## WELCOME TO QIMP 1: MEDICNE



### Outcomes from today

By the end of this session you will have...

A quick overview of the Medicine QIMPs Case studies – what have other practices done? Resources available to you Action planning on your chosen QIMP An understanding of the evidence needed to secure your ICB funding requirements







## What we will cover in this QIMP 2: Waste Webinar

In this hour, we'll walk you through the business case for your practice making at least 1-2 of the following behaviour changes:-







### Description Deliverables 2023-24 Templates

1) Addressing any unnecessary polypharmacy in frailty where clinically appropriate, according to best practice and local prescribing guidance.

Before January 2024, to have less than 18% of patients aged 85yrs old or over on 8 or more medicines or be able to show that a higher level of prescribing is appropriate.

	Deprescribing in frailty	Deprescribing in frailty			
G-Care undated prescribing in frailty guidance	Background				
G-care updated prescribing in nanty guidance.	Frailty	<ul> <li>A process of rationalising medication</li> </ul>			
	Frailty and age	<ul> <li>Requires time with patient and carer/family</li> </ul>			
	Barriers to deprescribing	<ul> <li>Likely to be an on-going process, 1-2 drugs at a time</li> </ul>			
	Addressing barriers to Deprescribing	usually			
	Benefits vs burdens	<ul> <li>Combine with advance care planning</li> </ul>			
	Principles				

### 6

### Medicine 1 - If >10 meds -> SMP



Use a flow chart

- Step 1 Identify those on >10 medications
- Step 2 Have they had a review in the last 12 months?
- Step 3 Has adherence been checked?
- Step 4 Do any medication cause side effects?
- Step 5 Do any medication interact?
- Step 6 Which drugs to stop?

### Step 1 - Identify those on >10 medications

How to search on SystmOne

- Click on 'reporting' tab -> 'clinical reporting'
  - Search already set up!
- Right click 'run' (green triangle); then 'refresh'
- Click 'show patients'. Patient records can be analysed individually
- Can be exported



### Involve the patients

Use a 'Medication checklist'

Step 2-4 can be completed **prior** to booking an appointment for a review

- Step 2 Have they had a review in the last 12 months?
- Step 3 Has adherence been checked?
- Step 4 Do any medication cause side effects?

<b>IEDICATION</b>	
MEDICATION 1	MEDICATION 2
O Name	O Name
O Reason for taking	O Reason for taking
O Possible side effect	O Possible side effect
O Possible interactions	O Possible interactions
O When can I stop taking?	O When can I stop taking?
MEDICATION 3	MEDICATION 4
O Name	O Name
O Reason for taking	O Reason for taking
O Possible side effect	O Possible side effect
O Possible interactions	O Possible interactions
O When can I stop taking?	O When can I stop taking?



### Step 2-4

Step 2 – Have they had a review in the last 12 months?

Step 3 – Has adherence been checked?

- Understanding or confusion
- Physical compliance e.g. containers, inhalers
- Attitude to medication

Step 4 – Does any medication cause side effects?

- Dyspepsia/nausea
- Itchy
- Dizziness
- Oedema

# Step 5 – Does any medication interact?

- Anticholingeric burden
  - https://www.acbcalc.com/

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Brands:		
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### Step 6 – Which drugs to stop?

**Stop drugs** if no symptoms for 5-10 years, unlikely to need e.g.

- Angina
- Dyspepsia
- Dyspnoea
- Seizures
- Disease specific advice in reference document (angina, etc)

Stay on drugs giving benefit with little harm

Usually stop one drug at a time

Can you and the patient try to guesstimate life expectancy?

- Less than 2 years means preventive drugs unlikely to confer benefit
- Less than 1 year should signal advance care plans and symptom drugs only



### Record the results

- Can use a spreadsheet
- Accessible to all in the practice
- Added to by all in the practice
- Managed by one person/small team
- Rolling data collection across the year

1	Have all th	nose on >10	regular medica	tions been ident	ified?								
2	Patient name	Patient number	Other patient info (e.g. Dob etc)	How many medication taken prior to review?	Review performed? (date)	Who by? (name, role)	Adherance	Side effects present?	Interactions with other medication?	Which drugs to stop?	Life expectancy	Which medication(s) have been stoped or reduced?	How many medications are taken post review?
3													
4													
5													
6													
7													
8													
9													

### Additional info

#### **Barriers**

- Clinician anxieties How patient/family will perceive this Easier to leave status quo Drugs started by specialists
- Patient anxieties Faith in their medicines (over-estimate benefits) Trust the prescriber Take "for the rest of your life"

#### **Benefits vs burdens**

Over-rating of benefits

- Preventive drugs is this still appropriate?
- Symptomatic drugs are the symptoms still there?

Under-estimating burdens

- Cumulative Side-effects much more common in old age, and worsened by 'lack of reserve' in frailty
- Risk of errors
- Polypharmacy and drug interactions
- Acute illness alters drug handling and increases risks



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Flow chart; data recording; Medication Checklist

Consider best approach

#### Identify

• Audits

Use S1

- Pop up boxes on S1
- Additions to medication screen

Involve the patients

• Text messages to patients



### Medicine 3 - High emissions inhalers

Set up a system for review & follow up of patients on high carbon footprint inhalers

#### What are they?

- Flutiform MDI (£28, CO2e 37kg) and
- Symbicort MDI (£28, CO2e **37kg**)



#### What are the alternatives?

*The closest alternatives to Flutiform and Symbicort MDIs are other formoterol containing inhalers:* 

DPIs;

- Fobumix (£21.50, CO2e 1kg),
- Symbicort turbohaler (£28, CO2e 1kg),
- Fostair NEXThaler (£29.32, CO2e **1kg**)

MDIs

- Luforbec (£20.52, CO2e **11kg**),
- Fostair MDI (£29.32, CO2e **12kg**)

# We know how many prescriptions by our practice

- Identify the patients in the practice
- S1 search for flutiform inhaler and symbicort
- Identify patients
- Flag for annual review OR add reminder on to the patient record

### Identify those on high emissions inhalers

#### Video

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#### Text

#### How to search on SystmOne for patients in high emission inhalers

- Click on 'Reporting' tab then 'Clinical reporting'
- Click 'New'
- Name the report (e.g. 'High emissions inhalers ); choose a new category (i.e. a folder for storage) e.g. Qimp searches. Click 'Ok'
- Add elements to the search e.g. demographics such as click on 'Age' and change 'Current age' to 'over' and '18' years.
- Click on 'Clinical' drop down menu and then 'Event dates' and in the date box, can limit to the previous 12 months by entering '-<u>1y'</u>
- Click 'Medication' (Under 'clinical'). Click 'Exact drugs', then the 'Brown medicine bottle' icon. Here enter 'Elutiform', double click to list all Elutiform medication. By pressing the control button and clicking on the medication we want selecting, we can choose multiple at the same time. Click on the black arrow (right side of the box) on 'Selected drugs' to choose them all.,
- We then search for 'Symbicort' and choose all MDI (jg all non DPI inhalers). Click on the black arrow to select them for the search.
- Click 'Ok'
- Our search is now fully constructed.
- Click on 'run' icon (green triangle). This will provide the number of patients who have either Symbicort or <u>Flutiform</u> inhalers issued in the last 12 months
- · Click 'show patients' where patient records can be analysed individually
- Can be exported ('extracted' or saved) Into a spreadsheet



### Other resources

#### seesustainability.co.uk/qimp23

Flow chart; data recording; Medication Checklist

Consider best approach

#### Identify

• Audits

Use S1

- Pop up boxes on S1/EMIS
- Additions to medication screen

Involve the patients

• Text messages to patients

#### Monitor



### Medicine 4 – DPI and MDI

Review patients on DPI treatment (preventer) inhalers and MDI rescue (reliever) inhalers.

It is **not logical** for a patient to be prescribed inhalers requiring different inhalation techniques.



### Identify those on both MDI and DPI

#### Video

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Watch on	YouTube			

#### Text

#### How to search on SystmOne for patient prescribed both MDI and DPI inhalers

This involves running two searches – one for those patients prescribed MDIs, and a second for those prescribed DPIs, then combining to identify those patients in both groups.

- Click on 'Reporting' tab then 'Clinical reporting'.
- Click 'New'
- Name the report (e.g. 'High emissions inhalers'); choose a new category (i.e. a folder for storage) e.g. Qimp searches. Click 'Ok'
- Add elements to the search <u>e.g.</u> demographics such as click on 'Age' and change 'Current age' to 'over' and '18' years.
- Click on 'Clinical' drop down menu and then 'Event dates' and in the date box, can limit to the previous 12 months by entering '-1y'

To Identify patients prescribed non salbutamol MDI inhalers.

- Click 'Medication' (under 'Clinical')
- Click on 'Drugs in a cluster'
- To identify those on MDIs, start by typing 'ncdnon' and/or scroll down to 'ncdnonsalbmdiinhdrug' subreport. Click on 'Ok'

To identify patients prescribed non salbutamol DPI inhalers.

- · Identify those on DPIs by clicking on search report. Into search bar, type 'DPI'
- Select 'Subreport inhaler non salbutamol low carbon (non mdi)'. Click on copy (left side of the screen' and add to 'QIMP searches' folder. Change event dates to '-1y' and demographics to over 18s. Click on 'OK'



### **Review patients**





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Flow chart; data recording; Medication Checklist

Consider best approach

#### Identify

• Audits

#### Use S1

- Pop up boxes on S1/EMIS
- Additions to medication screen

Involve the patients

• Text messages to patients

#### Monitor



### Medicine 5 – Rationalise COPD inhalers

- Review COPD patients on a combination of an ICS/LABA Fostair, Symbicort or Airflusal inhaler & a LAMA inhaler (e.g. tiotropium (Spiriva), umeclidinium (Incruse), aclidinium (Eklira)).
- Using shared decision to change from triple therapy in **two** inhalers to a **single** combined ICS/LABA/LAMA inhaler.
- Examples of combined ICS/LABA/LAMA inhaler – first choice (DPI) Trelegy or second choice (MDI) Trimbow.



### How to search on SystmOne

- Click on 'reporting' tab -> 'clinical reporting'
  Search 'triple' select 'on inhalers Review and consider triple therapy inhaler switch'
- Click 'New'
- Name the report (e.g. '>COPd 3 therapy'); choose a category (i.e. a folder for storage) 'Qimp searches'
- Add elements to the search e.g. demographics ('Current age' 'over' '18' years)
- Click 'event dates' and can limit to the previous 12 months ('-1y')
- Right click 'run' (green triangle); then 'refresh'
- Click 'show patients'. Patient records can be analysed Can be exported



### Other resources

#### seesustainability.co.uk/qimp23

Flow chart; data recording; Medication Checklist

Consider best approach

#### Identify

• Audits

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Involve the patients

• Text messages to patients

#### Monitor



### Medicine 2 - Waste and pharmacy

Liaise with your community pharmacy to set up a patient education system to decrease waste.

Provide evidence of the scheme set up and of patient knowledge improvement.





### Interaction – group question

- What behaviour do you want to change?
- What could be done?
- What are the barriers?
- Where are the partners?







#### How we will reduce the £300 million pounds of wasted medication every year:



### Quiz - Did you know...

#### Ordering

Q. Should all medicines be reordered each month or only the medication you need?

A. Just those you are needing

• Medicines you don't tick will still be on the form next time for you to order them.

Q. How far in advance should medication be reordered? One month; within two weeks; on the day you run out?

A. Medicines should not be reordered unless you have less than 2 weeks supply left.

• Earlier orders for a holiday can be made with an explanatory note for the GP.

#### Collecting

Q. Should medicines be checked before you leave the pharmacy?

A. Yes, Unwanted medicines returned before you leave the pharmacy building can be issued to someone else. If they are taken home before being returned they have to be destroyed.



### Quiz - Did you know...

#### Use

Q. Does medicine waste decrease by always finishing current containers before opening new ones? A. Yes, it makes a significant difference to the amount of medication wasted. Be sure to use all your current medication before starting a new box/supply.

#### Q. Is it beneficial to stockpile medication?

A. No. Some patients reduce or stop taking their prescribed medication but continue to receive it, building up a stockpile of unused medication at home. Please inform your doctor if you stop your medication.

• Patients have a right not to take medication but a doctor may need to explain if there are serious consequences to make sure the patient understands. The worst situation is when a doctor thinks a patient is taking something but in fact they aren't.

### Quiz - Did you know...

#### Waste

Q. How should unused medication be disposed of? In the bin at home; returned to the pharmacy; flushed down the toilet?

A. Unused medication should be returned to the pharmacy for safe disposal, not put into household rubbish.

• Medicines should never be flushed down the toilet as this will get into the groundwater harming wildlife, especially fish.

#### Q. How should inhalers be disposed of?

A. Inhalers whether full or empty should be returned to the community pharmacy for safe disposal. The propellants from (metered dose) 'pump' inhalers are powerful greenhouse gases. At the moment inhalers cannot be recycled & if they go into the household rubbish they end up contributing to plastic pollution and global warming.



### Involve others

Speak to practice team, patient group, pharmacy colleagues

How to change behaviour

• Incentives and barriers?



## Thank you for listening

## Any questions