Polypharmacy and Deprescribing: What the community said

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(+ PrescQIPP QA Lead)
Background

- Very hot topic – a lot of interest from CCGs/CSUs
- Contentious terms and varying opinions
- Strategic fit with MO
- Very important topic to us

So

- Two month review (survey):
  - Gathering attitudes and opinions
  - Understanding local activity on this topic
Who responded

- 113 responses to the 13 groups of questions

CCG / CSU Pharmacists

Practice Pharmacists

CP/LPCs

Nurses

GPs

Pharmacy Techs

Other
The key questions

- What systems and tools used (incl. OSAMU)
- Attitudes around a selection of statements on P&D
- Local implementation of Poly & Deprescribing work
- Resistance around deprescribing oriented projects
- What work you’d find useful
- Thoughts, opinions comments and experiences
The key questions

- What systems and tools used (incl. OSAMU)
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- What work you’d find useful
- Thoughts, opinions comments and experiences

And now the answers...
This approach is the right thing to do

Strongly Disagree: 0%
Disagree: 0%
Neither: 2%
Agree: 47%
Strongly Agree: 51%
<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I consider this approach to be a priority area of work</td>
<td>0%</td>
<td>3%</td>
<td>44%</td>
</tr>
<tr>
<td>My team / organisation considers this approach to be a priority area of work</td>
<td>0%</td>
<td>5%</td>
<td>46%</td>
</tr>
<tr>
<td>This approach is the right thing to do</td>
<td>0%</td>
<td>0%</td>
<td>47%</td>
</tr>
<tr>
<td>This approach is aligned to Medicines Optimisation</td>
<td>0%</td>
<td>1%</td>
<td>45%</td>
</tr>
</tbody>
</table>
Statements around **info / knowledge**

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have a strong knowledge / understanding of this approach</td>
<td>0%</td>
<td>8%</td>
<td>20%</td>
<td>46%</td>
</tr>
<tr>
<td>There are sufficient processes / tools to support this approach</td>
<td>11%</td>
<td>41%</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>There is sufficient information available around this topic</td>
<td>10%</td>
<td>38%</td>
<td>24%</td>
<td>21%</td>
</tr>
<tr>
<td>Better communication and coordination between CCGs around this approach</td>
<td>0%</td>
<td>2%</td>
<td>10%</td>
<td>50%</td>
</tr>
</tbody>
</table>
Statements around ‘deprescribing’

- I feel the term ‘deprescribing’ appropriately defines this approach
  - Strongly Disagree: 3%
  - Disagree: 22%
  - Neutral: 23%
  - Agree: 41%
  - Strongly Agree: 12%

- I am comfortable with the term ‘deprescribing’
  - Strongly Disagree: 4%
  - Disagree: 25%
  - Neutral: 19%
  - Agree: 38%
  - Strongly Agree: 15%

- This approach offers significant benefits to patient care
  - Strongly Disagree: 0%
  - Disagree: 1%
  - Neutral: 3%
  - Agree: 53%
  - Strongly Agree: 43%

- This approach poses significant risks to patient care
  - Strongly Disagree: 16%
  - Disagree: 61%
  - Neutral: 14%
  - Agree: 7%
  - Strongly Agree: 2%
Findings: ‘deprescribing’ as a term

- The term deprescribing is generally seen as correct / acceptable for healthcare providers, but some views that term may not be popular with GPs.

- Clear consensus by many that the term is not appropriate for use with patients and carers, and open to misinterpretation as cost-oriented in public domain.

- Views that publicity and public education would be needed to aid understanding of the real ethos.
Findings: deprescribing as an activity

- Very popular; seen as very important if done right.
- It should be an integrated, specific part of MO, but views that not properly addressed by current MO scope.
- Much support for a nationally endorsed / coordinated approach around the activity. Many respondents felt that many GPs would welcome this.
- Improving, changing, starting AND stopping should be same process, not separate, but complex and difficult to achieve.
- Some views = great mechanism to deliver quality QIPP.
- Some views = cautious around association with QIPP.
- People want to know what everyone else is doing around this!!
**Findings: delivering deprescribing**

- How does this impact QOF and NICE guidance? Working with / informing GPs on this subject important.
- Difficult, complex and time intensive to deliver
- Concept not fully understood by many GPs = needs support.
- Many concerns around ‘represcribing’ after deprescribing’ - especially within secondary care, and by trainee or other GPs.
- How this can be achieved with GPs appointment slots?
- Concerns on costs / resources to implement patient reviews.
- Integration with GP IT systems needs to be considered.
- Critical = integrated care approach, incl. CPs, nurses and NMPs
Findings: deprescribing & the patient

- Inform / educate **not just** patient; also carers and family.
- Patient friendly terminology and narrative needed for communication with patients. Activity oriented towards discussion not a decision on their behalf.
- A national debate needed to help patient groups fully understand what this work is trying to achieve.
- Consideration needed around follow up after deprescribing and helping the patient understand that changes are not definitive.
- Consideration required when ‘targeting’ and how different kinds of patients should be approached - e.g. more vulnerable patients in care homes vs active patients living independently.
Resistance from key stakeholder groups

- Patient groups: 3.39
- Patients and their carers: 3.27
- Community pharmacists: 3.11
- General Practitioners: 3.05
- Nurses and / or NMPs: 2.95
- National groups / policy: 2.82
- Senior CCG members: 2.26
Next Steps and support
Support what you wanted the most (all of it!!)

* Proportion rated as very or extremely useful

- 87% - Patient materials to support shared decision making
- 85% - Implementation guides/ guidance
- 84% - Evidence & outcomes from other local P&D projects
- 80% - Data collection to support building an evidence base
- 70% - Audits and automatic system searches
- 59% - Online training for MM teams
- 51% - Online training for nurses / NMPs
- 51% - Online training for GPs
- 45% - National event
Next steps

- Clear priority and mandate for more work – **we want to help!**
- Findings launched as a report **soon**
- System searches this FY
- Discussion with stakeholder groups around including this in PrescQIPP work plan for 2015/16 (hopefully start before).
  - Excellent project lead lined up to drive project *(TBC early 2015)*
- 22 organisations have offered to share their work (one shortly)
- Some possible funding from national patient safety group
  - OSAMU due to be showcased as a patient safety initiative