

National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on medicines optimisation

Please enter the name of your registered stakeholder organisation below.	
Stakeholder organisation:	British HIV Association (BHIVA) and HIV Pharmacy Association (HIVPA) (joint comments)
Commenter name:	Dr David Asboe (BHIVA Chair), Ms Sharon Byrne and Ms Nadia Naous, (Co-Chairs of HIVPA)
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Please note: comments submitted are published on the NICE website.	
Would you like to express an interest in formally supporting this quality standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
<p>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</p> <p>EXAMPLE: Pulmonary rehabilitation for chronic obstructive pulmonary disease</p>	<p>EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</p> <p>Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of</p>	<p>EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.</p> <p>Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.</p>	<p>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation.</p> <p>http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</p>

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(COPD)	disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.		
Adherence check and support to be included in patient consultations	NICE and WHO state that 30-50% of patients do not take their medication correctly. To optimise medication for patients steps should be taken to engage with patients to improve levels of adherence	It is a key area as improving adherence will improve health outcomes for patients and reduce re admissions and reduce waste.	NICE have adherence guidelines that state that better engagement with patients is crucial to improving adherence HIV medicine has some of the highest rates of adherence in medicine with >80% of patients on medication taking their medicines correctly. The royal college of physicians have established a pre- working group on a strategy to improve national adherence which could be supported by NICE.
Appropriate clinical screening of complex prescriptions including drug interaction	Many specialised areas of medicine have complex prescribing patterns and complex drug interactions which require specialist pharmacist input to ensure safe and accurate prescribing particularly when the patient is seen by many prescribers	It is a key area to ensure someone is a key person to link all the polypharmacy that is an increasing risk as the population ages. These clinical screens were originally discussed in the 2002 "Room for Review", in the 2008 NPC "A Guide to Medication Review" and the 2012/13 Quality and Outcomes Framework guidance for GMS contract.	<ol style="list-style-type: none"> 1. Room for Review: A guide to medication review: the agenda for patients, practitioners and managers. Task Force on Medicines Partnership and The National Collaborative medicines Management Services Programme. 2002 2. A Guide to Medication Review 2008. National Prescribing Centre. A framework for medication review with practical advice. 3. Quality and Outcomes Framework guidance for GMS contract 2012/13.

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			http://www.nhsemployers.org/PayAndContracts/GeneralMedicalServicesContract/QOF/Pages/QualityOutcomesFramework.aspx 4. The BHIVA standards that states all HIV prescriptions should be clinically screened by a specialist HIV pharmacist. Www.bhiva.org/standards
Self management by patients	As polypharmacy increases it becomes more important that patients are knowledge about their medicines to ensure they optimise the benefits of them.	The ageing population has many prescribers and it is key to ensure the patient is at the centre of that care. It is key that they are empowered to understand their medicines and be able to self manage their condition.	
Treatment as prevention for HIV=PrEP (pre exposure prophylaxis)	The new evidence shows a big reduction of 86% in HIV transmission when PrEP is given to non HIV partners.	The reduction in HIV transmission of 86% in the Proud and Ipergay studies show a substantial reduction in risk for non HIV partners. This should help reduce onward transmission and enable people to have choice in their risk. There are substantial savings from reduced number of new infections.	http://www.proud.mrc.ac.uk/ http://www.ipergaymtl.com/en/about-us.html Studies are being evaluated by NICE
Key area for quality improvement 5			
Additional developmental areas of emergent practice			

Please email this form to: QStopicengagement@nice.org.uk

Closing date: 5pm Monday 22nd June 2015