

SUSTAINABILITY: A PERSON-CENTRED, WHOLE SYSTEMS APPROACH TO MEDICINES OPTIMISATION

Hogg A, Scott MG, Fleming G, Scullin C
Medicines Optimisation Innovation Centre, Northern Health and Social Care Trust, N. Ireland
MOIC@northerntrust.hscni.net



Background and Importance

Sub-optimal medicines use is a challenge for Health Systems globally, contributing to poorer health outcomes, inefficiencies and sustainability issues, including waste.



Aim

To utilise and optimise the skills of the Clinical Pharmacy Team to drive medicines optimisation and sustainability through the safe, effective and economic use of medicines.

Materials and Methods

In 2001 a person-centred, whole systems approach to medicines optimisation was implemented in the Northern Health and Social Care Trust.



Central to the model was a ward-based Clinical Pharmacy team delivering a comprehensive clinical pharmacy service including medicines reconciliation, medicine review, patient education, interface communication and extended roles for the Clinical Pharmacy team.¹

Further Development

The model was further developed over two decades to include pharmacist prescribing, post discharge telephone follow up and person-centred structured medicine review and has been extended to include nursing and intermediate care settings.^{2,3}



Results

Evaluation demonstrated significantly improved medicines appropriateness and reduced length of stay (2 days) and readmission (number needed to treat =12).¹ Further benefits were achieved through post-discharge telephone follow up (10% reduction in readmission) and structured medicine reviews (94.7% interventions deemed clinically significant and 92% of medicines stopped remained stopped one year post review).^{2,3}



Conclusion and Relevance

This work has demonstrated improved medicines optimisation and sustainability and has been scaled and spread to other European countries including Austria and Poland. It has been identified as an example of best practice to inform Clinical Pharmacy services in Central and Eastern Europe and work is ongoing to innovate and further develop the model.⁴

References

1. Scullin C, Scott M, Hogg A, McElroy J. An Innovative approach to integrated medicines management. *Journal of Evaluation in Clinical Practice* 13, 781-788 2007
2. Odeh M, Scullin C, Fleming G, Scott MG, Horne R, McElroy JC. Ensuring continuity of patient care across the healthcare interface: Telephone follow-up post-hospitalization. *Br J Clin Pharmacol*. 2019 Mar;85(3):616-625. doi: 10.1111/bcp.13839. Epub 2019 Jan 24. PMID: 30675742; PMCID: PMC6379220.
3. Interreg iSIMPATY project <https://www.isimpathy.eu/>
4. Urbańczyk K, Guntchnig S, Antoniadis V et al (2023). Recommendations for wider adoption of clinical pharmacy in Central and Eastern Europe in order to optimise pharmacotherapy and improve patient outcomes. *Front. Pharmacol*. 14:1244151. doi: 10.3389/fphar. Aug 2023.1244151