

Public Accounts Committee

Medicine Management visit- 12 June 2017

Glanrhyd Surgery, Ebbw Vale

Glanrhyd Surgery and the pharmacist located in the adjacent pharmacy work closely together with patients regarding the management of their medicines. The surgery is located in a poor area of Wales and has high proportion of patients who have been diagnosed with Type II diabetes or are bordering on that condition due, in the main, to lifestyle choices. Patients with this condition receive a number of regular medicines, some of which are expensive, to assist in the management of the condition. The GP present in the meeting believes that an education/prevention programme/initiative together with patients changing their lifestyles could reduce the number of patients with this condition, improve lifestyles and save money as the number of prescriptions would be greatly reduced.

Lots of patient have drugs prescribed on a historic repeat prescription and don't realise that they can buy some of them, eg painkillers. There is a need for consistency amongst those prescribing, and at present the message is not really targeted properly. It was noted that alot of the surgery's patients are unable to afford to purchase these available medicines due to low incomes and reliance on benefits.

The surgery carries out regular (at least annual) medicine reviews to keep on top of the number of repeat prescriptions. This was complemented by the work of the pharmacists, who talk to patients about the items on their repeats and whether they are necessary. The pharmacist was very proactive in this area and would call patients with regular repeat prescriptions to discuss whether they actually required all the medicines that month. He also used this opportunity to discuss with patients compliance in their understanding of their prescribed medicines. There was support for better linking of IT systems and information, including access to the GP patient records, as there are a large number of interactions with patients. Often pharmacists would not know the background to prescriptions, which would help answer a number of queries. Conversely, pharmacists accessing the

patient record would be able to help GPs know how much of a prescription is dispensed.

De-prescribing is a challenge, it is a lot more difficult to stop something on a prescription than start it – it would be useful to have guidelines around how to have difficult conversations around stopping medication, and ensuring these are done in a respectful way. The patient representative stated older people worry about not getting medicines/having the repeat items stopped so have a tendency to order everything listed whether they require it or not.

There is often a lack of understanding with patients regarding what medicines do – which causes concern and worry. Lot of work done by pharmacists to explain what the drugs do, and why they are needed or not in the instance of repeat prescriptions.

The interface between primary and secondary care needs better management. The GP present felt that sometimes hospital consultants prescribe a cocktail of medicines to assist patients but perhaps do not look at the whole picture and cited the example of a 90 year old patient being prescribed a whole range of drugs for a heart condition and questioned whether this was good medicine management at the patients time of life.

The practice was very interested in the views of the patients who attended the meeting from a different practice. One of the patients had chronic health problems and had to take a cocktail of medicines daily which were dispensed in sealed bags for daily use to reduce the bulk of carrying multiple boxes and minimise management problems. However, some of the items, eg sterile water and syringes are dispensed in multiple packs so are not required monthly. The patients were very proactive in only ordering what was required each month and were very conscious about wastage. The patient explained that often at quarterly reviews, the consultant would alter the medications and wastage would occur on dispensed medicines.

The patients also advise that their practice displays posters about their approach to not prescribing items which can be purchased easily over the counter. The GP present said she would discuss this approach with her practice colleagues.

Medicine pack sizes were also discussed and it was felt that these should all be standardised, where possible, into 28 day packs which would correlate with repeat medicine prescriptions and help towards eliminating waste. Another possible initiative to help draw awareness to medicine cost would be to print the actual cost of each item on the prescription.