

**NHS DUMFRIES & GALLOWAY  
BEST PRACTICE GUIDANCE TEMPLATE  
MEDICATION REVIEW PROTOCOL**

*This protocol was developed by a number of our GP practices and is based on national documentation.*

Effective medication review is the key to efficient medicines management. Practices should have a written medication review protocol. This should address the areas of patient compliance, appropriate choice of drug treatment including dose, form and length of treatment, drug contra-indications and interactions. It should state the responsibilities of all staff involved and how an annual review is ensured. The protocol should be regularly reviewed.

**The review should:**

- Establish that the medicines being taken are best for the patient's needs
- Evaluate the medicine's effectiveness (including the patient's point of view)
- Ensure cost-effectiveness of therapy (e.g. use of generics where appropriate)
- Consider arrangements for any safety monitoring tests
- Consider potential drug interactions
- Identify reasons for non-compliance where relevant
- Ideally, include the patient but as a minimum for QOF, comprise of a note-based review of the full medical notes and medication list.

**What does not constitute a medication review?**

Activities that are not appropriate to be coded as a medication review include:

- 'Tidy up' of patient's records by reception / practice staff (e.g. removing discontinued medication from active repeats).
- Identifying patients on a particular medicine and switching to an alternative product.
- Re-authorising repeat prescriptions for individual medications without reviewing a patient's total medication according to the standards above.

Note: Whilst a 'tidy up' of records is not considered as a 'medication review', it may benefit the medication review process. Dressings and emollients are not considered as medicines with the exception of topical preparations with an active ingredient such as steroid creams and ointments and hormone preparations. The review should include all prescribed, over-the-counter and complementary medicines prescribed for or taken by the patient.

## **Prioritisation**

The following groups are known to be at relatively high risk of medication-related problems:

- Older people
- Those prescribed 4 or more medicines
- Post-discharge from hospital
- Older people in care homes
- Patients with special psychiatric needs - learning difficulties, depression, anxiety
- Patients prescribed high risk medication
- When medicines-related problems have been identified through routine monitoring or assessment
- Following an adverse change in health such as dizzy spells or confusion
- Palliative Care situations

## **Patient Notification**

- The practice may write to patients to invite them for review
- A message can be inserted and will be flagged up on the medication screen and patients may be invited to make an appointment for review when they phone for their repeat prescription
- A poster inviting patients to initiate a medication review is available at <http://www.dgprescribingmatters.co.uk/documents.asp?doccategoryID=16>

Detail practice chosen method(s).....

## **Documentation**

A clear auditable system should be used to record medication reviews. It is recommended that medication review templates are used where available on the clinical systems. Review outcomes should be recorded.

Detail practice method.....

## **Drug Monitoring**

All drugs have some monitoring requirements which can be found in their Summary of Product Characteristics. A summary of drug monitoring requirements can be found at <http://www.dgprescribingmatters.co.uk/documents.asp?doccategoryID=16>

Local guidance on the monitoring of specific drugs can be found on the D&G intranet e.g. DMARDs (Rheumatology). Patient safety alerts, outlining best practice for Lithium, Methotrexate and Warfarin prescribing, are available from the National Patient Safety Agency <http://www.nrls.npsa.nhs.uk/resources/type/alerts/>

## **Frequency of Review**

GMS contract advises medication review to be undertaken every 15 months for all patients being prescribed repeat medicines. The review should be repeated whenever a new drug is added or a dose changed.

## **Concordance**

Involving patients as partners in prescribing decisions and supporting them in medicine taking is the key to improving patient safety, concordance, health outcomes and satisfaction with care. Regular checks for over or under ordering should be made as part of the repeat medication process. However, regular ordering should not be assumed to mean that the patient is taking the medication.

## **Clinical medication review can be made less resource intensive by**

- Creatively deploying the skills of a range of health professionals e.g. prescribing support pharmacists, nurse practitioners and practice nurses
- Focussing medication review in the first instance on patients in greatest need (see prioritisation list p2)
- Following a clear structure supported by well-designed tools (see website)
- Supplementing periodic clinical medication reviews with other forms of review
- Using the NOTEARS approach  
<http://www.bmj.com/cgi/reprint/329/7463/434?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&fulltext=tessa+lewis&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

## Review Protocol

GP Practice.....

Date.....

- Explain the purpose and importance of the review
- Check notes include the complete list of drugs currently being taken, dosage, and frequency. Document any over the counter drugs taken regularly. Make sure that the patient is not taking any other drugs you do not already know of e.g. supplied by secondary care?
- Re-examine original and continuing requirements for drug and dose - are there any unnecessary medications on the list? Has the risk/benefit ratio changed?
- Check monitoring requirements,
- Check correct administration techniques e.g. inhaler technique and any storage considerations.
- Check to ensure the patient understands what the medications are for, the expected benefits and the implications of failing to take them as recommended, as well as how much, how often, when and the way in which their medicines should be taken. Avoid having "as directed" instructions on any medications.
- Ask if the patient experiences any side effects
- Solve, where possible, any practical issues that reduce adherence such as difficulties swallowing solid dosage forms, ability to read labels and written information, container preferences, ordering or supply problems. Consult a Prescribing Support Pharmacist for alternative drug, formulation or container options if needed.
- Document any objective evidence of the effectiveness of the treatment (e.g. blood pressure, peak flow)
- Reach agreement about the treatment to be followed, including any changes in medicines and document
- Assess if there are any requirements for additional support, e.g. monitored dosage systems, collection and delivery services.
- Bear in mind more cost-effective alternatives and generics
- The review should conclude with a summary of the agreement with the patient about the treatment and an explanation of what will happen next (e.g. the date for the next review).

A sample medication chart to aid compliance is on the website.