Advice regarding medicines reviews

There is no specific guidance regarding CQCs expectations in relation to Medication Reviews for routine, non-high risk patients. There are the KLOEs relating to Medicines Management, specifically 4.7 - Medicines management (healthcare services) | Care Quality Commission (cqc.org.uk). There is an expectation in the CQC KLOEs and regulations that Providers will be following current guidance – Effective key question E1.1 'Are people's physical, mental health and social needs holistically assessed, and is their care, treatment and support delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes'?

Other guidance available is GMC Guidance issued in April 2021 - Good practice in prescribing and managing medicines and devices - Good practice in prescribing and managing medicines and devices (gmc-uk.org) which says staff should determine;

'whether you have sufficient information to prescribe safely, for example if you have access to the patient's medical records and can verify relevant information (see paragraphs 27 to 33) whether you can establish two-way dialogue, make an adequate assessment of the patient's needs and obtain consent (see paragraphs 34 to 38 & 46), and includes information on reviewing medicines on pages 12 & 13 paragraphs 93 to 102.

This is the link to NICE guidance which also includes information on reviewing medicines in section 1.3 1 Guidance | Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence | Guidance | NICE and section 1.4 in 1 Recommendations | Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes | Guidance | NICE

Suggested actions

- Review your policy/procedures on repeat prescribing and medicine reviews and assure yourselves that the practice is following the current guidance and is meeting CQCs requirements.
- If medicine reviews for routine non high risk patients does not meet the guidance I would advise that you undertake a risk assessment and record the rationale for this and what control measures are in place to ensure that patients receive safe care in relation to their medicines.
- Consider utilising all the clinical team to undertake medicine reviews, for example;
    - develop and use a template that includes the requirements of a medicine review.
    - decide which of these requirements could be undertaken by nurses when conducting a long-term condition.
    - GP/Pharmacist then reviews the information on the template along with the patients medicines and makes decision regarding continuation of prescribed medicines or any follow up action required.
    - Patient is informed of any changes required to medicines.
    - If there are patients who are overdue for a medicines review, develop an action plan outlining how this will be addressed.

Please see below examples of the text from reports relating to medication reviews where practices have been found to not be meeting the regulations.

- We found that medication reviews were not always structured, included only limited narrative and did not relate to individual medicines. This meant that clinicians accessing the patient's record following the medication review would be unable to establish what had been discussed and agreed, therefore potentially putting patients at risk.

- Structured and comprehensive medicines reviews were not always carried out. We saw reviews had been coded on the clinical system but there was no evidence in the clinical records of a structured medicine review or consultation with the patient, particularly with regard to polypharmacy.

- Structured medication reviews were not being carried out. We saw evidence that some of these were done remotely at weekends, when the practice was closed and without a consultation with the patient.

- The responsibility for the monitoring of high-risk medicines at the practice was given to the clinical pharmacists, in the main. We could not be assured that blood results were checked by clinicians at the time of signing repeat prescriptions. This made the lack of a structured medication review more relevant, as the need for blood testing would have been picked up during that process. Our clinical records' searches identified six patients who had not had timely and appropriate monitoring for high-risk medicines.