AstraZeneca Collaboration with Leeds Teaching Hospitals NHS Trust

Key Facts at a Glance
Leeds Teaching Hospitals NHS Trust collaborated with AstraZeneca to develop the Post Myocardial Infarction (MI) Medicines Optimisation Clinic, a service aimed at optimising medication for patients who have been discharged from hospital following an MI. The clinic was established in March 2016 and it is expected that it will increase optimisation of patients’ medication, which, in turn, will lead to greater patient outcomes and both time and cost saving for the Trust.

The Challenge
For patients with a history of myocardial infarction, the National Institute for Health and Care Excellence (NICE) recommends that patients are optimised on their drug therapies in order to decrease their risk of suffering a further cardiac event. However, research shows that 43% of cardiovascular patients are not adhering to at least one of their long-term medicines. Non-adherence to these medicines has been associated with increased re-admissions, morbidity and ultimately, mortality.

A recent observational study found that more than 25% of patients with pre-existing coronary heart disease who were re-admitted to hospital with acute coronary syndrome (ACS) were on suboptimal drug therapies for secondary prevention of a cardiac event. A large proportion of those patients were also not achieving adequate cholesterol and blood pressure targets, which, in turn, may have been a major contributing factor for their re-presentation to hospital.

To address these gaps in service, Leeds Teaching Hospitals NHS Trust collaborated with AstraZeneca to provide a Post MI Medicines Optimisation Clinic with the aim to meet NICE national targets for post-MI care and to improve patient experience.

The Post MI Medicines Optimisation Clinic had three main objectives:

- To provide a comprehensive medicine review for cardiovascular patients who have recently suffered an MI and to test whether this intervention improves patient outcome
- To enable patients to share their medicines-taking experience and provide them with the necessary support to maximise the benefit from their medicines
- To adopt a patient-centred approach and shared decision-making strategies to enable the establishment of a true medicines partnership

Veeva: GB-8840 | Date of preparation: April 2018

The Challenge
For patients with a history of myocardial infarction, the National Institute for Health and Care Excellence (NICE) recommends that patients are optimised on their drug therapies in order to decrease their risk of suffering a further cardiac event. However, research shows that 43% of cardiovascular patients are not adhering to at least one of their long-term medicines. Non-adherence to these medicines has been associated with increased re-admissions, morbidity and ultimately, mortality. A recent observational study found that more than 25% of patients with pre-existing coronary heart disease who were re-admitted to hospital with acute coronary syndrome (ACS) were on suboptimal drug therapies for secondary prevention of a cardiac event. A large proportion of those patients were also not achieving adequate cholesterol and blood pressure targets, which, in turn, may have been a major contributing factor for their re-presentation to hospital.

To address these gaps in service, Leeds Teaching Hospitals NHS Trust collaborated with AstraZeneca to provide a Post MI Medicines Optimisation Clinic with the aim to meet NICE national targets for post-MI care and to improve patient experience.

The Steps Taken
The Post MI Medicines Optimisation Clinic was set up to provide a key service containing two main components:

1. A phone call for all patients who have been discharged from hospital after an MI to screen for any medicines-related needs or urgency for referral to a specialist service. For those issues unable to be addressed over the phone, referral could be made to a pharmacist, cardiologist or other appropriate healthcare professional.
2. Follow up in a consultant pharmacist-led clinic to take place one month after discharge to enable patients to raise any challenges or uncertainties they might have about their medication.

AstraZeneca provided dedicated project management and support for data and statistical analysis of the project whilst funding 60% of the costs for a consultant cardiology pharmacist, cardiology pharmacy technician and medical secretary. AstraZeneca also funded the OneHeart Patient Support Programme, an evidence-based programme designed to encourage patients to adhere to their medications. Leeds Teaching Hospitals NHS Trust provided the clinical governance, clinical consultancy and editorial input into publications/reports, pathway re-design within the trust, 40% of the salary for the consultant cardiology pharmacist and 40% of the costs for a cardiology research nurse.

What We Expect to Achieve
To provide patients with the necessary support to maximise their benefit from their medicines and reduce the risk for developing adverse drug reactions. Ensure that all patients receive the correct secondary prevention medications (number of medicine and doses) and through doing this improve patients BP, heart rate and cholesterol targets at 6 months. Improve patient’s adherence and persistence to their medications at 3 and 6 months and reduce re-admission rates for ACS patients.

Creating capacity
It is expected that around 600 patients will take part in the project and will be reviewed by the consultant cardiology pharmacist and it is predicted that the majority will not need to see a cardiologist. This is envisaged to created extra capacity within the outpatient cardiology department, freeing up cardiologists to carry out other work.