



Resource impact statement

Resource impact

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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.

Introduction

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 use, including unplanned admissions and emergency care.

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.

Resource impact

There are around 55.6 million people in England ([Office for National Statistics, 2017](#)). The pilot study testing the proposed indicator found that 6.47% of people in England have moderate or severe frailty and/or multimorbidity, around 3.6 million people. This is equivalent to around 647 people per 10,000 population. The electronic Frailty Index (eFI) is used to identify people aged 65 and over who may have moderate or severe frailty. The indicator includes people who have multimorbidity so will include people aged under 65 years. The prevalence of multimorbidity increases with age. There will be local variation in prevalence.

Current practice for this proposed indicator is variable. The 2017/18 GP contract introduced a requirement for practices to identify people with moderate and severe frailty. Identification of the eligible population is likely to already be partly achieved and it is anticipated that some medication reviews may already have taken place in the last 12 months. An illustrative example shows that a 10% increase in medication reviews is estimated to cost around £1,800 per 10,000 population, as shown in table 1.

Table 1 Estimated annual cost of providing medication reviews for an extra 10% of eligible people

-	Proportion	Population	Unit cost (£)	Total (£)
England population	-	55,619,430	-	-
Prevalence of moderate or severe frailty and/or multimorbidity	6.47%	3,597,984	-	-

-	Proportion	Population	Unit cost (£)	Total (£)
Eligible population per 10,000 people	-	647	-	-
Increase in number of medication reviews for frailty and/or multimorbidity	10%	65	-	-
Cost of reviews	-	65	28.00	1,812
Total cost per 10,000 population	-	-	-	1,812

This assumes people receive a 9 minute medication review from a GP (see [Unit Costs of Health and Social Care 2018](#)).

Service delivery in GP practices is subject to local variation. Costs will differ when healthcare professionals other than GPs carry out the review such as a practice nurse or a clinical pharmacist.

There may be savings from fewer prescriptions as a result of medicines optimisation and a reduction in adverse events by identifying and minimising risks related to prescribing.