Pharmacy's ‘‘Elixir’’ For The The COPD Challenge

Supporting patients to achieve the best outcomes from their medicines

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WHO 2003 -

“that increasing the effectiveness of adherence interventions may have far greater impact on health of the population than any other improvement in specific medical treatments”
The COPD Challenge

**Public Health:**
COPD is set to become the third leading cause of death by 2030 (currently 5th)
World Health Organization. Geneva, Switzerland

**NHS Healthcare:**
COPD is the second most common cause of unscheduled admissions (growth 50% in 10 years) British Thoracic Society 2012 COPD Care Bundles Project, London, United Kingdom.

900,000 patients in the UK currently diagnosed with COPD (2.1million undiagnosed), which means an average pharmacy will have approx. 65 patients per pharmacy British Thoracic Society 2012 COPD Care Bundles Project, London, United Kingdom.

The cost to the NHS £1 billion each year Department of Health An Outcomes Strategy for COPD and Asthma:2012
COPD Therapy

Cost of COPD medicines:
£268 million 2010 (est £300 million this yr)  National costing report: chronic obstructive pulmonary disease NICE 2011

Missed Positive Outcomes From COPD Medicines:
60% of patients with COPD do not adhere to prescribed therapy  Ruben D Restrepo et al. Medication adherence issues in patients treated for COPD. International Journal of COPD 2008:3(3) 371–384

Non-adherence to COPD regimes will effect:
• Reduce symptom control, increase exacerbations
NHS COPD Outcomes Strategy

Objective of COPD Care Improvement

Objective 2: Reduce number of people who develop COPD
*Importance of good lung health reducing risk*

- Provision of key public health interventions

Objective 3 & 6: Reduce number of COPD sufferers who die prematurely, effective self management of their own condition
*Early Identification, diagnosis and interventions, proactive care and management*

- Optimising medicines regimes, ensuring inhaler technique, enhancing compliance
- Promoting physical activity, pulmonary rehabilitation

Objective 5: To safe and effective care for people with COPD
*Care which minimises progression and enhances recovery*

- supporting discharge to reduce re-admissions
NHS COPD Outcomes Strategy

How community pharmacy can support?

Objective 2: Reduce number of people who develop COPD
  ✓ Pharmacy NHS smoking cessation services

Objective 3 & 6: Reduce number of COPD sufferers who die prematurely, effective self management of their own condition
  ✓ Medicines use review, behavioural and educational support interventions
  ✓ New medicine service

Objective 5: To safe and effective care for people with COPD
  ✓ Discharge MURs (e.g. Wales), domiciliary MURs
  ✓ New medicines service
Why Can Pharmacists Help?

Community Pharmacy

• Accessibility
  o 99% people can access in 20 minutes car, 96% can walk
  o No appointment
  o Long opening hours
  o High footfall (of both well and ill). 3.5x more visits than GP practice (1.8 million per day)

• Pharmacist
  o Knowledgeable (4 year MPharm degree, 1 year pre-registration)
  o Recognised as the experts in medicines
  o Are one of the most trusted professionals
A Changing Pharmacy
Pharmacy's ‘Elixir’: COPD Challenge

Pharmacy Services: The New Medicines Service

- Patients have problems with new medicines
  - 33% one third were already non-adherent at day 10
    - (50% side effects, 43% concerns & 7% practical issues)
  - £95 net saving for each NMS service delivered to a patient

The Opportunity

- Average pharmacy can deliver 35 NMS care episodes p/m, (420p/y)
- National 5 per pharmacy p/m, Torbay 6.5 p/m (342p/y), Plymouth 5.5 (354p/y), Devon 5.8 (350p/y)
- Referral can be made secondary care, at discharge, GPs, nurses.
Diabetes Medicines Use Review (MUR) Toolkit

Introduction

Diabetes is known to affect 2.9 million people in the UK, equating to 4.45% of the population. Medicines as well as lifestyle changes play a key part in the management of both Type 1 and Type 2 diabetes. Pharmacists can play a significant role in improving patients’ knowledge of and adherence to prescribed medicines.

This ‘Diabetes MUR toolkit’ is designed to help improve the confidence of community pharmacy to provide high quality MURs for patients taking diabetes medicines. Diabetes MURs can help to:

- establish the patient’s actual use, understanding and experience of taking medicine;
- identify, discuss and assist in the resolution of poor or ineffective use of medicines by the patient;
- identify side effects and drug interactions that may affect the patient’s compliance with instructions given to them by a healthcare professional for the taking of medicines; and
- improve clinical and cost effectiveness of medicines prescribed to patients.

In turn this can improve the ability of patients to manage their diabetes medication and condition effectively, promoting good diabetes control and minimising harm both short and long term.

The toolkit consists of:

- Information on Diabetes and its management
- ‘The Diabetes MUR Consultation’ – designed to be used with patients during a Diabetes MUR
- Patient MUR Record Form – designed to be given to the patient to outline an intervention plan to improve their diabetes control and implement lifestyle changes. It is NOT the clinical record for the pharmacist.

Why should pharmacy get involved?

- Pharmacy teams come into regular contact with patients prescribed medicines for diabetes – over a period of six years there has been a 73.3% increase in the number of items prescribed for diabetes.
- Pharmacy can help identify some of the estimated 850,000 people with undiagnosed diabetes by providing screening services.
- Between 30 and 50% of prescribed medicines are not taken as intended, and up to two-thirds of people with Type 2 diabetes do not take their oral hypoglycaemics as prescribed.
- The Medicines Use Review service is aimed at supporting patients with long-term conditions such as diabetes.
- Pharmacists have a pivotal role in promoting medicines adherence and improving diabetes management by delivering MURs.

Learning objectives

- Update knowledge of Type 1 and Type 2 diabetes
- Identify treatments used in the management of Type 1 and Type 2 diabetes
- Understand the issues to cover in a MUR for a patient taking diabetes medicines
- Be able to confidently deliver high-quality MURs for patients prescribed diabetes medicines
- Be able to contribute to promoting good diabetes control and avoiding unplanned hospitalisations.

This document has been produced by Mediapharm as part of a joint working initiative between Devon Local Pharmaceutical Committee, Sanofi Diabetes UK, National Pharmacy Association (NPA) and the Pharmaceutical Services Negotiating Committee.
# The Diabetes MUR Consultation

This section of the Diabetes MUR toolkit is designed to be used with the patients and for both the pharmacist and patient to refer to during the consultation. Remember that you must use your professional judgement when talking to patients and that they may raise issues that are not addressed in this consultation guide.

## The MUR Consultation

<table>
<thead>
<tr>
<th>MUR Question and prompts</th>
<th>Key messages</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How are you getting on with your medicines?</strong></td>
<td>It is important to understand diabetes and benefits of treatment</td>
</tr>
<tr>
<td>Do you understand what your medicines do?</td>
<td>Importance of MUR is helping you manage your diabetes and it gives you an opportunity to ask questions and raise any concerns</td>
</tr>
<tr>
<td><strong>Do you take any medicines that you have prescribed for more than one condition?</strong></td>
<td>It is important to liaise closely with the doctor and pharmacist to ensure the patient is prescribed a suitable combination of medicines</td>
</tr>
<tr>
<td><strong>Do you understand the instructions for each of these medicines?</strong></td>
<td>idding help is in the patient information leaflet</td>
</tr>
<tr>
<td>Do you understand how to take your medicine?</td>
<td>May need to take more than one diabetes medication</td>
</tr>
<tr>
<td><strong>How are you feeling?</strong></td>
<td>Insulin/GlI-1 analogues is impacted currently with the upper arm, thigh, stomach or abdomen</td>
</tr>
<tr>
<td><strong>Are you able to inject yourself?</strong></td>
<td>Injection site is important as it is the site of the insulin (or GlI-1 analogues) can be delivered</td>
</tr>
<tr>
<td><strong>Do you have any family history of diabetes?</strong></td>
<td>Storing injection site can prevent hassle developing at the site of injection</td>
</tr>
<tr>
<td><strong>Are you having any problems with your medicines or concerns about taking or using them?</strong></td>
<td>It is perfectly normal for some people to have concerns about using medicines</td>
</tr>
<tr>
<td>Do you have any concerns about taking your diabetes medication?</td>
<td>Diabetic medicines are important as they prevent symptoms and the long-term problems that diabetes can cause</td>
</tr>
<tr>
<td><strong>Do you think they are working?</strong></td>
<td>Discuss any issues that arise and how those issues are managed</td>
</tr>
<tr>
<td>Is this different to what you were expecting?</td>
<td>It is important to liaise closely with the doctor and pharmacist to ensure the patient is prescribed a suitable combination of medicines</td>
</tr>
<tr>
<td>Do you know why this medicine has been prescribed for you?</td>
<td>Diabetic medicines are important as they prevent symptoms and the long-term problems that diabetes can cause</td>
</tr>
<tr>
<td>Do you understand if it works?</td>
<td>Discuss any issues that arise and how those issues are managed</td>
</tr>
<tr>
<td>Do you understand how it works?</td>
<td>It is important to liaise closely with the doctor and pharmacist to ensure the patient is prescribed a suitable combination of medicines</td>
</tr>
<tr>
<td>Do you test your blood glucose? If yes, how often?</td>
<td>Diabetic medicines are important as they prevent symptoms and the long-term problems that diabetes can cause</td>
</tr>
<tr>
<td>What do you do with the results?</td>
<td>Discuss any issues that arise and how those issues are managed</td>
</tr>
<tr>
<td>Have you had any hospital admissions in the last 6 months?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td><strong>Do you think you are getting any side effects or unexpected side effects?</strong></td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Describe these effects for me</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Have you had any hypoglycaemic symptoms in the last 6 months?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Tell me about what your symptoms of hypoglycaemia are</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>What steps do you take when you notice hypoglycaemic symptoms?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td><strong>People often want to know what they are supposed to do with medicines.</strong></td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Have you any reasons why you don't take your medicines?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>How often do you take your medicines?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td><strong>Do you have anything else that you would like to talk about your medicines or is there anything that you would like me to go over again?</strong></td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Are you happy with the information that you have or your medicines?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Have your doctor given you any information on the use of this medicine?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Have you been given any written information on the use of the medicine?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Have you got information on the use of the medicine from any other source? For example, the internet?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
<tr>
<td>Do you have an Insulin Passport?</td>
<td>Discuss how these hospitalisations have been managed and how those issues are managed</td>
</tr>
</tbody>
</table>

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**Summary:**

- **The Diabetes MUR Consultation:** This section of the Diabetes MUR toolkit is designed to be used with the patients and for both the pharmacist and patient to refer to during the consultation. Remember that you must use your professional judgement when talking to patients and that they may raise issues that are not addressed in this consultation guide.

- **MUR Question and prompts:**
  - **How are you getting on with your medicines?**
  - **Do you understand what your medicines do?**
  - **Do you understand how to take your medicine?**
  - **Are you having any problems with your medicines or concerns about taking or using them?**
  - **Do you think they are working?**
  - **Do you think you are getting any side effects or unexpected side effects?**

- **Key messages:**
  - It is important to understand diabetes and benefits of treatment.
  - Importance of MUR is helping you manage your diabetes and it gives you an opportunity to ask questions and raise any concerns.
  - It is important to liaise closely with the doctor and pharmacist to ensure the patient is prescribed a suitable combination of medicines.
  - Discuss any issues that arise and how those issues are managed.

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**Additional Resources:**

- **Devon Local Pharmaceutical Committee:**
  - Sanofi Diabetes UK
  - Diabetes UK
  - NPA
  - MediaPharm
  - CPD for Pharmacists

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**Contact Information:**

- **Devon Local Pharmaceutical Committee:**
  - Contact details for the Devon Local Pharmaceutical Committee can be found on the website.

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**Note:**

- The information provided is for educational purposes only and should not be used as a substitute for professional medical advice. Always consult your healthcare provider for specific medical advice.
The Project Journey

Stakeholder diabetes event hosted by Rt Hon Adrian Sanders MP, Torbay (Friday 3rd December 2010)

**Working group:** Graham Cooper (Diabetes UK), Michael Wilson (Sanofi Diabetes), Fawz Farhan (MediaPharm), Mark Stone Devon LPC.

**Reference group:** Diabetes UK, Torbay CCG (Diabetes C2C), Patrick English (Diabetologist), Torbay Diabetes Nurse Practitioner, Devon LPC Pharmacists, PSNC, NPA.

**Devon LPC – Pharmacist Diabetes Medicines Support Service**

**Aim:** To improve a patient’s self management of their condition and to increase adherence to the diabetes medicine regimes

**Service:** Two consultations, identify adherence issues, enhance patients knowledge and management of their condition, understanding of medicines, influence beliefs of benefits and overcome medicine issues.
The Evaluation Results

Service Activity

- Twelve pharmacies, 186 consultations, 109 patients
- Medicines adherence; good 57.8%, medium 21.1%, poor 21.1%
- 18.3% experienced hypoglycaemia in past 2 months
- Pharmacists provided up to 3 recommendations to 96.3% patients
- On follow up 88.5% adhering to all/some pharmacist recommendations

Service Outcomes (From independent researcher interview)

- “I appreciated receiving the service from the pharmacist”
  - Strongly agree/agree = 100%
- “The service motivated me to stay in control of my diabetes”
  - Strongly agree/agree = 82% Neutral 18%
- “I am more compliant with my medications since participating in the service”
  - Strongly agree/agree = 76% Neutral = 17% Disagree = 6%
Thank you

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