North West Proposal

Supporting people living in the community to achieve the best possible outcomes from their medicines, by working with all the partners involved in their care – developing a system level approach

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Background

Supporting older and vulnerable people living in the community to take their medicines safely and effectively is important. Commissioning and delivering integrated medicines management services that provide the right support wherever people enter the system is fundamental to delivering better healthcare outcomes. Reports show that the system is failing in this area. As a result, many older people are not getting the maximum benefits out of their medicines and may suffer unnecessarily from medicines related problems such as hospital admissions, adverse drug reactions, falls and poor therapeutic outcomes. All of these problems have huge clinical and resource implications for health and social care.[1]

With advances in health and social care, many older people with long term condition (LTCs) can now be managed safely in the community and can choose to remain at home where they would have had to go into hospital or an institutionalised care setting. This means that more complex drugs and regimens have to be managed in the community setting. In addition to this the physical and sensory impairment associated with ageing as well as the increased risk of adverse drug reactions (ADRs) make it more difficult for older people to manage their medicines and inevitably many will need some form of assistance or support.

The scenario described above can be extended to include younger vulnerable people living in the community who can with the right support retain some degree of independent living; therefore, this proposal aims to look at all people who are in need of some form of assistance or support to get the best out of their medicines. To that end this paper will encompass both these groups, who are described as patients.

Aims of this Paper

The COVID-19 pandemic has really highlighted the frailties in the system of how we care for these patients, and provides us with an opportunity to review how in the North West (NW) going forwards we develop a system level approach to working with system partners to ensure that an appropriately resourced medicine support service is embedded into the care pathway to deliver effective medicines support to these patients.

The paper raises the awareness of the risks from a health care perspective, proposing a review of the current situation, to identify where there are gaps help to build bridges and overcome barriers, and suggests a system approach to a way forward.

Current Situation

The COVID-19 pandemic poses one of the biggest challenges that we have faced in our lifetimes, our teams including community pharmacies, social care, carer teams, primary care, secondary care to name a few, are losing members either through infection, self-isolation or parental / caring responsibilities, and this pandemic has really highlighted the weakness in the system of how we care for these patients.

[1] https://www.sps.nhs.uk/wp-content/uploads/2013/06/MCA20toolkit.pdf

There is no co-ordinated, structured approach to the way we assess these patients who require medicines support and how we then provide such support.

As part of routine NHS care, older people can be assessed and referred to receive appropriate health care e.g. nursing care, physiotherapy, podiatry services etc. depending on the needs identified. This is not the case with medicines management needs as there is currently no formal or co-ordinated way to identify, assess, refer or provide support. Despite the NICE recommendation that health care professionals should routinely assess for non-adherence whenever medicines are prescribed, dispensed or reviewed, many organisations still do not have a structured process.

The routine use multi-compartment compliance aids (MCAs) without patient adherence assessment is discouraged by the Royal Pharmaceutical Society[2].

Hence these services are provided in silos with individual organisations using different access criteria and working within different financial and other constraints making access to the right support inequitable.

Although many options to support medicines taking are available, MCAs are probably most widely used to support patients to take their medicines with the intention of enabling them to manage their medicines independently or be cared for in the community. A commonly held view shared by families, carers, and GPs etc. Provided by community pharmacies they are also popular with care homes, domiciliary care providers (DCPs) and local authorities as they are perceived as a "safer option" for staff involved with delivering medicines related tasks. Although their use is increasing, there is little evidence to support this widespread approach and they can be associated with increased risks of medication related problems and wastage.[3] Indeed the CQC guidance on MCAs in care homes clearly states they should not be the first choice intervention to help people manage their medicines[4].

Decisions made about the use of MCAs in one part of the economy inevitably impacts on the other, so over the years, MCAs use has caused controversies and disputes between health care professionals and other organisations such as social care.

There is no legal requirement for an MCA to be provided to a patient, carer or care facility and it should not be presumed that a patient with a disability, who requires an auxiliary aid, must always be supplied with an MCA, as there are other possibly more appropriate and helpful ways to support people in taking medicines effectively[5].

Not all medications are suitable for MCAs. The decision to use an MCA must therefore include a technical assessment of suitability of each medicine[6]. If some medicines are necessarily kept outside an MCA e.g. inhalers, drops, liquids, patches, creams, some tablets etc. this increases the complexity of the medication regimen and may result in some medicines being missed[7].

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[2] Anon. Improving patient outcomes: The better use of multi-compartmental compliance aids. Royal Pharmaceutical Society 2013.

[3] https://www.sps.nhs.uk/wp-content/uploads/2013/06/MCA20toolkit.pdf

[4] https://www.cqc.org.uk/guidance-providers/adult-social-care/multi-compartment-compliance-aids-mcas-care-homes

[5] Anon. Disability Discrimination Act 1995: Equality Act 2010; And Multi-compartment compliance aids. Pharmaceutical Services Negotiating Committee 2016.

[6] Church C, Smith J. How stable are medicines moved from original packs into compliance aids? The Pharmaceutical Journal 2006; 276(7384):75-81.

[7] Alldred DP, Standage C, Fletcher O et al. The influence of formulation and medicine delivery system on medication administration errors in care homes for older people. BMJ Quality & Safety 2011; 20(5):397-401.

There exists on the market a wide range of MCAs which also has led to confusion amongst healthcare professionals, patients and carers in their use[8].

Where the best adherence aid for an individual is suggested to be a MCA, then from the notes above it is clear the patient and their carers must be educated and trained in the use of the aid[9] along with adequate remuneration in providing adherence assessment, aids and the ongoing sustainability of this method of medicine presentation, including regular reviews of appropriateness.

There are many other alternatives to supporting patients in taking their medicines before looking at the use of an MCA, these include[10] -

- Medication reviews to avoid unnecessary polypharmacy
- Simplifying medication regimens
- Effective patient counselling and education
- Reminder charts
- Medicines administration record charts
- Labels with large print or pictograms
- Information sheets
- Reminder alarms
- IT solutions, such as phone apps and telemedicine
- Wing-capped bottles
- Blister popping devices or pill presses

The Case for Change

What are the consequences of doing nothing?

What are the clinical and financial risks associated with the current situation?

What will happen in the next few years if things continue as they are?

What are the implications for capacity to continue to deliver services safely and effectively with the increasing demands of providing MCAs, the impact of individual budgets and personalisation?

Failure to meet medicines related targets e.g. QIPP

Increased hospital admissions, re-admissions, or delayed discharge due to medicines problems.

The missed opportunity to effectively contribute to managing long term conditions and enabling patients to be more independent and live at home.

How do we combine these points to pool our resources to fund a new safer approach?

Where would we like to get to?

[8] Illsley A, Brown A. Multi-compartment compliance aids - a clinical reminder. Age Ageing 2016; 46:337.
[9] Summary of Guidance and Evidence for use of Multi-Compartment Compliance Aids (MCCAs). February 2019
[10] Wang L-N. Multi-compartment compliance aids: Do you need to review what you do? The Pharmaceutical Journal 2013; 291:120

The ideal place to be is where there exists a joint policy/system/pathway commissioned across the NW economy that enables these patients with medicines needs to be identified, assessed and referred to the most appropriate service/practitioner in health or social care. Meaning that the patient will have their medicines at the times they need them and in a safe way with the right information.

Summary

Driven by the shock of the COVID19 pandemic to the health and social care system, this paper is proposing that a NW system led review is undertaken to look at how people who are in need of some form of assistance or support to get the best out of their medicines are identified, assessed and supported in a sustainable manner.

Such a piece or work will need to be commissioned by an overarching body, and may need to be pump primed to get any new service operational, this may require the pooling of resources to deliver an approach that provides benefits to the system and safer and better patient outcomes.

In the interim it would be appropriate to suggest a piece of work is undertaken to address some of the issues presenting at the moment as a result of the COVID19 pressures, and later a more robust approach providing a longer term solution.