Dispensing Review of Use of Medicines [DRUMs]

The Dispensing Doctor Quality Scheme was originally partly intended to closer align the services that patients could expect to receive from a Dispensing Doctor surgery to those services that patients in other areas received from Community Pharmacy.

A Dispensing Review of the Use of Medicines [DRUM] is an opportunity for dispensers in Dispensing Doctor practices to conduct a confidential face to face review with the patient. This could happen either when the patient is collecting their medication or as part of a structured process of calling in patients whose suitability for a DRUM has already been appraised using the patient’s medical records.

This review is intended to check the patient’s compliance with their treatment regime, their understanding of what medicines they are taking and why, any potential side effects that the patient may have noticed, problems with the way the medicines are used [i.e. monitored dose inhaler technique] and answering any questions the patient may have about their medicines.

DRUMs should be carried out by trained dispensary staff or registered healthcare professionals, on 10% of dispensing patients taking medicines in each year.

The dispenser is often the first point of contact with a patient when picking up their medication. The dispenser is vital in keeping an eye on patients and their conditions and can spot the early warning signs of non-compliance or the fact that a medication isn’t having the desired outcome. A DRUM review, handled skillfully can resolve deeper or more serious problems quickly and efficiently.

As part of the drive to increase health literacy [to generally improve a patient’s understanding of their medical condition, its symptoms and the medication which is being used to treat it including the intended outcome] a DRUM is a good opportunity to check the patient’s understanding of what their medication is and the patient’s ability to use the medication effectively.

A DRUM is intended to be complimentary to the analysis of disease and prescribing carried out by the prescriber but not to replace it. If during the DRUM the dispenser has any doubt about the information they are giving or the accuracy of this information they must refer the patient to a suitable health care professional.

DRUMS should only be carried out by trained dispensary staff or health professionals with appropriate knowledge of medicines (side effects, dose regimes etc) Fully trained and qualified experienced dispensers are most suitable to carry out a DRUM.

A DRUM should be a practical and hands-on look at how the patient manages their medicines using plain language which is easily understandable by all.

The patient should be given and encouraged to ask questions during a DRUM. It may be that the patient asks a question of a dispenser which they wouldn’t ask the doctor possibly due to worrying about wasting the doctor’s time or maybe feeling silly or just not understanding the doctor’s instructions but being too afraid to say so.
During a DRUM if there is any question the dispenser can’t answer, or if the dispenser decides that the patient needs a full clinical review, the dispenser can then make an appointment for the patient to discuss their treatment with their doctor.

The patient’s compliance with their medication regime must be checked – “compliance” is the extent to which the patient takes their prescribed medicines as intended by the prescriber. For example some medication should be taken after food, some before food and some at bedtime for example. There are many reasons for non-compliance in a patient for example simple misunderstanding, confusion about when to take the medicine or just being forgetful.

A DRUM could also establish uncontrolled symptoms or where there are problems with obtaining medicines e.g. items out of synch requiring multiple visits to the dispensary. It may be that the patient is unable to open the bottle or read the small print label instructions.

A DRUM should include an agreement with the patient how they will change their behaviour or actions to get the best benefit from their medicines [where there is currently a problem]. For example the patient could use a reminder chart to avoid forgetting to take their medicine or to take the medication last thing at night instead of taking it occasionally.

In order to carry out these reviews it is important to have a sufficient level of privacy, in order to maintain confidentiality. All dispensary staff will need to be trained and will need to know how the system operates in your practice and how to refer a patient into the process.

It is also important that you record and audit any actions that have been taken subsequent to or during a DRUM in order to be able to show an audit trail that proves a DRUM is not just a box-ticking exercise. Your record of a DRUM should highlight and show that if a patient has had an issue with compliance [for example] that this has been discussed and resolved and what advice was given and the resulting outcome recorded.

<table>
<thead>
<tr>
<th>Do</th>
<th>Don’t</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Make sure staff are appropriately trained.</td>
<td>✗ Start with patients with complex medicine regimes or multiple conditions.</td>
</tr>
<tr>
<td>✓ Make sure a SOP is in place.</td>
<td>✓ Overcomplicate DRUM – remember DRUM is not a clinical medication review.</td>
</tr>
<tr>
<td>✓ Decide when and where DRUMs will be carried out.</td>
<td>✓ Forget to record all necessary information.</td>
</tr>
<tr>
<td>✓ Use a reminder system for patients.</td>
<td>✓ Use phrases that may alarm patients.</td>
</tr>
<tr>
<td>✓ Promote DRUM to patients.</td>
<td>✓ Forget confidentiality</td>
</tr>
<tr>
<td>✓ Find out what LAT support is available.</td>
<td>✓ Forget that some patients may have less understanding of their medicine regime than you would expect</td>
</tr>
<tr>
<td>✓ Plan as much as possible.</td>
<td>✓ Just see a DRUM as a box ticking exercise</td>
</tr>
<tr>
<td>✓ Listen to the patient</td>
<td></td>
</tr>
<tr>
<td>✓ Encourage the patient to talk and ask questions</td>
<td></td>
</tr>
</tbody>
</table>
Role Play Exercise to practice DRUMs

One person to be DRUM reviewer and the other the patient

Forward Planning

- Identify an appropriate patient type
- Make a list of the patient’s medication
- Take them to a Confidential Area
- Ask the patient to bring in their medication

Procedure

- Introduce yourself to the patient
- Use open questions [some examples are given on page 4]
- Listen to the patient’s answers and consider them carefully
- Acknowledge the needs and statements of the patient
- Do not use jargon speak in plain English
- Discuss each medication and regime individually and slowly
- Check the repeat medicines list, selecting items to remove if appropriate
Some example questions that could be asked during a DRUM include:

Do you take all the medicines listed on your prescription regularly?

Do you know what each medicine is for?

Can you tell me how many of each you take?

Can you tell me when you usually take your medication?

Do you ever forget to take your medication?

Are you ever unsure if you have taken all of your medication?

Do you know what may happen if you miss taking your medication?

Do you have any difficulty taking any of the medicines?

Do you understand the instructions on your medication labels?

Is there any particular medication you feel unclear about when to take it?

Do you have any unused medication at home that is building up in a cupboard or drawer?

Do you have trouble reading your medication labels?

Does anyone help you take your medicines?

Do you find it easy to remove a tablet or capsule from a blister pack?

Do you struggle to get any of your medicine out of its packaging?

Is there any medicine which you particularly find hard to swallow?

Do you find it easy to pour liquid medication from a bottle onto a spoon?

Do you find you spill some liquid medication sometimes?

Do you feel confident that you understand how and when to take your medication?

Do you feel confident that you understand what each medication is for?

It is good practice to reinforce the following two statements as well:

- Do not share your medication with anyone or use medication prescribed for another patient.
- Keep all medication out of the reach of children
Where relevant you could also question:

- Inhaler technique
- Space chamber technique
- Self-Injection Technique
- Ear Drop Technique
- Eye Drop Technique
- Self administered dressing/bandage technique
- Use of topical creams such as hydrocortisone and technique
- Use of items such as bath emollient

The resulting DRUM should be recorded in the patient’s record, preferably using an agreed template document which can be attached to the patient’s record. The Comments and the Action Taken boxes in the sample form below could be used to record information which could later be used to form an audit trail if filled in fully and accurately.

**Suggested records to be kept following a DRUM review**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Date of Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Person undertaking review</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of review</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes/No/Partial</td>
<td>Comments</td>
</tr>
<tr>
<td>Dispensing review of use of medicines done?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient understands medicines’ purposes and is in agreement with this (concordance)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient is taking medicines as prescribed (compliance)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Side effects reported?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special needs affecting medicines use?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inefficient use/wastage/unwanted medicines on prescription list or supplied?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
It is recommended that the practice plan includes agreement with the CCG on the READ code that will be used by all dispensing practices in the CCG to record that the DRUM has been carried out. This will help practices and CCGs monitor the number of DRUMs and track progress towards totals.

This READ code should be unique and different from any other medication review recording. Generally speak the following criteria can be useful in considering which patients are most suitable for selection. However, your CCG may already have given you guidance in this area.

- Patients taking four or more medicines
- Patients who have recently been discharged from hospital, especially those with complex new medicines regimes or changes to existing regimes
- Patients aged over 65

The following has been extracted from the Dispensary Services Quality Scheme – Supplementary Guidance for revisions to the GMS Contract 2006/07 [Where PCT is used this can now refer to CCGs or LATs in general]

Review with patients of compliance and concordance with use of medicines

7.1 Underlying principles and definition

Within the Dispensary Services Quality Scheme the review of patients’ use of medicine (DRUM) should be undertaken face to face with the patient, to find out their compliance with, and agreement (concordance) with, the medicines they have been prescribed and to help identify any problems that they may be having. Patients should be given the opportunity to raise questions about their medicines.

The primary purpose of these reviews is to help patients understand their therapy and to identify any problems that they are experiencing and, where appropriate, suggest possible solutions. The review should seek to optimise the impact of treatment for an individual patient and any changes resulting from the review should be agreed with the patient.

These reviews will help patients with many of the practical issues that they face with using medicines, for example;

- knowing how to take their medicines (with water and/or food)
- identifying medicines they do not want or do not take any more (so that a decision can be made on whether to remove from their medication list)
- discussing how they open containers, including the need for compliance aids where appropriate
- using devices such as inhalers
- talking about side-effects
- identifying what to do if they think they may have two medicines for the same purpose
If necessary, help for patients will include passing information sourced through the review to their GP or another registered health professional within the practice. It is recommended that the practice risk management procedure(s) or SOPs include guidance for dispensary staff on appropriate referrals.

It is recommended that the dispensing review of medicines also:

- takes place in a private consultation room or opportunistically at the dispensary (provided issues of confidentiality and patient preference can be satisfied)
- is performed in a systematic manner and significant outcomes documented in the patient’s notes
- where appropriate, provides patients with documentation in preparation for the review and/or as feedback on the matters covered in the review and actions discussed as a result of the review, for example by using the patient information documents provided by the medicines partnership – www.npc.co.uk/med_partnership/our-publications.html

In addition, the impact of any changes should be monitored.

7.2 Other medication/medicines’ review

There is a degree of overlap and potential confusion about the different types of medication/medicines’ reviews. These include Medication Reviews as specified in the Quality and Outcomes Framework (QOF), Medicines Use Review (MUR) as an advanced service in the national community pharmacy contractual framework and dispensing review of use medicines (DRUM) for the Dispensary Service Quality Scheme.

It is perhaps reasonable and appropriate that there is some duplication across all of these reviews, for example, it is recommended that awareness about compliance and about the development of side effects are considered on an on-going basis.

The DRUM is different to the other reviews in the following ways:

- it is not the same as the MUR in community pharmacy and does not cover all aspects of that advanced service for community pharmacists
- it is not the same as a clinical medication review (level 3) conducted using access to the patient’s notes, records of prescriptions and non-drug care and results from laboratory tests etc
- it is not the same as the QOF indicators for “medication review” in the 2006/07 revision of QOF (Medicines 11 and Medicines 12). The Level 2 medication review required for QOF M11 and M12 is a “treatment review”, looking principally at the suitability of the medication for the indication identified from the patient’s notes, and may be undertaken without the patient – for instance, to remove unwanted items from the repeat medicines’ list and consider dose adjustments.
7.3 Suggested records to be kept for DRUM

It is recommended that the practice plan includes agreement with the PCT on the READ code that will be used by all dispensing practices in the PCT to record the dispensing review of use of medicines (DRUM), to help practices and PCTs monitor and track progress. This code should be different to the local READ code used for QOF medication review recording.

7.4 Patient selection for Dispensing Review of Use of Medicines

The practice will wish to ensure that the types of patients that will be targeted for the dispensing review of their use of medicines are agreed with the PCT, at the time the practice plan for the scheme is submitted.