



Multiple long-term conditions: medication review

NICE indicator

Published: 31 July 2019

www.nice.org.uk/indicators/ind207

Indicator

The percentage of patients with moderate or severe frailty and/or multimorbidity who have received a medication review in the last 12 months which is structured, has considered the use of a recognised tool and taken place as a shared discussion.

Indicator type

General practice indicator suitable for use in the Quality and Outcomes Framework.

This document does not represent formal NICE guidance. For a full list of NICE indicators, see our [menu of indicators](#).

To find out how to use indicators and how we develop them, see our [NICE indicator process guide](#).

Rationale

Multimorbidity is associated with reduced quality of life, higher mortality, polypharmacy and higher treatment burden, higher rates of adverse drug events and greater health service including unplanned admissions and emergency care.

The [NICE guideline on multimorbidity](#) defines multimorbidity as two or more long-term health conditions that coexist independently in the same individual. NICE has developed a pragmatic definition of multimorbidity for the register using the presence of 4 or more condition categories which reflects an appraisal of international evidence, analysis of primary care data, and discussions with national academic, GP and clinical leads alongside the NICE Indicator Advisory Committee.

The conditions are based upon a cross-sectional study on the distribution of multimorbidity ([Barnett et al. 2012](#)).

Table 1 Multimorbidity register: people with conditions in 4 or more categories

Category	Condition
Cancer	Cancer
Chronic pain	Painful condition (defined by the presence of 4 or more prescription only medicine analgesic prescriptions or 4 or more specified anti-epileptics in the absence of an epilepsy Read code in last 12 months)
Circulatory conditions	Coronary heart disease Atrial fibrillation or atrial flutter Heart failure Hypertension Stroke or TIA Peripheral vascular disease
Diabetes	Diabetes
Digestive system conditions	Currently treated constipation (4 or more laxative prescriptions in the last 12 months) Diverticular disease of intestine Inflammatory bowel disease Chronic liver disease

Category	Condition
Learning disability	Learning disability
Mental health	Anorexia or Bulimia Anxiety & other neurotic, stress related and somatoform disorders Dementia (including Alzheimer's) Depression Schizophrenia and related non-organic psychosis Bipolar disorder Alcohol problems Psychoactive substance misuse
Musculoskeletal conditions	Rheumatoid arthritis Other inflammatory polyarthropathies Systemic connective tissue disorders
Neurological conditions	Currently treated epilepsy Multiple sclerosis Parkinson's (of any cause)
Renal conditions	Chronic kidney disease
Respiratory conditions	Currently treated asthma COPD Bronchiectasis

Polypharmacy is often driven by the introduction of multiple medicines intended to prevent further morbidity and mortality but other conditions that reduce life expectancy such as frailty may not be considered. The difference made by each new medicine may be reduced when other medicines are used.

A structured medicine review provides an opportunity for medicines optimisation and can lead to a reduction in adverse events by identifying and minimising risks related to prescribing. Clinical outcomes and patient satisfaction are likely to be better when decisions are made jointly between the person taking the medicine and the prescriber.

Source guidance

Multimorbidity: clinical assessment and management. NICE guideline NG56 (2016), recommendations 1.5.2 and 1.6.11

Medicines optimisation: the safe and effective use of medicines to enable to best possible outcomes. NICE guideline NG5 (2015), sections 1.4 and 1.6

Specification

Numerator: The number of patients in the denominator who have received a medication review in the last 12 months which is structured, has considered the use of a recognised tool and taken place as a shared discussion.

Denominator: The number of patients with moderate or severe frailty and/or multimorbidity.

Calculation: Numerator divided by the denominator, multiplied by 100.

Exclusions: None.

Minimum population: The indicator would be appropriate to assess performance at individual general practice level.

ISBN: 978-1-4731-5961-7