Road Testing the Patient-centred approach to Deprescribing

Oct to Nov 2015

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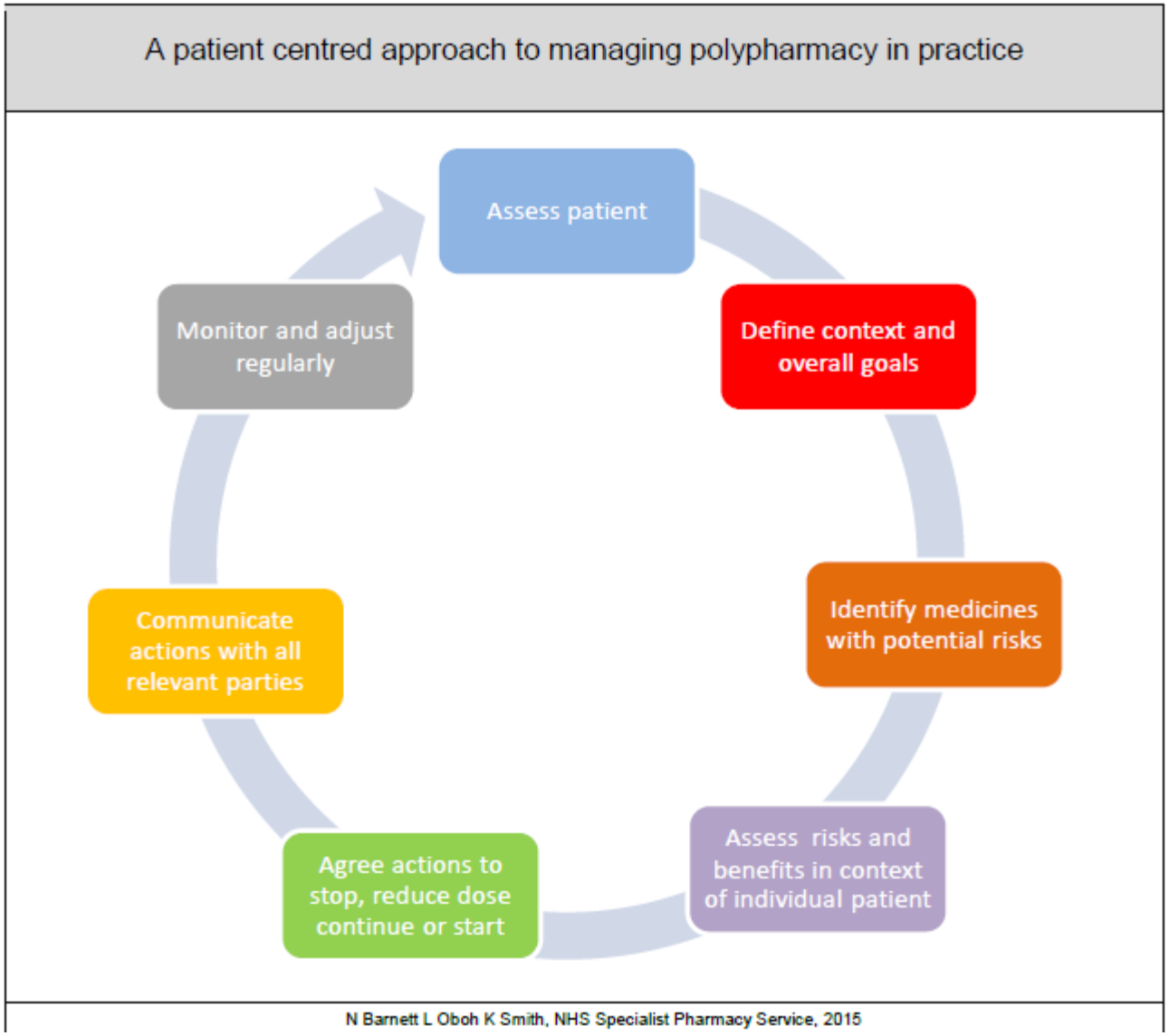
Dec 2016



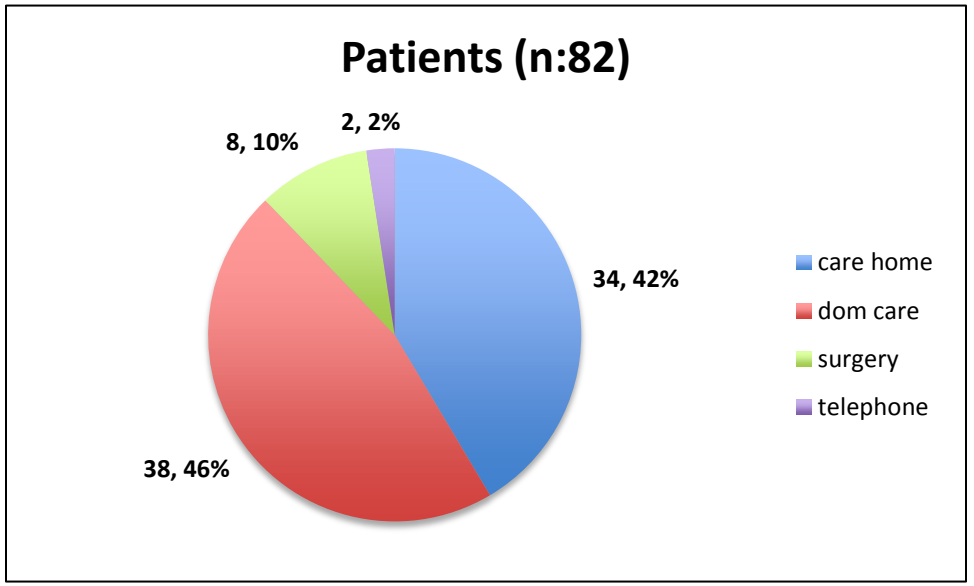
http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Meds-use-and-safety/Service-deliv-and-devel/Older-people-care-homes/Polypharmacy-oligopharmacy--deprescribing-resources-to-support-local-delivery/

Aim of road test

1. To test whether the process can deliver patient centred care in real practice
2. Get the views of clinical pharmacists undertaking in-depth/holistic medicines review in practice (Care homes & domiciliary care)

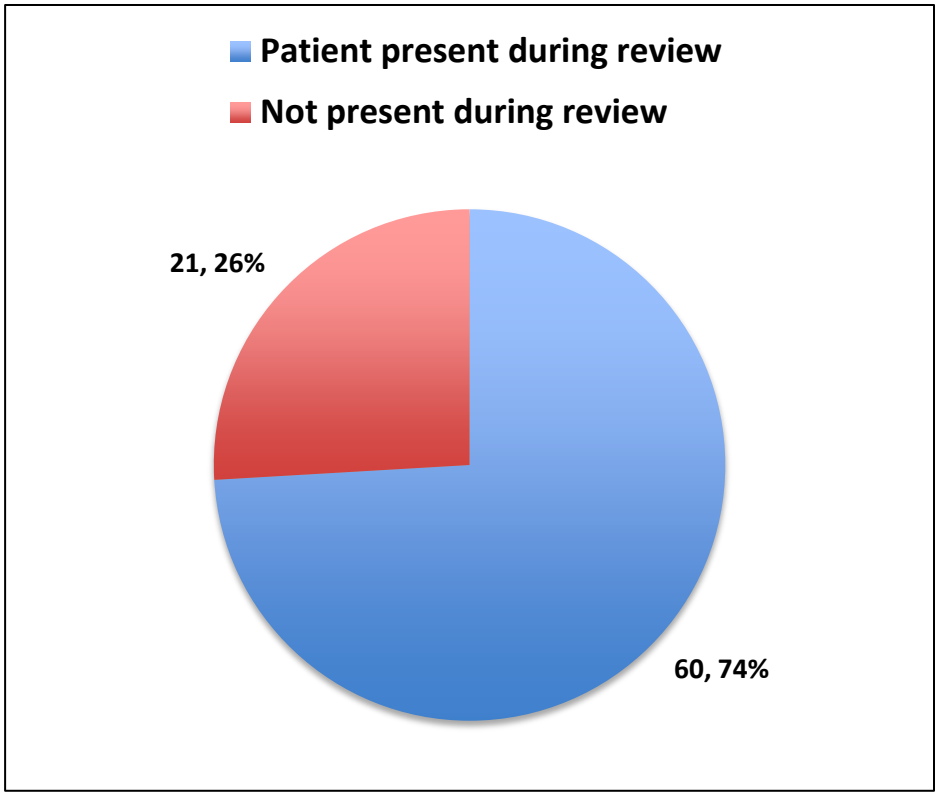
Patients (n:82)

- Age (n:81, 1 not reported)
  - Average 81.9 (49-100)
  - 6 patients between (49-64)
- No of LTC (n:75)
  - average 4.88 (LTC 1-11)
- Setting (n 82)
  - Care home 34
  - Dom care 38
  - Surgery-8
  - Telephone x2



Patient present or not (n:82)

- Yes 61
- No 21
- Reasons given e.g.
  - did not understand so 1:1 with carer,
  - No English
  - Can't express himself



Medicines stopped changed (n:80)

2 patients excluded as awaiting GP confirmation about changes

No of meds prescribed **before** review	No of meds **stopped**	No of meds **changed**	No of meds **started**	No of meds **after review**
830	133	138	31	729
	16%	17%	4%	12%↓

Average meds per patient

- Before review **10.4**
- After review **9.1**

Medicines stopped & changed (n:80)

2 patients excluded as awaiting GP confirmation about changes

Comparing pharmacist attending peer support meetings vs. not attending

Pharmacist attended peer support meeting	No of meds prescribed **before** review	No of meds **stopped**	No of meds **changed**	No of meds **started**	No of meds **after review**
Yes	522 (10.0/pt)	81	111	15	452 (8.7/pt)
		16%	21%	3%	13% reduction
No	308 (11.0/pt)	52	27	16	277 (9.9/pt)
		17%	9%	5%	10% reduction

Those attending had approximately 20% more medicines reduced after review

Evidence based tool used

TOOL	Numbers
STOPP/START	36
CKS/SIGN	35
None	9
Others – BNF	6
Bespoke	1

A range of evidence based tools used, mainly STOPP/START, NICE CKS and SIGN

Others

- SPC
- BNF
- Local guidance
- EMA guidance
- Enteral feeding guide
- Secondary care colleagues
- ACB scoring
- Edmonton frailty score
- MHRA guidance
- CCG formulary
- Welsh polypharmacy guide

Comments on overall process

Good process to highlight all the important steps. Having several years experience of med reviews it didn't necessarily teach me anything new but was a great memory jogger and would be invaluable for people new to med reviews.

Wish I'd had this when I started! Also thought it really helped to embed my recent (CPPE) training in consultation skills, especially points 1 & 2.

Thank you :-) (P11)

General comments

- Process does not really take account of other needs and the reason pt was referred to pharmacist by GP or other. (P8)

- I didn't find any part of the process particularly challenging, as patient was interested and willing to engage (P3)

Medicines stopped & changed

Limitations and discussion points

- The changes reported were limited to those made during the data collection period. Does not take into account subsequent
  - Discontinuations due to titrating down doses
  - Discontinuations following blood tests, GP review, pharmacist follow up etc
  - Medicines restarted after initial discontinuation
- Other interventions that also improve medicines optimisation/patient experience not highlighted e.g.
  - reduced frequency
  - reduced dose
  - more acceptable formulation

Conclusion

- The patient-centred approach can lead to deprescribing that takes the patient's perspective into account, applies the evidence base and ensures safety

- It is more likely to be successfully when pharmacists have been detailed/shown how to use the process
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- Creativity needed to engage with patients who cannot be involved in medication review discussions

- Following up the review is the most challenging step and will depend on time constraints within the pharmacist's role/post