National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Medicine optimisation

Closing date: Please send this electronically by 5pm on **Monday 2nd November 2015** to QSconsultations@nice.org.uk

Organisation	**Jointly from: British HIV Association (BHIVA) and HIV Pharmacy Association (HIVPA)**
Title (e.g. Dr, Mr, Ms, Prof)	
Name	Dr David Asboe (BHIVA Chair), Ms Sharon Byrne and Ms Nadia Naous, (Co-Chairs of HIVPA)
Job title or role	BHIVA Chair and HIVPA Co-Chairs
Address and post code	BHIVA Secretariat: Mediscript Ltd, 1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD
Telephone number	020 8369 5380
Email address	bhiva@bhiva.org
Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in formally supporting this quality standard? ■ Yes ☐ No For information about supporting quality standards please visit http://www.nice.org.uk/Standards-and-Indicators/Developing-NICE-quality-standards	

The Institute is unable to accept

- Comments received after the consultation deadline
- Comments submitted not on this proforma
- More than one response per stakeholder organisation
- Confidential information or other material that you would not wish to be made public
- Personal medical information about yourself or another person from which your or the person's identity could be ascertained

The personal data submitted on this form will be used by the National Institute for Health and Care Excellence (NICE) for the purpose specified. The information will not be passed to any other third party and will be held in accordance with the Data Protection Act 1998.

Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
	Questions answered as detailed below: 1. *Does this draft quality standard accurately reflect the key areas for quality improvement?* 2. *If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?* 3. *For each quality statement, what do you think could be done to support improvement and help overcome barriers?*
Quality statement 1 (Question 1)	BHIVA and HIVPA comments: Yes but not fully as although it reflects patient's involvement in making the decision, it does not address the issue of non-adherence which is part of what the standards are looking to address. So although the patient may be involved at the beginning of treatment with the decision, this will not necessarily predict that they will have improved adherence once they start taking the medicines.
Quality statement 1 (Question 3)	a) Insist on patients receiving patient focussed education materials so they can be fully informed in their decisions. So the information is provided in simple language for example simplified patient information leaflets about the disease and the medicines so that they can take these away and digest them pre making any decisions. b) Support needs to be given to improve adherence outcomes by putting in place some form of referral system for patients with adherence issues. These could be identified at the medication usage review stage and referral made at this point or at the beginning after initial discussion. Bearing in mind the short consultation times a GP has when starting a new medication, suggest to have a system that the patient is either given a longer appointment to enable them to be involved in decision making or referred to pharmacist within the practice or at local pharmacy where there is some service provision for new medicine patients.
Quality statement 2	It reflects the need to report the errors but would be good to look at what happens next, on putting in place

Section	Comments
(Question 1)	system that will then minimise the incidents by improving best practice
Quality statement 2 (Question 2)	Yes
Quality statement 2 (Question 3)	Reporting all prescribing errors: a) Presentation at monthly morbidity meeting, which form part of governance, audit and quality b) Prescription errors should be entered in Datix which are reviewed in a root cause analysis c) Electronic prescriptions similar to EPMA will reduce prescription errors d) A good reporting system should have an “incident management person” coordinating incidents and putting into process systems to inform and educate people how to improve practice e) Ensure patients are fed back the outcomes following the incident in standardised non jargon language
Quality Statements 4, 5 & 7 (Question 1)	Yes, it does; however there needs to be a statement about GPs sending an updated list of medications to the specialist clinics at least twice a year to prevent incidents of drug interaction prescribing errors, double treatment etc.
Quality Statements 4, 5 & 7 (Question 2)	Yes. The systems would have to be an integrated IT system such as ICE used in the NW where GP and secondary care access the same blood results online or PACs which is used around the UK to access radiology images regardless of where the investigation as undertaken. EMIS, which is the electronic prescription system used by GPs, should be used by all GPs and should be accessible by all of secondary care.
Quality Statements 4, 5 & 7 (Question 3)	Yes. a) Electronic records, access to GP and hospital systems by both GP and secondary care including pharmacists. Need to be able to access GP records to be able to reconcile medicines within 24 hours especially if this is at a weekend when most GP surgeries are closed. There needs to be an effective communication system both ways so there is quick access to patient’s records. b) Hospital discharge summaries and discharge medication should be accurate and useful and ideally electronic (many institutions already do this) and these should be communicated promptly (email/electronically visible instantly) to the GP. c) Changes to chronic medication need to be reconciled as well not just new medicines d) More work needs to be done with patients who do not want their GP informed about their chronic condition (HIV specifically). e) Use of patient centred portals such as Patients Know Best will empower patients to self manage as well

Section	Comments
	as involve all healthcare professionals in accessing the patient's information in a safe environment and timely manner through integration with laboratory systems. f) Use of specialist pharmacists in disease areas in the hospital to help with accurate drug histories and interactions with new medications etc., for both other disease areas within the hospital and in primary care g) Systems to ensure medicines supplied by home delivery companies are accurately recorded on hospital and GP systems to reconcile medication supply. h) Ensure specialist medicines are put on GP systems including HIV drugs, antipsychotics, depots, etc., for drug interaction purposes i) Special attention to patients who receive blister packs as they may not recognise any medicine changes
Quality Statement 6 (Question 1)	It does not mention the actual use of medication use review in the standard, just that a discussion should take place about having one, it is mentioned later in the descriptions but believe this should be reflected in the standard itself as just having a discussion about having a MUR does not in itself improve outcomes
Quality Statement 6 (Question 3)	Ensure that it is clear in the systems/processes who will perform the MUR to avoid duplication with pharmacist, GP and clinic all doing the same job

What will happen to your comments?
A summary of the consultation comments, prepared by the NICE quality standards team, and the full set of consultation comments will be shared with the Quality Standards Advisory Committee (QSAC). The QSAC will then meet to review the comments and the quality standard will refined with input from the QSAC chair and members.

Please note that NICE does not respond to consultation comments submitted on NICE quality standards. Instead, following the publication of the quality standard, NICE will provide stakeholders who submitted comments with a link to the minutes of the meeting that will summarise the committee discussions and decisions.

The summary of consultation comments and full set of comments received from registered stakeholders will be published on the NICE website alongside the quality standard. Comments received from individuals and non-registered stakeholders will be considered by the QSAC but will not be published on the website.

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received in the course of consultations carried out by the Institute are published in the interests of openness and transparency. The comments are published as a record of the submissions that the Institute has received, and are not endorsed by the Institute, its officers or advisory committees.