

Impact of the Post MI Medicines Optimisation Project
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1) Improving Patient experience. (NICE NG5, QS120, CG76)

- **76% Strongly agreed and 24% Agreed (n=156 patients)** that “Overall, I think this was a valuable clinic that I would recommend for patients with heart disease”
- “Rank the service on a scale of 1 to 10 (1 = very poor and 10 = excellent) how would you rate the service?”
Average by 151 patients = 9

Patients feedback	Agree	Strongly Agree
I felt listened to (n=158)	23%	77%
My concerns were addressed (n=160)	25%	75%
I felt reassured by the consultant pharmacist (n=159)	21%	79%
I felt involved in the decision making (n=159)	23%	77%

2) Creating capacity in cardiology OP clinics

Over 600 patients reviewed by Consultant Cardiology Pharmacist.
 Creating Capacity within outpatient and freeing up cardiologist OP clinics

3) Reduced waiting time from discharge to first outpatient cardiology review

Average From 88days (~ 13 weeks) for cardiologist to **45 days (51% reduction)**

4) Improved Persistence to Secondary Prevention Medicines at 10-12 months post discharge.

70% vs. 35% vs. 14% - The percentage of patients on optimal secondary prevention medicines, when reviewed virtually at 10-12 months post discharge and after being seen in the medicines optimisation clinics, standard interventionist cardiologist, and cardiac surgery clinic, respectively. (NICE NG5, QS120, CG76)

5) Identified and addressed non-adherence to secondary prevention medicines. (NICE NG5, QS120, CG76, CG172)

Secondary Prevention Medicine	Self-report non- adherence (when attended clinic)	Non-adherence at 3-6 months post clinic	Percentage reduction in non-adherence
Aspirin	14%	8%	43%
Clopidogrel/Prasugrel/Ticagrelor	18%	5%	72%
ACEi / ARB	14%	8%	43%
Beta blocker	14%	4%	72%
Statin	22%	6%	73%

6) Optimised Secondary Prevention Medicines and beyond. (NICE CG172, CG181, NG5, QS120, CG76)

- ACEi = improved up titration from **16% to 74%** in first visit (where possible)
- BB = improved up titration from **6% to 46%** in first visit (where possible)
- Statins = optimised (initiated or up titrated) in **21%** of all patients seen
- Eplerenone = initiated in **80%** of missed patients (when indicated)
- Gastric protection = initiated where missed in **25%** of patients (when indicated)

7) Identified and addressed problems patients having with their medicines supporting standard services we are providing. (NICE CG172, QS99, CG181, NG5, QS120, CG76)

Issue Identified	In clinic	After clinic
Patients understand their cardiac medicines	68%	99%
Patient concerned that cardiac medicines will do harm more than good	31%	1%
Patients forgets to take medicines	19%	4%

8) Reduced re-admission compared to the previous year & Saving Costs.

Compared to previous year (1Oct2014 - 1Oct2015) readmission at 30, 60, and 90 days were all reduced (1Oct2015 to 24Jul2016) by **43%, 50% and 27%** respectively.

Total estimated savings for the Trust = £156,000 per annum.