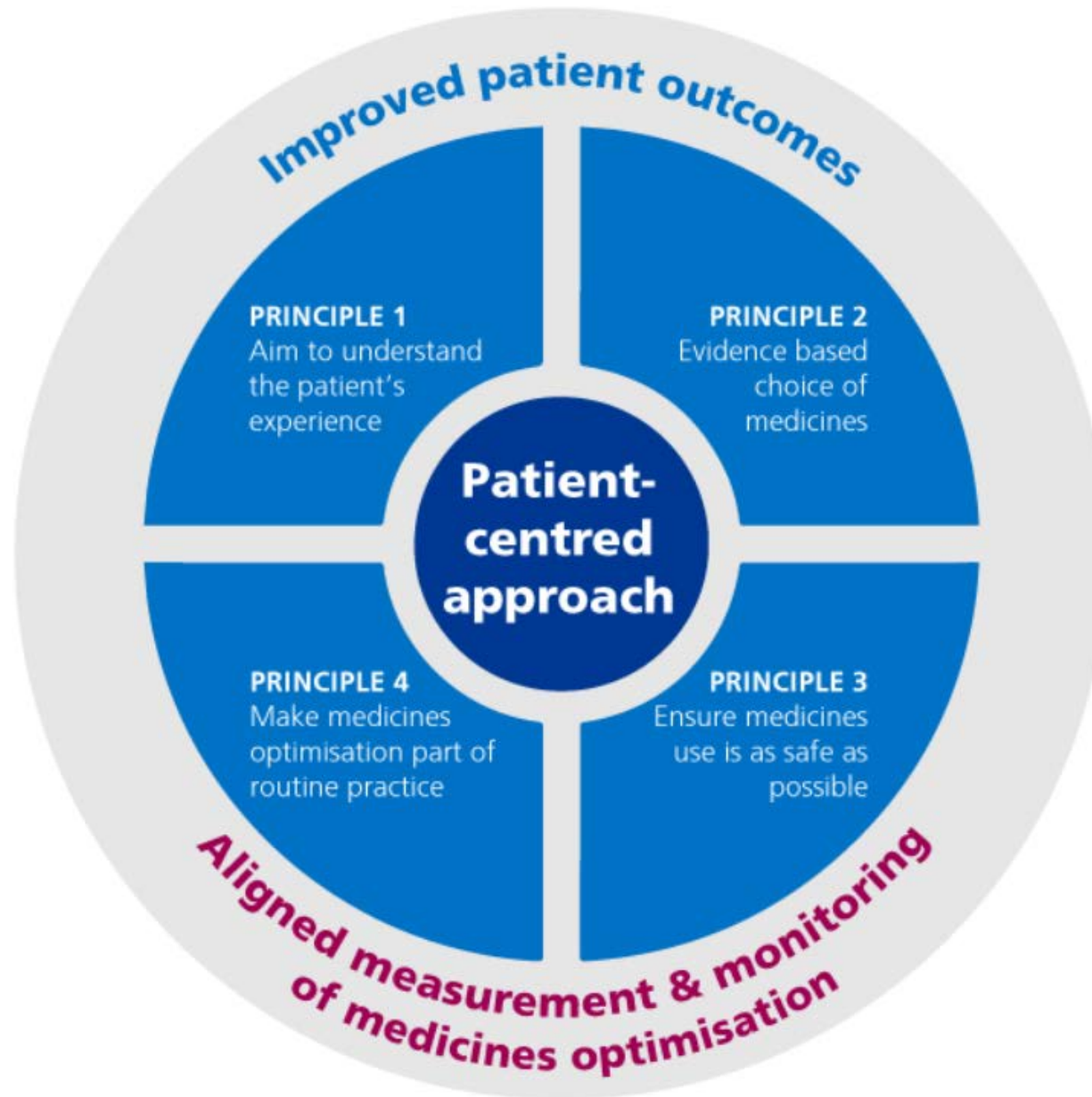
MEDICAL
COLLEGES



Outcomes of Medicines Optimisation

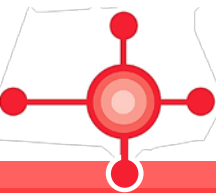
- Patient-centred
- Extend life
- Improve Quality of Life
- Reduce Waste
- Reduce Harm





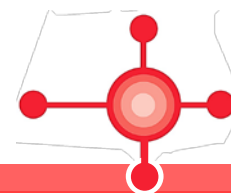


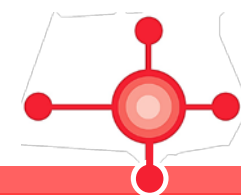
Principle 1:
Aim to understand
the patient's
experience





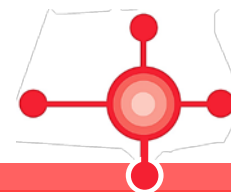
"We die young in my family - It's a cultural thing."







"I'M SORRY DOCTOR, BUT AGAIN I HAVE TO DISAGREE."



TELL US WHAT MATTERS TO YOU

*Together, we can make the best decisions.
Tests and treatments aren't always needed.*



ASK 3 QUESTIONS

1



What are my options?



Once I know what is important to you we can discuss all the possible options and together we can make the best choice for you. That's shared decision making.

2



What are the benefits and risks?

3



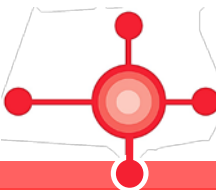
What can I do to help myself?

Join the conversation
@1000LivesWales

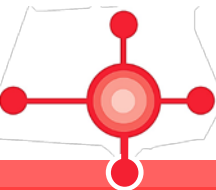
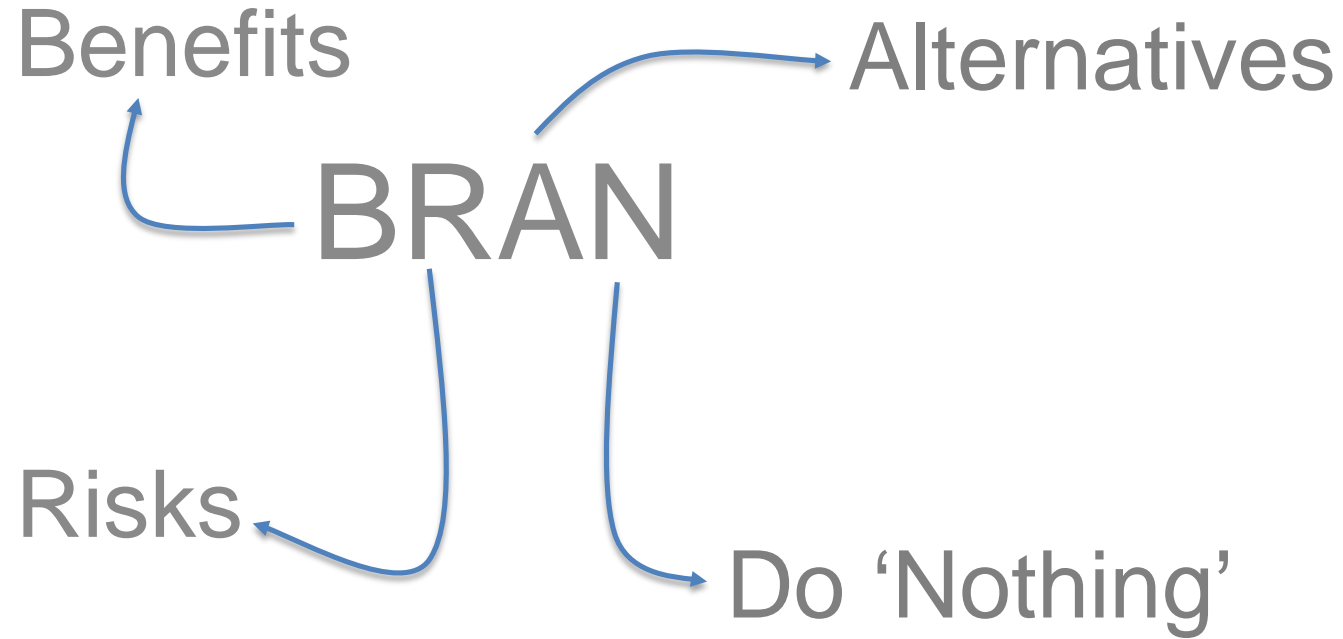


 Search Making Choices Together

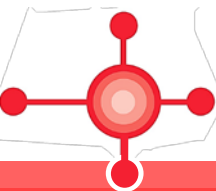
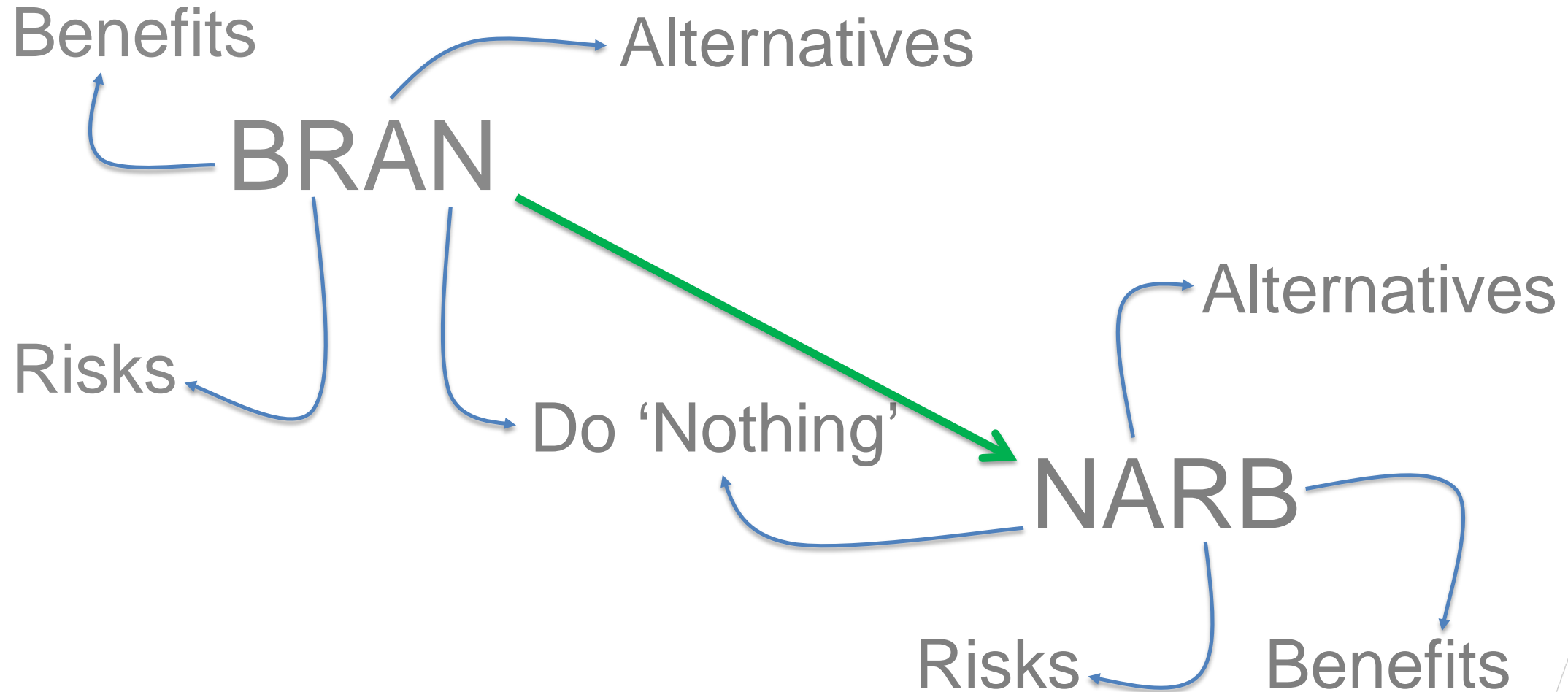
Supported by 1000 LIVES A DAY
O FFWYDAU



Starting a conversation about treatment



Starting a conversation about treatment



Principle 2. Evidence based choice of medicines

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Prescribing Dilemmas
A Guide for Prescribers

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Primary Care Empirical Urinary Tract Infection Treatment Guidelines

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Medicines Management Resource for Chronic Kidney Disease

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

CEPP National Audit – Medicines Management for Chronic Kidney Disease

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Medicines Identified as Low Priority for Funding in NHS Wales

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Dry Eye Syndrome Guidance

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

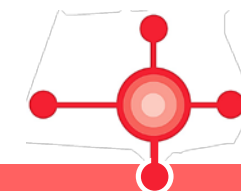
National Prescribing Indicators 2018–2019

All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Prescribing of Amiodarone for Atrial Fibrillation and Atrial Flutter in Wales

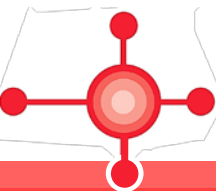
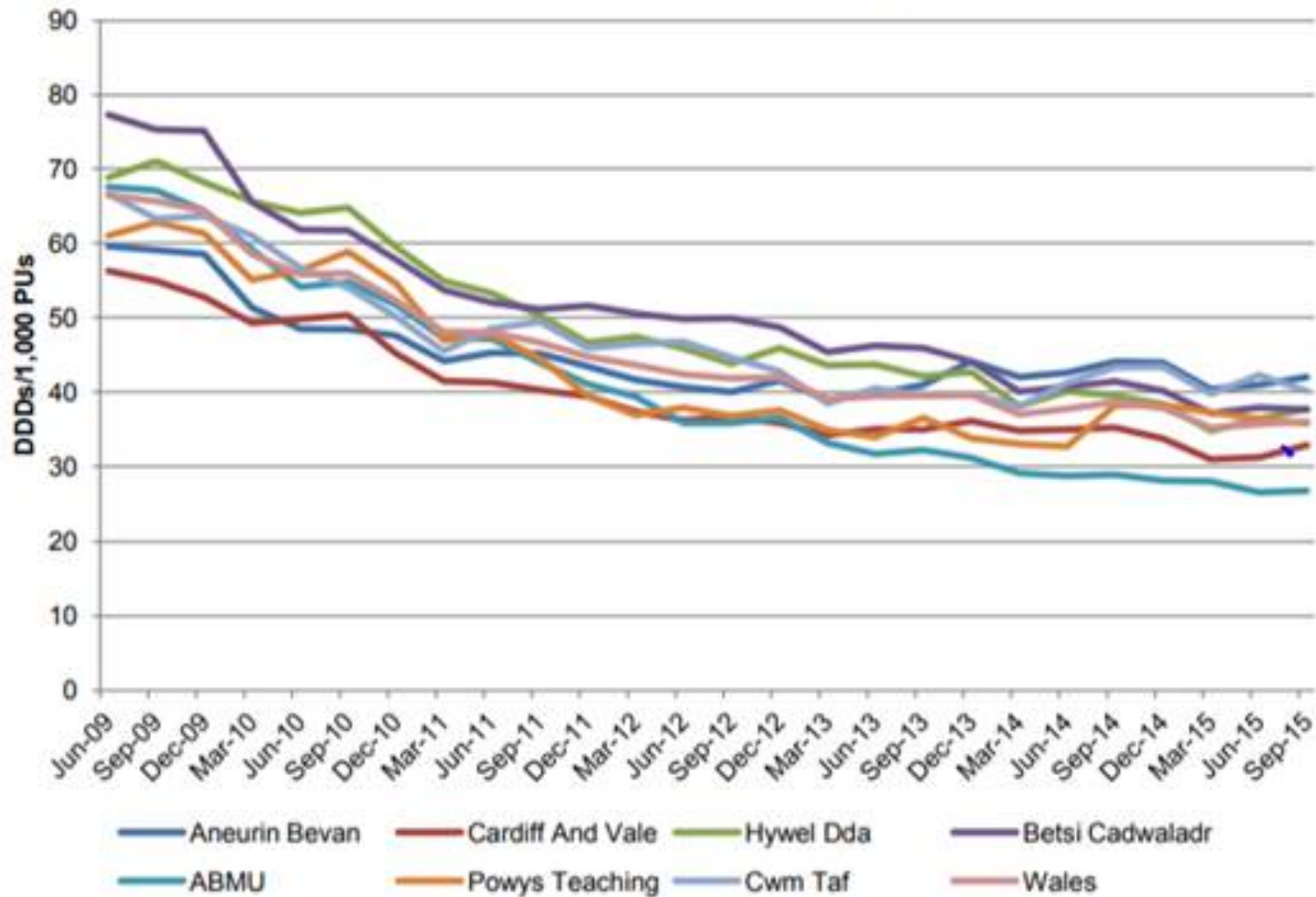
All Wales Medicines Strategy Group
Grŵp Strategaeth Meddyginiathau Cymru Cyfan

Persistent Pain Resources
Medicines Used in Persistent Pain

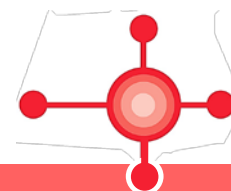
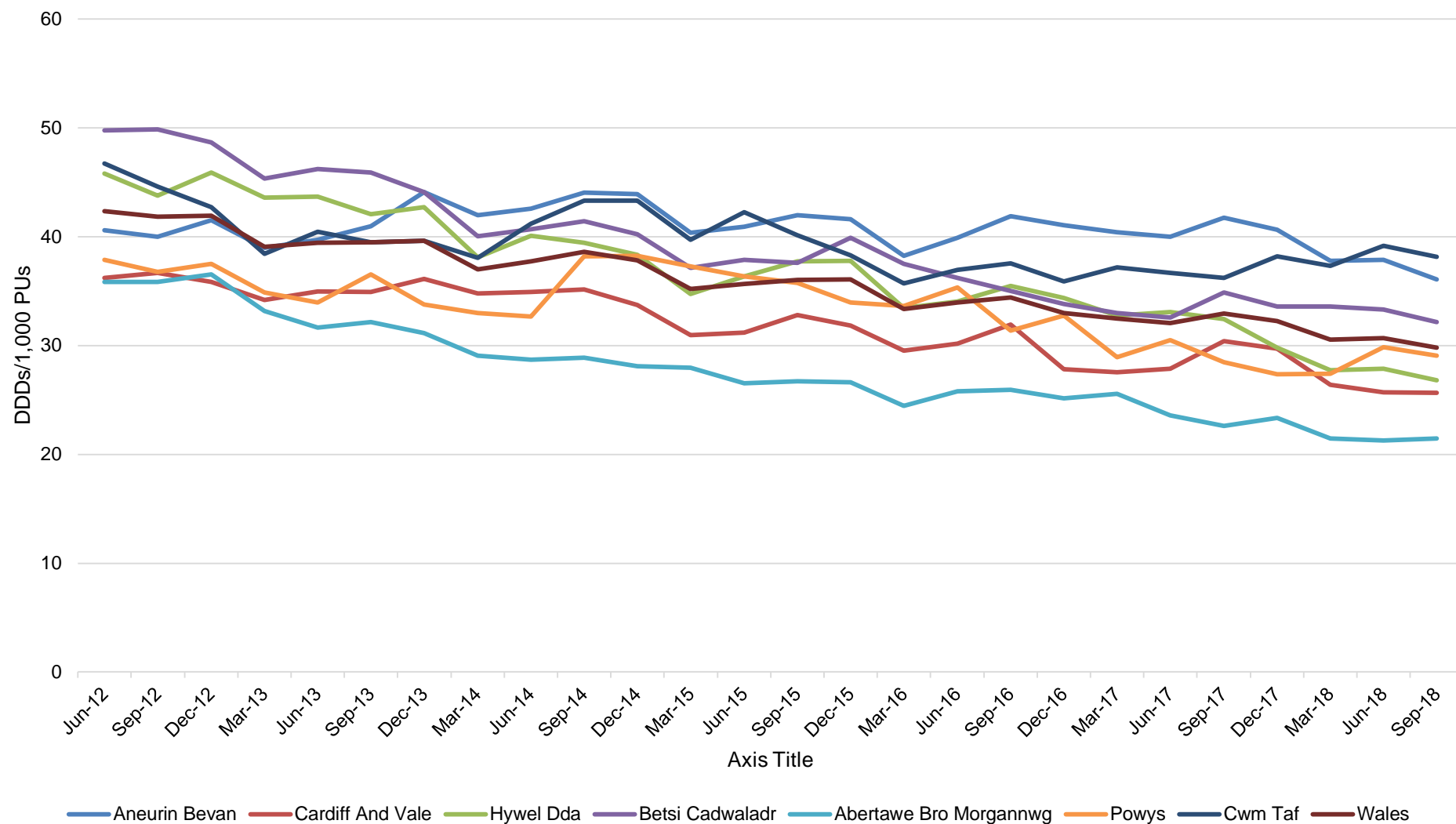


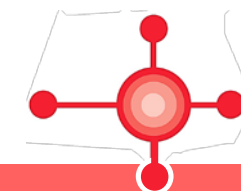
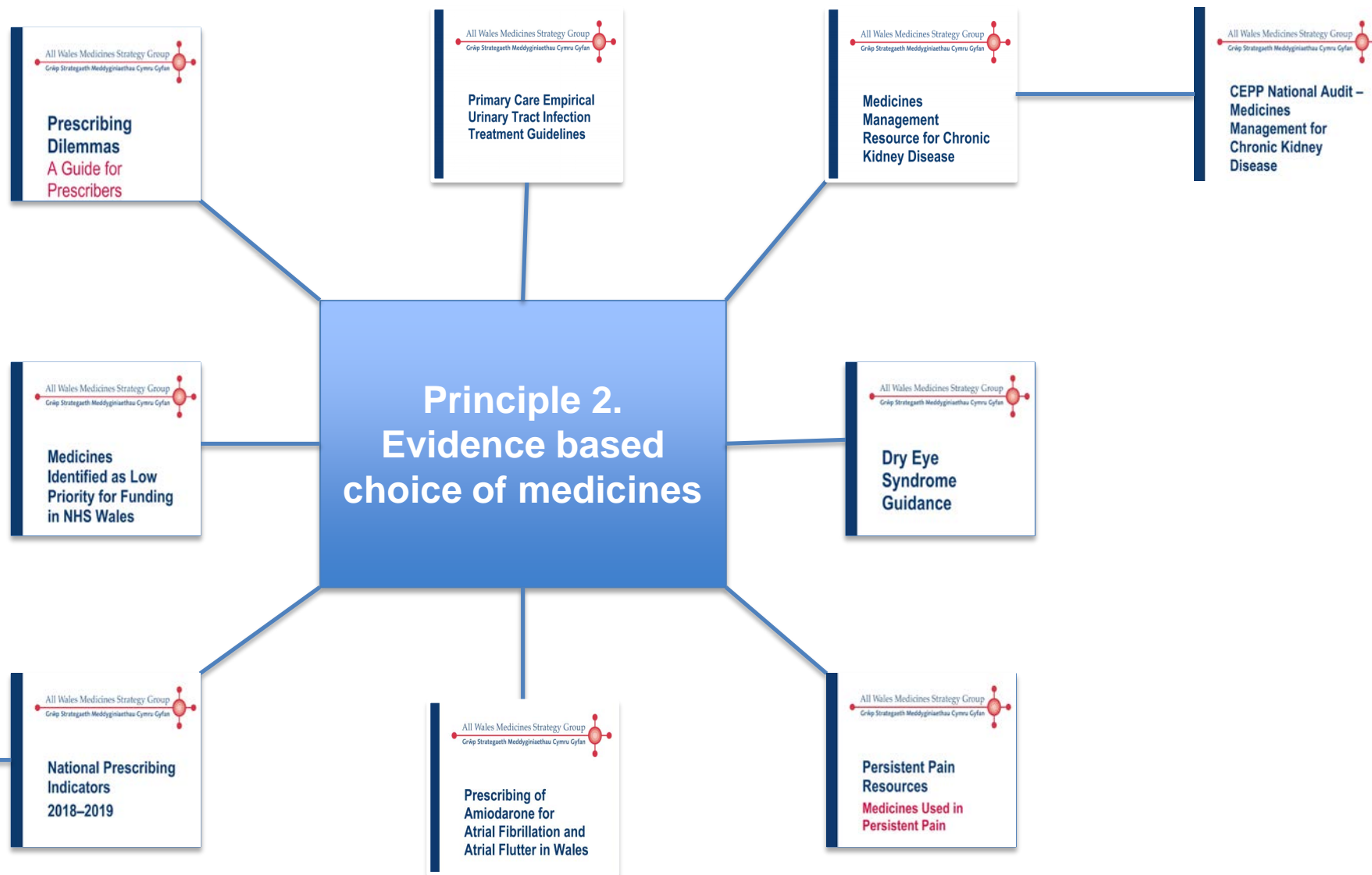
Amiodarone

Figure 1. Amiodarone prescribing in NHS Wales primary care – DDDs per 1,000 PUs



Amiodarone prescribing in NHS Wales primary care - DDDs per 1,000 PUs

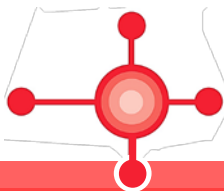




Principle 3: Ensure medicines use is as safe as possible

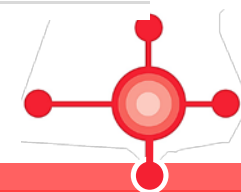
“If medication related problems were ranked as a disease, it would be the fifth leading cause of death in the US!”

Beers MH. Arch Internal Med. 2003



Medicated-related admissions

	2016/17	2017/18
3 Medication Related Admissions - Bed Day	Total MRA Bed Days	Total MRA Bed Days
Abertawe Bro Morgannwg University	8163	6247
Aneurin Bevan University	7590	7094
Betsi Cadwaladr University	11789	8884
Cardiff and Vale University	9040	8445
Cwm Taf University	4597	4583
Hywel Dda University	5304	5008
Powys Teaching	1036	1112
Velindre	1021	842
All Wales	48540	42215



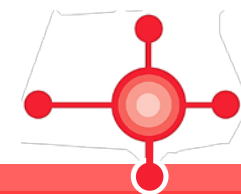
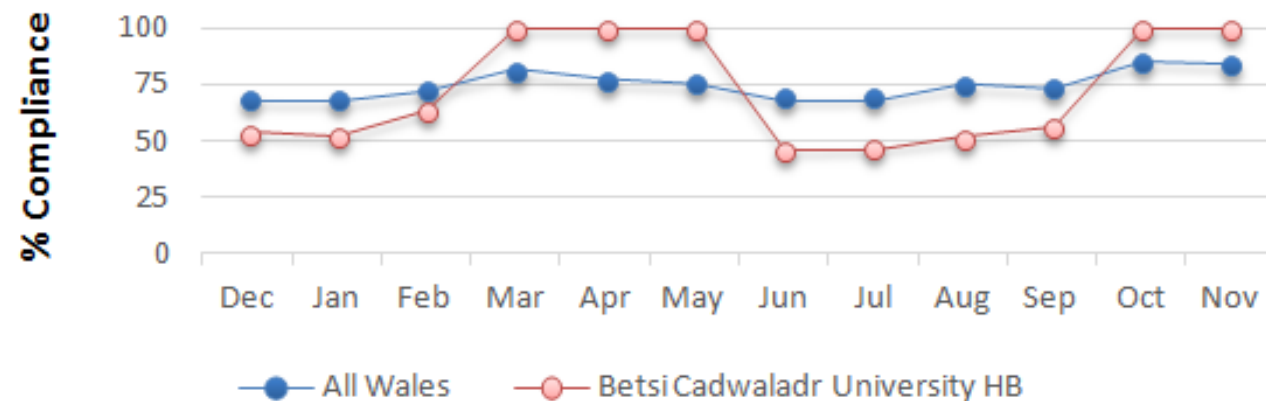
All Wales Medicines Strategy Group

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All Wales Multidisciplinary Medicines Reconciliation Policy

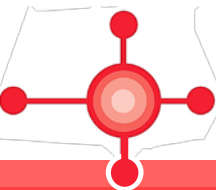
Proportion of patients with medicines reconciliation undertaken within 24 hours of admission



Reduce Avoidable Harm

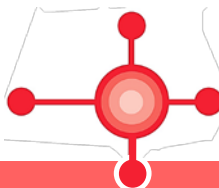
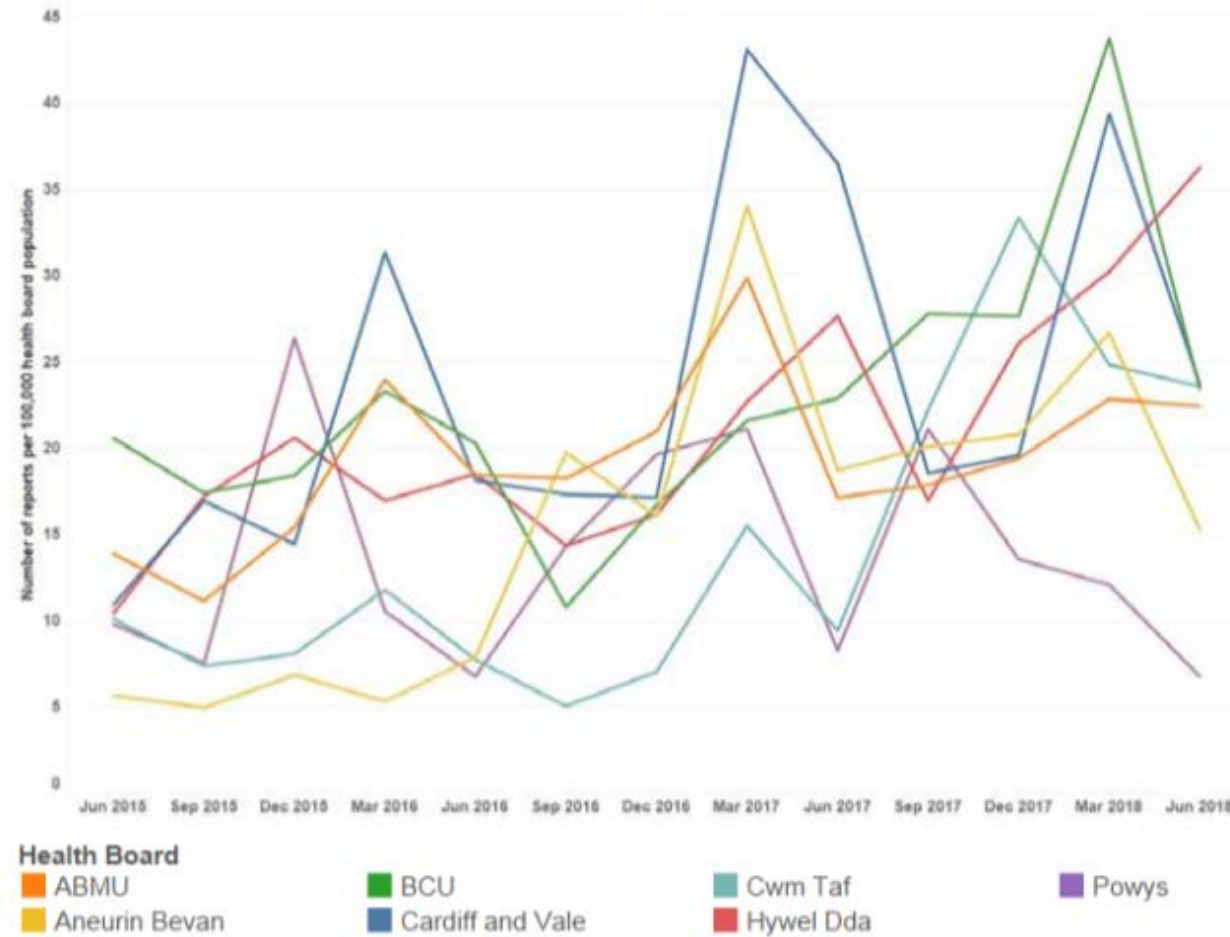
Ability for the body to handle medicines changes with age:

- Absorption
- Distribution
- Metabolism
- Excretion



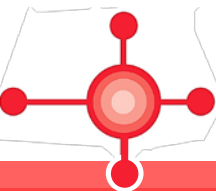
Increase Reporting to MHRA (Yellow Card)

Number of Yellow Cards submitted by health boards per 100,000 health board population





Principle 4:
Make
Medicines
Optimisation
part of routine
practice

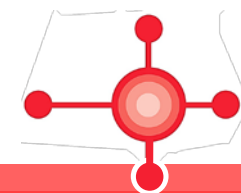


All Wales Medicines Strategy Group

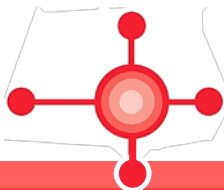
Grŵp Strategaeth Meddyginiaethau Cymru Gyfan



Polypharmacy: Guidance for Prescribing

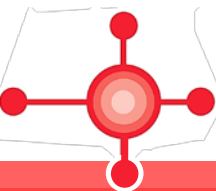


- Patients receive consistent messages about medicines.
- Routinely signpost patients for further help with their medicines and to local patient support groups.
- The NHS achieves greater value for money invested in medicines.



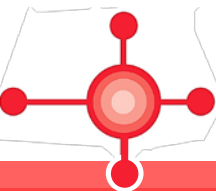


Less Waste!



On the Horizon

- Biosimilar Best Practice Day
- National Prescribing Indicators
- Disinvest in medicines of limited clinical value
- Conditions for which over the counter items should not routinely be prescribed in primary care: Guidance for NHS Wales
- Wales COPD guidelines
- Multi-professional standard for medicine reviews
- Review of old documents for update or archiving
- AWPAG Best Practice Day



Ideas and suggestions:
AWTTC@wales.nhs.uk

Thank you

