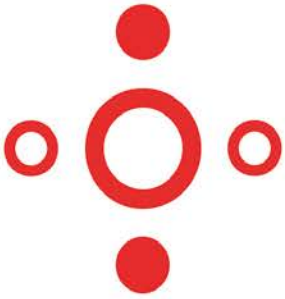
Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group



Welsh National Standards for Medication Review

A brief guide

December 2020

This document has been prepared by a multi-professional collaborative group, with support from the All Wales Prescribing Advisory Group (AWPAG) and the All Wales Therapeutics and Toxicology Centre (AWTTC), and has subsequently been endorsed by the All Wales Medicines Strategy Group (AWMSG).

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CONTENTS

1.0 INTRODUCTION

The All Wales Medicines Strategy Group (AWMSG) is committed to ensuring that patients in Wales have access to clinically effective and cost-effective medicines which improve patients' health outcomes. The AWMSG five-year strategy 2018-2023 '*Supporting prudent prescribing to obtain the best outcomes from medicines for patients in Wales'* includes a recommendation to develop nationally agreed, multi-professional standards for medication review[1].

The General Medical Council (GMC) guideline Good Practice in Prescribing and Managing Medicines and Devices[2], notes that when prescribing with repeats or on a one off basis, suitable arrangements must be in place for monitoring, follow up and review, taking account of the patients' needs and any risks arising from the medicines. In addition, the Royal Pharmaceutical Society's Competency Framework for All Prescribers[3] highlights the importance of medication reviews, including establishing and maintaining a plan for reviewing the patient's treatment, and adapting the management plan in response to ongoing monitoring and review of the patient's condition and preferences. Evidence shows that people with long-term conditions and using multiple medicines have better clinical and personal outcomes after a structured medication review[4].

This document sets out the Welsh National Standards for Medication Review. To support these standards, it is proposed that a Welsh National Competency Framework for Medication Reviews is also developed.

Medication reviews can have several different interpretations, which vary in their quality and effectiveness[5], however these standards have been developed to facilitate co-produced patient and healthcare professional medication reviews, in any setting, including reviews conducted remotely. Face-to-face reviews, either in person or remotely, are the preferred option. However, where this is not possible reviews may be carried out by telephone. Healthcare professionals should be aware of the different skills required to deliver a remote or telephone consultation. Health Education and Improvement Wales (HEIW) have developed resources to assist healthcare professionals with remote consultation skills. The NHS Wales Video Consulting Service has a range of resources to support healthcare professionals and patients with remote consultations.

Organisations should determine locally the most appropriate healthcare professional to carry out a medication review[5]. Medication reviews should be conducted by a healthcare professional with the appropriate knowledge, skills and competency. Healthcare professionals who conduct medication reviews (called the 'reviewer' in this document) must have effective communication skills, technical knowledge in the process of managing medicines, and therapeutic knowledge on medicines use[5]. Organisations may determine locally how best to assess the knowledge, skills and competency of the reviewer, until a Welsh National Competency Framework is available.

The National Standards provide a structured approach to medication review, but are flexible enough to allow the review to be tailored to the patient. Depending on the circumstances, all of the standards do not have to be completed in one go. Medication reviews can be an ongoing process in which an individual appointment or discussion covers one standard. It is anticipated that a medication review, covering all standards, would take longer than an average GP appointment. However, the exact length should vary according to the needs of the individual patient and complexity of their medication regimen.

Aims
The medication review standards aim to ensure a consistent approach, resulting in high-quality medication reviews by:

- involving patients and carers;
- considering medicines safety;
- reviewing all prescribed and non-prescribed medicines;
- reducing waste;
- updating patient records and completing documentation.

The standards should be benchmarks for quality, performance and consistency of medication reviews. A high-quality service includes mechanisms to improve it by regular service review, audit and review of incidents, and through the feedback of service users and staff. Implementing standards for medication review will help audit and service review and thereby ensure continuous improvement.

General principles

- Although listed as separate standards, they are complementary and will be most effective if used collectively.
- The standards do not have to be followed in a stepwise fashion or completed in one sitting. There is interaction and overlap between the standards and it may be possible to share responsibility or delegate a particular standard to a different reviewer, ensuring that communication and documentation are considered.
- Each standard has a number of suggested activities to support achievement, although the activities listed are suggestions and may not be applicable to all patients. For some patients, alternative or additional activities may be appropriate.
- Patients are individuals with differing needs and levels of understanding. The medication review process should be tailored to each person depending on capacity and ability and therefore completing all activities may not be appropriate in all circumstances.

Task and Finish Group
These standards were developed by a multi-professional Task and Finish (T&F) group of healthcare experts who attended two workshops to share their experience and insight, and give feedback on the draft standards.

The NICE guideline on medicines optimisation defines medication review as: *'a structured, critical examination of a person's medicines with the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste'*[5]. The T&F group used this definition to develop the following standards.

Standard 1: Involving patients and carers
Reach agreement with the patient (or carer, or both) on the aims and goals of treatment.
Standard 2: Safety
Minimise medication-related problems.
Standard 3: Review of medicines
Maximise the benefit of medicines.
Standard 4: Reducing waste
Consider activities and actions that contribute to waste and work to address them.
Standard 5: Medication review documentation
Complete documentation and update the patient record.

2.0 WELSH NATIONAL STANDARDS FOR MEDICATION REVIEW

Standard 1. Involving patients and carers

Standard 1: Involving patients and carers Reach agreement with the patient (or carer, or both) on the aims and goals of treatment	
Activities	**Checklist**
Consider reviewer and patient pre-review preparation, appropriate to the patient's needs • Patient information leaflet: Your Medication Review – What to Expect	Leaflet given to patient before review
Shared decision making with patients and carers. Reviewers and patients/carers share knowledge, experience, understanding, options and desired expected outcomes of the review. Consider: • Making Choices Together[6] • A Three-Talk Model of shared decision making[7] • General Medical Council – Decision making and consent[8]	Patient/carer face-to-face review recorded
Establish patient/carer views and understanding • What shall we focus on? What is most important to you (the patient) to talk about today? • What do you (the patient) want to achieve? What do you already know or do to manage the problem? • What do you (the patient) think is the benefit of taking the medication? • What does the reviewer want to achieve (opinions and expectations)?	Patient/carer views and expectations recorded
Establish patient /carer concerns, questions, problems about treatment and condition Following an effective shared decision making discussion, the patient should have had the following questions about their treatment answered: • What are the potential benefits? • What are the potential harms? • What will happen if nothing is done? • Are there any alternative options to consider? Consider: • Have I (the reviewer) clarified and acknowledged concerns? • Have I (the reviewer) addressed concerns where possible? • Have I (the reviewer) managed the patient's or carer's expectations?	Concerns/problems recorded
Assess adherence Consider the COM-B model[9] and the World Health Organization: Adherence to Long-Term Therapies[10] Take into account: • Socioeconomic factors – level of education, access to transport, employment issues etc. • Healthcare factors – accessibility of services, information sharing, continuity of care etc. • System-related factors – mechanisms for obtaining prescriptions and medication, accessibility of services, support with taking medication, methods of communication etc. • The condition – impact of condition on daily functioning and motivation to adhere etc. • The treatment - ease of taking, possible side effects, interactions, timing of benefit etc. Patient-related factors – such as age, gender, ethnicity, level of literacy, mobility, religion. Medication Administration Record (MAR) chart – where available, this may provide information on a patient's adherence.	Adherence assessed

Standard 1: Involving patients and carers Reach agreement with the patient (or carer, or both) on the aims and goals of treatment	
Consider the social model of health (ecobiopsychosocial) Dahlgren and Whitehead model & factors[11]: • Proactive care: non-medical factors affecting wellbeing such as transport, food, pollution, poverty, education, living conditions, housing, road safety, employment, exercise spaces. • Consider social determinants of health. • Prevention • Behavioral risk factors: smoking, alcohol, diet, physical activity.	Lifestyle prescription/support considered
Signpost or give information that the patient can understand, preferably co-created by patients and clinicians.	Information given
Link indication to diagnosis / problem	Medication linked to diagnosis / problem on clinical system

Standard 2. Safety

Standard 2. Safety Minimise medication-related problems by considering real or potential medicine related harm(s) and action taken to address or reduce them.	
Activities	**Checklist**
List all medicines and their indications This includes all prescribed, purchased and over-the-counter medicines, herbal remedies and any other non-prescribed medicines (homeopathic medicines, lifestyle and recreational drugs, food supplements borrowed medication, privately prescribed medication and any "hospital only"/homecare treatments).	Record all medicines including prescribed and non-prescribed
Establish patient or carer views and understanding Using open questions, find out how the patient takes their medicines.	Record any issues identified
Reducing potential risk • Consider potential risk reduction • Refer to the SPC for precautions for use, interactions and undesirable effects. • Consider inappropriate medication, incorrect dosage, incorrect storage, method of administration, non-adherence and potential interactions with other medical conditions • Check relevant National Prescribing Indicators (NPIs) have been addressed, including the Prescribing Safety Indicators (PSIs). • GP practices to check the Quality Assurance and Improvement Framework (QAIF). • Consider STOPP (Screening Tool of Older Persons Prescriptions) / START (Screening Tool to Alert doctors to Right i.e. appropriate, indicated Treatment).	Risk reduction implemented
Monitoring Monitoring should be appropriate and timely, ensuring results are reviewed. Check relevant monitoring including: • disease control • blood biochemistry • therapeutic drug monitoring.	Monitoring addressed
Adverse drug reactions (ADRs) considered, including those related to drug-drug or drug-food interactions • Complete a Yellow Card if appropriate, via practice computer system or MHRA website.	Identification of ADRs Identification of interactions Yellow card completed and submitted

Standard 2. Safety Minimise medication-related problems by considering real or potential medicine related harm(s) and action taken to address or reduce them.	
Consider cross sector communication • Clear and effective information sharing is vital at transfer of care, especially where changes to medication are likely to have occurred. • Changes to medication may have been made by primary care, secondary care, private prescribers, and independent prescribers. • Consider who needs to be informed of medication changes, for example consultant, community pharmacist, social care provider.	Sharing of relevant information to other health and care professionals involved in the patient's care.
Consider shared care protocols Consider relevant shared-care protocols, primary-secondary care ownership, and how they are kept up-to-date.	Monitoring and specialist reviews undertaken as per shared care protocol
Information patient non-adherence Intentional patient non-adherence with the prescription is an important safety component and should be supported e.g. patient education on what to look out for ("red flags") when something might be wrong	Patient advised

Standard 3. Review of medicines

Standard 3. Review of medicines Maximise the benefit of medicines by considering the aim and intended outcomes, whether the dose is optimised and how the patient takes their medicines.	
Activities	**Checklist**
List all medication, including prescribed (consider all sources i.e. secondary care, tertiary care) and non-prescribed (including purchased medication, 'over the counter', herbal remedies and any other non-prescribed medicines) and indication.	Record all medications including prescribed and non-prescribed
Consider the aims Review aims and intended outcomes of treatment for each medicine and confirm they are still relevant and in line with the patient's views and goals. Consider: • National Institute for Health and Care Excellence(NICE) guidelines • All Wales Medicines Strategy Group (AWMSG) Polypharmacy: Guidance for Prescribing • European Medicines Agency herbal monographs	Aims of each medicine considered
Consider need Review the need of all medicines. Are there any that are no longer required? Are all medicines essential[12]? Are there any that could be managed at a lower dose? Are there any low evidence therapies and medicines less suitable for prescribing? Consider: • NICE guidelines • AWMSG Polypharmacy: Guidance for Prescribing • STOPP (Screening Tool of Older Persons Prescriptions) / START (Screening Tool to Alert doctors to Right i.e. appropriate, indicated Treatment) guidelines • AWMSG National Prescribing Indicators • NHS Wales Quality Assurance and Improvement Framework • NHS Scotland Polypharmacy Guidance - Medicines Review • AWMSG Low Value for Prescribing in NHS Wales guidelines	Need of all medicines considered

Standard 3. Review of medicines Maximise the benefit of medicines by considering the aim and intended outcomes, whether the dose is optimised and how the patient takes their medicines.	
Consider evidence and effectiveness Are therapeutic objectives being met in line with current guidelines to achieve effective therapy? Are there more effective alternatives? Could the dose be adjusted? Are the therapeutic objectives in line with the patient's views and goals? Consider any unmet therapeutic needs Consider: • NICE guidelines • AWMSG Polypharmacy: Guidance for Prescribing • STOPP / START guidelines • AWMSG National Prescribing Indicators • NHS Wales Quality Assurance and Improvement Framework • AWMSG Low Value for Prescribing in NHS Wales guidelines • NHS Scotland Polypharmacy Guidance - Medicines Review	Effectiveness of all medicines maximised
Identify unnecessary medication Consider the following: • AWMSG Polypharmacy: Guidance for Prescribing • STOPP / START guidelines • AWMSG Polypharmacy: Supplementary Guidance – BNF Sections to Target • AWMSG Low Value for Prescribing in NHS Wales guidelines • Deprescribing guidelines • NHS Scotland Polypharmacy Guidance - Medicines Review	Unnecessary medicines stopped

Standard 4. Reducing waste

Standard 4: Reducing waste Consider activities and actions that contribute to waste and work to address them.	
Activities	**Checklist**
Consider cost and value • Ensure that allocated resources are used optimally. • Consider the most cost effective medicines in line with local and national prescribing schemes /guidelines. • Consider NICE guidelines and provide medicines with a low acquisition cost if recommended by NICE. • Consider whether unnecessary appointments or monitoring are undertaken. • Consider anything that does not add value to the outcome for the patient. • Consider over-diagnosis which may result in anxiety for the patient, over-treatment and side effects of unnecessary care.	Cost and value considered
Consider patient factors • How does the patient order their prescription? Does the patient have any difficulties ordering their prescription? • Where patients have indicated that they have not been fully adherent with their medication, consider whether stockpiles have built up. Where there is intentional non-adherence, and the patient has been informed of the risks, remove the item from repeat prescription. • Are prescriptions ordered appropriately for housebound patients or care home residents to ensure there is no over-ordering or stockpiling?	Patient factors considered

Standard 4: Reducing waste Consider activities and actions that contribute to waste and work to address them.	
Consider prescribing factors • Prescribe appropriate quantities taking into account daily dose and length of prescription, Particular consideration should be given to inhalers. • Synchronise quantities of all medicines to ensure they can all be ordered at the same time. • Try to address stockpiling i.e. separate regular medication from 'when required' medication on repeat prescriptions. • Consider whether the formulation prescribed is appropriate for the patient, i.e. tablets instead of liquid.	Prescribing factors considered
Consider environmental factors Consider the environmental risk and carbon footprint of the medication: • NICE Patients decision aid – Inhalers for asthma includes information on carbon footprint and recycling. • Consider the environmental cost of wasted resources	Environmental factors considered

Standard 5. Medication review documentation

Standard 5. Medication review documentation Complete documentation and update the patient record.	
Activities	**Checklist**
Record the date and who is undertaking the medication review.	Recorded
Record the reason for taking each medicine.	Recorded
Record any changes made, with a reason.	Record patient / carer agrees with changes made
Record advice and supporting information given to the patient or carer (for example, leaflets, enrollment in a Pregnancy Prevention Programme) in addition to information shared with the patient's wider health and social care team, where appropriate.	Record patient / carer agrees with advice given
Record in patient record "Medication Review completed to the AWMSG Standards" or, where only one or two standards have been completed, the following may be recorded "AWMSG Medication Review – Standard 1 complete".	Recorded
Record the date when the next review is due.	Recorded

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