

## Policy Statement

### **Enabling Medicines Optimisation to ensure the safe, clinically effective and cost-effective prescribing and supply of medicines in the HSC**

The achievement of safe, clinically effective and cost-effective prescribing and medicines supply is in the interests of all patients and healthcare practitioners. Strategies to achieve this can improve outcomes for patients by reducing harm, improving adherence to medicines and freeing up resources to treat more patients. This policy outlines the approaches to be adopted across the HSC to support this aim.

Medicines are the most commonly used intervention in the treatment of illnesses. With increasing life expectancy and associated health issues, polypharmacy is inevitable for many people, and where used appropriately, will often extend life expectancy and improve quality of life.

However polypharmacy can also lead to increased risk of drug interactions and adverse drug reactions, together with potentially reduced adherence to medication and quality of life for patients. People often do not take medicines as they are intended and may struggle with complex drug regimens; hence it is important that there are systems in place across primary and secondary care to support medicines optimisation so that people gain maximum benefit from their medication with the least harm and waste.

Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. NICE Guideline NG5, (4 March 2015) states that optimising a person's medicines is important to ensure a person is taking their medicines as intended and can support the management of polypharmacy.

Effective medicines optimisation requires health and social care practitioners in all health and social care settings to work collaboratively along with the patient to review the use of medicines, taking into account patients' needs, preferences and values, as well as best evidence and practice.

Medicines optimisation will usually involve:

**(i) Medication Review**

A regular, structured medication review is important for all people being prescribed ongoing medication, but is particularly important for those who are taking a large number of medicines, are frail, elderly or have multiple co-morbidities, and /or are taking high risk medicines. Such reviews can identify medicines that should be stopped or need a dosage change, and also if any new medicines are needed, ultimately resulting in a reduction in the risk of adverse events and increased adherence. Self-management plans and patient decision aids should be utilised as part of medication review.

**(ii) Medicines Reconciliation**

Medicines reconciliation is recognised as a process that supports patient safety by ensuring that the correct medicines are prescribed for patients across transitions of care. Traditionally, there has been a focus on medicines reconciliation for patients on admission to, and discharge from, hospital. However, evidence and guidance indicates action is required at all transitions of care. A cross-sector approach should be in place to support clinical teams across secondary care, general practice and community pharmacy to undertake medicines reconciliation when patients move between sectors of care.

**(iii) Arrangements and systems to ensure evidence based, safe and cost effective prescribing**

All prescribers should consider the following when prescribing:

- Evidence e.g. scientific literature, training, National (e.g. NICE) and local (e.g. HSCB) guidance.
- HSCB summarises the evidence base and engages clinicians in primary and secondary care to establish and maintain the Northern Ireland Formulary (NIF) <https://niformulary.hscni.net/>. The NIF promotes safe, clinically effective and cost-effective prescribing of medicines. It provides guidance on first and second line drug choices for prescribers in all HSC settings and covers the majority of prescribing choices in Northern Ireland. The NIF aims to standardise practice and ensure a level of consistency but it is recognised that some individual patients may require medicines which lie outside such guidance.
- HSCB has also established the Managed Entry Process through which the commissioning of medicines is managed and informed by NICE appraisals (or

in the absence of NICE, an alternative technology appraisal body - [Managed Entry | NI Formulary \(hscni.net\)](#).

- Cost-effective prescribing e.g. use of generics, dose optimisation, cost-effective drug alternatives and formulations.
- HSCB STOP and Limited evidence list. Prescribers are encouraged to review all patients prescribed medicines on the Limited Evidence or Stop List to check if the drugs are appropriate, safe and if they are providing HSCNI with value for money.
- Encourage patients to self-care and seek advice from their local community pharmacist to help manage minor and self-limiting conditions.
- Processes to ensure safe prescribing, supply and administration of medicines to patients e.g. repeat and acute prescribing protocols, arrangements for antimicrobial stewardship, use of prescribing support decision software
- Identifying, learning and reporting from medicines related patient safety incidents

#### **(iv) Collaborative working arrangements**

There should be local arrangements for collaborative working between all healthcare professionals involved in medicines management. Community pharmacists, GP Federations, Trusts, HSCB and PHA are encouraged to work together to ensure safe and cost effective use of medicines, support effective medication review, reduce inappropriate polypharmacy and optimise the use of medicines by patients.