Evaluation of Room for Review — a guide to medication review

Part 1 — the PCT and professional view

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Contents

1 Introduction

Managing medicines today presents major challenges to patients, prescribers and healthcare managers. Against a background of ever more effective pharmaceutical products, but rising medicines cost, over half of the population now report that they have been taking prescribed medicine for 12 months or more[i]. But an estimated 50% of medicines for long term conditions are not taken as prescribed, representing a major missed opportunity to treat illness and prevent further ill health[ii].

In this context, medication review, a process by which patients on long-term medication have their medicines reviewed by a health professional, is a highly desirable feature of the healthcare system. The provision of medication review for patients aged over 75 taking medicines regularly was set out explicitly as a target in the Older People's National Service Framework (NSF)[iii]. It stated that by 2002: 'All people over 75 should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review 6-monthly' and that by 2004: 'Every PCG or PCT will have schemes in place so that older people get more help from pharmacists in using their medicines.'

While the NSF offered some advice about the format of a medication review, it did not specify a definition of medication review.

In November 2002, Medicines Partnership, in conjunction with the National Prescribing Centre, published *Room for Review — a Guide to Medication Review* (RFR). This publication, for the first time, set out a framework for medication review together with supporting tools and advice for healthcare professionals involved in conducting medication reviews.

Room for Review defined four levels (Level 0 to Level 3) of medication review. Of these, only Level 3 involved the patient in a face-to-face discussion about their medicines and therefore offered the opportunity to explore the patient's views and experiences of using medicines and share decisions about future prescribing — a process which considered to be essential if patients are to get the most out of a medication review.

Although Primary Care Trusts (PCTs) have been investing in strategies to deliver medication review services, it was unclear as to whether *Room for Review* had influenced the services being provided and whether the medication reviews being conducted were patient-centred.

Objectives of the evaluation

Medicines Partnership commissioned an evaluation of the impact of *Room for Review* and the key findings of that evaluation are set out in this briefing.

The objectives of the evaluation were:

- To determine how far the framework set out in *Room for Review* has been adopted for the introduction and implementation of medication reviews by PCTs
- To understand whether *Room for Review* has encouraged and assisted the development of patient-centred services by managers commissioning medication review services and clinicians delivering medication review

- To describe the perception of patients of their experience of medication reviews since the publication of *Room for Review*

Ultimately, the key question resonating throughout the evaluation was to what extent had *Room for Review* advanced patient involvement in decisions about medicines through medication reviews.

Methodology

The evaluation was conducted using a combination of qualitative and quantitative methods.

- The views of PCT stakeholders were collected through a one-day **workshop** and by a pre-piloted self-completion **survey** distributed via the National Prescribing Centre to PCT Pharmaceutical Advisors. A total of 153 responses (50.1%) were received and these were broadly representative when compared to PCTs participating in the NPC's Medicines Management Collaborative.
- The opinions of various organisations and policy groups involved in medication review were collected through a series of **stakeholder interviews**.
- **Focus groups** were conducted with patients who had received a face-to-face medication review since the publication of *Room for Review.*

This report sets out the results from evaluation undertaken with PCT and professional stakeholders and draws some preliminary conclusions from their views.

Part 2 of the evaluation will deal with the views of patients and their experiences of medication review and will be published in May/June 2005 together with an overall summary of the evaluation.

2 Evaluating the views of PCT stakeholders

Two methods were used to explore the views of PCT stakeholders:

- A workshop for PCTs to explore their experiences of medication review activity and the impact of *Room for Review*
- The results of this workshop were used to inform the development of a national survey of PCT stakeholders

Workshop for PCT stakeholders

Using the Webstar Health / Keele University national survey of PCTs, 97 PCTs that were active in commissioning medication review services were identified. An email invitation to each PCT was issued. Of the 97 invited 21 agreed to take part in the workshop event, which was held in London on 23 January 2004.

The workshop consisted of a number of interrelated activities undertaken by the participants. Each activity and the results are set out in detail.

Being 'mad', 'sad' and 'glad' about medication reviews

Participants were asked to describe what made them 'mad', 'sad' or 'glad' about medication review activity and *Room for Review.*

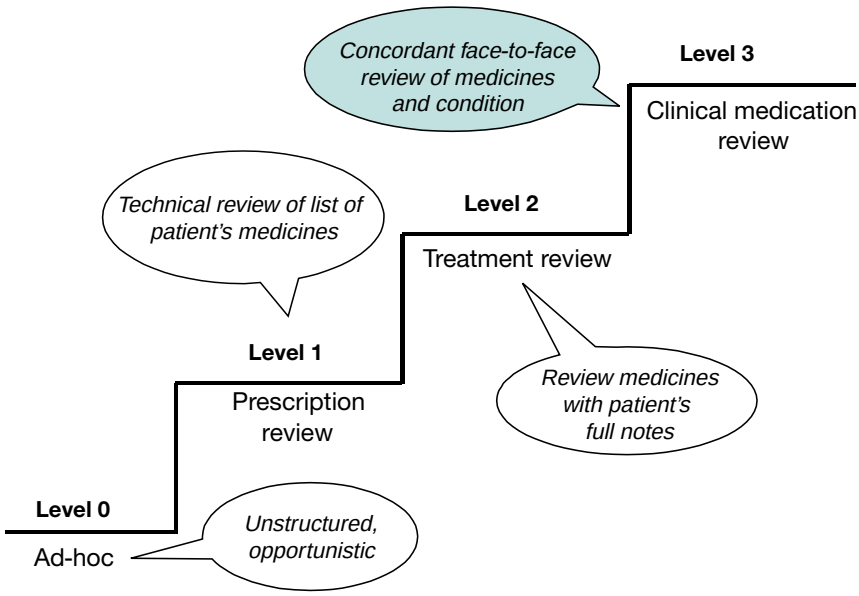
MAD	SAD	GLAD
■ Patients not prepared for review — do not know what to expect ■ Lack of patient focus on the part of clinicians ■ Apathy from health care professionals towards the importance of concordance ■ GPs not acting on patient concerns ■ Lack of resources to run Level 3 reviews ■ Missed opportunity in new GMS contract in that it does not specify that medication review should be face to face	■ Lack of time to conduct Level 3 reviews ■ Number of patients for whom seamless care does not exist ■ Lack of incentives for GPs ■ Patient ignorance ■ Number of patients who are not compliant ■ GPs not prepared to 'let go' ■ Lack of feedback from GPs	■ Positive feedback from patients ■ Positive feedback from GPs ■ Professional recognition (for pharmacists) ■ Job satisfaction — seeing recommendations actioned ■ The NSF put medication review on the agenda

The *Room for Review* lexicon

The mad, sad and glad exercise was followed by a facilitated discussion of the experience of participants in medication review.

There was a broad consensus that the terminology on levels of medication review set out in *Room for Review* (see Figure 1) had been adopted and that they formed a standard lexicon in the discussion of medication review activity within PCTs.

Figure 1.
Room for Review classification of medication review



There was a view that GPs did not share the same rationale for medication review. The experience of participants was that GPs saw medication review as one element of managing prescribing. Specifically, GPs did not prioritise as highly the desire to 'reach agreement' with the patient.

The Level 3 review was seen as a gold standard or 'Rolls Royce' review, something to which the participants aspired, but seen as expensive and difficult to achieve within constrained resources. For this investment of time and resources, GPs and PCTs expected benefits over and above those that would come from a Level 2 review. It was difficult to argue that face to face reviews delivered benefits for the organisation commensurate with the investment required.

For some participants the lack of a specific requirement for Level 3 type reviews in policy documents (NSF for older people), performance management (CHI indicators) and modernisation policy (new GMS contract) had reinforced the view that patient centred reviews were 'nice to have' rather than essential.

Evidence for this can been seen in the approach taken by some PCTs where Level 3 reviews were reserved for complex or hard to reach patients while Level 2 reviews were for routine patients. Level 3 was therefore experienced by fewer patients. Paradoxically, those patients that did have a Level 3 review were least able to take advantage of the opportunity that this presented to be involved in prescribing decisions.

The *Room for Review* guide ('the Guide') had been widely adopted and had played a variety of roles in advancing medication review activity in practices and PCTs. It had provided the evidence base for the resources to support medication review activity. The Guide also provided a learning resource for healthcare professionals delivering medication review and a discussion document with GPs.

While the Guide was widely recognised and had played a significant role, participants were less familiar with the web based resources provided alongside the printed document. Where participants had used the website it was usually to download and adapt patient letters and leaflets. They were less familiar with the other resources available on the website.

The READ codes recommended by the Guide had been adopted by many of the PCTs represented. This had helped to unify their approach across practices and to establish a shared understanding of the levels and the standards expected. There was some concern that GPs were likely to code routine interventions as a face to face review during the course of a normal patient appointment. The feeling was that this was an area of concern generally, that GPs and PCTs did not share a common understanding of what was required for the review to be patient-centred.

One important driver for Level 3 reviews was the pressure felt by PCTs to manage the demand for devices to organise medicines (e.g. NOMAD, Venalink). Some PCTs had established programmes to review patients who were using these devices which combined an assessment of medicine taking with a Level 3 review.

What would help PCTs to support medication review activity?

Participants felt that there was a missed opportunity in the guidance around the new GMS contract which did not define in detail what a medication review should involve and which specifically did not mention the involvement of the patient. However, the following would help:

- Standard templates for each of the GP clinical systems to encourage patient centred review and make recording and audit of medication review consistent.
- Training for GPs and practice staff to help them make best use of the IT resources available.
- Tools and resources to help PCTs and practices actively involve and engage with patients and to make them better 'consumers' of medication reviews.

Drivers for medication review

Participants were asked to develop a list of drivers that were important for their PCT in prompting them to commission medication review. The group was then asked to 'vote' for the drivers that they felt were most for their PCT.

Eleven potential drivers were identified and prioritised:

DRIVER	Rank (1= highest)
Polypharmacy leading to medicines problems	1
Adverse events associated with medicines	2
NSFs	3
Waste of resources — medicines not being taken	4
Therapeutic monitoring requirements	5
Medication changes following discharge	6
Clinical governance	6
New GMS	7
Falls in the elderly	8
Medicines Management Collaborative	9
Compliance device strategies	10
Single Assessment Process	11

None of the participants mentioned patient involvement as an organisational driver for medication review; however, as the PCT survey showed, *Room for Review* has increased the emphasis on patient centeredness in some PCTs.

Participants were asked to reflect on other sources of information and guidance on medication review activity that they had used or referred to in the past.

Resources mentioned included:

- NSF Older People — Medicines Booklet
- Zermansky papers on repeat prescribing
- CPPE training for community pharmacy
- Professor Claire Mackie model developed in NE London
- MMS Collaborative

The consensus was that there were no significant other sources of guidance and advice on medication review. *Room for Review* was established as the standard text for medication review among PCT stakeholders and had defined the de facto standards for medication review.

Summary

The purpose of the event was to explore in some depth the experience of PCT stakeholder of patient centred medication review and to inform the development of a PCT survey which is described later.

The views of the PCT stakeholders who attended the event highlighted the following themes:

- A desire to see a more involved, informed and demanding patient - where the patient challenges the culture of 'doctor knows best' and a move toward equity in decision making.
- A wish for GPs to have a shared understanding (with the PCTs) of concordance and the purpose of face-to-face reviews — moving from a focus on process to a focus on outcomes
- The belief of participants that GPs may be more concerned to complete the medication review process than to achieve real agreement with patients in face to face reviews, because of the pressures associated with patient appointments and the prevailing prescribing culture — diminishing the value for the patient
- Concern over the absence of NHS performance targets which specifically require patient-centred reviews, making the task of justifying the resources and time involved difficult for PCTs
- Where the GP was not the 'reviewer', the importance of good relationships between GPs and the healthcare professionals undertaking the review in communicating and implementing changes to therapy and communicating the wishes of patients.
- An opportunity to develop templates for recording medication review outcomes on GP clinical systems

- Consensus that *Room for Review* had provided a standard around which the stakeholders could engage in a debate with the PCT, GPs and others — *Room for Review* had credibility which provided a good foundation for patient centred reviews going forward.

The event crystallised a number of key issues which Medicines Partnership could explore in the next phase of *Room for Review*. These are discussed in Section 4.

Results of national survey of PCTs in England

A pre-piloted self-completion survey was distributed to 303 PCTs in England using the National Prescribing Centre's (NPC) mailing list. The mailing was followed up by an email reminder and then a further hardcopy reminder of the survey to non-respondents. The survey was addressed to the prescribing lead (usually a pharmaceutical advisor but sometimes a GP) as they generally took the lead in developing the PCT's approach to medication review. Almost 90% of respondents were pharmacists. In the following sections, unless stated otherwise all percentages are presented as a proportion of all responders)

A total of 153 responses were received (50.1%). Comparing the sample to the national cohort of NPC MMS Collaborative participants shows that the sample is broadly representative.

Q35. Which wave of the collaborative did you join?

NPC MMS Wave	National	Survey sample
1	9%	11.1%
2	13%	10.5%
3	13%	15.0%
4	13%	14.4%

Adoption of *Room for Review* and resources

Respondents reported that there has been widespread uptake of *Room for Review*. 90.5% of respondents had read the full guide (blue and yellow book), 6.8% had read the summary version and 2.7% had read both. The overwhelming majority of respondents, 97.9% had found the Guide useful.

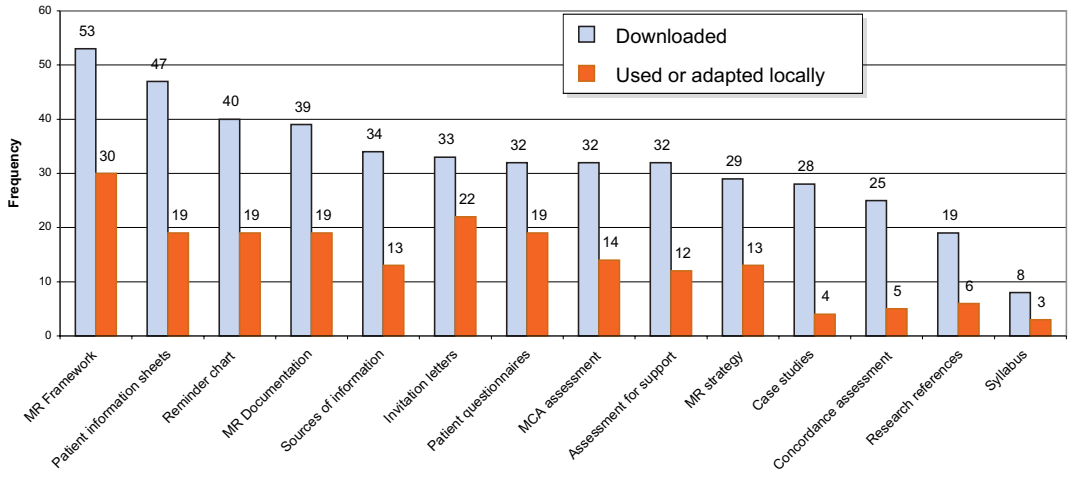
Why respondents read the Guide

The principal reasons for reading the Guide were to inform PCT policy development, with 62.8% intending to use the Guide to plan a medication review strategy. For 16.2% of respondents the Guide was intended as a resource to learn how to conduct medication review. Only 3.4% of respondents had read the Guide in order to involve patients in medication review.

Using the *Room for Review* website

The *Room for Review* website was well known, with 71.2% of respondents reporting that they had used it. The remaining 19.2% did not know there was a website. Of those who knew of the website, 9.6% had visited the site regularly, 59.6% occasionally and 11.6% had never visited the site.

Q7. Can you recall what you downloaded from the website and did you subsequently use or adapt it for use in your PCT?



How the Guide contributed to the development of medication review

When asked to describe how the Guide had contributed to the development of medication review in their PCT most respondents saw the Guide as a standard setting document which was used either to validate the PCT's existing approach or to develop a benchmark against which the PCT could plan its approach.

The following comments were typical of those provided by respondents and reflected the views of the delegates at the workshop:

> *'Made us more aware of an organised approach to medication review, READ codes and involvement of patients'*
>
> *'Helped reiterate that we were on the right track. Gave more credibility to our work — i.e. "if a national guide has been produced, it must be something we should be doing"'*

The role of *Room for Review* in planning and managing medication review

There was widespread adoption of the Guide with 78.9% of all respondents reporting that their organisation had adopted the *Room for Review* definitions ('Levels').

Those that reported that they had not adopted the definitions set out in the Guide had varying reasons for doing so. These included PCTs that had already established a similar structured approach prior to the publication of the Guide. Others had taken a different approach to defining levels of review based on the Guide. For example one PCT reported that it had removed Level 0 combined Levels 1 & 2 and developed a new level above Level 3 which involved undertaking the review in the patient's home.

PCT strategies and guidelines for medication review

Having a written strategy in place together with local guidelines is important is providing the right support for patient centred medication reviews. A majority of PCTs (52.1%) had a written strategy in place; of these 77.8% reported that this strategy was developed in house. Only 6.9% had used the *Room for Review* website resources to develop their strategy and a further 6.9% had developed their strategy from one provided by other PCTs.

When asked about local guidelines 61.4% of all respondents reported that their PCT had agreed local guidelines for medication review. There was, however, evidence that the adoption of these guidelines by GP practices within the PCTs varied. For those with guidelines, 7.4% reported that none of their GP practices had adopted them, 31.6% reported that 'few' (1%–33%) had adopted them and only 3.2% reported that all their practices had adopted their guidelines.

Adoption of *Room for Review* READ codes

Room for Review set out suggested READ codes to record medication review on GP clinical systems. Most PCTs (96.7%) reported that they used READ codes to record medication review; of these 50% used the READ codes recommended by *Room for Review* and 21.9% had developed local READ coding guidelines. A small group of PCTs (20.3%) used READ codes but did not have a local policy on coding.

Audit of medication review

Most respondents (59.8%) had undertaken some form of audit of medication reviews — respondents reported what form this took. 30.4% had audited indicators of activity, for example, the number of changes arising from medication review, or the impact of the interventions made. A small group of PCTs (16.1%) reported undertaking a patient satisfaction survey as part of their audit activity.

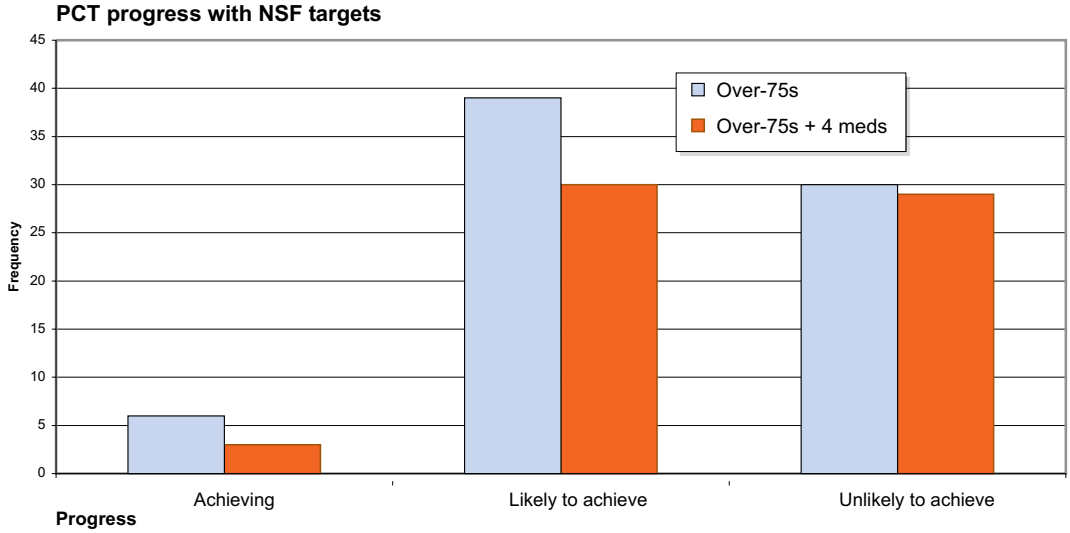
What progress are PCTs making with NSF targets relating to medication review?

PCTs were asked to report how they felt they were progressing and were likely to progress with the targets in the NSF for medication review in the over-75s.

These are:

- That all patients over 75 should have their medication reviewed at least annually.
- That all patients over 75 on four or more medicines should have these reviewed six-monthly.

Q19. Performance measures that are related to the NSF for Older people

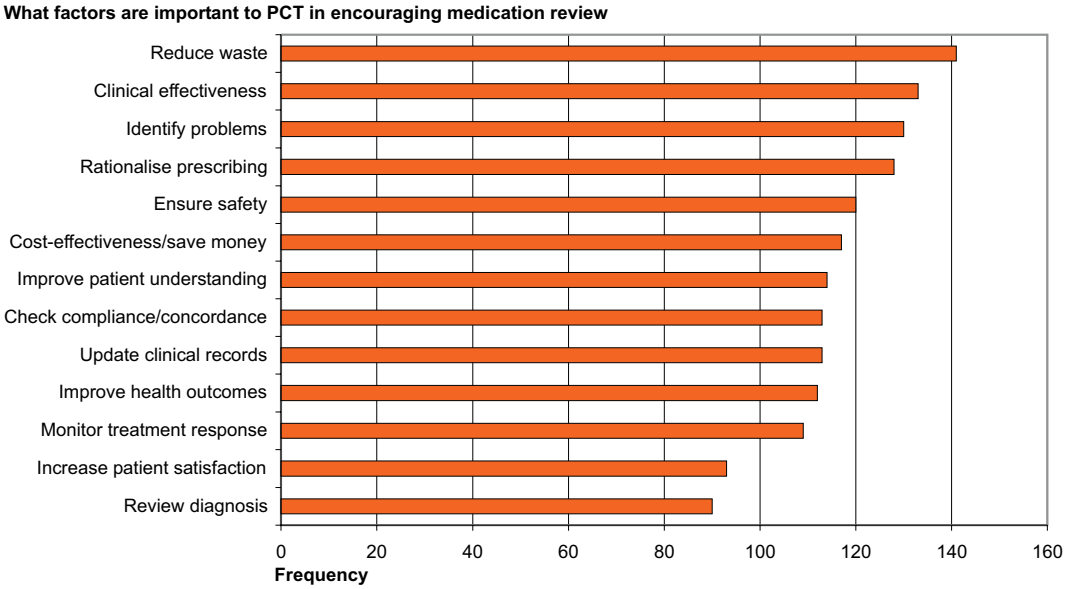


As the graph from Q.19 shows, a small proportion of PCTs (8% and 5%) reported that they were achieving the NSF targets for over-75s and over-75s on 4 or more medicines respectively at the time of the survey. A small majority reported that they were likely to achieve the targets by the 2004 deadline (52% and 48%). The remainder reported that they were unlikely to achieve the target by the deadline (40% and 47%).

What drives PCTs to undertake medication reviews

PCTs said that the most important drivers for encouraging medication reviews were the reduction of waste in prescribing, manage clinical effectiveness and to identify problems in medicines taking.

Q21. What factors are important to your PCT in encouraging medication review?



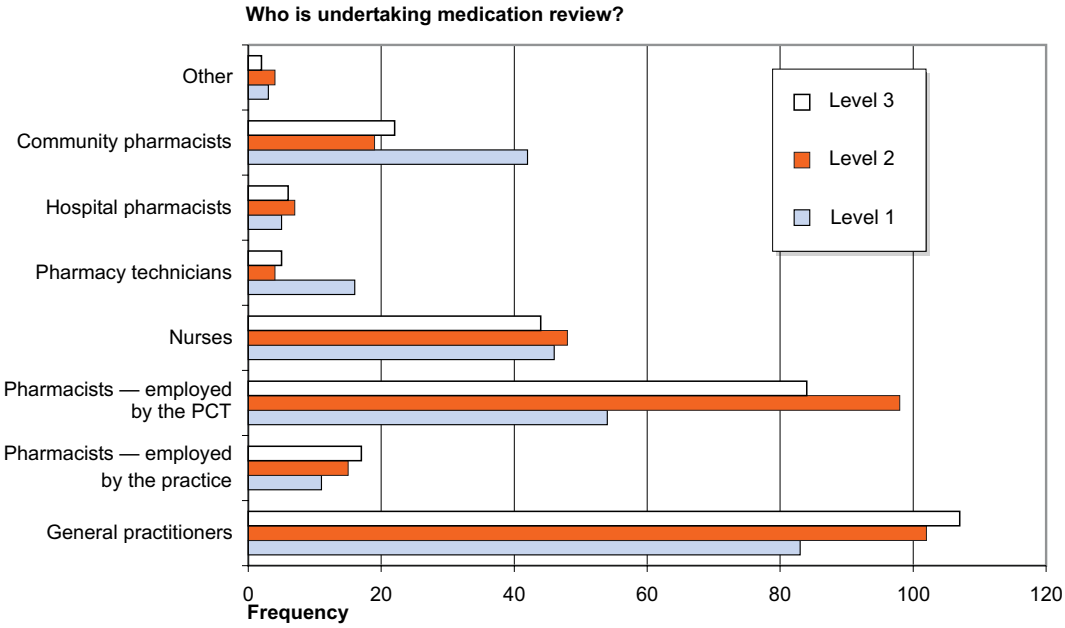
Medication review activity in PCTs

PCTs were asked to characterise their approach to medication review services in one of two ways. Most respondents (78.3%) reported that medication review services were provided by their practices, the remainder (21.7%) said that the medication review services were provided by the PCT.

Who is undertaking medication review?

PCTs reported that medication review is provided by a wide range of healthcare professionals. The provider is somewhat correlated with the level of medication review undertaken as the following graph shows. GPs were most frequently cited as the provider of medication reviews, followed by pharmacists.

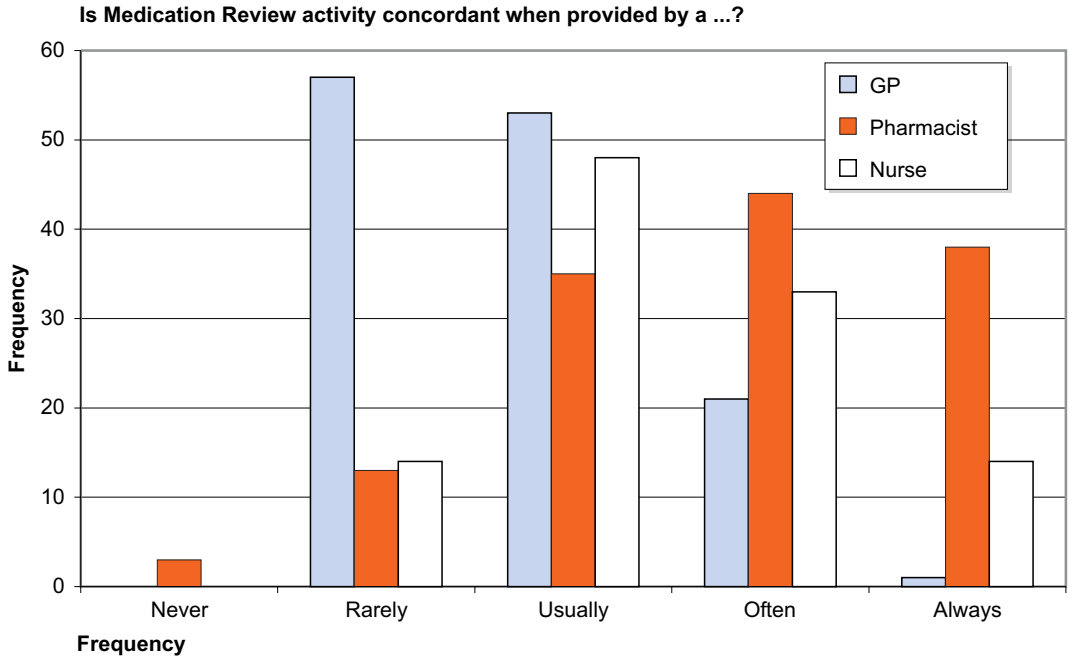
Q23. Who is undertaking medication review in your PCT?



The views of PCTs on concordance

Respondents (who were primarily pharmacists at PCTs) believed that GPs are less likely to adopt a concordant approach than other healthcare professionals. Both nurses and pharmacists were considered to be more likely to be concordant in their approach than GPs.

Q25. Do you think that the experience of patients is 'concordant'?



Barriers to patient involvement

PCTs described the barriers they perceived to greater patient involvement in medication review. Resources featured as a significant theme in these comments:

> *'GP practices allocating time and commitment to engaging the patient. Not enough staff in the prescribing team to allow more commitment to support practices.'*
>
> *'There are no barriers as it is actively encouraged. The only barrier is the lack of funding and personnel to carry it out'*

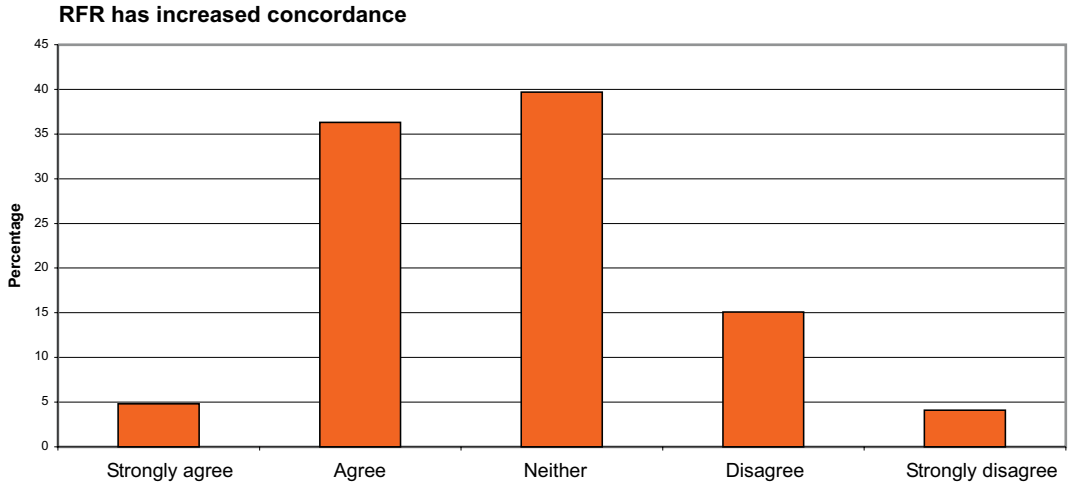
A second significant theme was the need to communicate more effectively with patients and to overcome cultural barriers in the relationship between patients and the healthcare system:

> *'There needs to be a continuing "culture"shift to involving patients in medication review. This is changing. Also patients continue to believe that medication review is all about saving money.'*
>
> *'Historical relationships with doctors, patients are happy to accept that doctor knows best'*
>
> *'Patient awareness. Once they know what they should be getting I've seen cases where they go and demand it from their GP'*

The impact of the Guide on concordance

Over one third of PCTs (40%) reported that *Room for Review* had increased concordance in their PCT. But a significant group (39%) felt that *Room for Review* had had no impact on concordance in the PCTs.

Q26 'Room for Review' has increased concordance — levels of agreement



PCTs were asked how much emphasis was placed on concordant medication review in their PCTs. It was reported that in 10.1% of PCTs there was no emphasis placed on concordance, in 64.8% there was some emphasis and in 24.1% there was significant emphasis placed on concordance.

Summary and discussion

It is clear that *Room for Review* has had a significant impact on medicines management in PCTs. There is widespread adoption of the definitions and good use of the supporting resources that are provided. There seems to be no question that at an organisational level medicines management teams at PCTs are aware of, and have adopted, the approach that *Room for Review* set out.

The organisational infrastructure required to provide medication review also seems to be well established with strategies clearly articulated, guidelines developed and adopted and routine monitoring of activity.

PCT prescribing teams perceive differences in the commitment to patient-centred review between PCT-led services and services led by GP practices. In general, PCTs that led the service were more likely to report that they had adopted patient-centred reviews. However, such PCTs are in the minority and GPs remain the most important and influential group in delivering medication reviews

There is some evidence that GP practices have not taken up the messages around concordance to the same extent that the PCTs have. Local guidelines are not uniformly implemented and GPs remain largely autonomous in how they implement policy. Respondents (and the workshop delegates) are of the view GPs are less likely to take a concordant approach in a Level 3 review than other healthcare professionals. However, it should be noted that most respondents and delegates were pharmacists, and GPs themselves might have responded differently.

It appears that most patients are likely to receive a Level 2 medication review, i.e. the review is based on the patient record, and the patients him or herself is not

involved. However, there are many PCTs where there is activity at Level 3. In most cases, this review will be undertaken by the GP although pharmacists were also well established providers of review at all levels.

It is clear that the principles established by *Room for Review* are well embedded among those who set and manage prescribing policy within PCTs. However, there is a perception that GPs, who undertake the most significant number of reviews, still need to embrace a more patient-centred culture when carrying out review activity. The fact that they considered to be less concordant than other healthcare professionals presents a potential risk by undermining the value of medication review to patients. Key to persuading GP practices and PCT boards to invest more time and resource in patient-centred medication review means making a convincing case that face-to-face reviews with patients informed and involved really does make a difference to health outcomes.

3 Stakeholder views

The following stakeholders were interviewed for the *Room for Review* evaluation:

- Two GP 'opinion leaders'
- The Association of Nurse Prescribers
- Pharmaceutical Services Negotiating Committee
- National Pharmaceutical Association
- Lloyds Pharmacy
- Boots the Chemists

The purpose of the stakeholder interviews was to elicit perceptions of the role of Medicines Partnership and, in particular, the impact of *Room for Review* on the development of medication review services. The interviews also provided a means to discuss to what extent the concordance agenda had been advanced by the publication of *Room for Review.*

Three key themes emerged from the discussion:

- *Room for Review* had shaped the landscape of medication review services and the definitions provided a basis for discussion within primary care organisations about how to deliver such services
- *Room for Review* provided a 'how to' guide which offered more consistency of approach, but further support is required to address the practical circumstances that arise in delivering a medication review service in different settings, particularly in a GP practice
- The medication review levels that were defined did not suit all circumstances and if viewed as a step-wise approach they did not encourage concordant services as much as they could have done

Although some felt they had limited opportunity to contribute or input into *Room for Review* prior to the launch*, the publication was considered to have made a significant contribution to the debate on how to deliver the targets set out in the NSF for Older People. Before that time, there was a lack of clarity about how the NSF targets would be delivered, although thought was being given to the issue by pharmacy organisations.

More recently, it was felt that the new GMS contract has given impetus to delivering medication review services. However, in line with other findings in this evaluation, it was felt that most reviews taking place around a process of managing repeat prescriptions and did not constitute full clinical medication review (level 3 review). It was felt that GP awareness of *Room for Review* and of concordance generally is low because of the number of initiatives that they have to deal with generally. Providing further support to GP practices about good processes for delivering medication review services would be a welcome move. Further reinforcement about the importance of patient-centred delivery of medication review services would be useful, as would support through training.

The publication of *Room for Review* coincided with internal debates within pharmacy organisations as to what should be regarded as a medication review. In this context, the most important contribution of *Room for Review* was to provide

* Note: there were over 20 reviewers of *Room for Review* before publication, including the PSNC.

definitions about what constituted a medication review and the introduction of medication review levels. It also provided an entry mechanism by which such organisations could engage with primary care commissioners on how to deliver medication review services.

There was no agreement as to whether the definitions offered by *Room for Review* should be considered as final. Stakeholders acknowledged that a new language and terminology was being widely adopted as a result of *Room for Review*, but that the key impact of the document was to allow for a debate to begin in earnest.

Unsurprisingly, in the discussion about definitions, community pharmacy stakeholders were particularly concerned about the elements of each defined level in the context of whether medication review could be conducted easily in the community pharmacy. In particular, the logistical barrier to community pharmacists accessing patient medical records cast doubt on the value of the proposed definitions because review of the patient's medical record was a requirement for a Level 2 and Level 3 medication review. The development of the electronic care record through the National Programme for IT (NPfIT) may provide some solutions to offering access to the patient's medical history. At the same time, the care record will become more important because GPs reported that the details of medication reviews that had been conducted were now being recorded more formally on templates within the GP patient records system.

The pharmacy community stressed their strength in being able to have a face-to-face interaction with the patient. While a face-to-face consultation with a patient does not in of itself guarantee concordance, it was argued that it provided a key foundation stone in driving forward a concordant approach.

4 Conclusions and recommendations

Room for Review has done much to advance the development of processes associated with the delivery of medication reviews. It provided definitions, guidance and tools at a time when PCTs were grappling to make sense of how they would meet the targets set out in the Older People's NSF.

However, the high level of adoption of *Room for Review* in shaping PCT medication review strategy and service development has not been matched in equal measure by the impact of *Room for Review* in advancing a patient-centred approach to medication review. Firstly, the number of patients on long term medicines actually receiving a face to face review remains limited, and, even where a face to face review takes place, the perception is that the patient experience is not always as positive as it could be.

A major barrier to the roll out of face to face medication review relates to how medication reviews have been defined. Although the *Room for Review* definitions of different levels of review have been welcomed and adopted, NHS targets have not specified what constitutes a medication review for the purposes of meeting them. PCTs have therefore had a degree of flexibility in the type of review delivered. PCTs reported that Level 3 reviews are often seen as an aspirational 'gold standard', because they are more expensive and time consuming to deliver. As a consequence, Level 3 reviews are reserved for more complex patients. PCTs said that often a Level 2 appeared to suffice in delivering a review for the purposes of meeting the NHS target, even though this did not involve interaction with the patient.

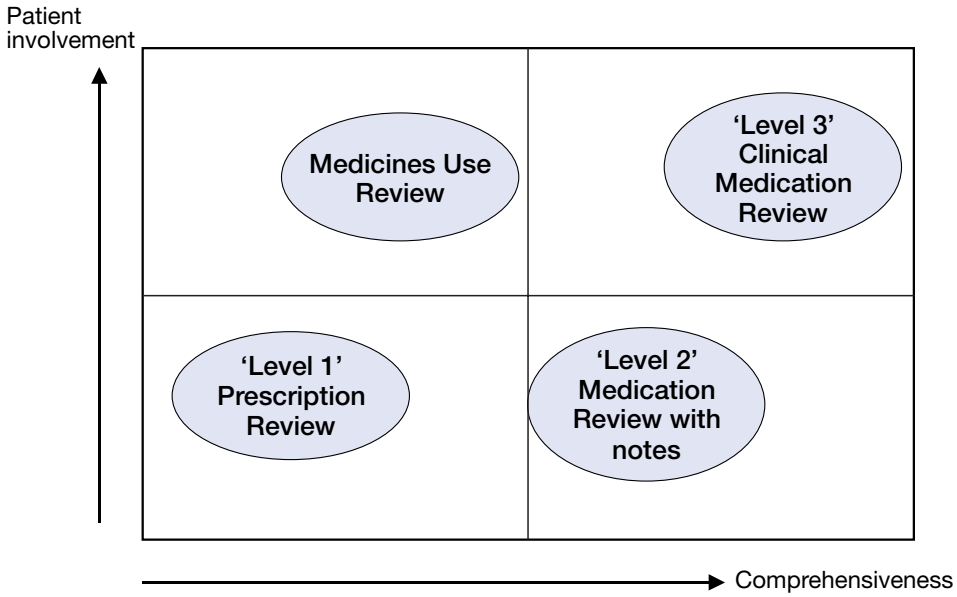
Furthermore, there appear to be differences in the commitment to patient-centred reviews between a PCT-led service and a service led by a GP practice. In general, PCTs that lead the service were more likely to report that they had adopted a patient-centred review service. However, such PCTs are in the minority and GPs remain an important and influential group in delivering medication reviews. Like the Older People's NSF, the new GMS contract[iv] makes medication review a target for long term conditions such as epilepsy but does not specify what a medication review must consist of. In this context, time-pressed GPs may well decide that a Level 2 review will suffice in meeting their obligations within the Quality and Outcomes Framework.

More work is needed to develop and disseminate the evidence for face-to-face review, both in terms of improving health outcomes and saving cost, to convince both PCT managers and GPs of the value of timely patient-centred review.

The new contract for community pharmacy, to be implemented in April 2005, includes medicines use review as one of the advanced services which all pharmacists, once accredited, will be able to provide. Medicines use review does not fit into any of the definitions offered by *Room for Review*, but is a valuable addition. The service, while not involving review of the patient's notes, does involve a face-to-face consultation and create an opportunity to explore patients' experiences of using medicines, with a view to working with them to get more out of them. All the issues identified through this evaluation about improving processes and creating an atmosphere where patients can express their views are pertinent for the delivery of medicines use review.

This suggests that a two-dimensional categorisation of medication review activity may be helpful for the future, encompassing medicines use review (Figure 2).

Figure 2. Medicines Use Review and the Medication Review Framework



If medication review services are to be delivered in a patient-centred manner, then further support and training for practitioners will be required, going beyond the clinical skills and knowledge required to carry out a review. This will need to be supplemented with tools and information for patients so that they have the skills and expectations to be fully involved in the review process.

References

i Healthcare Commission Patient Survey 2004

ii World Health Organisation: Adherence to Long Term Therapy, Evidence for Action 2003

iii Department of Health: National Service Framework for Older People's Services, 2002

iv Investing in General Practice, the new General Medical Services Contract, NHS Confederation 2003