NHS
North East London

Medicines Optimisation CQC requirements

Meeting: Primary care Education Forum

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Date: 2023

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NEL Medicines Optimisation support

Provide education and training at scheduled events, such as 'protected learning time' or PCN meetings.

Provide advice , guidance, information as part of routine MO work programmes or following a CQC **"Requires Improvement" or "Inadequate inspection"** outcome. E.g. Annual prescribing review visits , Medicines Optimisation/Incentive Schemes

Enable practices to make efficient use of medicines optimisation resources to improve the quality of care, patient health outcomes and safety.

(Bulletins, memos, digital resources, Annual Practice/PCN prescribing reviews)

Collaboration with Primary care and Quality teams to enable practices to understand the areas of risk and to improve their systems for ensuring appropriate and safe use of medicines management (medicines policies & processes) .

Support identified practices to develop and implement medicines optimisation systems/action plans to meet CQC inspection/ Remedial Breach Notice requirements.

Key questions and quality statements

- The regulations not changing
- The 5 domains are not changing; safe, effective, caring, responsive, well-led
- Key Lines of Enquiry (KLOE) are being replaced by 'Quality Statements'
- The quality statements show how services and providers need to work together to plan and deliver high quality care.
- We' and 'I Statements'
  - I Statements = Patient experience/partner feedback, observations on site
  - We Statements = Pitched at good, evidence aligned by practice staff,
- Specific evidence will be requested and scored
- Inspection and ratings process will be more fluid
- Factual accuracy process retained
- Shorter reports

Medicines Optimisation support for CQC inspection

CQC ensure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

- Regulated Activities Regulations 2014
  - Regulation 9: Person-centred care
  - Regulation 12: Safe care and treatment
  - Regulation 11: Need for consent
- The CQC will gather as much evidence as possible remotely via online clinical searches and physical visits
- Practices must demonstrate and provide evidence in response to CQC questions and quality statements
- CQC rely on individual and collective responsibilities of practice staff and service users to gather evidence
- CQC also review patient feedback through practice surveys, google reviews, Healthwatch information

Preparing for CQC inspection

- Practices should use clinical searches to identify gaps in their systems and processes that underpin and clinically effective and safe healthcare provider
- Ensure that there is an effective routine call and recall process to ensure patients are reviewed effectively
- CQC commissioned Ardens to develop Clinical searches which are freely available via https://www.ardens.org.uk/cqc/
- Eclipse Live Eclipse Live is an NHS Digital assured Patient Support Platform that will empower your practice to meet your targets for CQC, QOF, IIF PCN frameworks and Enhanced Service Payments whilst improving patient safety and admissions avoidance

  - ✓ Estimates current compliance with CQC priority medication monitoring requirements.
  - ✓ Does not include Patients that have signed out of data sharing.

Our new approach to assessment - Care Quality Commission (cqc.org.uk)

Bulletin 332. Preparing GP practices for a regulatory inspection | PrescQIPP C.I.C

Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?

- Effective policies/protocols/processes for
  - verifying patient identity when prescribing remotely/online
  - the effective and safe handling of requests of repeat medicines and evidence of medicines reviews
- Monitoring the prescribing of controlled drugs, High Risk Medicines
  - Prescribing of unusual, quantities, dose, formulations, strength
  - Arrangements for raising concerns with the Area Team Controlled Drugs Accountable Officer)
  - Routine monitoring tests and follow up
- Medicines are appropriately prescribed and monitored
  - Timely medication reviews
  - Routine/specialist monitoring test
- Medicines are stored safely and securely with access restricted to authorised staff
- Blank prescriptions were kept securely, and their use monitored; log of serial numbers, named responsible person
- Clinical supervision of clinicians and prescribers

Are medicines appropriately prescribed, administered and/or supplied to people in line with the relevant legislation, current national guidance or best available evidence?

- Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remain safe and effective: Cold chain processes
  - Temperature log, management of out of range temperatures
  - Stock control management, date checks, ordering, named responsible staff
  - Fridge maintenance
- Appropriate emergency medicines & risk assessments to determine the range of medicines held, and a system in place to monitor stock levels, expiry dates, storage etc
- Staff have the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).
- Protocols and policies are up to date

GP mythbusters 17-vaccine-storage-fridges

https://www.sps.nhs.uk/category/guidance/patient-group-directions-guidance/

https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines

Are people receiving appropriate therapeutic drug and physical health monitoring with appropriate follow-up in accordance with current national guidance or evidence?

- Evidence of appropriate Management of LTCs. Implementation of local and national guidance/programmes such as Antimicrobial stewardship, respiratory, CVD, diabetes
- Evidence of effective processes for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.
- Evidence of clear audit trail and process for the management of information about changes to a patient's medicines including changes made by other services e.g. clozapine
- Deprescribing including reducing the prescribing of medicines with dependency tendencies (Opioids, Benzodiazepines & Z-drugs) and medicines waste reduction
    - Routine monitoring tests and follow-ups, Medication reviews, Quantities/ duration of prescriptions, Medicines reconciliation
    - Evidence of follow-ups following hospital/specialist clinic attendance

GP mythbuster 12: Accessing medical records and carrying out clinical searches - Care Quality Commission (cqc.org.uk)

GP mythbuster 92: Anticoagulant monitoring in primary care

Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (nice.org.uk)

https://www.england.nhs.uk/patient-safety/patient-safety-alerts/enduring-standards/standards-that-remain-valid/medication-safety/

Example of CQC table of evidence

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group	0.35	0.61	0.82	Significant Variation (positive)

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Indicator	Practice	CCG average	England average	England comparison
Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHS Business Service Authority - NHSBSA)				
The number of prescription items for co- amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2021 to 30/06/2022) (NHSBSA)	8.7%	9.4%	8.5%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2022 to 30/06/2022) (NHSBSA)	5.12	5.76	5.31	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	39.5‰	64.4‰	128.0‰	Variation (positive)
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2021 to 30/06/2022) (NHSBSA)	0.54	0.46	0.59	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2022 to 30/06/2022) (NHSBSA)	2.9‰	5.4‰	6.8‰	Variation (positive)

Medicines management	Y/N/Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	N

Monitoring High Risk Medicines (HRMs)

- Demonstrate processes for recalls and reviews
- Eclipse Live is a digital risk stratification tool that is compliant with our local NEL GP clinical systems.
- Uses clinical algorithms to identify patients at risk of potential medicine-related hospital admissions.
- Monitoring of HRMs is a key focus of CQC inspections and where improvements have bee required.
- Eclipse Live offers an audit trail of actions taken by a practice that can be used as evidence as part of CQC inspections.

Examples of High Risk Drugs and Monitoring Requirements

Drugs	Condition	TESTS	FREQUENCY
ACE inhibitors and ARBs	Heart Failure	CrCl / eGFR	6 monthly
		Sodium	
		Potassium	
	Hypertension	Electrolytes	Annually
		CrCl / eGFR	
	Post MI	BP	Annually
		Electrolytes	
		Creatinine	
Azathioprine		Albumin	3 monthly
		ALT / AST	
		FBC	
		CrCl / eGFR	
		LFT	
DOACs		DOAC review appointment	3 monthly
		FBC	Annually
		LFT	
		U&Es	

Medication Review

“A structured, critical examination of a patient’s medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication related problems and reducing waste”.

- Level 1. Prescription Review – a technical review of a patient’s medicines; reconciliation, synchronisation
- Level 2. Treatment Review – a review of medicines with the patient's full medical records including test results and diagnosis.
- Level 3. Clinical Medication Review – a face to face review of medicines, with patients medical records, test results and diagnosis

https://www.nice.org.uk/guidance/ng5/chapter/1-recommendations#medication-review

Emergency Medicines

- Policy and Standard Operating Procedures for managing emergencies
- Checklist
- Stock management
- Responsible staff

GP mythbusters 9: Emergency medicines

Examples of core medicines
Aspirin 300mg disp. tablets
Adrenaline 1mg/ml injection
Benzylpenicillin 600mg
Cyclizine 50mg/ml injection
Diazepam 5mg rectal
Emerade 500 microgram
Glucagon Hypokit
Glucogel
Hydrocortisone 10mg injection
GTN 400mcg SL spray
Salbutamol 2.5mg nebules
Water for injections 10ml
Oxygen 1 (Full)
Oxygen 2 (Full)
Defibrillator & Pads

Structured Medication Review

Structured Medicine Reviews (SMRs) are an evidence-based and comprehensive review of a patient's medication, taking into consideration all aspects of their health. In a structured medication review, clinicians and patients work as equal partners to understand the balance between the benefits and risks of and alternatives of taking medicines. The shared decision-making conversation being led by the patient's individual needs, preferences and circumstances.

Key components of a SMR

- **Shared decision-making principles** should underpin the conversation
- **Personalised approach** – tailored to the patient
- **Safety** – consider the balance of benefit and risk of current treatment and starting new medicines
- **Effectiveness** – all medication must be effective, note NHS guidance on certain exceptions to items that should not routinely be prescribed in primary care."

https://www.england.nhs.uk/primary-care/pharmacy/smr/

Structured Medication Reviews

- Perform a structured medication review for some groups of people when a clear purpose for the review has been identified
  - adults, children and young people taking multiple medicines (polypharmacy)
  - adults, children and young people with chronic or long-term conditions
  - older people
  - People on Dependency Forming Medicines
- Organisations should determine the most appropriate health professional to perform a structured medication review, based on their knowledge and skills, including all of the following;
  - technical knowledge of processes for managing medicines
  - therapeutic knowledge of medicines
  - effective communication skills
- The medication review may be performed by a pharmacist or by an appropriate health professional who is part of a multidisciplinary team.

Medication review codes

Description	Snomed code
Review of medication (procedure)	182836005
Medication review with patient (procedure)	88551000000109
Medication review done (situation)	314530002
Medication review of medical notes (procedure)	93311000000106
Structured medication review (procedure)	1239511000000100
Medication review done by pharmacist (situation)	719329004
Medication review without patient (procedure)	391156007
Polypharmacy medication review (procedure)	870661000000100
Medication review done by medicines management technician (situation)	961861000000105
Medication review done by medicines management pharmacist (situation)	961831000000100
Medication review done by doctor (situation)	719328007
Repeat prescription reviewed by pharmacist (finding)	401176004
Medication review done by pharmacy technician (situation)	719326006
Dispensing review of use of medicines (procedure)	279681000000105
Medication review done by community pharmacist (situation)	719327002
Medication review done by nurse (situation)	719478008
High risk drug monitoring review (procedure)	381231000000106
Review of opioid medication (procedure)	287031000000100
Repeat prescription reviewed by hospital (finding)	170930003
Bisphosphonate medication review (procedure)	718017007
High risk drug monitoring monthly review (procedure)	381261000000101
Medication review by practice nurse (procedure)	803361000000109
Medication review invitation (procedure)	770849006
High risk drug monitoring annual review (procedure)	381351000000107

Examples of Prescribing and Clinical searches

- The number of prescription items for broad spectrum antibiotics co- amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs
- Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection
- Total Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)
- Items prescribed of Pregabalin or Gabapentin per 1,000 patients
- Number of unique patients prescribed multiple psychotropics per 1,000 patients

Examples of Prescribing and Clinical searches

- **Asthma:** identify the service users with asthma who had two or more courses of rescue steroids in the last 12 months; Use of more than 6 SABA (reliever inhalers) in 12 months
- **CKD :** the number of service users with Chronic Kidney Disease (CKD) Stages 4 or 5 who had not had either their blood pressure and/or their Urea and electrolytes (U +E) blood test monitored in the last 18 months.
- **Hypothyroidism:** the number of service users with hypothyroidism who had not had Thyroid function test (TFT) monitoring for 18 months.
- **Diabetic retinopathy**: the number of service users with diabetic retinopathy (a complication of diabetes caused by high blood sugar levels), whose latest HBA1c readings were above the range of 74mmol/mol.
- **Potential missed diagnosis of diabetes:** those with a HbA1c 48mmol/mol or above not coded with diabetes

GP mythbuster 12: Accessing medical records and carrying out clinical searches

CQC recommendations on Clinical supervision for NMPs

- Demonstrate the prescribing competence of non-medical prescribers, and regular review of their prescribing practice supported by clinical supervision or peer review.
- Work to the Royal Pharmaceutical Society's competency framework for all prescribers
- NMP should only prescribe within own level of competency
- NICE guidance implementation through audit and feedback, formulary management and educational sessions
- A senior member of the clinical team must be allocated as supervisor
- Informal supervision process, where senior clinicians are available on an 'as and when' basis, however, CQC require evidence of supervision.
- Evidence could include audits of consultations and prescribing, reflective journal entries by the prescriber or supervision notes kept by the supervisor. However, any records must be agreed with the individual prescriber

GP mythbuster 95: Non-medical prescribing

https://advanced-practice.hee.nhs.uk/workplace-supervision-for-advanced-clinical-practice-2
https://www.hcpc-uk.org/standards/meeting-our-standards/supervision-leadership-and-culture/supervision/

Pharmacy professionals in General Practice

Employing organisations and pharmacists must agree the range and extent of this prescribing practice. The practice must be sure, and have evidence, that the pharmacist is competent in those areas.

- To meet the regulations providers must demonstrate how pharmacy professionals;
  - have the skills, knowledge and experience to deliver effective care and treatment
  - work within the scope of their qualifications, competence, skills and experience
  - receive support, training, professional development, supervision and appraisals. How are the learning needs of all staff identified?
  - How are staff encouraged and given opportunities to develop?
  - meet these requirements even if practices do not employ their pharmacy professional directly. This is particularly important as more pharmacy professionals work across Primary Care Networks

GP mythbuster 66: Advanced Nurse Practitioners (ANPs) in primary care

GP mythbuster 81: Pharmacy professionals in general practice - Care Quality Commission (cqc.org.uk)

Medicines Optimisation resources

Medicines Optimisation Schemes

Medicines Optimisation portals/websites

Medicines Optimisation and Prescribing review visits

Medicines optimisation digital tools

- ePACT 2 prescribing data
- Eclipse live (Radar 500 Alerts, SMRs, High Risk drug monitoring) Eclipse Live
- Prescribing support software (ScriptSwitch, OptimiseRx, Medoptimise)
- PrescQIPP
- NEL ICB /Place Medicines Optimisation portals/websites

NHS Pathways | QIC

logged in as bsotubo_walthamforest [NHS Waltham Forest CCG] Logout Settings Help

SMR Quick Search

Patient Code:

Eclipse QIC Areas

QOFLive

IIFLive 2023/24

IIFLive 2022/23 Summary

CQCLive

CQC Searches on Eclipse live

DMARD Monitoring

CQC Pathway	Prevalence	Monitoring	Rank	Rating	
Methotrexate monitoring	399 0.2%	81.4% 2,274/2,793	56 / 81	3rd Quartile	View
Azathioprine monitoring	152 0.1%	59.0% 717/1,216	54 / 81	3rd Quartile	View
Leflunomide monitoring	49 0.0%	59.2% 203/343	53 / 81	3rd Quartile	View

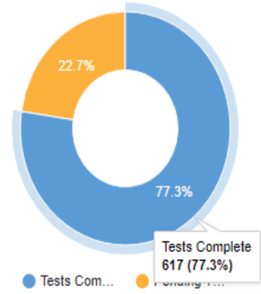
High Risk Drug Monitoring

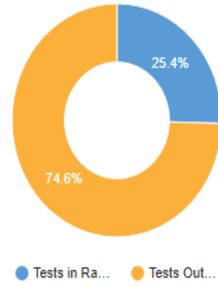
CQC Pathway	Prevalence	Monitoring	Rank	Rating	
Lithium monitoring	110 0.0%	77.5% 597/770	46 / 81	3rd Quartile	View
Spironolactone and eplerenone monitoring	862 0.4%	61.6% 531/862	67 / 81	4th Quartile	View
ACE inhibitor or ARB monitoring	14,845 6.2%	98.7% 29,313/29,690	64 / 81	4th Quartile	View
Amiodarone monitoring	49 0.0%	68.7% 101/147	58 / 81	3rd Quartile	View
Warfarin monitoring	381 0.2%	89.4% 2,043/2,286	59 / 81	3rd Quartile	View
DOAC monitoring	2,032 0.8%	88.7% 9,010/10,160	52 / 81	3rd Quartile	View

- Estimates current compliance with CQC priority medication monitoring requirements.
- Does not include Patients that have signed out of data sharing.
- Uses the SPS monitoring criteria to comply with NHS Digital.
  Medicines Monitoring – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice
- Access clinical systems to undertake a more detailed analysis.

Pathway: **Lithium monitoring ↓** **NHS Waltham Forest CCG ↓ | All Practices ↓**

Completed Tests Breakdown	Patients in Range Breakdown			





114	617 / 798	29 / 114
Patient Count	Monitoring Tests	Outcomes
1 / 28 Alerts	1.07 Admissions per patient A&E	0.33 Admissions per patient APC

Comparison Charts [May 23]

Alert Suite Request

Safety Alerts

Patients

Priority Patients

SMR Live

Home

Pathway: Patients Requiring SMR ↓

NHS Waltham Forest CCG ↓ | All Practices ↓

Patient Engagement Breakdown (Completed Questionnaire)

Not Engaged

SMR completed Breakdown (Patients Reviewed)

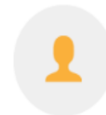
Not Reviewed

43431 Patient Count	0 / 43431 Patient Engagement	2963 / 43431 SMR Medication Reviews Completed
 177 / 625 Alerts	0.00 Admissions per patient A&E	0.00 Admissions per patient APC

Comparison Charts [Jul 22]

Safety Alerts

Patients



Priority Patients

Significant Event

Available resource

- SMR Live Introductory Video
- SMR Live user guide
- Structured medication reviews specification guidance 2021-22 pdf

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GP Myth Busters: Medicines Optimisation

- GP mythbusters 9: Emergency medicines
- GP mythbuster 12: Accessing medical records and carrying out clinical searches
- GP mythbusters 17-vaccine-storage-fridges
- GP mythbuster 66: Advanced Nurse Practitioners (ANPs) in primary care
- GP mythbuster 81: Pharmacy professionals in general practice - Care Quality Commission (cqc.org.uk)
- GP mythbuster 84: Managing high risk medicines in general practice (unpublished)
- GP mythbuster 91: Patient safety alerts
- GP mythbuster 92: Anticoagulant monitoring in primary care
- GP mythbuster 95: Non-medical prescribing