## Practice Plus Webinar

## 15<sup>th</sup> March 2023

Steve Williams

Lead Clinical Pharmacist PrescQIPP Practice Plus





# TAILORING MEDICINES: deprescribing medicines in older people living with multimorbidity and polypharmacy

Joanne Reeve PhD FRCGP
GP and Professor of Primary Care





NIHR HTA 17/69/02



## The burden caused by medicines...

- Practical stuff about getting my medicines
- Worry about taking my medicines
- Control over the brand/type of medicine
- Choice of when and how to use my medicines, tailoring
- Beliefs about the benefits and risks of my medicines
- Interfering with daily activities
- Being listened to about my medicines
- Living with side effects
- Planning my medicines
- "My life revolves around my medicines"

## Medicines and Your Day-to-Day Life – Living with Medicines Questionnaire The following statements cover different aspects of using medicines.

Please readleach statement carefully and tick the response box that is closest to your personal opinion. Please tick only one loss for each statement.

	Strongly agree	Agree	Neutral opinion	Disagree	Strongly disagree
I find getting my prescriptions from the dector difficult.					
I find getting my medicines from the pharmacist difficult.					
Lam satisfied with the effectiveness of my medicines.					
Lam comfortable with the times I should sake my medicines.					
I worny about paying for my medicines.					

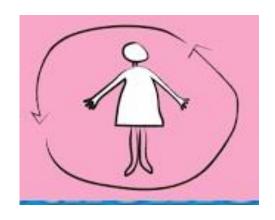
https://pubmed.ncbi.nlm.nih.gov/28405159/

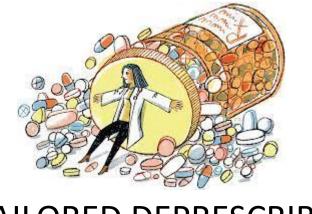


## Stop...Think...Refocus...



PRIORITISING (Etz et al 2021)





TAILORED DEPRESCRIBING

(Reeve et al 2022)



## PRIORITISING... a primary care view

- Comparing a condition-specific (specialist) and whole-person (generalist) approach (Etz et al)
- Is not (just) about triaging disease risk
- But prioritising work of daily living





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#### SPECIAL ARTICLES

#### Simple Rules That Guide Generalist and Specialist Care

Rebecca Etz, PhD | William L. Miller, MD, MA | Kurt C. Stange, MD, PhD Fam Med. 2021;53(8):697-700.

DOI: 10.22454/FamMed.2021.463594



REVIEWERS

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## Specialist and Generalist priorities...

#### **SPECIALIST**

- Identify and classify disease
- Interpret through specialist knowledge
- Generate & implement EB mmt plan

#### **GENERALIST**

- Recognise a range of problems
- Prioritise attention and action to promote HFDL
- Personalise care

### WHAT DOES YOUR PATIENT NEED?







Journals Library

Check for updates

Health Technology Assessment
Volume 26 • Issue 32 • July 2022

Deprescribing medicines in older people living with multimorbidity and polypharmacy: the TAILOR evidence synthesis

Joanne Reeve, Michelle Maden, Ruaraidh Hill, Amadea Turk, Kamal Mahtani, Geoff Wong, Dan Lasserson, Janet Krska, Dee Mangin, Richard Byng, Emma Wallace and Ed Ranson



TAILORED DEPRESCRIBING

TAILOR: Thinking differently about prescribing - A new knowledge work resource

WiseGP is partnering with NIHR Learn to support knowledge work in every day practice. You'll find a host of great resources on NIHR Learn to help you get involved.



As part of our new partnership, we are delighted to announce the launch of the TAILOR On line Learning resources on NIHR Learn.



## Tailor MEDICATION SYNTHESIS

## The Evidence gives us **PERMISSION** to Tailor

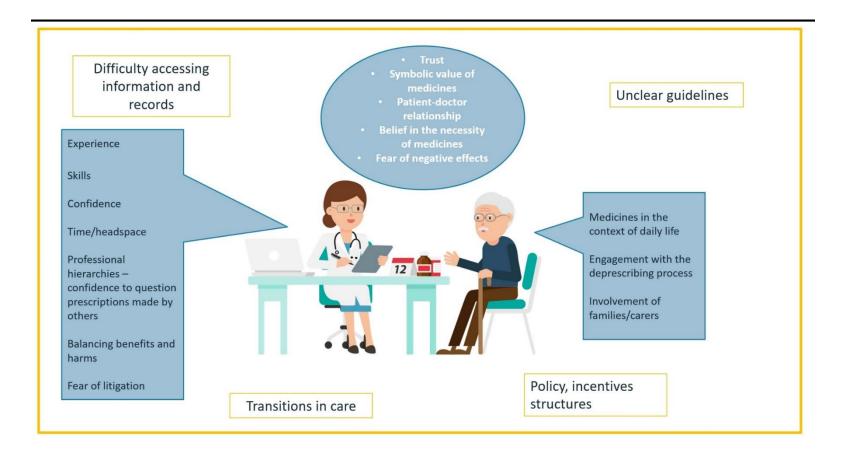
- Deprescribing is acceptable, safe and potentially effective...if we use a structured approach
- No evidence for one tool over another
- Uncertainty is inevitable so we also need to build in follow up and learning
- Legally, the law on deprescribing is no different to prescribing

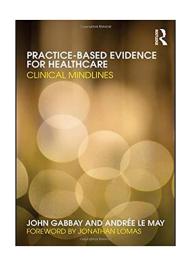






## TAILOR realist review – the complexity of tailoring...

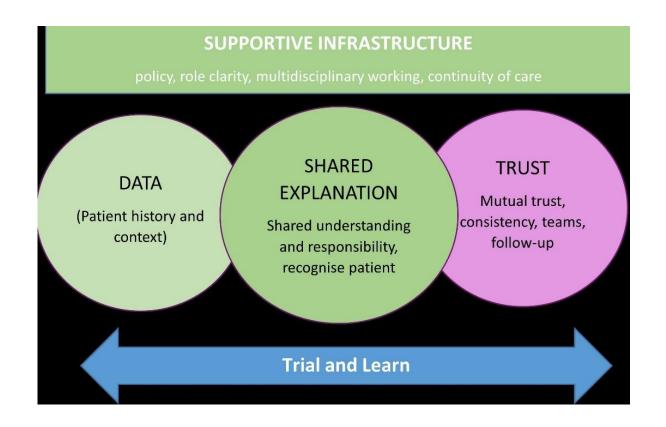








#### **CHANGES IN HEALTHCARE SYSTEMS NEEDED...**









## The importance of EXPLANATION in tailored medicines use

- CMOC17: when patients believe medicines are providing benefits (C), they may be reluctant to discontinue them (O) because they are afraid of negative consequences (M)
- CMOC22: When hcp involve patients in decision making process (C) they are more likely to make defendable decisions about medicines (O) because of their shared responsibility (M)
- **CMOC10:** when hcp don't have dedicated time (C) they are less likely to make changes to medications (O) because they do not have the emotional and cognitive capacity to consider complex issues(**M**).

The DExTruS Framework





## Stop...Think... Refocus

#### New focus on

- Data (different data, sharing data)
- Prioritising the Clinical approach
- Skill set in our Team
- Expectations of medicines and medicines mmt





### Stop...Think... Refocus

#### In your teams...

- Are you tailoring prescribing? (and to who?)
- Are you DExTruS? (and what do you need to become so?)
- Do you want to learn more? (TAILOR on NIHR Learn)



## **Future Practice Plus Webinars**

Date	Key themes	Guest Presenters
19th April 2023	Pharmacy Technicians in Primary Care	Kerry Street Lead Pharmacist – Education, Training & Safety Dorset Pharmacy Workforce Faculty Lead Michelle Phillips Senior Pharmacy Technician Living Well PCN
24th May 2023	SMRs in patients with active Cancer	Emma Foreman Consultant Pharmacist at The Royal Marsden NHS Foundation Trust
21st June 2023	Patient Decisions Aids for SDM around preventative medicines	Dr Julian Treadwell Research Fellow and GP Nuffield Department of Primary Care Health Sciences

