

Practice Plus Webinar

22nd September 2021

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Practice 

NHSBSA Polypharmacy Indicators and how to use them 2021 Update

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01 Size and Scale of Polypharmacy

Medicines are intended to help patients but they can cause harm...



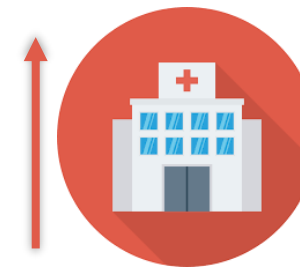
In England in July there were 934,644 people on 10 or more medicines and 371,520 were 75 or over.



Over a six-month period, over **three quarters of people** over the age of 70 will have an adverse drug reaction



A person taking 10 or more medicines is **300% more likely** to be admitted to **hospital**



There has been a **53% increase** in the number of emergency hospital admissions caused by adverse drug reactions

Polypharmacy adds preventable cost to the healthcare system and diminishes quality care for the patient

We dispense over 1 billion prescription items per year in Primary care in England

Most of the harm from polypharmacy is **preventable.....**

Medication Safety

We aren't getting it right...

Evidence from primary care shows:

- 1 in 20 prescription items has an error and 1 in 550 is serious⁵
- Prescription errors had been made for one in eight patients overall, and four in ten patients over 75 years of age. In all, 1 in 20 prescriptions written featured an error. Of the errors, 42% were judged to be minor, 54% moderate and 4% severe.
- In 2013, there were over 1 billion items dispensed in England therefore this equates to 1.8 million serious errors³
- Adverse drug reactions account for 6.5% of hospital admissions and over 70% of the ADRs are avoidable.
- Over 50% of errors were in 4 disease classes, antiplatelets, NSAIDs, diuretics and anticoagulants⁵

02 What are we doing about it?

2019

IT'S GLOBAL

WHO has said “given that medicines are the most common therapeutic intervention, ensuring **safe medication use** and having **processes** in place to improve medication safety should be of **central importance**”.

IT'S A BIG CHALLENGE AND GROWING

We dispense over a billion prescription items a year in primary care in England each year.

Age UK have highlighted the issue

RPS published guidance

ACTION IS NEEDED

NHS BSA Polypharmacy Prescribing Comparators tool is available to help GPs and Pharmacists **find the people most at risk**.

Shared Decision Making consultations are helping clinicians and patients to reach agreement about what is important to the patient and what is clinically important.



03 Strategic and Policy Context

NHS Long Term Plan

Commitment to increase the number of Pharmacists working in General Practice.
Highlights the importance of Structured Medication review

Primary Care Networks

Funding for PCNs to secure Pharmacists

QOF

Update

Overprescribing review - due very soon

**NICE guidance on Shared Decision Making (SDM) published
June 2021**

The role of the NHS BSA Polypharmacy Prescribing Comparators?

01

Benchmarking polypharmacy prescribing

Use the data tool **see how GP practices' prescribing** (both volume and risky combinations of medicines) **compares to others' in England.**

02

Prioritise and identify those at risk from harm

The tool **helps GP practices to quickly and reliably prioritise** the areas where practices have the most risk (because you can't review everyone)
Then, **without any additional technology or kit**, the GP practice can identify which of their patients most require a medication review.

03

Measure the impact of interventions

The data is updated every month so clinicians can quickly see the impact of their interventions.

The NHS BSA Polypharmacy prescribing comparators are **available to all 191 CCGs** in England and their constituent GP Practices

Polypharmacy prescribing comparators in action:

<https://www.youtube.com/watch?v=iqKf1Lz0eq4&t=9s>

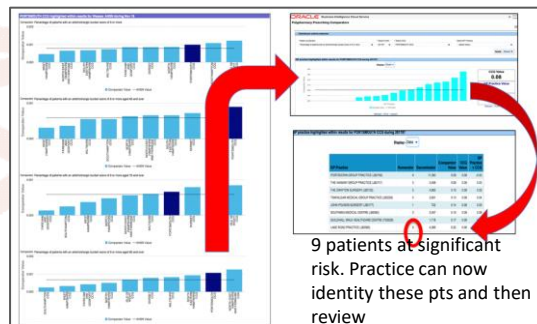
What does the tool look like?

STEP 1

Know your data.

Look at your local polypharmacy data via ePACT 2 and select an area of concern

Portsmouth CCG percentage of patients with Anticholinergic Score of 9 or more



STEP 2

Find patients at risk.

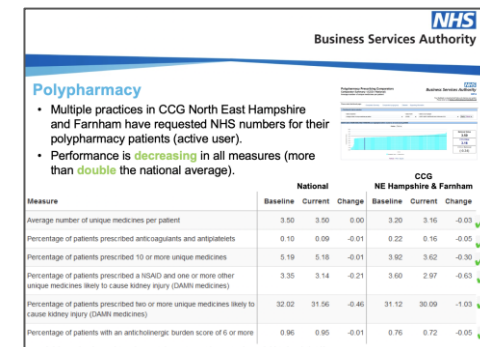
Complete the “request procedure” to access the NHS numbers of the patients in your practice deemed to be at risk and invite those patients for a medication review



STEP 3

Make a difference!

NE Hampshire and Farnham CCG supported every practice to do this well and have demonstrated a decrease in all polypharmacy comparators at double the national average rates!



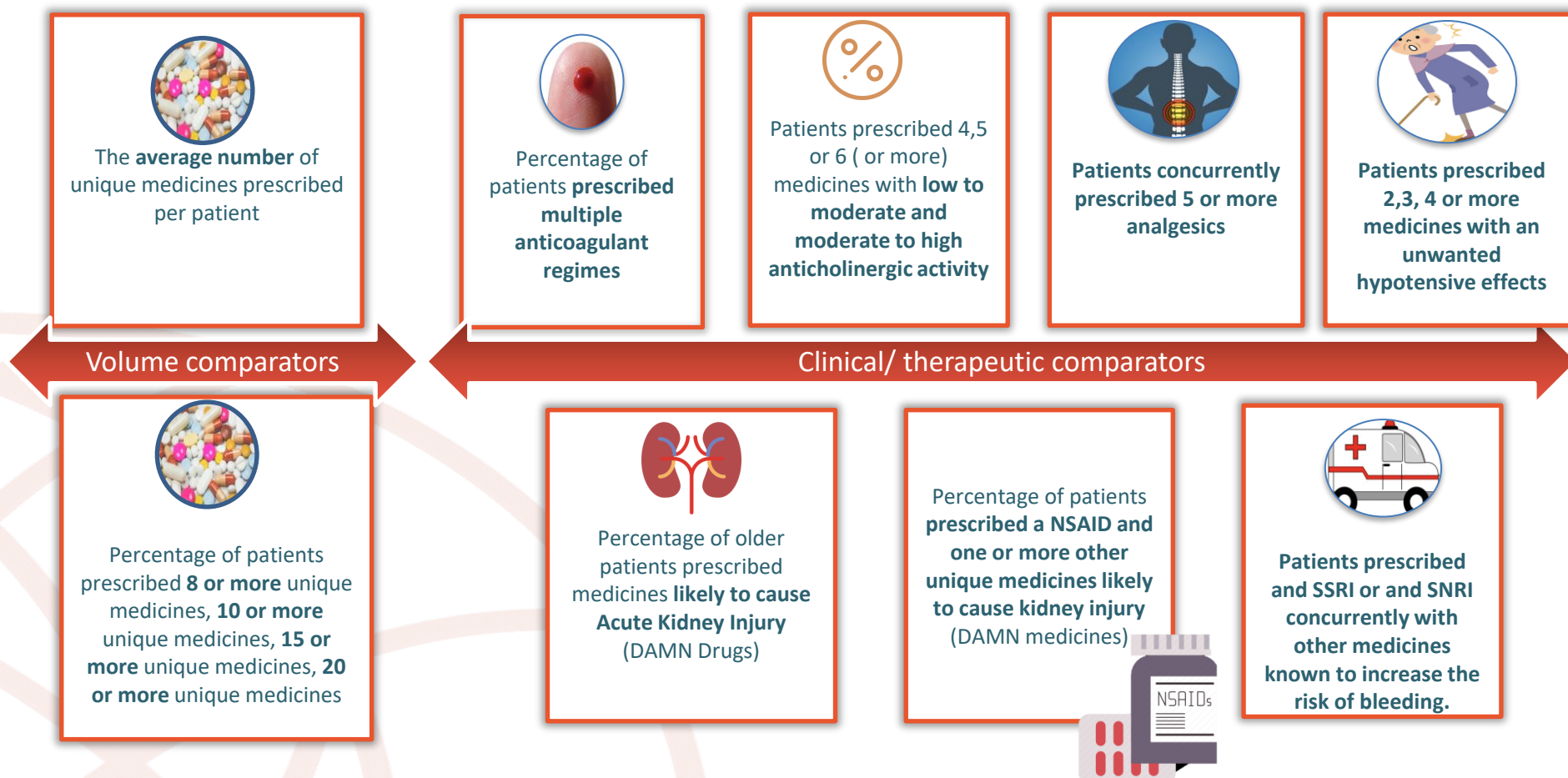
To access your data go to:

nhsbsa.nhs.uk/epact2/dashboards-and-specifications/medicines-optimisation-polypharmacy

For more resources go to

<https://wessexahsn.org.uk/projects/160/polypharmacy-what-next-planning-for-wessex>

What do the comparators measure?



What is new in iteration 2 of the polypharmacy comparators?

New comparators

In addition to the volume and previous therapeutic comparators, this new, updated tool will help to identify:

- Patients concurrently prescribed multiple analgesic medicines
- Patients prescribed SSRIs/SNRIs and medicines known to increase the risk of bleeding
- Patients prescribed two, three or four or more medicines that can have an unwanted hypotensive effect.

This second iteration has new, additional functionality for searching age bands.



What about patients?

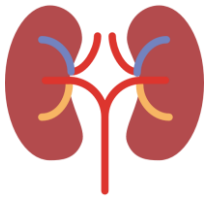
COMPARING DATA FROM BEFORE JULY 2017 (PUBLICATION DATE OF COMPARATORS) TO JUNE 2019:



9,400 fewer patients
prescribed 10 or more unique
medicines



25,900 fewer patients
prescribed a NSAID and one or
more other unique medicines
likely to cause kidney injury



58,300 fewer patients
prescribed two or more unique
medicines likely to cause kidney
injury (DAMN medicines)



4,800 fewer patients
with an anticholinergic burden
score of 6 or more



7,500 fewer patients
with an anticholinergic burden
score of 6 or more aged 65 and
over and

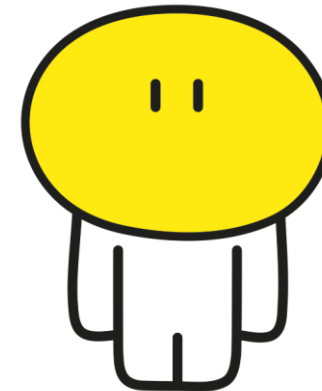


700 fewer patients prescribed
two or more anticoagulants and
antiplatelet medicines

CORE PATIENT MESSAGES....

- ✓ Polypharmacy is not about reducing medicines costs – it is about making sure you are only on the medicines you need, to live well and avoid unnecessary or unplanned visits to hospital.
- ✓ As you get older, medicines may no longer be appropriate for you as your body changes. It may be time for a medication review.
- ✓ Taking too many medicines increases your risk of going into hospital.
- ✓ So – you should know your medicines. If not, speak to your Pharmacist or GP.
- ✓ Don't stop taking medicines without a review. Your local Community Pharmacist can review how you use your medicines and make recommendations to your GP. Ask them today.

Meet Mo: <https://vimeo.com/228944919>



Confidence in De-prescribing Research update

Steve Williams

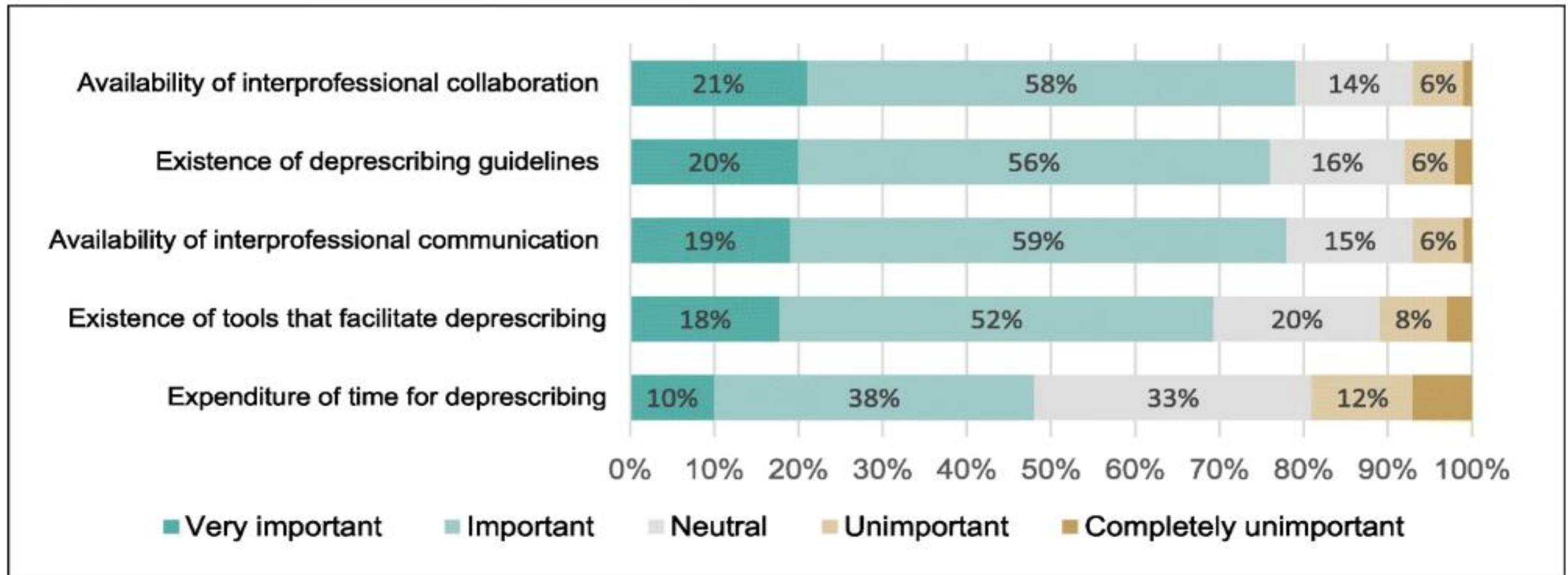
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Jungo, K.T., Mantelli, S., Rozsnyai, Z. et al. General practitioners' deprescribing decisions in older adults with polypharmacy: a case vignette study in 31 countries. BMC Geriatr 21, 19 (2021)
<https://doi.org/10.1186/s12877-020-01953-6>

Factors important to GPs when making deprescribing decisions, ordered by importance
(N = 1,706). b) factors related to the GP

b

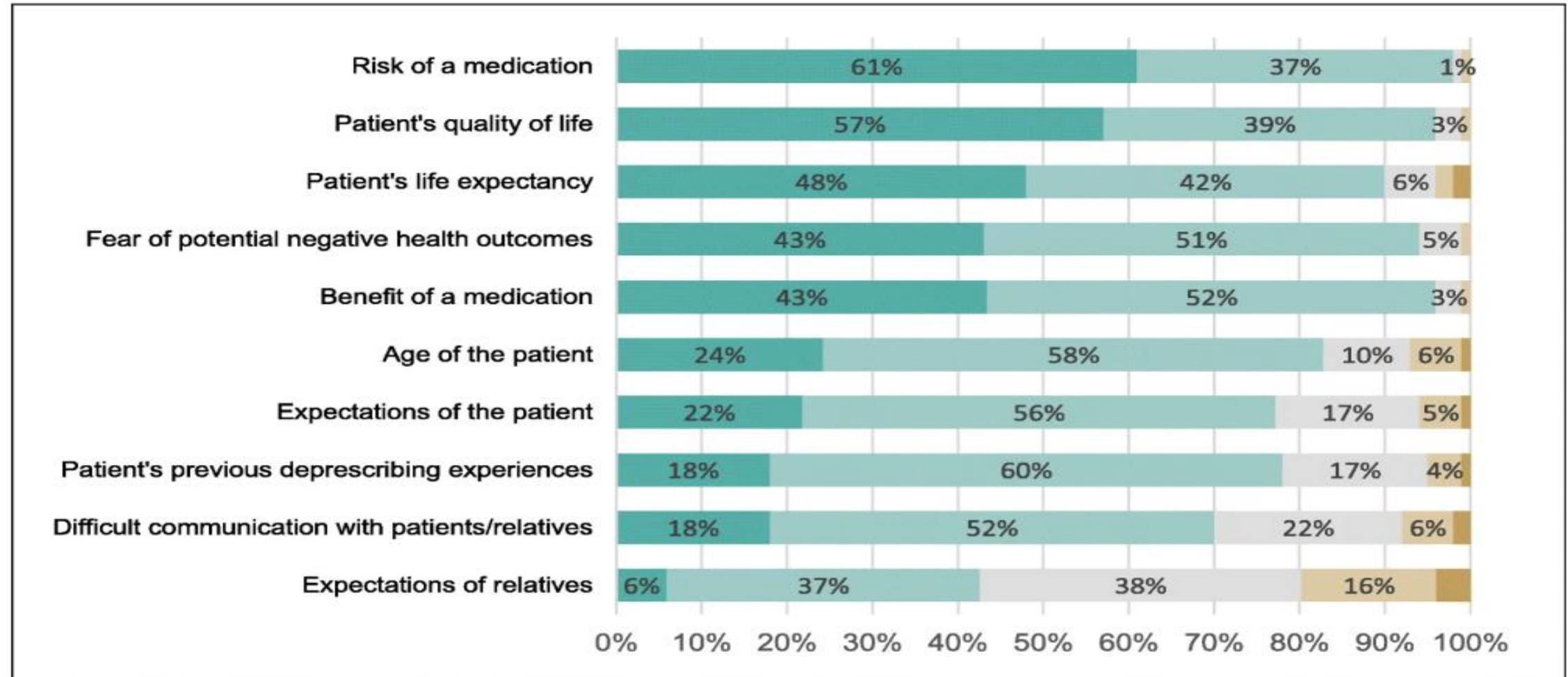


Factors important to general practitioners (GPs) when making deprescribing decisions¹, ordered by importance (N = 1,706). a) factors related to the patient, and b) factors related to the GP. ¹each GP was asked to rate the importance of each factor

Factors important to general practitioners (GPs) when making deprescribing decisions¹, ordered by importance (N = 1,706). a) factors related to the patient

From: [General practitioners' deprescribing decisions in older adults with polypharmacy: a case vignette study in 31 countries](#)

a



Very important Important Neutral Unimportant Completely unimportant

GPs' mindlines on deprescribing antihypertensives in older patients with multimorbidity: a qualitative study in English general practice <https://bjgp.org/content/bjgp/71/708/e498.full.pdf>

Aim

To explore GPs' decision-making on deprescribing antihypertensives in patients with multimorbidity aged ≥ 80 years, drawing on the concept of mindlines.

Design and setting

Qualitative interview study set in English general practice.

Method

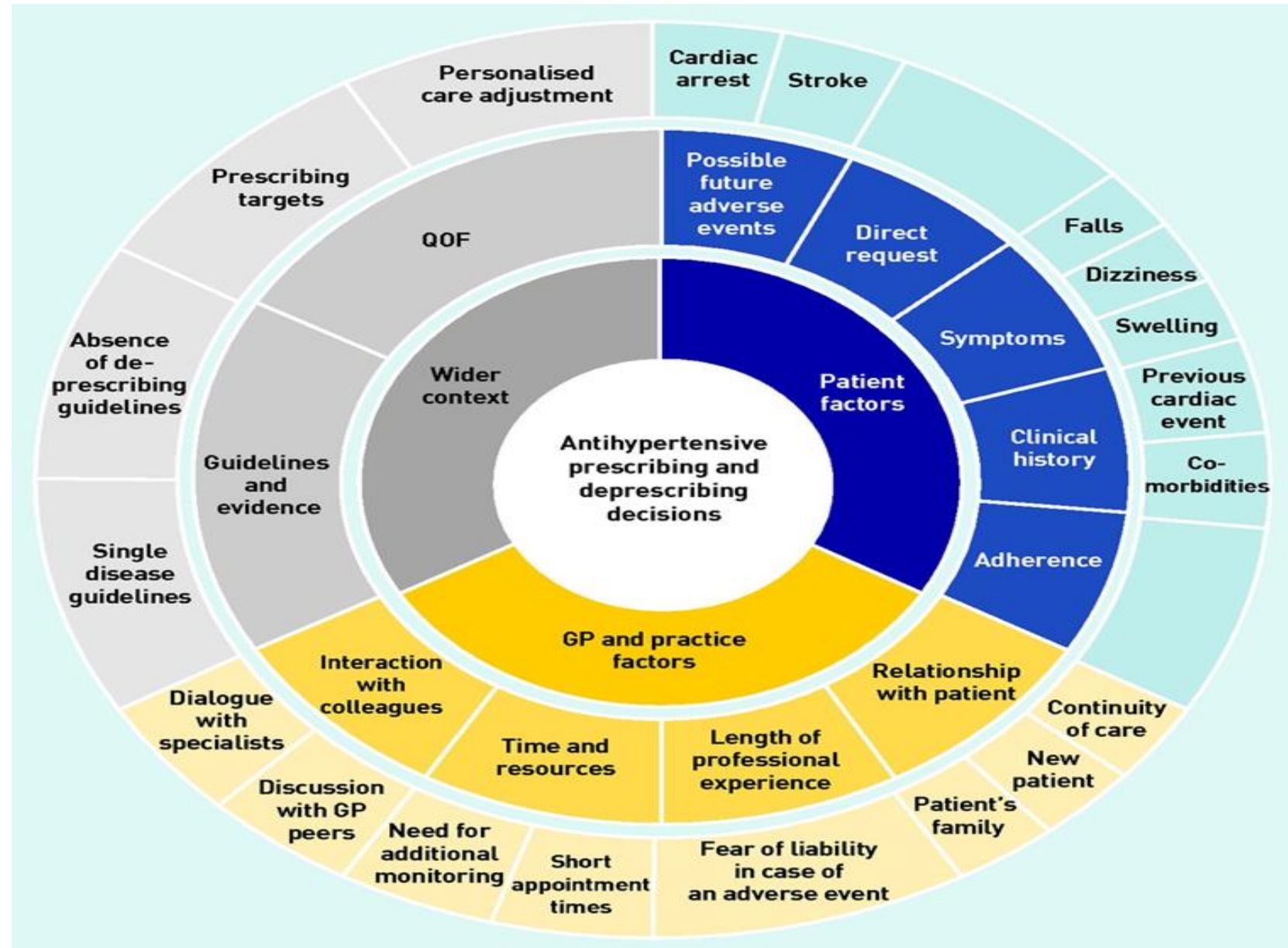
Thematic analysis of face-to-face interviews with a sample of 15 GPs from seven practices in the East of England, using a chart-stimulated recall approach to explore approaches to treatment for older patients with multimorbidity with hypertension.

Results

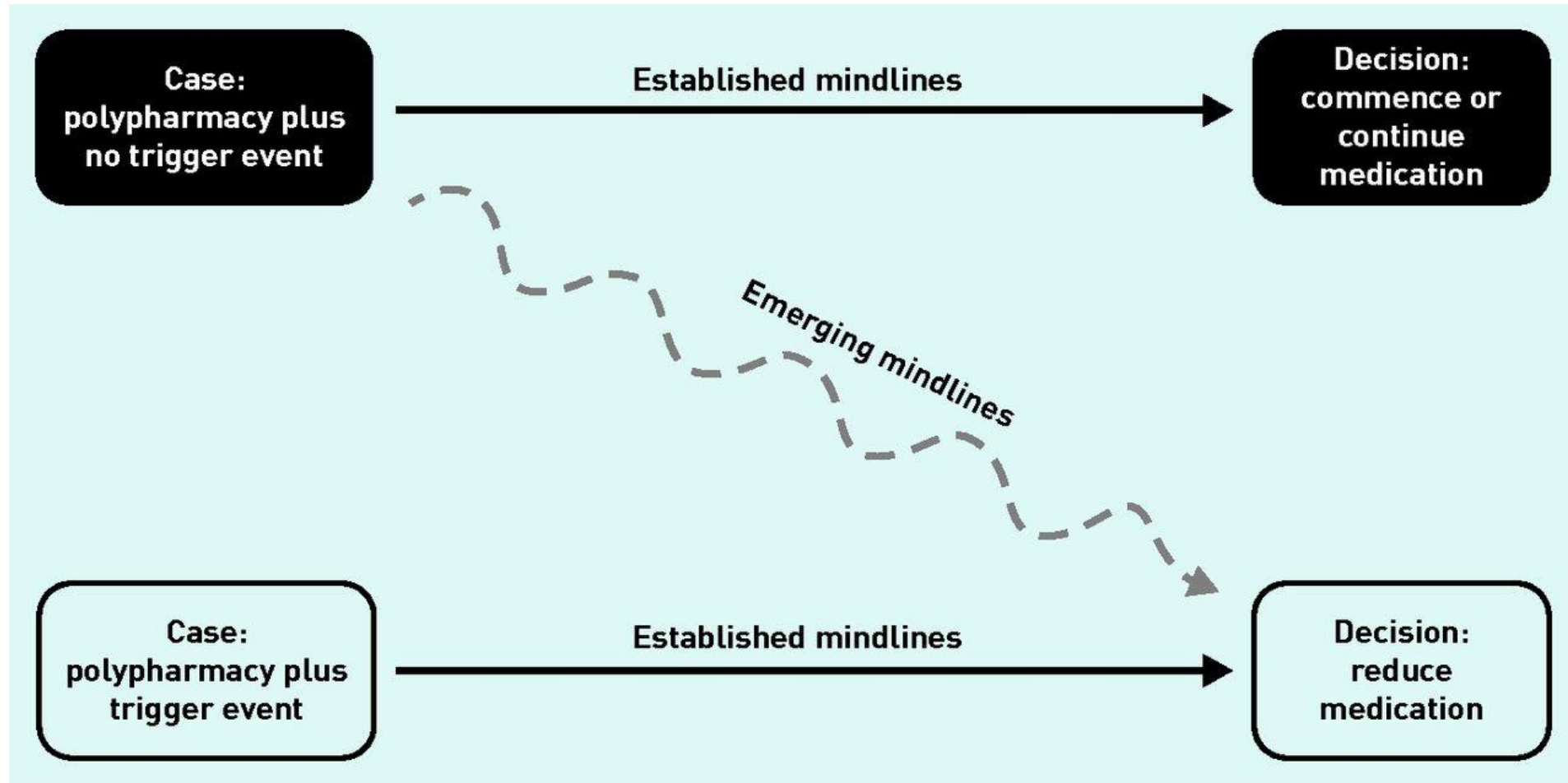
GPs are typically confident making decisions to deprescribe antihypertensive medication in older patients with multimorbidity when prompted by a trigger, such as a fall or adverse drug event. GPs are less confident to attempt deprescribing in response to generalised concerns about polypharmacy, and work hard to make sense of multiple sources (including available evidence, shared experiential knowledge, and non-clinical factors) to guide decision-making.

Conclusion

In the absence of a clear evidence base on when and how to attempt medication reduction in response to concerns about polypharmacy, GPs develop 'mindlines' over time through practice-based experience. These tacit approaches to making complex decisions are critical to developing confidence to attempt deprescribing and may be strengthened through reflective practice.



Polypharmacy and medication reduction mindlines



Decision-Making Preferences and Deprescribing: Perspectives of Older Adults and Companions About Their Medicines

Weir K et al. *J Gerontol B Psychol Sci Soc Sci*, Volume 73, Issue 7, October 2018, Pages e98–e107, <https://doi.org/10.1093/geronb/gbx138>

Objectives

Polypharmacy in the older population is increasing—and can be harmful. It can be safe to reduce or carefully cease medicines (deprescribing) but a collaborative approach between patient and doctor is required. This study explores decision-making about polypharmacy with older adults and their companions.

Method

Semi-structured interviews were conducted with 30 older people (aged 75+ years, taking multiple medicines) and 15 companions. Framework analysis was used to identify qualitative themes.

Results

Participants varied considerably in attitudes towards medicines, preferences for involvement in decision-making, and openness to deprescribing. Three types were identified. Type 1 held positive attitudes towards medicines, and preferred to leave decisions to their doctor. Type 2 voiced ambivalent attitudes towards medicines, preferred a proactive role, and were open to deprescribing. Type 3 were frail, perceived they lacked knowledge about medicines, and deferred most decisions to their doctor or companion.

Discussion

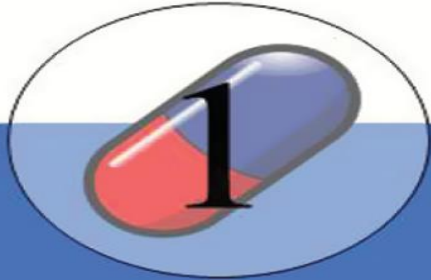
This study provides a novel typology to describe differences between older people who are happy to take multiple medicines, and those who are open to deprescribing. To enable shared decision-making, prescribers need to adapt their communication about polypharmacy based on their patients' attitudes to medicines and preferences for involvement in decisions.

Typology of participants

Attached to medicines

Would consider deprescribing

Defers to others



Medicine attitudes

- Attached to and highly values medicines

- Ambivalent to medicines
- Values benefit, dislikes side effects and hassle

- Does not give medicines much thought
- Mildly positive

Openness to deprescribing

- Negative attitudes to deprescribing (from disinterested to resistant)

- Willing to consider
- Informed and aware of options

- Unaware that deprescribing is an option
- Prefers to defer decision

Preference for decision making

- High trust in doctor
- Prefer to be informed but guided by doctor

- Proactive patient
- Preference for shared decision making

- Prefers to defer decision to doctor or companion

Future Practice Practice Plus Webinars

Date	Key themes	Guest Presenters
October 20 th 2021	Integrating Medicines Safety Improvement SMR	Tony Jamieson Clinical Lead for Improvement – Medicines Safety Improvement Programme
November 24 th 2021	Diabetes Update SMR	Philip Newland-Jones Consultant Pharmacist Diabetes & Endocrinology Southampton General Hospital
December 15 th 2021 TBC	Pain update TBC	Roger Knaggs Associate Professor in Clinical Pharmacy Practice University of Nottingham and Advanced Pharmacy Practitioner in Pain