Polypharmacy and Deprescribing:
What the community said

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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

Nurses

CP/LPCs

Practice Pharmacists

GPs

Pharmacy Techs

Other

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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

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And now the answers…

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This approach is the right thing to do

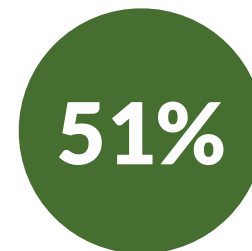**Strongly Disagree**

0%

Disagree

0%

Neither

2%

Agree

47%

Strongly Agree

51%
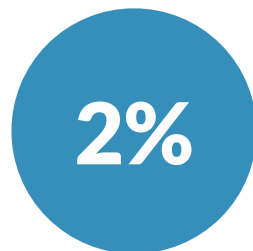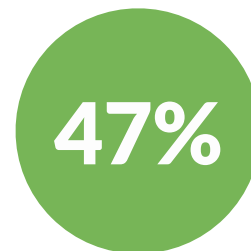
Statements around the **approach**

	Strongly Disagree				Strongly Agree
I consider this approach to be a priority area of work	0%	3%	5%	44%	48%
My team / organisation considers this approach to be a priority area of work	0%	5%	19%	46%	31%
This approach is the right thing to do	0%	0%	2%	47%	51%
This approach is aligned to Medicines Optimisation	0%	1%	3%	45%	51%

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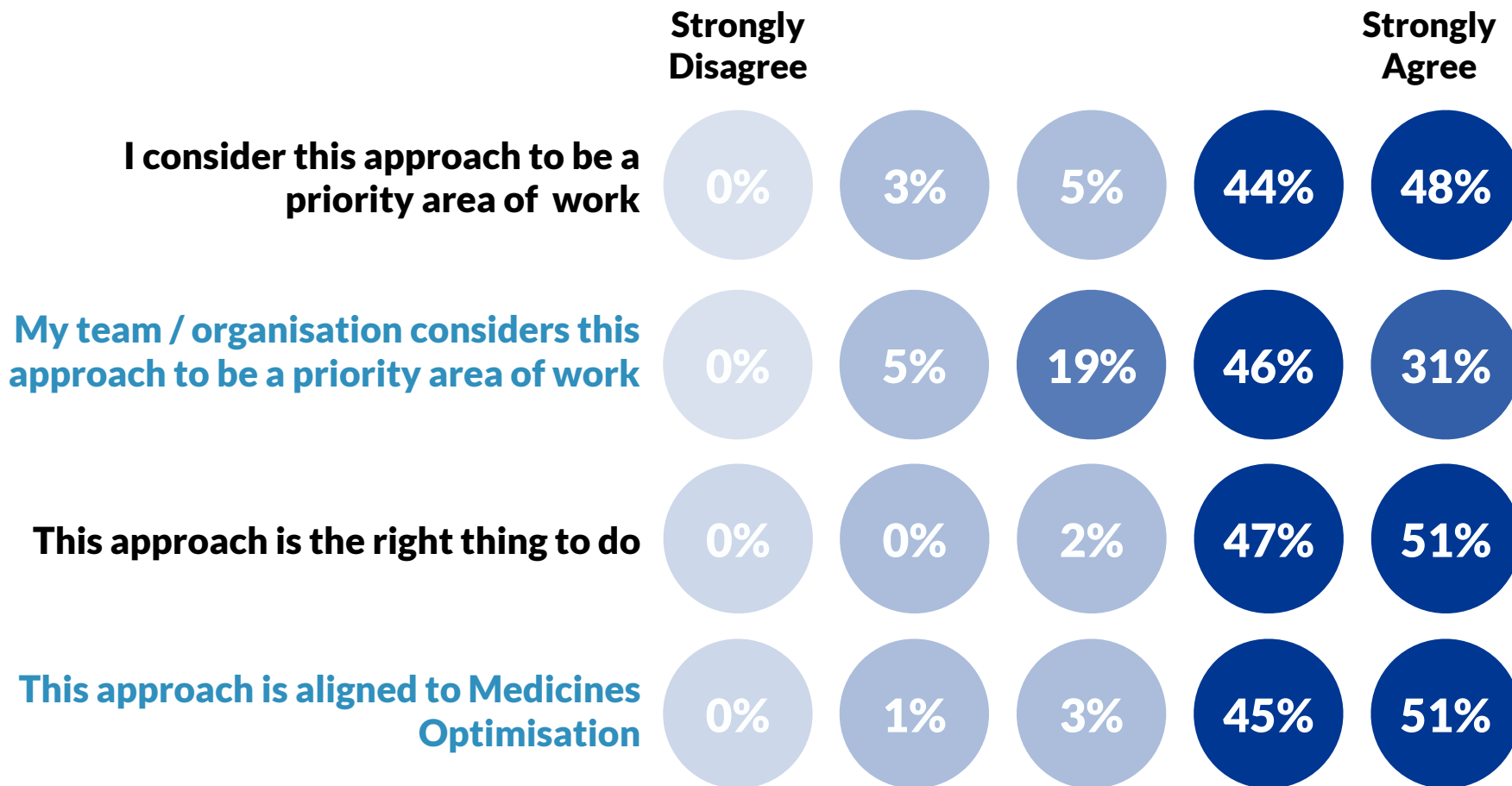
Statements around **info / knowledge**

	Strongly Disagree				Strongly Agree
I have a strong knowledge / understanding of this approach	0%	8%	20%	46%	26%
There are sufficient processes / tools to support this approach	11%	41%	28%	14%	5%
There is sufficient information available around this topic	10%	38%	24%	21%	7%
Better communication and coordination between CCGs around this approach would be beneficial	0%	2%	10%	50%	38%

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Statements around **'deprescribing'**

	Strongly Disagree				Strongly Agree
I feel the term 'deprescribing' appropriately defines this approach	3%	22%	23%	41%	12%
I am comfortable with the term 'deprescribing'	4%	25%	19%	38%	15%
This approach offers significant benefits to patient care	0%	1%	3%	53%	43%
This approach poses significant risks to patient care	16%	61%	14%	7%	2%

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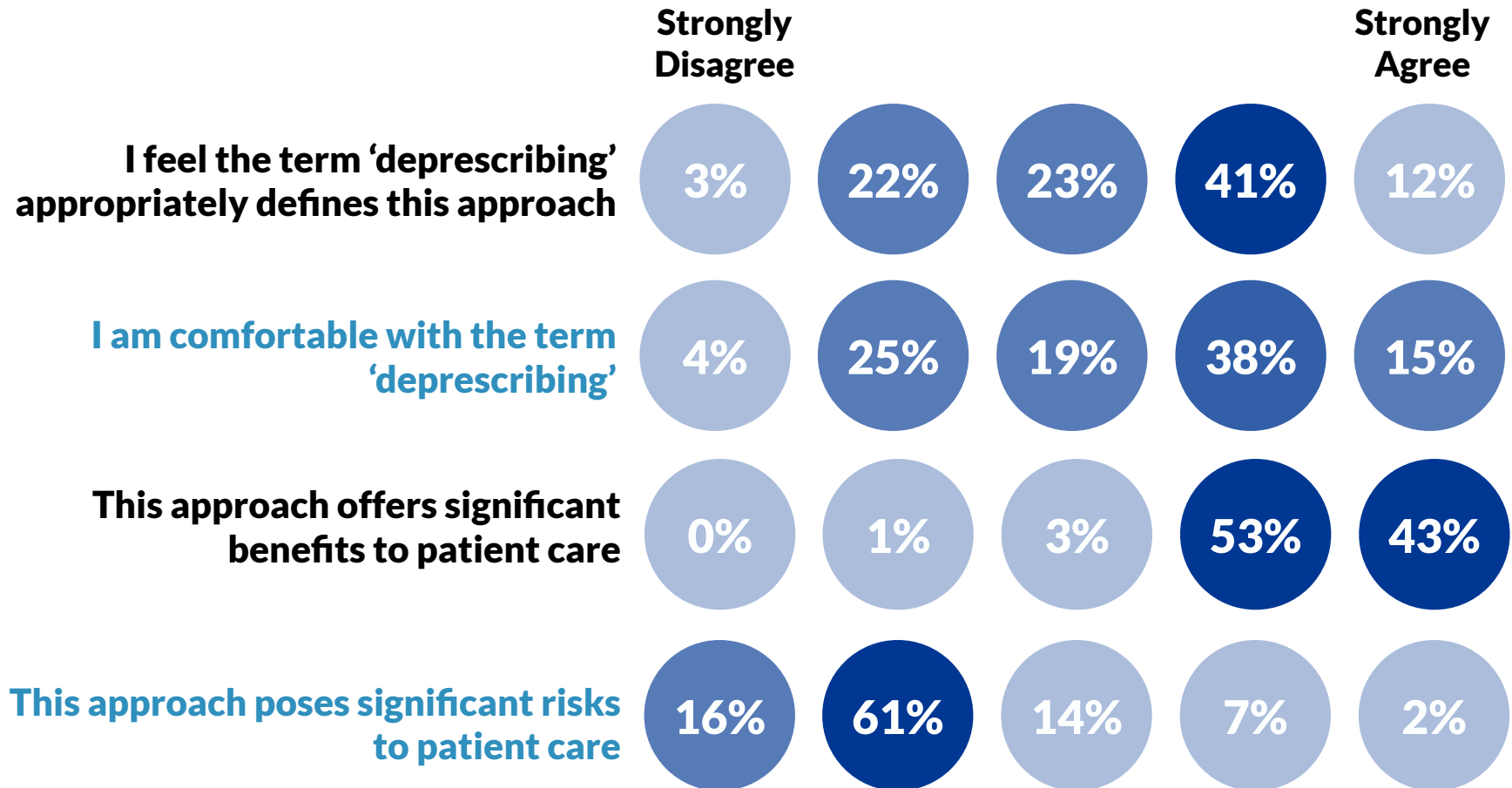
Findings: 'deprescribing' as a term

▶ 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.

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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!!
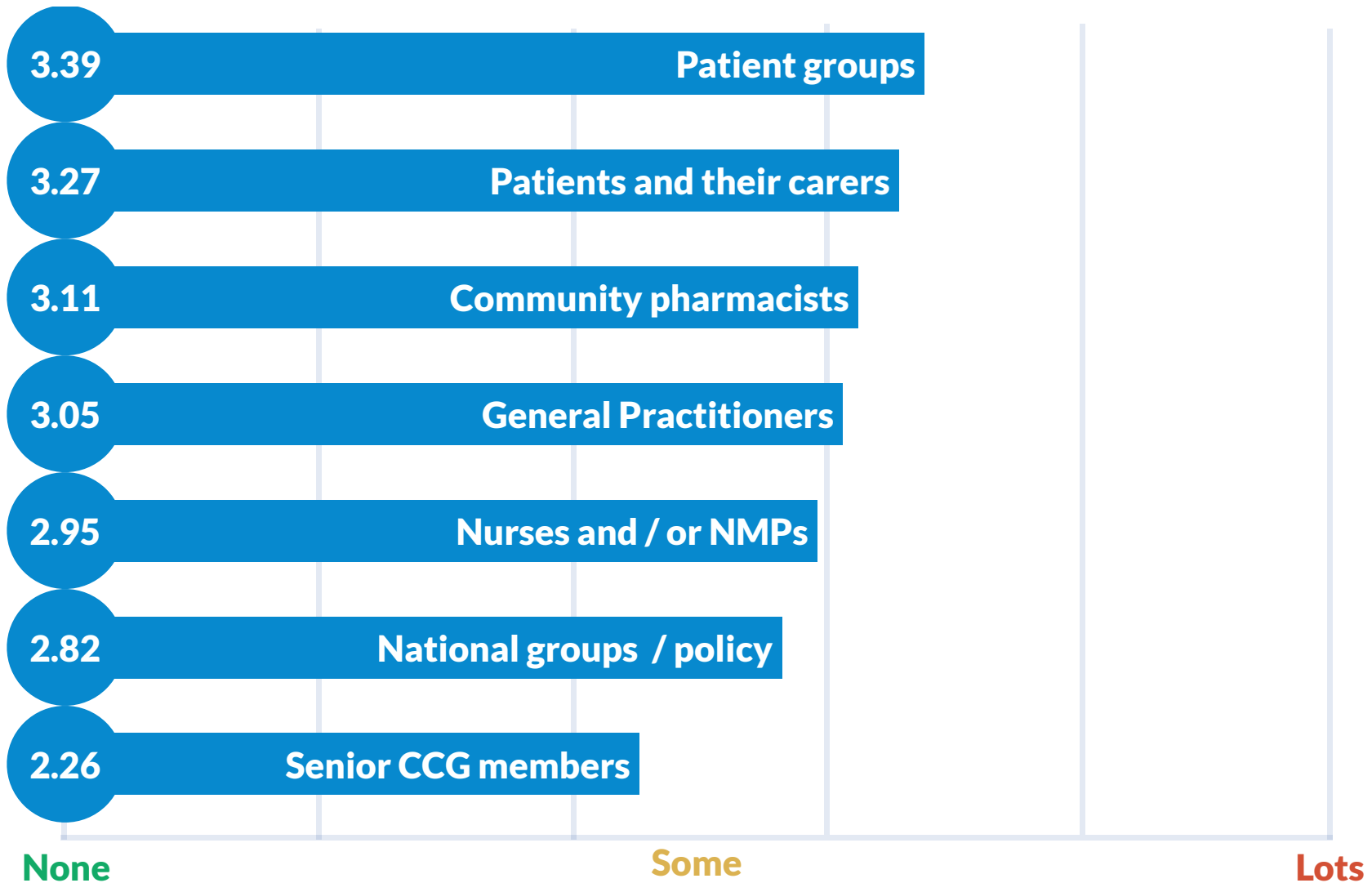
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Findings: delivering deprescribing

▶ 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 <u>not just</u> 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

Value	Group
3.39	Patient groups
3.27	Patients and their carers
3.11	Community pharmacists
3.05	General Practitioners
2.95	Nurses and / or NMPs
2.82	National groups / policy
2.26	Senior CCG members

None   Some   Lots

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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

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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