

Primary Care Measures: indicator review

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① You are now reviewing the PCM indicator(s) for: **Medication review**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.

STEP

A

Strategic context

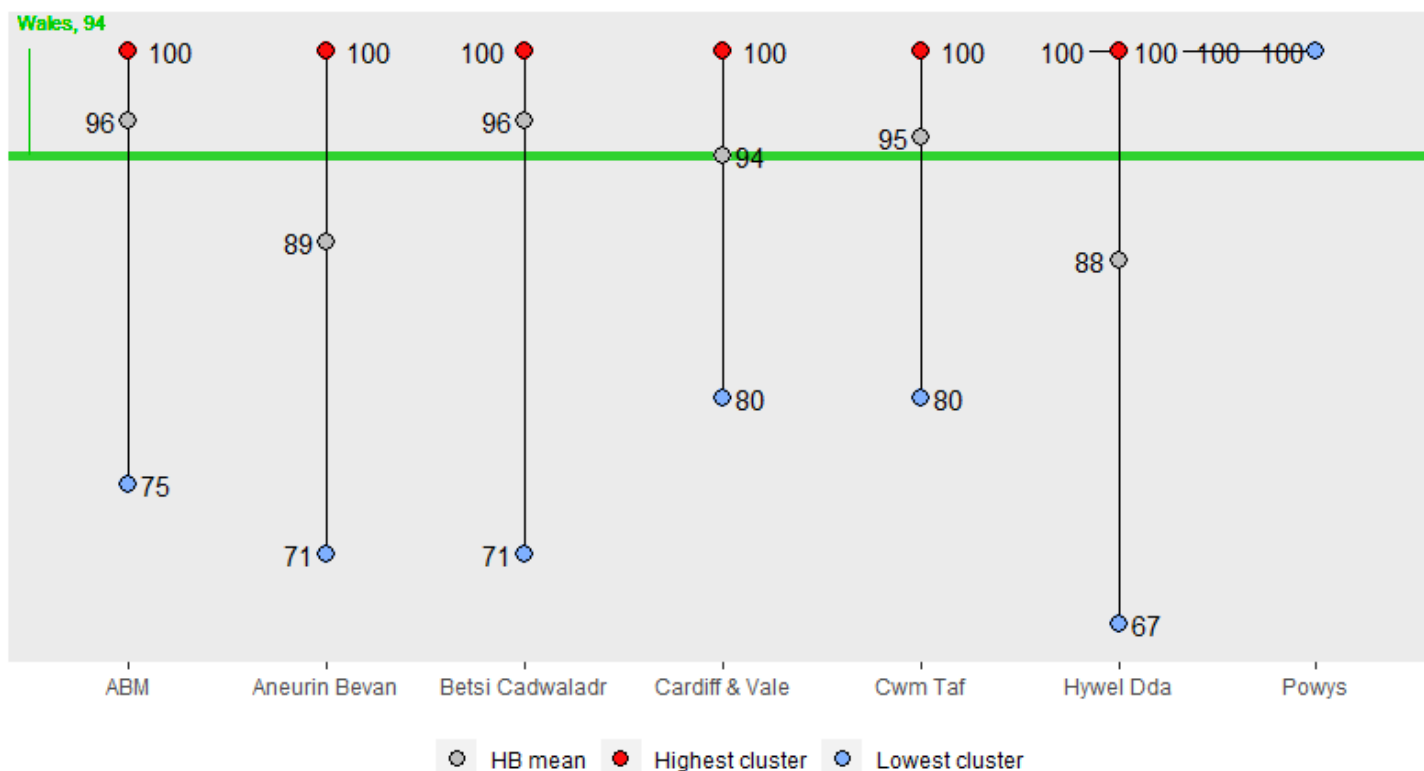
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Reflecting the increasing prevalence of polypharmacy within the population of Wales, the *AWMSG five-year strategy 2018â€“2023* ([link](#)) includes a recommendation to develop nationally agreed, multi-professional standards for medication review by December 2020. The standards are being developed by a multi-professional group of experts and will include a number of essential activities to ensure a consistency in approach of delivering high quality, face-to-face medication reviews.
- Indicators for this topic are reported via Primary Care Measures (although this indicator is not described within PHWâ€™s *Proposed Primary Care Measures: Phase 2 final report* (May 2017) or related documentation).

▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

Variation in proportion of medication reviews recorded in the notes in the preceding 15 months for all patients being prescribed 4 or more repeat medicines, by cluster within each health board, 2015/16 (*Source: PCIP, Nov 2019*):



STEP B Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

▼ Ensure awareness and implementation of AWMSG guidelines

- Pending publication of guidelines.

▼ Ensure awareness and implementation of NICE guidelines/ quality standards

- *Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.* NICE guideline [NG5] (Published date: March 2015) includes recommendations suitable for adoption by healthcare professionals. This guideline covers safe and effective use of medicines in health and social care for people taking 1 or more medicines. It aims to ensure that medicines provide the greatest possible benefit to people by encouraging medicines reconciliation, medication review, and the use of patient decision aids.
- *Medicines optimisation* [QS120] (Published date: March 2016) sets out six quality statements, any of which could form a focus for collective local improvement action. This quality standard covers the safe and effective use of medicines. It covers people of all ages who are taking medicines, including those who are not getting the full benefit from their medicines. It describes high-quality care in priority areas for improvement.

Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Optimise medication reviews carried out with care home partners

- In *Optimising medicines use in care homes* (2016; [link](#)) WeMeReC provide the following tips for clusters around prescribing and reviewing medication:
- Regular review of the use and accuracy of medication administration records (MAR charts), particularly when transferred between care settings, e.g. on discharge from hospital.
- Clear instructions on how and when the medicine should be used, particularly for 'as required' or variable dose medicines.
- Monitoring of omitted doses and ordering systems. Checking for waste.
- Timing of medication administration to prevent interruption, e.g. not at meal times.
- Regular, appropriate monitoring of patients on specific higher-risk medicines (such as ACE inhibitors and angiotensin II receptor blockers), including blood tests.
- All medication to be regularly reviewed by a pharmacist.

What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

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STEP

E

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP

F

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP

G

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

What is your provisional decision?

① Having reviewed PCM indicator data and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

YOUR RESPONSE

① Now [PRINT](#) this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and review another PCM indicator.