The Consolidated Medication Record
Where there's a will, is there a way?

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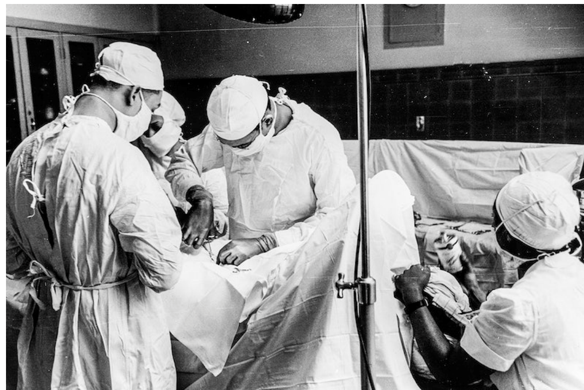
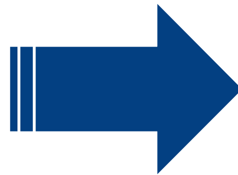
Health has become complicated





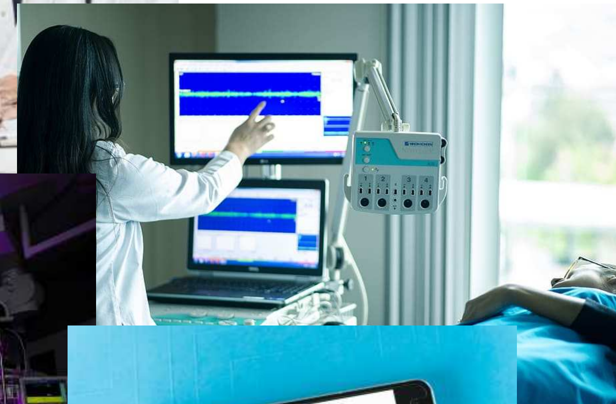
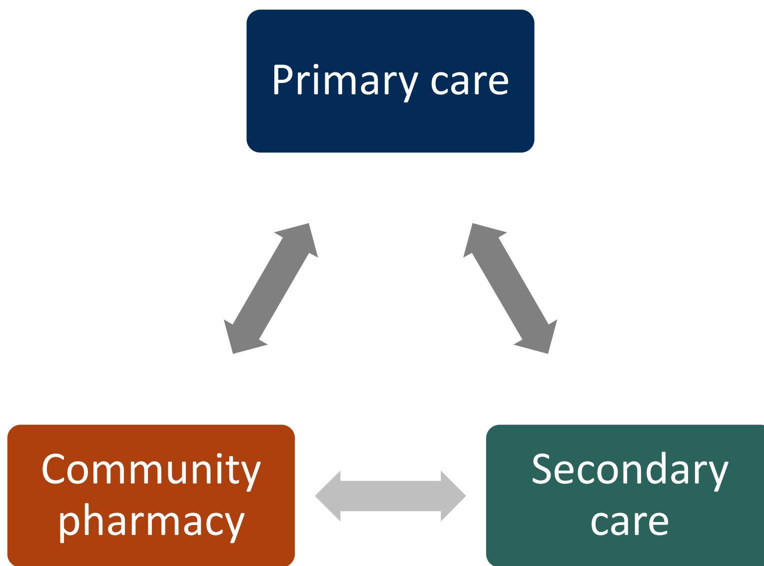
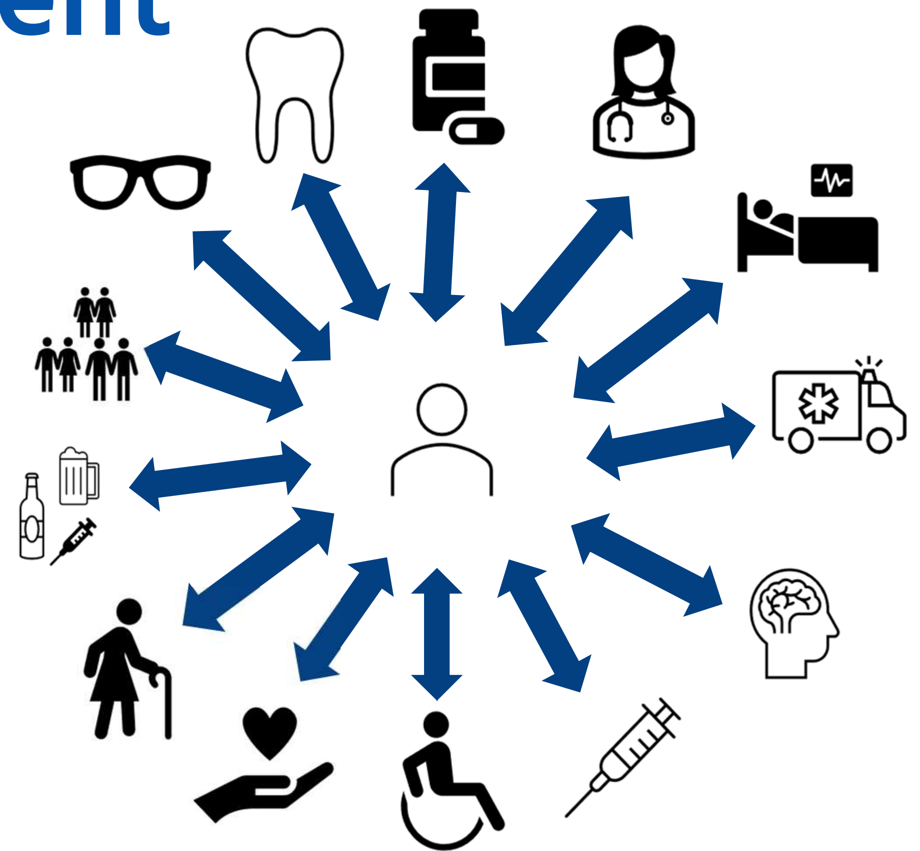


Photo by Markus Winkler form PxHere

Medicines management





THEN

NOW

Medicines information

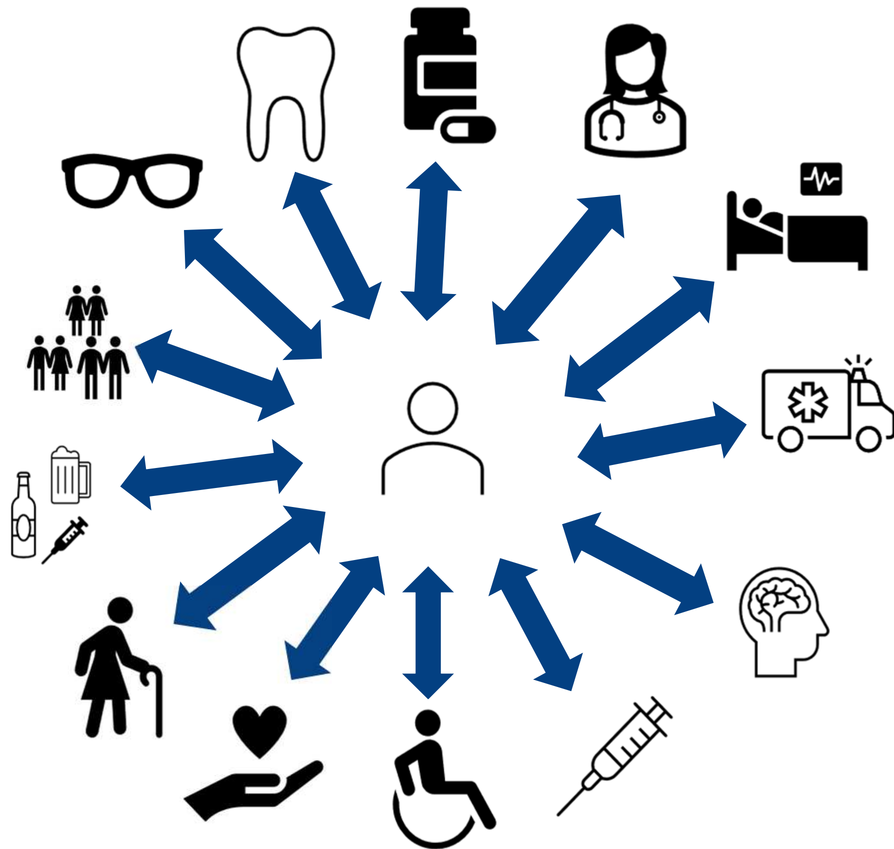
- Medicines information is vital for safe care
- Move from paper to digital
- Freeing information bound in paper
- Developed over time but not designed to a bigger plan
- Created in separate systems

Where is our medicines data today?

- Mainly in proprietary systems (or paper)
- Not made for external access
- Obstacles to sharing
- Difficult to utilise

Our current integration technology

Current medicines information flow



- Multiple interactions with different services
- Poor flow of information – Paper or ePaper
- Complexity in managing information flow – what is accurate or contemporaneous

Real world impact

- 237 million medication errors annually
- 5 deaths every day due to errors in prescribing, dispensing or monitoring
- £1 in every £25 spent on medicines is wasted
- 50% people with long term conditions don't take their medicines properly
- Overprescribing adds to the burden
  - 15% take 5 or more medicines daily
  - 7% take 8 or more medicines daily
  - Taking 10 or medicines/day - 300% more likely to be admitted to hospital due to an adverse drug reaction

Workforce impact

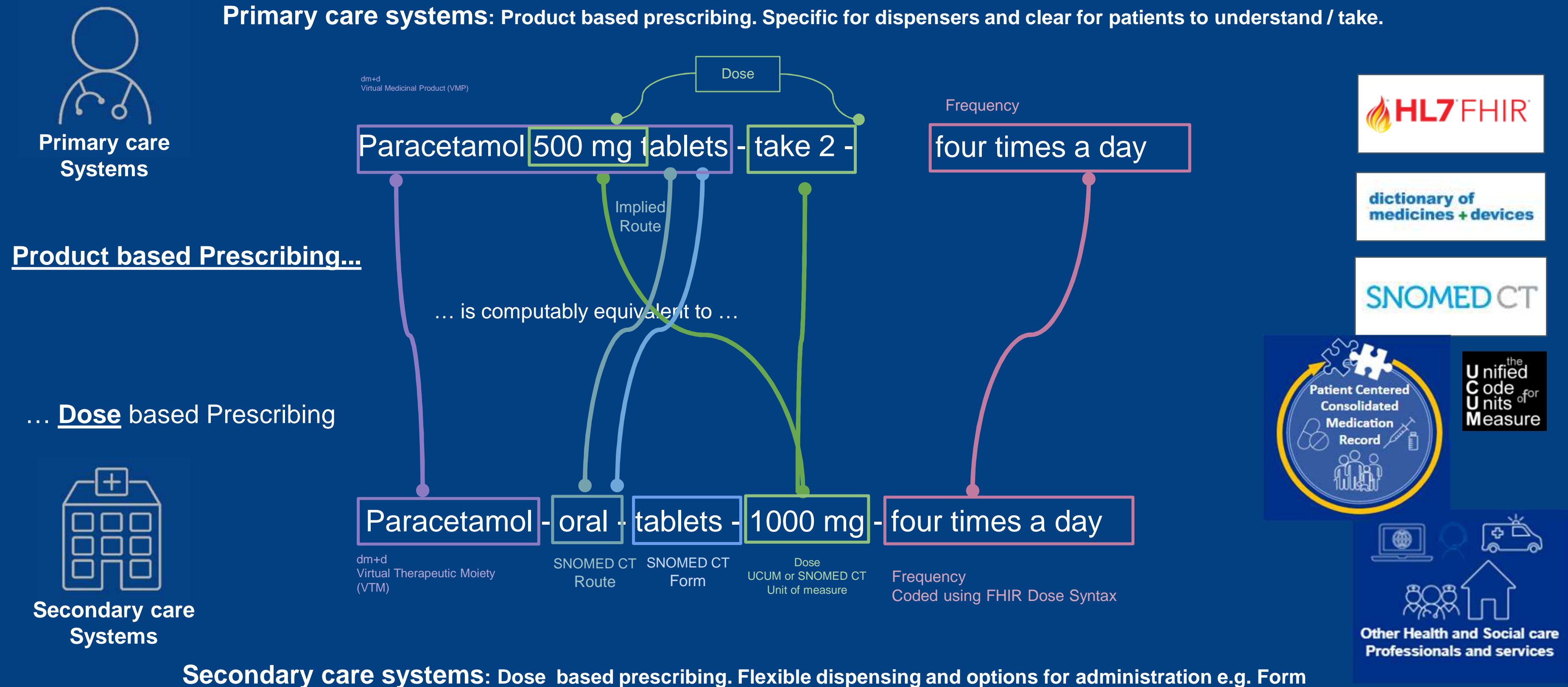
Current *English*, annual burden of medicines transcription at transfers of care:

1.2 million hours /
32k weeks Trust staff time
680 years of 1 FTE

167 million Trust transcriptions

GP clinical time impact?
9000 weeks of GP Practice times

Medicines interoperability - the challenge



DAPB:4013 Information Standards Notice

Information Standard Notice published 1/10/2021

New common standards to support the transfer of medicines information between settings, enabling safer and more efficient medicine reconciliation.

Systems that provide electronic transfer of patient medication and allergy/intolerance data will need to be checked to ensure compliance.

Deadline: 31 March 2023

Email medicinestandards@nhs.net with any queries

Requirements of specification:
www.digital.nhs.uk/isce/publication/dapb4013

Standard developed in consultation with:
INTEROPen
PRSB
UK FHIR
The Interoperable Medicine Standards Working Group, consisting over 150 NHS members including users, developers, and IT system suppliers

Safe Digital Medicines

“To create fully interoperable, computable medication and prescription information across the NHS enabling seamless transfer of care and ultimately a patient-centred consolidated medication record.”

Stating intent is not enough

- Increased complexity in clinical workflows
- Patients with specialist needs - often managed by specialist teams
- Some with multiple teams and some with a single specialty
- With little or no input from primary care and variable communications to guide GP input when the need arises.

….. Often incomplete MEDICINES information poses the highest risk

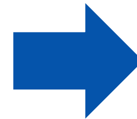
NDP

What are the factors?

- Scenarios where GPs are not the primary care provider

  (e.g. Haematology/ oncology, transplant, sexual health, mental health etc...)

- Frail patients with multimorbidity and frequent admissions



- Multiple changes to the medication record
  - not always conveyed to GP – in time or incomplete
- Clinical decision making with a incomplete information

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Is the GP medication record the patient medication record?

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Are GPs responsible for the accuracy of the medication record in the community?

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Who is responsible if harm occurs from a prescribing error?

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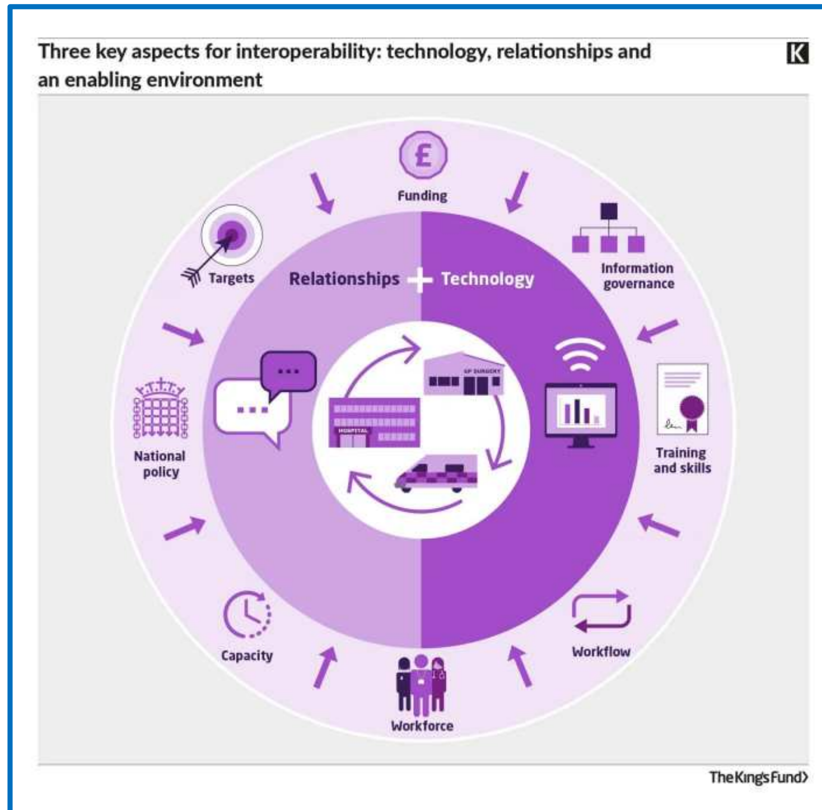
CMRs may offer the answer to the problem BUT who is responsible for its accuracy?

Technology is only part of the solution



- Interoperability is more than technology
  - (King's Fund Report – Technology and innovation 2022)
- Relationships based on trust between staff and leaders.
- Technology that makes communication and medical information flow as easy as possible.
- An enabling environment that provides sufficient long-term funding and targets that support collaborative working while developing complementary workflows across organisations.

Relationships based on trust between staff and leaders.

- Not only a primary care issue but a system issue
- Why change? Change is painful.
  - What has interoperability done for me???
  - ‘Doing to rather than with’ – no diktats – they don’t work
  - Winners and losers – not zero sum game
- Medicines accuracy less contentious ?

  (except for ADRs and allergy recording)
- Imparting the bigger picture with the patient at the centre.

  Takes proper messaging and data

Technology that makes communication and medical information flow as easy as possible

- Not easily achieved
- Taking vendors with us? Or re-imagining the market?
- Clear, specific requirements based on a system wide clinical care delivery
- A strategic approach
  - For patient outcomes
  - For improved working
  - Consider data and future technologies – (Machine learning... rubbish in = rubbish out)

An enabling environment

- Sufficient long-term funding
- Targets that support collaborative working
- Developing complementary workflows across organisations.

- In essence – VISION, BUY-IN and MONEY

What will it take to enable consolidated medication records?

Answers on a postcard......!

Our final thoughts

- Technology is only a part of the solution
- Clinical workflows can be adapted for the better, for everyone.
- Patients should be the centre of the decision on information custodianship
- Agreed responsibilities for the accuracy of medication information is a fundamental requirement of a safe and effective consolidated medication record.
- *A single medication record will only happen when we read AND write to a single source of truth.*

Thank you.