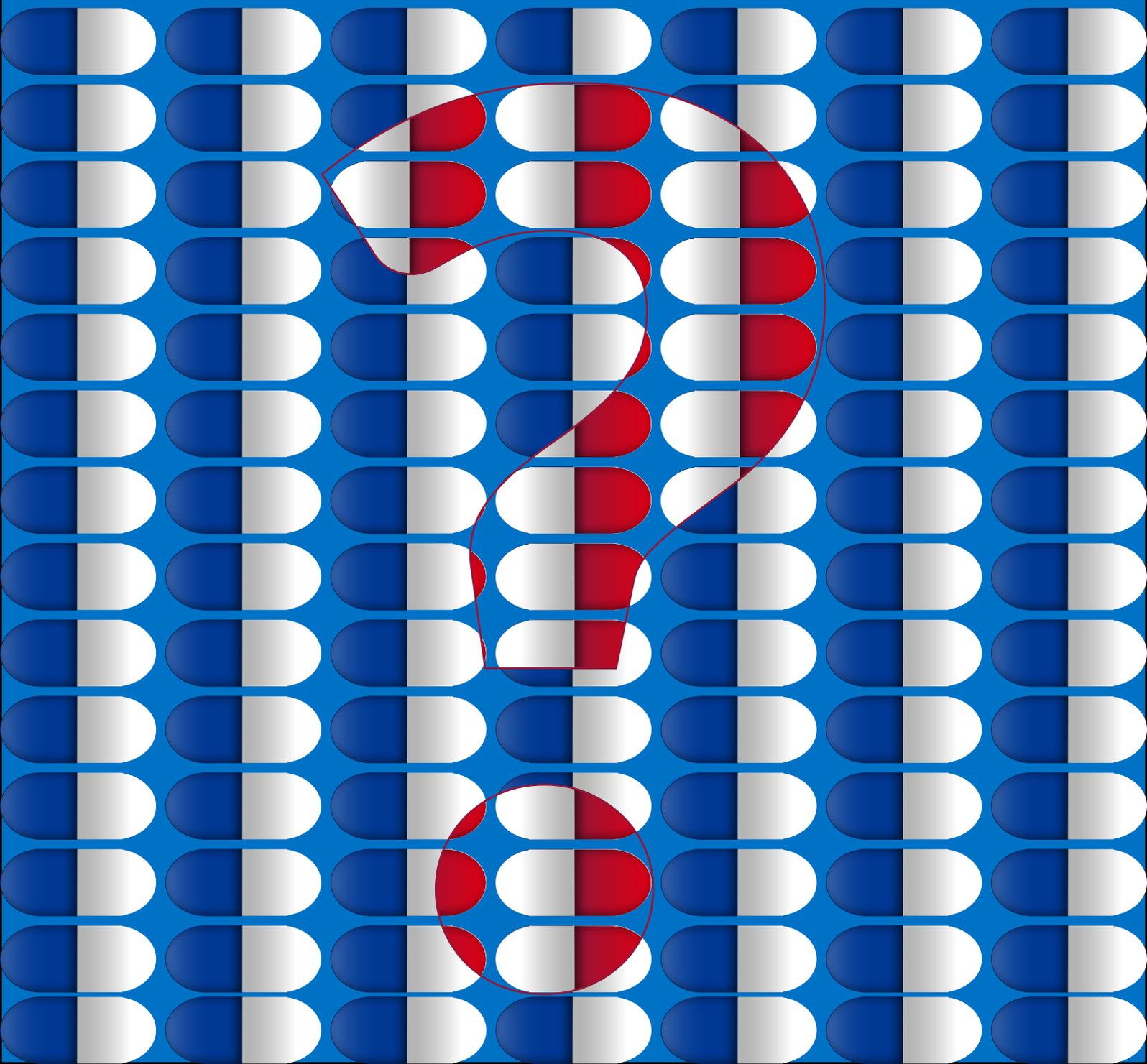


# Polypharmacy and Deprescribing

A special report on views from the PrescQIPP  
landscape review



# Introduction and background

In recent years, we have seen the emergence of an international discussion around how to appropriately define and deliver approaches that stop or reduce inappropriate or problematic prescribing, especially when polypharmacy exists.

Research and practice from across the world has demonstrated the value of regular medication reviews to optimise medicines use and reduce the risk of adverse effects. The medication review may also include tapering, withdrawing and discontinuing medicines to reduce use of ineffective or inappropriate polypharmacy – a process often defined as ‘deprescribing’. Whilst optimising medicines can improve the experience, quality of life and outcome for patients, there is anecdotal evidence of a lack of confidence within the clinical support mechanisms around the appropriate application of deprescribing.

As a health system we are often hesitant to stop medicines. The limited availability of practical material and training to support prescribers in reviewing, prioritising or discontinuing medication, can often mean that without a shared language and understanding, many clinicians feel reluctant or unable to stop medications prescribed in another setting, and pharmacists, patients and carers feel unable to challenge prescribing decisions.

From our experiences before, during and after the publication of Optimising Safe and Appropriate Medicines Use (OSAMU) in 2011, it has been clear to the PrescQIPP team and key contributors that there is often much confusion and sensitivity around how to effectively and carefully discontinue inappropriate medicines. Whilst we felt that our tool contributed towards this, it was always clear to us that a larger conversation was needed as a prerequisite to taking our own work forward.

Over the summer of 2014 we launched the PrescQIPP Polypharmacy and Deprescribing Landscape Review in order to understand the views, concerns and attitudes locally relating to this topic, in particular around the language used to describe this approach. This report outlines the results from the survey and also a number of key messages that were drawn from this project.

## What we captured within the survey

As the topic of polypharmacy and deprescribing is clearly a complex one, there were a number of objectives that we wanted to achieve through the survey. Primarily, as this is an area of work that we are seeking to continue to proactively support, a large element of the survey related to what innovative work is being done locally and what support CCGs and CSUs would like to help them deliver improvements. Furthermore, as we have experienced a range of different views around the most appropriate language to define this work, we wanted to review the attitudes towards some of the terminology and obtain some commentary.

The term  
“Polypharmacy  
and  
Deprescribing”

Whilst we are aware that Polypharmacy and Deprescribing is now being used more frequently, and is perhaps one of the more common terms to describe this area of work, this is not necessarily terminology that we are committed to using.

For the sake of the survey polypharmacy and deprescribing was used as a working title, and to define the approach referenced within this report.

However, a large part of this work is to understand, and discuss, the most appropriate form of language to take this work forward, so the terminology is in no way considered to be final.

Finally the survey was also a great opportunity to understand how our OSAMU tool is being used in different areas. Consequently the questions were grouped as follows, and feature as headings within this report:

- The systems and tools that are being used locally (including OSAMU)
- Attitudes around a selection of statements relating to ‘polypharmacy and deprescribing’
- Local implementation of ‘polypharmacy and deprescribing’ related projects
- Resistance around deprescribing oriented projects
- What work respondents would find the most useful to support them
- Other thoughts, opinions comments and experiences.

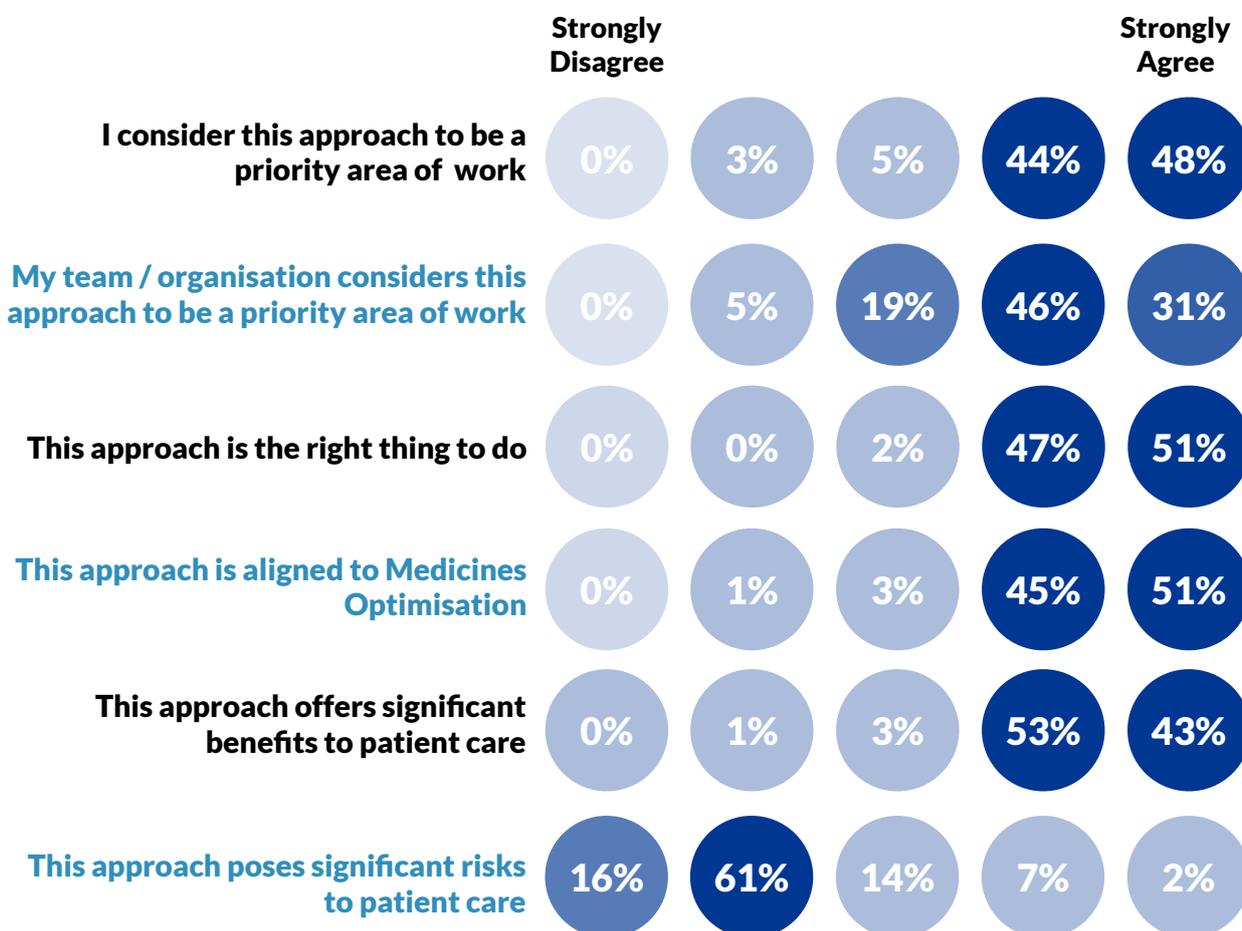
As the aim of this report is to highlight and discuss key findings from the survey, the individual questions have not been included for the sake of flow, however a more detailed overview of questions and summary responses can be found (anonymised) in Appendix A.

## Systems and tools that are being used locally

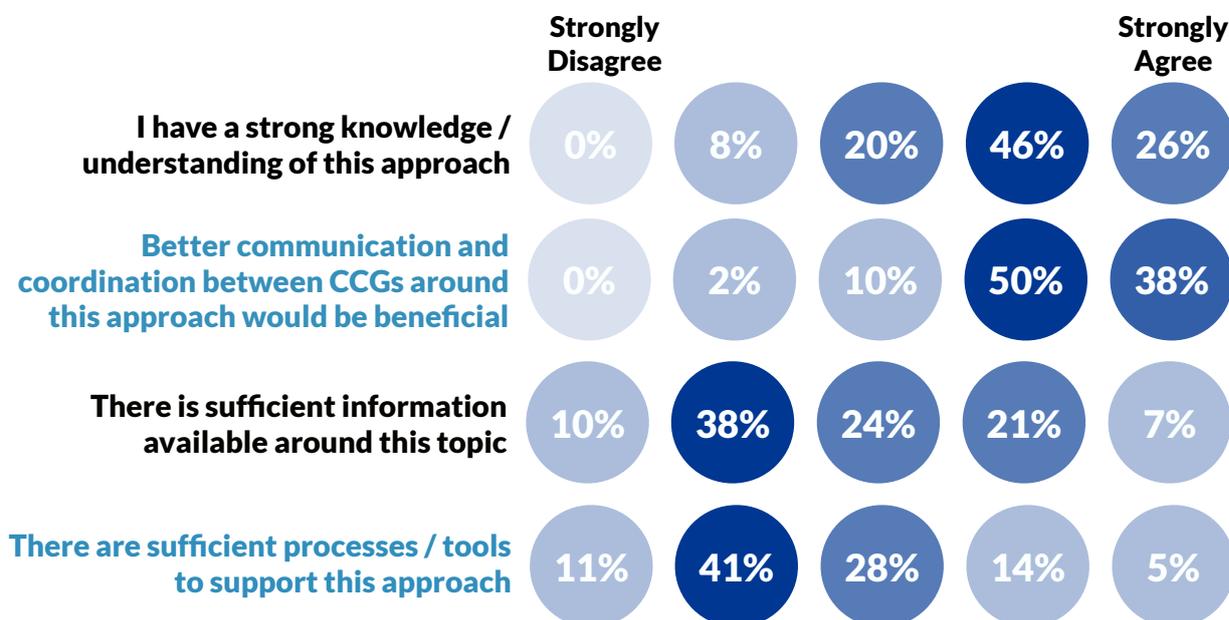
Within this question we sought to identify what systems and tools were being used in addition to the main GP systems. Of those identified Scriptswitch had the highest usage, by around **72%** of respondents. From the Eclipse tools, Eclipse was used by around **39%** of respondents and Eclipse LIVE operational in the areas covered by **27%** of respondents. Just under **36%** of respondents identified use of one or more tools from the GRASP suite. Finally **16%** of respondents stated that they were using PINCER, **5.5%** using Optimise Rx. Of those who answered this question **7%** answered that they did not know, and **3%** stated that they did not use any tools.

## Attitudes relating to ‘polypharmacy and deprescribing’

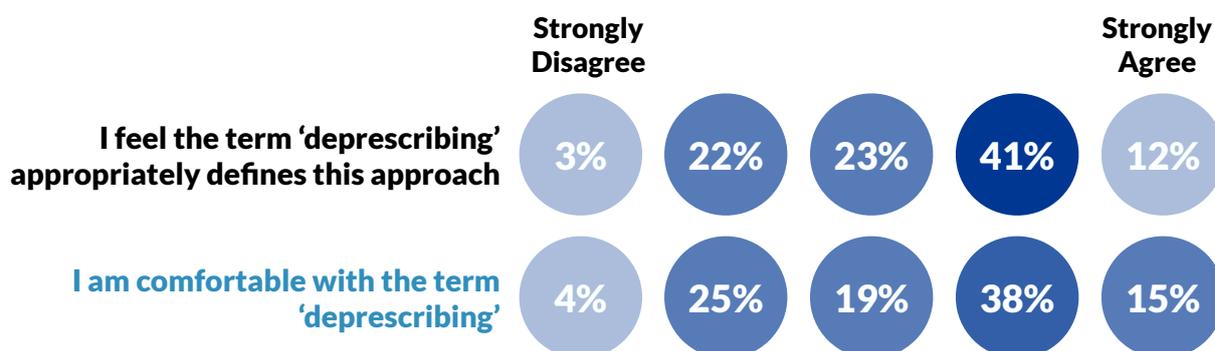
In this section we asked 12 questions relating to the approach of deprescribing, information and knowledge in this area, and attitudes towards the term deprescribing. The responses are illustrated and summarised below.



In the above illustration relating to the approach of deprescribing, there was a clear consensus around the approach being a priority area of work, being aligned to medicines optimisation and being the right thing to do. In most cases over 90% agreed or strongly agreed with the statement. Notably, whilst still recording significant agreement, it was clear that this approach was not embedded as a priority within teams and / or organisations. In the question relating to benefits and risks, the vast majority agreed that the approach offered significant benefits, but not significant risks to patient care.



In the questions relating to information and knowledge, the majority of respondents felt that they had a strong knowledge of the deprescribing approach itself. That said, the vast majority of those surveyed stated that they would welcome better coordination and communication to understand what others are doing in different areas, and to not work in silos. This was also echoed strongly within the comments. In contrast, the majority of responses indicated that the availability of information and support tools/ processes is limited or insufficient, again with comments stating that a more coordinated package of support would be very well received.



The final section on the terminology of deprescribing saw the least consensus. Whilst the majority of people agreed that 'deprescribing' was an appropriate definition for the approach, there was an obvious range between disagreeing and agreeing somewhat. This was echoed in the comments where many individuals expressed concerns around interpretation in other key groups. Again, whilst the majority were comfortable or very comfortable with the term, there was again a block of views for and against the terminology.

## Local implementation of ‘polypharmacy and deprescribing’

The section relating to local implementation sought to understand the various levels of activity going on locally. A large proportion of respondents (**73%**) claimed to be interested in delivering work in this area, with **57%** claiming to have already started delivering projects. Just under a third (**32%**) claimed to have already delivered projects in this area that have achieved outcomes. A large proportion (**80%**) of the latter group also expressed a willingness to profile and share this work with other CCGs.

In relation to PrescQIPP’s Optimising Safe and Appropriate Medicines Use (OSAMU) tool, around **14%** of respondents had used the tool in their area. Over **31%** had used another tool, such as STOPP START, NHS Scotland tools or PINCER for the purpose of implementing polypharmacy and deprescribing projects. The majority of those who had used another tool referenced STOPP START, with some reference to NHS Scotland and locally developed tools.

Of those who had used or were familiar with OSAMU the proportion who rated the tool as good or excellent in the following categories is as follows:

**85%** - Comprehensiveness (area covered)

**80%** - Clarity and simplicity

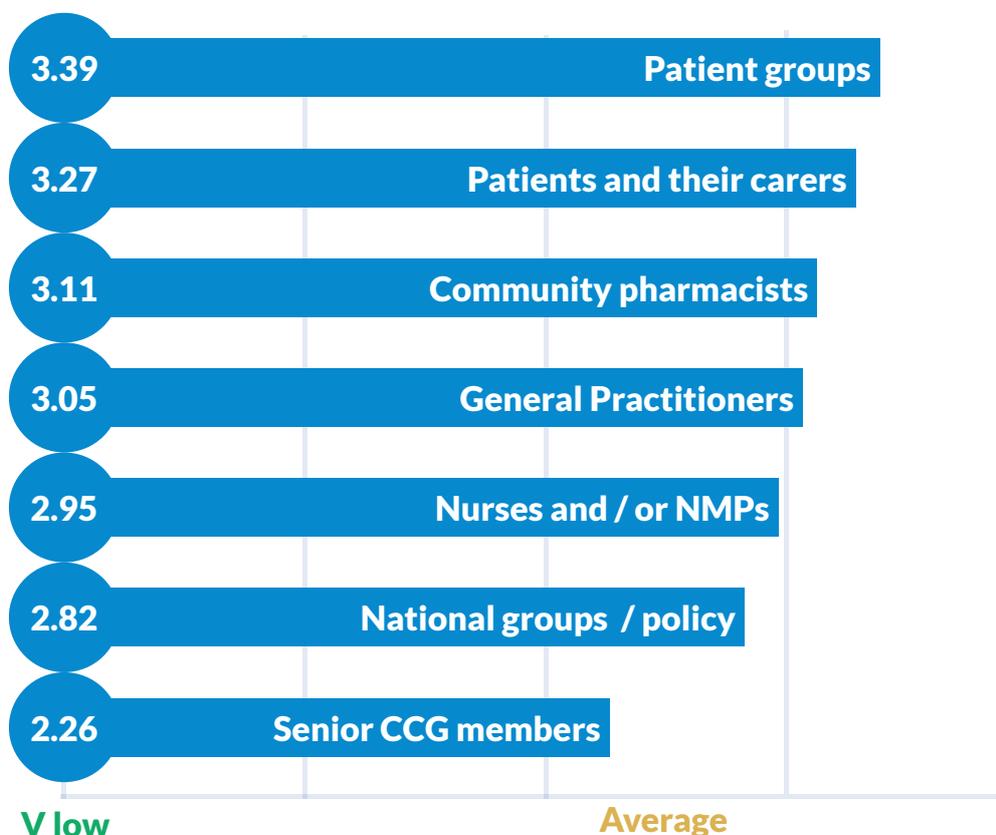
**74%** - Alignment to local strategic priorities

**43%** - Patient experience

**41%** - Reception by clinicians

## Resistance to deprescribing oriented projects

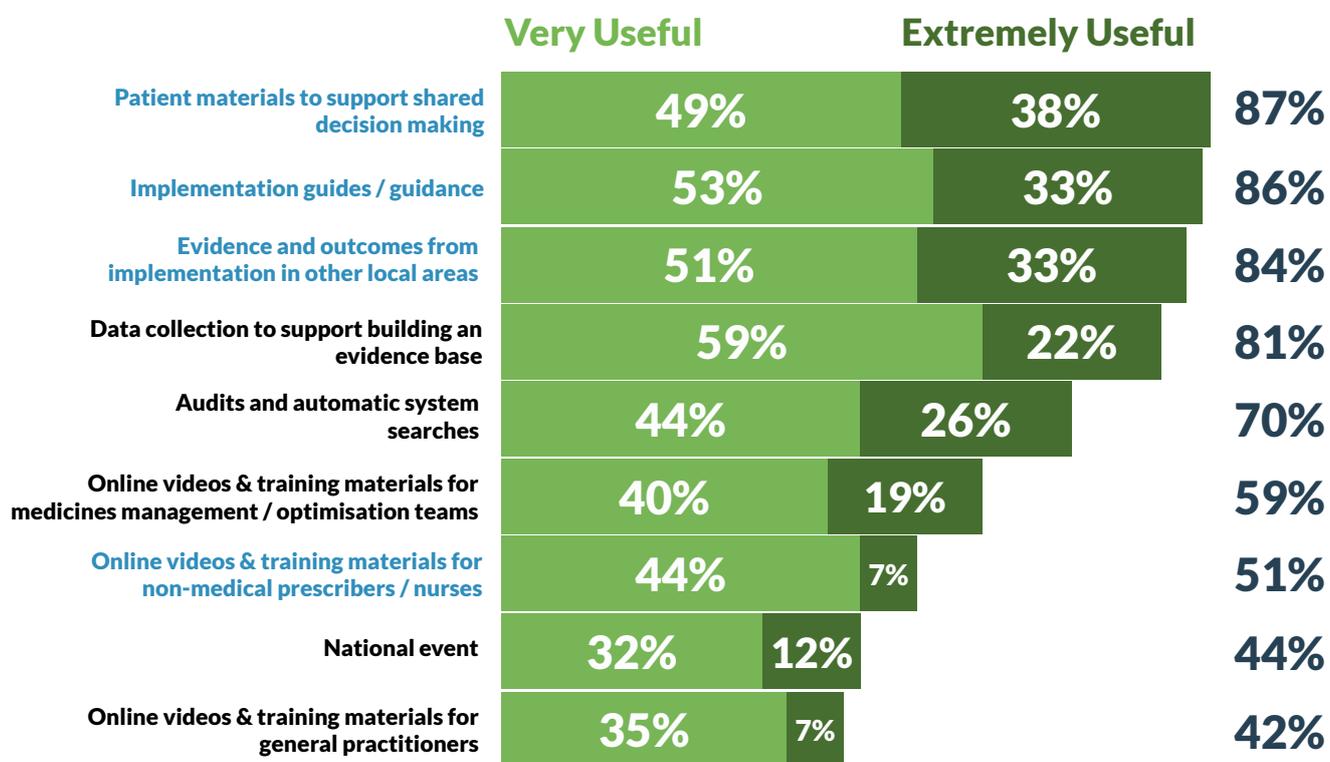
In this question we sought to identify the extent to which a selection of key groups were perceived to be resistant to deprescribing projects. Based on responses, ranging from very low (1) and very high (5), the image below illustrates the ranked summary of these groups.



From the illustration above it is clear that no single group is seen as very resistant, however that the groups perceived to be the most resistant are both patient groups, and the patients, carers and relatives. Yet, when looking at clusters of individual responses, the group that was most attributed as ‘very high resistance’ was community pharmacy (**11%**), whereas the most ‘very low resistance’ selections was senior CCG members with (**12%**).

## What work respondents would find the most useful to support them

In this section we asked what supporting resources, tools or activities respondents would find the most useful to support work that they are doing or plan to do locally. All of the items suggested (noted below) rated highly in usefulness, with the most being seen as very or extremely useful. The proportion who rated the resource as very or extremely useful can be found below.



NB. This question used a scale of 'not at all useful' to 'extremely useful'. For illustration purposes only the two options, 'very useful' and 'extremely useful' are shown in the above image.

In summary the above illustrates a clear consensus that practical resource is still needed to support projects in the area of polypharmacy and deprescribing, across a range of areas. Whilst virtual and physical events and training was seen as the least useful, the figures still suggest that there would be a positive response to these forms of support by the majority of respondents, particularly if the moderately useful responses were also included.

# Key findings from the survey responses

From both the responses received and the amount of supplementary information provided through comments it was very clear that this is an important topic to the respondents. In addition to the direct questions we received a number of experiences, feelings and concerns around this area that have been grouped and summarised below.

## Views on 'deprescribing' as a term

- The term deprescribing is seen by some as correct and acceptable for healthcare providers, but there were some views that the terminology may not be popular with GPs.
- There was a clear consensus, and many comments, that the term is not appropriate for use with patients and carers, and that from the PR / public domain perspective it would be open to misinterpretation as cost-oriented rather than toward the quality of care or safety of the patient.
- Some views stated that publicity and public education would be needed to aid understanding of the real ethos, and that patient groups in particular would need to be heavily engaged to gain their support.

## Views on deprescribing as an activity

- As an activity it is very popular, and seen as of great importance if it is done correctly.
- Many views highlighted that it should be a more integrated, specific part of Medicines Optimisation, and there was much support for a national, nationally endorsed or coordinated approach around the activity. Many respondents felt that many GPs would welcome this.
- Suggestions that improving, changing, starting AND stopping should all be the same process, and not different strands, but that this is also complex and difficult to achieve.
- Some views pointed towards the relationship between financial efficiencies (often identified as QIPP) and deprescribing, with some seeing it as a way to deliver better quality QIPP, and others being cautious around the two areas being associated.
- Numerous respondents also stated that more ways of sharing best practice between local organisations would be very useful. Around 22 organisations stated that they had done some work that they would be happy to share with others.

## Views on the delivery of deprescribing

- There was some consideration of how this impacts on QOF and NICE guidance. Working with/informing GPs on this subject would be important.
- Some saw this area as difficult, complex and time intensive to deliver.
- There were a number of views that the concept is not fully understood by many GPs and that work would need to be done to support this.
- There were concerns around 're-prescribing' after deprescribing' - especially within secondary care, and by trainees or other GPs.
- Questions were raised around how this can be achieved with the time that GPs have allocated in appointments. "The biggest gripe we get from prescribers is "we don't have time".
- There were concerns around the costs and resources required to implement the patient reviews required to deliver this.
- Integration with GP systems was suggested as something that would need to be considered.
- There were suggestions that it cannot be achieved without being done as an integrated care approach - including community pharmacies, nurses and non-medical prescribers.

## Comments on deprescribing and the patient

- Suggestions made that the approach would need to consider not just the patient but other key stakeholders, such as carers and family in education / information in an easy to understand way.
- Patient friendly terminology and narrative would be needed for communication with patients, and that it would need to be clear that the activity is a discussion not a decision on their behalf.
- Strong support for a central, coordinated or national debate to help patient groups fully understand what this work is trying to achieve.
- Consideration is needed around following up after deprescribing and helping the patient understand that changes are not definitive.
- Suggested consideration is required when 'targeting' and how different kinds of patients should be involved/approached - e.g. more vulnerable patients in care homes, as opposed to more active patients living independently.

## Summary and next steps

The responses that we received during the landscape review have been incredibly useful in helping us to improve our understanding of how this complex and often contentious topic could best be approached. From the attitude survey and support required questions it is clear to us that there is a strong mandate from CCG and CSU teams for some form of coordinated support, that needs to be inclusive of all key stakeholder groups.

There is clearly more work to be done around how and where specific terminology should be used. For the purpose of patient engagement, new phrases and explanations will need to be formulated and applied consistently in the different settings of care. It is our view that coordinated practical materials need to be delivered, with resources specifically aimed at educating, informing and equipping patients, carers, relatives and patient groups, community pharmacy, GPs and nurses and/or non-medical-prescribers to support deprescribing. At PrescQIPP we intend to provide resources to support this agenda.

Finally we would like to thank the many contributors for taking the time to contribute to this survey, and for their continued enthusiasm for the outputs of this work.

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## Supporting information

Appendix A - Survey questions and summary

Appendix B - Slideset of results presented by Katie Smith at the PrescQIPP Annual Event 2014