Department of
Health, Social Services and Public Safety
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CONSULTATION QUESTIONNAIRE - THE MEDICINES OPTIMISATION QUALITY FRAMEWORK

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FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

Introduction

This consultation document is to give all citizens in Northern Ireland an opportunity to provide their views on a Medicines Optimisation Quality Framework, which aims to support better health and wellbeing for all people in Northern Ireland through improvements in the appropriate, safe and effective use of medicines.

Medicines play a crucial role in maintaining health, preventing illness, managing chronic conditions and curing disease. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time to enable them to gain the best outcomes.

By focusing on patients and their experiences, the goal is to help patients to:

- improve their outcomes;
- take their medicines correctly;
- avoid taking unnecessary medicines;
- reduce wastage of medicines; and
- improve medicines safety.

Ultimately medicines optimisation can help encourage patients to take ownership of their treatment.

Medicines optimisation also requires multidisciplinary team working. Healthcare professionals working together to ensure patients have individualised care, know how to take their medicines correctly, are supported to improve adherence when needed and have their medicines reviewed at appropriate intervals to optimise outcomes.

The Medicines Optimisation Quality Framework has been developed to meet a number of objectives, these include:-

- Better health outcomes for individuals through the appropriate use of medicines, taken as prescribed.

- Better informed patients, engaged and involved in decisions about their medicines.
- Improved systems for medicines safety at transitions of care.
- An active medicines safety culture within health and social care organisations.
- Reduced variance in medicines use through the consistent delivery of medicines management best practices.
- Improved intra and inter professional collaboration and a HSC workforce who recognise their role in medicines optimisation and deliver it as part of routine practice.
- Better use of resources for the Health and Social Care Service through the consistent, evidence based and cost effective prescribing of medicines.
- A strategic focus for continuous improvement and innovation in the development and implementation of best practice related to medicines use.

The Framework complements existing policies, quality standards, Transforming Your Care principles and is specifically aligned with the Quality 2020 strategic themes of safety, effectiveness and patient/client experience.

The Framework has been compiled in anticipation of the increasing demands of

(i) **A growing and ageing population**.

Northern Ireland has the fastest growing population in the UK, a rising number of older people with increasing multi-morbidities and a health seeking culture in which people use more medicines with higher associated costs per head per annum than other countries. Therefore, there are potentially significant challenges ahead which require a renewed focus on using medicines to gain the right outcomes for patients at the right cost for the Health and Social Care Service.

(ii) **Advances in medicines and technology,**

Advances in medicines and technology continue to drive change in the range of services that can be provided safely in the community. This is to enable more people to be diagnosed, treated and cared for at home or close to where they live. New technologies have for example the potential to make medicine taking more convenient for the patient

which can improve adherence and outcomes. Advances in medicines and approaches based on predict, prevent and treat will become more common and translational genomics will allow for specific targeting of treatments to individuals.

The electronic care record and ongoing ICT development programme will facilitate better sharing of information between healthcare professionals and enable advances such as electronic prescribing.

(iii) **In recognition of a growing evidence base**

Global innovation in medicines development and improved access to medicines with a good evidence base for example NICE Guidance have contributed to an increase in life expectancy helping people to stay healthy for longer and many previously debilitating or fatal conditions are now prevented or managed, often on a long term basis, through regular medicines use.

(iv) **The need for consistent delivery of best practices and cost effective medicines management.**

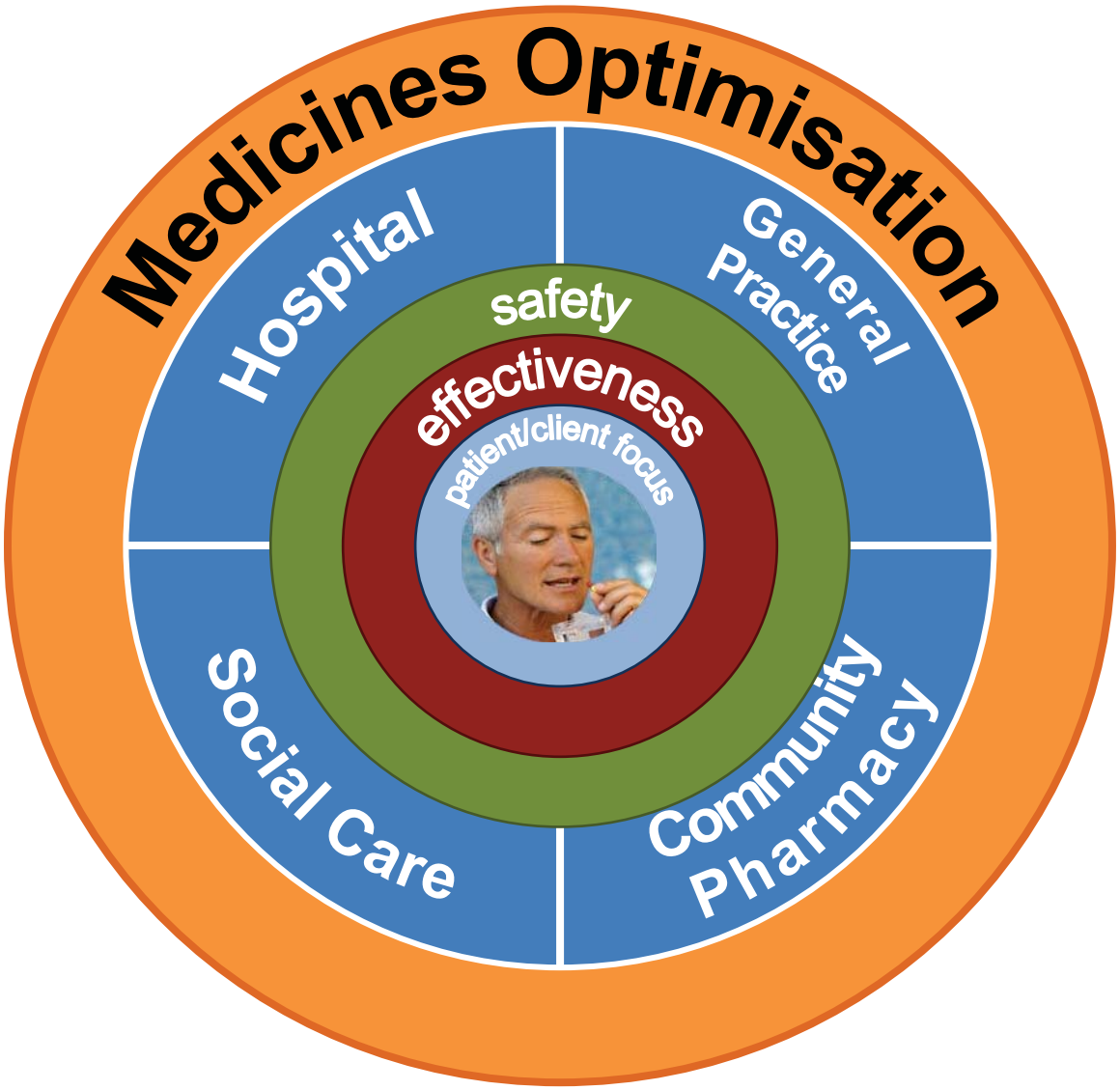
A King's Fund report concluded that there are wide variations in the quality of care in general practice stating that the delivery of high-quality care requires effective team working for which the skill-mix needs to evolve. For example, increasing the utilisation of pharmacists in the community working collaboratively with other health and social care professionals can help optimise patient's medicines use. Their clinical role should be enhanced and embedded in the overall care of the patient contributing to the safe and effective use of medicines and improved health outcomes.

Medicines Optimisation Quality Framework - Components

The Framework has three components.

- A **Regional Medicines Optimisation Model** which outlines what should be done at each stage of the patient journey to help gain the best outcomes from medicines.
- **Quality standards** which describe what patients can expect when medicines are included as part of their treatment. These standards will identify:
    - What best practice should be delivered and any gaps in best practice which need to be addressed.
    - Recommendations for change.
- **A regional medicines innovation plan** to support the sustainable delivery of the quality standards which identifies the priority areas for research and service development required to address the gaps in best practice in medicines optimisation over a five year period 2015-2020.

Regional Medicines Optimisation Model



Supported by:

- **Delivery of best practices** - new Controls Assurance Standards for Medicines Optimisation.
- **Available Quality systems** - including ICT infrastructure supporting connectivity, electronic transmission of prescriptions, access to the Electronic Care Record, prescribing support, NI Formulary, enhanced prescription data analysis.
- **Supporting infrastructure** - including the Regional Medicines Governance Team Regional Medicines Management Pharmacy Team, Education, Learning and Development Providers, Effective commissioning, Funding Streams, A Regional Innovation Programme.
- **Multidisciplinary professionals** working collaboratively, communicating and sharing information to meet the needs of patients.

Medicines optimisation will promote a common understanding for Health and Social Care providers and patients of what is expected when medicines are included in an individual's treatment in Primary and Secondary Care as well as within Community Care and Social Care. Below in tabular form is a summary of what you should expect as routine practice with regards to medicines optimisation in the different settings – Hospital, General Practice, Social Care and Community Pharmacy.

Hospital	**General Practice**
On Admission • Patients bring their medicines to hospital so that they can be checked and used where possible. • Within 24 hours of admission patients have a medicines reconciliation check by a pharmacist. It involves collecting information about current medicines, checking for omissions, duplications and other discrepancies and then recording and communicating any changes. Patients, family members or carers may be involved in this process. • If patients move from one ward to another within a hospital, medicines reconciliation occurs again. **Following Medical Assessment/Diagnosis** • Patients are involved in decisions making about their medicines and receive information about new medicines and the expected health outcomes. • Patients have the opportunity to speak to a healthcare professional and ask questions about their medicines. • During the inpatient stay prescription charts are monitored and reviewed in conjunction with medical notes and relevant medical laboratory results. • Patient responses to medication therapy are monitored and best practices relating to 'high risk medicines' are followed **Administration of medicines** • On some wards patients may be able to administer their own medicines however if this is not possible medicines are administered on time following a check that the direction to administer is appropriate and other related factors are taken into consideration **On discharge** • Prior to discharge the medicines reconciliation process is repeated. • Patients receive a supply of their prescribed medicines and are provided with accurate, up-to date information about their ongoing treatment where necessary. • Patients know who to contact if they have a query about their medicines after discharge. • Accurate and up-to date information about medicines is communicated to the patient's GP, Community Pharmacy and social care worker where relevant.	**When you visit your general practice** • Patients registering with the practice for the first time have a medicines reconciliation check. • During consultations patients are involved in decisions making about their medicines, receive information about new medicines and the expected health outcomes. • Patients taking multiple medicines or taking 'high risk medicines' are identified and where appropriate receive additional information and advice to help take their medicines safely and effectively. • All patients on repeat medication have an annual face to face clinical medication review. (This may be more frequent depending on the individual's care plan or type of medication). • Patient responses to medication therapy are monitored. Medicines that are not beneficial and not evidence based are not continued. • Patients with problems taking their medicines as prescribed (non-adherent) are referred for an adherence assessment. • Patients are involved in decisions about their medicines and are encouraged to ask questions about their treatment and to be open about stopping medication. • Patients discharged from hospital have their medicines reviewed. • Prescribers have up to date information to support clinically appropriate and safe prescribing. • Prescribers have access to information and advice about polypharmacy and patients taking multiple medicines. • Practices provide information about prescribed medicines to hospitals and other appropriately authorised health and social care professionals to assist medicines safety during transitions of care.

Social Care

Nursing, Residential homes and Childrens homes

- When individuals first move into the home and at each transition of care thereafter their medicines are checked with their GP Practice and Community Pharmacy.
- Adequate supplies of medicines are always available and prescription ordering systems in homes are carefully managed and monitored to avoid waste.
- Individuals with specific medication needs such as Parkinson's disease or Diabetes or those taking multiple medicines and 'high risk medicines' are identified and receive the appropriate care in line with best practice.
- Individuals who take their own medicines are monitored to ensure they are taking them as prescribed.
- Medicines are administered on time following a check that the direction to administer is appropriate.
- Individuals taking repeat medication have an annual clinical medication review, the frequency of the review may vary depending on the care plan
- Care home staff have contact with pharmacists in the community to assist with queries about medication.

Domiciliary care

- Domiciliary care staff have a defined role in helping with medicines taking.
- They have appropriate information about the individual's current medication and are aware of any changes following a transition of care, such as discharge from hospital.
- They receive training on 'High Risk Medicines' and have easy access to information about all medicines.
- They have contact with pharmacists in the community to assist with queries about medication.

Community Pharmacy

- On presentation of a prescription the pharmacist will carry out a check of the prescription before it is dispensed. This will inform the level of information and advice that is needed for the patient to take their medicines safely and effectively.
- High quality medicines are dispensed safely.
- Patients receive appropriate information and advice with the supply of medicines, particularly if a new medicine or a 'high risk medicine' is supplied.
- If the presentation of a repeat medicine changes, the patient is advised of this change and reassured of continued efficacy.
- Patients are offered a medicines review after a significant change in their medication. For example following discharge from hospital or after starting new treatment regimen.
- Patients having problems taking their medicines as prescribed have their adherence needs assessed and appropriate support provided.
- Patients are asked if they need all their repeat medicines before they are supplied to reduce the risk of waste.
- Pharmacists work closely with other health and social care professionals to ensure patients are on the most appropriate medication and have contact with pharmacists working in local GP practices and hospitals.
- To support safe transitions pharmacies provide information about medicines supplies to the pharmacist conducting a medicines reconciliation check after admission to hospital or to appropriately authorised health and social care professionals in a nursing or residential home.
- On discharge from hospital the community pharmacy receives up to date, timely information regarding the patient's medication.
- Pharmacies may provide other services such as clinical medication reviews and monitor health outcomes from medicines to support medicines optimisation.

Quality standards

In order to support the Regional Medicines Optimisation Model, ten new minimum quality standards have been developed to drive consistency and bring about a common understanding about what service providers are expected to provide and what patients can expect to receive when medicines are included as part of their treatment in any Health and Social Care setting.

The standards address issues relevant to all patients within the three overarching quality domains of safety, effectiveness and patient/client focus as outlined in the following table.

Quality Theme	**Medicines Optimisation Standards**
Safety - **Preventing and minimising harm related to medicines use.** • **Safe and secure use of medicines** • **Avoid adverse drug events** • **Avoid adverse drug reactions**	1. Safer Transitions of Care 2. Risk Stratification of medicines 3. Safety/Reporting and Learning culture
Effectiveness - **Right patient, right medicine, right time, right outcome, right cost.** • **Evidence based-practice** • **Decisions transparent and robust** • **Discontinuation of medicines no longer required or deemed not cost-effective**	4. Access to medicines you need 5. Clinical and Cost Effective Use of Medicines and Reduced Waste 6. Clinical Medication Review 7. Administration
Patient/Client Focus - **Patients involved in decisions about their treatment with medicines.** • **Shared decision-making between the patient and health professional** • **Supporting patients** • **Adherence to medicines**	8. Safer Prescribing with Patient Involvement 9. Better information about medicines 10. Supporting Adherence and Independence

The ten standards within the Medicines Optimisation Quality Framework are listed as follows:

Standard 1 – Safer Transitions of Care
Checks occur at each transition of care to ensure that the transfer of medicines and medicines information between patients, carers and health and social care workers is safe, accurate and timely.

Standard 2 – Risk Stratification of Medicines
Patients who may be at risk because of the medicines that they use receive the appropriate help to take their medicines safely.

Standard 3 – Safety/Reporting and Learning Culture
Organisations promote an open and transparent culture with evidence of processes for the reporting, prevention, detection, communication and cascade of learning from medication incidents and adverse drug reactions.

Standard 4 – Access to medicines you need
Patients have appropriate, equitable and timely access to quality assured, evidence-based and cost-effective medicines.

Standard 5 - Clinical and Cost Effective Use of Medicines and Reduced Waste
Within organisations a culture exists promoting a shared responsibility for the appropriate, clinical and cost effective use of medicines supported by systems for avoiding unnecessary waste.

Standard 6 – Clinical Medication Review
Patients have face to face clinical medication reviews on a regular basis.

Standard 7 – Administration
Following an initial check that the direction to administer a medicine is appropriate, patients who have their medicines administered receive them on time and as prescribed.

Standard 8 - Safer prescribing with patient involvement
Prescribing is carried out in a manner which promotes safety and optimal health outcomes, with patients involved in decisions about their treatment.

Standard 9 – Better information about medicines
Patients/carers receive the information they need to take their medicines safely and effectively.

Standard 10 – Supporting adherence and independence
People are helped to remain independent and self manage their medicines where possible but receive support with adherence when needed.

A regional medicines innovation plan

A new strategic approach to pharmaceutical innovation is proposed to support and drive continuous improvement through the development and implementation of best practice in medicines optimisation in Northern Ireland using existing funding streams and resources where possible.

This will involve a high level alliance of stakeholders involving commissioners working to provide the necessary leadership and focus for the development and implementation of evidence based best practice associated with each medicines quality standard.

The approach has three components

- **A regional medicines innovation plan**
- **A regional centre for medicines innovation, research and service development**
- **A medicines optimisation network**

The regional medicines innovation plan will be agreed by the high level group of stakeholders. The plan would prioritise projects in a programme of translation, research and service development with clear outputs and timelines for developing, testing and implementing solutions.

As the programme will draw on the activities of a range of different organisations accessing different funding streams and with varied outputs it is proposed that this work is undertaken under the governance of a new **Northern Ireland Medicines Optimisation and Innovation Centre (NIMOIC).**

The medicines optimisation network would link to other health and life science networks and provide an opportunity for building and sharing knowledge and developing collaborative working partnerships.

How to Respond to this Consultation

This consultation invites views on the Medicines Optimisation Quality Framework. A Consultation Response Questionnaire follows in the next section.

A response can be submitted by letter, fax or e-mail.

Details are:

Post:
Department of Health, Social Services and Public Safety
Medicines Policy Branch
Room D3.22
Castle Buildings
Belfast
BT4 3SQ

Fax: (028) 90522335
E-mail: medicinesoptimisation@dhsspsni.gov.uk

Completed consultation response questionnaires must be received by the Department by **5.00pm Friday 14th August 2015.** Responses received after this date will only be considered with prior agreement from the Department.

If you have any queries regarding the consultation please email your query to: medicinesoptimisation@dhsspsni.gov.uk

Medicines Optimisation Quality Framework - Questionnaire

The Department of Health, Social Services and Public Safety welcomes your views on the Medicines Optimisation Quality Framework

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

(Please tick a box)

I am responding: as an individual ☐ on behalf of an organisation x

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The National Pharmacy Association (NPA) is the body which represents the vast majority of independent community pharmacies (including independent multiples) in Northern Ireland and across the UK.

We welcome the opportunity to respond to this consultation.

Views are invited on the following questions by 5.00 pm Friday 14th August 2015

The aim of the Medicines Optimisation Quality Framework is to support better health and wellbeing for all people in Northern Ireland through improvements in the appropriate, safe and effective use of medicines. Medicines optimisation is about ensuring that the right patients get the right choice of medicine, at the right time.

Q1	**Is the aim of the Medicines Optimisation Quality Framework clear throughout the document?**

(Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Section 1 of the Medicines Optimisation Quality Framework details the history of medicines management in Northern Ireland 2000-2014.

Q2	**Does Section 1 provide a comprehensive review of medicines management? (Please tick a box)**

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Section 2 of the Medicines Optimisation Quality Framework details the key challenges to address in moving to medicines optimisation.

Q3	**Are the key challenges in moving to medicines optimisation comprehensive and clear within the Framework? (Please tick a box)**

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Section 2 provides a clear picture of the challenges in moving to medicines optimisation. This includes the reform of health and social care services and in particular the need for new integrated models of care such as Integrated Care Partnerships (ICPs). The NPA supports the further development of ICPs and the commissioning of ICP pathways. Whilst community pharmacy is embedded within the structure of ICPs, there has recently been some concern from the network that this collaboration has not been optimised. We are fully supportive of a multi-disciplinary approach, utilising pharmacy skills alongside other disciplines to ensure that services are delivered as close to patients/service users homes as possible to empower patients, promote health and prevent illness to provide the best possible patient outcomes.

As referenced in the Donaldson Report, we agree that the role of pharmacists should be expanded; utilising our clinical skills and working alongside other healthcare professionals to help improve a patient's quality of care and improve their health outcomes. The NPA also recognises the positive outcomes that practice based pharmacists can offer within GP practices. However, the NPA wishes to highlight the need to utilise the existing community pharmacy network. Community pharmacists are the most accessible healthcare professional, being available without an appointment whilst the pharmacy is open. Located where people live, work and shop community pharmacies sit where health and social care meet. Typically pharmacists and their teams see patients more frequently than any other healthcare professional and notice how their regular patients are doing. This makes them uniquely placed not only to provide the expert advice on medicines; pharmacists are the experts in medicines and have undertaken five years training in order to qualify, but are uniquely placed to support patients holistically. This informal patient monitoring could be turned into a formal service similar to the shared care arrangements used in substance misuse services. In addition services to support carers (formal or informal) who are supporting the administration of medicines or administering medicines could be developed. These would ensure that carers not only understood the importance of individual medicines and how they should be taken but also how to recognise adverse reactions especially when the patient is on multiple medicines.

The NPA believes that there is significant untapped potential in the community pharmacy network which, when integrated with secondary care and general practice could offer health services in a patient-centred approach.

Section 3 of the Medicines Optimisation Quality Framework details the Medicines Optimisation model

Q4	**Do you think the Medicines Optimisation model visually demonstrates the key aim and objectives of medicines optimisation? (Please tick a box)**

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Medicines optimisation will promote a common understanding for Health and Social care providers and patients of what is expected when medicines are included in an individual's treatment in primary and secondary care as well as within Community Care and Social Care. Section 3 provides a number of tables of what a patient should expect as routine practice with regards to medicines optimisation in the different settings – Hospital, Community Pharmacy, General Practice and Social Care

Q5	**Is it clear from the list of activities provided in the tables in Section 3 of the Framework of what a patient should expect as routine practice with regards to medicines optimisation in the different Health and Social Care settings? (Please tick a box)**

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Section 4 of the Medicines Optimisation Quality Framework details the quality standards for medicines optimisation. The next set of questions are to seek your views on each of the quality standards and proposed recommendations.

Standard 1 – Safer transitions of care

Q6 (a) Do you agree that when a patient moves from one health and social care setting to another, for example from Hospital to General Practice, checks are to occur on each occasion to ensure the safe, accurate and timely transfer of medicines information between patients, carers and health and social care professionals. (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q6 (b) Do you agree with the recommendations within the Framework in relation to safer transitions of care? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

The NPA welcomes the ongoing work across Northern Ireland to improve communication between secondary care and community pharmacy when a patient moves between health and social care settings. However, we feel that more can be done to guarantee that medicines information is transferred safely, accurately and in a timely manner. Relevant discharge information must be supplied to the patient's community pharmacist to ensure that the patient is supplied with the correct medication and is appropriately advised how to get the best outcomes from their medicines. Community pharmacy read and write access to the Electronic Care Record will further ensure safer transitions of care, creating more robust records and providing all the relevant information to the pharmacist to allow for suitable checks and intervention. We believe that this is a priority for safer transitions of care.

The NPA also feels that an emergency supply service model could be developed to allow direct pharmacy supply of medicines using discharge information/ECR. This will relieve pressure on urgent and emergency care services and general practitioner appointments at times of high demand, such as weekends. Currently, emergency supply of prescription only medicines (POMs) to patients without a prescription can incur cost and lead to some patients seeking supplies or emergency prescriptions from urgent or emergency care providers. In the case of discharge, where the pharmacist may deem that the patient has immediate need for the medicine and that it is impractical to obtain a prescription without undue delay, an emergency supply service will allow the supply of a medicine at NHS expense.

To make certain transitions of care are safer, best practice would involve a full medicines reconciliation service in the community pharmacy using discharge information, information on the pharmacy Patient Medication Record (PMR) and the Patient Care Record. This would allow for early identification of discrepancies and prompt action to ensure the patient receives all their prescribed medicines. A Discharge Medicines Use Review (DMUR) service (similar to that in Wales) would be appropriate and would also support patient adherence. An evaluation of the DMUR service in March 2014 (University of South Wales) revealed a substantial level of discrepancies in discharge medicines management which could have lead to patient harm. Patient accounts of the service were very supportive, with people appreciative of the opportunity to discuss their medication with pharmacists.

Standard 2 – Risk Stratification of Medicines

Q7 (a) All medicines carry a level of risk, but some are known to carry a greater risk of side effects, adverse reactions and/or admission to hospital than

others. Do you agree that when patients who may be at risk because of the medicines that they use receive the appropriate help to take their medicines safely? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q7 (b) Do you agree with the recommendations within the Framework in relation to risk stratification of medicines? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
The NPA agrees with the recommendations of the Framework in relation to risk stratification. As recommended we believe that community pharmacy access to the patient ECR will be essential. Pharmacy training and a suitable protocol will also be required to ensure that there is consistent understanding of the stratification process. Community pharmacists typically see their patients more often than GPs and are therefore ideally placed to identify deterioration in a patient's condition, adherence issues or side effects. Community pharmacists have a role to play in the management of long term conditions and could be better utilised to support patient groups at greatest risk of harm, such as older people, those taking multiple medicines and conditions where adherence is critical, e.g. diabetes. The Chronic Medication Service in Scotland (CMS) is a good example of how community pharmacists can be utilised to manage patients with long term conditions; helping patients understand their medicines and improving the clinical outcomes. The CMS service allows patients with long-term conditions to register with a community pharmacy of their choice for the provision of pharmaceutical care as part of a shared agreement between the patient, community pharmacist and General Practitioner (GP). The community pharmacist identifies and prioritises patients with unmet pharmaceutical care needs in order to target patients most in need of their support. They then

produce a pharmaceutical care plan and a serial prescription is written by the patient's GP, supported by specific protocols for referrals or reporting. Information is shared electronically to ensure seamless transfer of information in real-time. Such a model could be similarly developed in Northern Ireland.

It may be useful to consider enablers such as computer software programs which would use the patient ECR and the pharmacy PMR to identify high-risk patients and make it easier for pharmacists to stratify risk. This information could not only be used to ensure the patient receives appropriate support, information and advice with their medicines but could also be used to identify patients at risk of developing a particular condition. For example, a software program could use patient data to identify patients at risk of developing diabetes and therefore it would be possible to target these patients with pharmacy services aimed at preventing ill-health. Such services would include blood glucose checks, blood pressure measurement, advice on diet and exercise and flu vaccination programmes.

Standard 3 –Safety/Reporting and Learning culture

Q8 (a) Do you agree that organisations across health and social care should promote an open and transparent culture with evidence of processes for the reporting, prevention, detection, communication and cascade of learning from medication incidents and adverse drug reactions?

(Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Currently, community pharmacies submit anonymised data about 'near-misses' and dispensing errors to the Health and Social Care Board (HSCB). This provides the entire pharmacy sector with the opportunity to share learning experiences and promotes best practice. In its *Standards for the Supply of Prescribed Medicines*, the Pharmaceutical Society (PSNI) has enshrined the idea of learning from errors and near-misses; "3.14 The pharmacist must ensure that procedures are in place to minimise the risk of dispensing errors or contamination of medicines and a record of errors and 'near-miss' incidents must be made and practises reviewed in light of such incidents."

However, medication incident reporting is currently low and there is reluctance amongst the community pharmacy sector to submit data due to a lack of transparency in existing governance arrangements and fear of prosecution. Through the Rebalancing Medicines Legislation and Pharmacy

Regulation Programme Board, the NPA hopes that a new legal defence will be introduced for inadvertent dispensing errors, removing the fear of prosecution when genuine mistakes happen and placing a greater emphasis on pharmacy regulation. We anticipate that this will encourage greater error reporting and subsequently enhance patient safety.

Q8 (b) Do you agree with the recommendations within the Framework in relation to safety/reporting and learning culture? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

The NPA agrees that a software system should be put in place to allow the recording of incidents by community pharmacists in their pharmacy practice and to analyse medicines incidents. We believe this could help improve the reporting of incidents.

In England, the NPA's Head of Pharmacy Services is acting as the Medication Safety Officer (MSO) for all independent community pharmacies with less than 50 branches. The MSO is a member of the newly created National Medication Safety Network and will assist in co-ordinating education and training with regards to medication incidents, as well as developing and promoting best practices. Responsibilities of the MSO role include submitting medication error reports to the National Reporting and Learning Systems (NRLS) on behalf of community pharmacies and also improving reporting and learning from medication incidents. The NPA has produced an online Patient Safety Incident report form can be used within the community pharmacy to log patient safety incidents.

Standard 4 –Access to Medicines you need

Q9 (a) Do you agree that patients should have appropriate, equitable and timely access to quality assured, evidence based and cost-effective medicines? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q9 (b) Do you agree with the recommendations within the Framework in relation to access to medicines you need? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
We agree that community pharmacies must ensure timely access to safe, quality assured medicines so as to avoid delays in administration. However, as referenced, there are shortages in availability of some medicines within the wider UK and global medicines market which can result in patients not receiving their repeat medicines on time. This is a significant problem and it must be acknowledged that it is outside of the pharmacist's control. Similarly, indiscriminate quotas set by manufacturers is another huge issue for pharmacists when they are ordering the medicines they need for their patients. An Audit undertaken by Pharmacy Voice in England has shown that supply issues take up a significant amount of pharmacy time, time which would otherwise be spent on delivering patient facing care. The NPA believes that here are concrete actions, particularly relating to clearer wholesaler and manufacturer supply obligations and improved communication, which should be taken by supply chain stakeholders to deliver benefits for UK pharmacies and their patients. As a member of the Pharmaceutical Group of the European Union, the NPA has led the way in bringing the medicine shortages agenda to a European level. However, at a local level, regional guidelines on managing medicines shortages would support pharmacies on a day to day basis.

Standard 5 –Clinical and cost effective use of medicines and reduced waste

Q10 (a) Do you agree that we all, whether patients, carers or health and social care professionals have a shared responsibility for the appropriate, clinical and cost effective use of medicines and to avoid unnecessary waste? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

The NPA agrees that appropriate, clinical and cost effective use of medicines is a responsibility of all Health and Social Care professionals. In particular we wish to highlight that medicines waste cannot be seen solely as a problem for community pharmacy but rather solutions to the problem should look at the entire medication journey.

Q10 (b) Do you agree with the recommendations within the Framework in relation to clinical and cost effective use of medicines and reduced waste? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

We agree that systems should be put in place to check that items ordered on repeat prescriptions are required before supply is made. Whilst there is no requirement for pharmacies not to dispense prescribed items, typically pharmacists seek to ensure medicines are dispensed to patients only if needed. Nevertheless, there is some concern that this is not always possible prior to dispensing where the pharmacy conducts a prescription collection service. The NPA therefore wishes to highlight the importance of influencing patient behaviour regarding medicines waste and ordering medicines only when they are needed.

The NPA would also like the Repeat Dispensing Service to be re-launched in electronic form to improve efficient medicines use in long term conditions.

Standard 6 –Clinical medication review

The patient is central to medicines optimisation and regular discussions or medicine reviews should take place between the patient and health and social care practitioner.

Medication reviews are carried out in people of all ages. The NICE guideline defines a 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' Medication reviews are conducted face to face with the patient and with full access to patient medication records.

Q11 (a) Do you agree that a clinical medication review for each patient should take place on a regular basis? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q11 (b) Do you agree with the recommendations within the Framework in relation to clinical medication review?(Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
As previously discussed the NPA agrees that with appropriate access to the patient ECR, pharmacists in the community should also provide clinical medication reviews, similar to clinical pharmacist colleagues in secondary care. Whether a clinical review is carried out by a pharmacist or GP should be specific to the individual, ensuring that the patient receives the right care for them, at the right place and the right time. The NPA also wishes to stress that current community pharmacy services should also be optimised. For example, the Medicine Use Review (MUR) service (a patient centred review) is currently limited to two targeted clinical areas. To support patient adherence and understanding we believe that an MUR service should be offered for other long-term conditions, multi-morbidity and polypharmacy. Furthermore, the service could be developed to enable a community pharmacist to prescribe for particular conditions or particular products as part of a delivered service, similar to the minor ailments scheme, rather than refer to GP. For example, in the case of a respiratory MUR where a patient can be diagnosed with oral thrush as a result of steroid inhaler use, it may be appropriate for the pharmacist to prescribe a spacer device in addition to providing practical advice such as rinsing the mouth with water after using the steroid inhaler.

Standard 7 – Administration

Some patients will require their medicines to be administered. This will occur in hospital, various health and social care settings, such as nursing homes and possibly in the patient's own home where a carer will be tasked to administer the patient's medicine.

Q12 (a) Do you agree that patients who have their medicines administered receive them on time and as prescribed? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q12 (b) Do you agree with the recommendations within the Framework in relation to administration? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Standard 8 – Safer prescribing with patient involvement

Q13 (a) Do you agree that when a medicine is prescribed it should be done in a manner which promotes safety and optimal health outcomes for the patient and with the patient fully involved in decisions about their treatment? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q13 (b) Do you agree with the recommendations within the Framework in relation to safer prescribing with patient involvement? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
The NPA agrees that there should be a greater number of pharmacists trained as independent prescribers who work in the community pharmacy setting with access to the patient ECR.

Standard 9 – Better information about medicines

Q14 (a) Do you agree that patients/carers should receive the information they need to take their medicines safely and effectively? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

Q14 (b) Do you agree with the recommendations within the Framework in relation to better information about medicines? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
We agree that the MUR service is beneficial to patients to provide more information about their medicines and increase their understanding of their medicines. As aready discussed we believe the MUR service could be expanded to increase the number of patients who could potentially benefit. In England the New Medicines Service (NMS) is an advanced pharmacy service which provides support for people with long-term conditions newly prescribed a medicine to help improve medicines adherence. An evaluation of the service carried out by the University of Nottingham in 2014 was very positive showing the NMS to significantly increase patients' adherence to their new medicines. (www.nottingham.ac.uk/~pazmjb/nms/) A similar service could be introduced in Northern Ireland to complement the existing MUR service.

Standard 10 – Supporting adherence and independence

Q15 (a) Do you agree that people are helped to remain independent and self manage their medicines where possible but receive support with adherence when needed? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
We agree that people should receive support with adherence when needed.

The Disability Discrimination Act 1995 (DDA) places a responsibility on providers of health and social services including community pharmacists to make any reasonable adjustments that may make the service more accessible to a person with disabilities. In a community pharmacy it is the responsibility of the pharmacist to carry out an assessment of the patient and as a result, to determine if any adjustments are required to ensure the patient can take their medication correctly. If necessary this can result in community pharmacists dispensing medication to their patients in a monitored dosage system (MDS). However, it has become increasingly popular for MDS to be requested by the GP/carer/patient and sometimes this is due to convenience and not necessarily need. Where requests are made by domiciliary care agencies it can be a concern that the patient will not receive their medication if not dispensed within a MDS. This places the pharmacist in a compromised position, where their patient may be at risk if they do not make the adjustment requested. As such, the NPA would like to highlight the need for clear processes relating to the provision of MDS. When MDS are required, community pharmacists should receive adequate remuneration for the provision of MDS.

Indeed, we recognise that MDS systems are often not the best way to support patients in taking their medicines. other alterations may be supplying the medicines in bottles with easy open tops, using large print labels or other methods of identifying medicines for those with visual impairment and medicines reminder or administration charts for those who struggle to remember to take or if they have taken their medicines.

Q15 (b) Do you agree with the recommendations within the Framework in relation to supporting adherence and independence? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments

The NPA believes that the MUR service should not be limited to patients with respiratory disease and/or diabetes to ensure that all patients who could benefit from the service are eligible.

Supporting Continuous improvement and innovation in medicines use.

Section 5 proposes a new strategic approach to pharmaceutical innovation to support and drive continuous improvement through the development and implementation of best practice in medicines optimisation in Northern Ireland,
involving a high level alliance of stakeholders involving commissioners working to provide the necessary leadership and focus for the development and implementation of evidence based best practice associated with each medicines quality standard.

The approach has three components

- **A regional medicines innovation plan**
- **A regional centre for medicines innovation, research and service development.**
- **A medicines optimisation network**

Q16 Do you agree with the new strategic approach proposed within Section 5 of the Medicines Optimisation Quality Framework? (Please tick a box)

Yes x No ☐ Don't know/ no views ☐

Additional Comments
We agree that continuous improvement and innovation in medicines use should be supported through the development and implementation of best practice. Notably programmes of research and service development have been conducted by community pharmacy to inform practice throughout the HSC. The NPA's Health Education Foundation (HEF) has been successfully supporting community pharmacy research for five years. Commissioners and policy makers should consider any research evidence when submitted with applications to develop or commission pharmaceutical services, allowing best practice and new services to be successfully implemented across the HSC. As the representative voice for independent community pharmacy, the NPA provides expert resources and support to our members in all aspects of pharmacy practice. As such, we welcome the formation of a medicines optimisation network for sharing knowledge and developing collaborative working partnerships. We would also ask for the NPA to be considered for membership of such a network.

Human Rights and Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between person with a disability and persons without; and
- between persons with dependants and persons without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

In accordance with guidance produced by the Equality Commission for Northern Ireland and in keeping with Regulation 75 of the Northern Ireland Act 1998, the Framework has been equality screened and a preliminary decision has been taken that a full EQIA is not required.

The Department is inviting responses to the following questions:

Q17 Are the actions/proposals set out in this consultation document likely to have an adverse impact on any of the nine equality groups identified under Section 75 of the Northern Ireland Act 1998?

Yes [ ] No [x]

If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated in the proposals

Q18 Are you aware of any indication or evidence – qualitative or quantitative – that the actions/proposals set out in this consultation document may have an adverse impact on equality of opportunity or on good relations?

Yes [ ] No [x]

If yes, please give details and comment on what you think should be added or removed to alleviate the adverse impact.

Q19 Is there an opportunity for the Medicines Optimisation Quality Framework to better promote equality of opportunity or good relations? Is there an opportunity to better promote equality of opportunity or good relations?

Yes [ ] No [x]

If you answered yes" to this question please give details as to how.

Q20 Are there any aspects of this where potential human rights violations may occur?

Yes [ ] No [x]

Any other comments:

Further Comments

Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Medicines Optimisation Quality Framework.

Thank you for your comments.

You should send your completed consultation response questionnaire to:

Post:
Department of Health, Social Services and Public Safety
Medicines Policy Branch
Room D3.22
Castle Buildings
Belfast
BT4 3SQ

Fax: (028) 90 522335
E-mail: medicinesoptimisation@dhsspsni.gov.uk

Completed consultation response questionnaires must be received by the Department by **5.00pm Friday 14th August 2015.** Responses received after this date will only be considered with prior agreement from the Department.

If you have any queries regarding the consultation please email your query to: medicinesoptimisation@dhsspsni.gov.uk

Appendix 1

FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

DHSSPS will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations, they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act 2000 gives the public a right of access to any information held by a public authority, namely, DHSSPS in this case. This right of access to information includes information provided in response to a consultation. DHSSPS cannot automatically consider as confidential, information supplied to it in response to a consultation.

However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. **If you do not wish information**

about your identity to be made public, please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence, if it is necessary to obtain that information in connection with the exercise of any of the Department's functions, and it would not otherwise be provided;

- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and

- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see the web site at: https://ico.org.uk/)