Polypharmacy Action Learning Set: Day 3 Links and Chat

Links from the chat:

- BMJ article reiterating the Canada Guidance -
- Reduce unnecessary use of proton pump inhibitors | The BMJ
- BMJ Quality and Safety paper - Negotiating the polypharmacy paradox: a video-reflexive ethnography study of polypharmacy and its practices in primary care
- Negotiating the polypharmacy paradox: a video-reflexive ethnography study of polypharmacy and its practices in primary care | BMJ Quality & Safety
- This is a great hub for evidence base and tools around deprescribing - https://deprescribing.org/
- Ad campaign from NHS England –
- NHS England ad campaign hopes to change behaviours and relieve service | NHS | The Guardian
- Great thread re HF meds SDM from Dr Lucy Pollock Geriatrician vs cardiologist views - Lucy Pollock on Twitter: "This tweet got some attention and here's what I learned. 1. There's no evidence for treating asymptomatic heart failure. But we all knew that…2. If you want to treat it despite the lack of evidence (as you know the HF meds help some symptomatic people) you MUST find out…" / Twitter
- The Aural Apothecary Podcast - The Aural Apothecary | Podcast on Spotify
- 'Getting older and how to deal with it' Podcast - The Aural Apothecary: 4.1 - Getting Older and how to deal with it - with bestselling author Dr Lucy Pollock on Apple Podcasts
- Polypharmacy Prescribing Podcast: Listen to PolyPharmacy Prescribing Podcast. Clare And Robin (1) by WessexAHSN in Polypharmacy Prescribing podcasts playlist online for free on SoundCloud
- N.B. THESE REPORTS DO NOT REPLACE THE TPP NHS DIGITAL APPROVED REPORTS AND ARE FOR A GUIDE ONLY - see: National Reports Disclaimer : Ardens
- Good for you, good for us, good for everybody paper Good for you, good for us, good for everybody: a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions (publishing.service.gov.uk) "For example, there is currently no fixed length for a SMR, though they are expected to last at least 30 minutes. It is important that SMRs are maintained in terms of their quality, including the time allocated for each one and the experience of patients taking part".
- Structured medication reviews and medicines optimisation: guidance paper Report template - NHSI website (england.nhs.uk) "We expect that a SMR would take considerably longer than an average GP appointment, although the exact length should vary in line with the needs of the individual. PCNs should allow for flexibility in appointment length for SMRs, depending on the complexity of individual cases".
- Local best practice guidance from NHS Nottingham and Nottinghamshire: nottingham-nottinghamshire-icb-smr-standards-final.pdf (nottinghamshiremedicinesmanagement.nhs.uk)

- Anticholinergic drugs and risk of dementia: Time for action? Anticholinergic drugs and risk of dementia: Time for action? - PubMed (nih.gov)
- Good patient leaflet on ACB http://bit.ly/ACBLeaflet
- Useful evaluation of a tool to help in complex medication reviews (Clinical Pharmacology Structured review CPSR) and SBIT (Stopping by indication tool) Polypharmacy work up: Development of a structured clinical pharmacology review for specialist support for management of complex polypharmacy in primary care - Threapleton - 2020 - British Journal of Clinical Pharmacology - Wiley Online Library Symptom control, prevention/prognosis, disease control and prescribing cascade. LIMITATION: Didn't include patients but could be a useful framework.
- Me and My Medicines: Me & My Medicines, Medicines Communication Charter, It's OK to Ask – Home (meandmymedicines.org.uk)
- Vitamin B12 Deficiency Treatment Guideline: Vitamin_B12_Deficiency.pdf (gloshospitals.nhs.uk) Somebody asked about B12 earlier, if deprescribing I kind of do this backwards!
- If working with care homes and patients with dementia, this anti-psychotics toolkit really good to keep close by: Antipsychotic-Prescribing-Toolkit-for-Dementia.pdf (england.nhs.uk)
- SMR Invite letter (needs updating): Structure Medication Review – Telegraph
- Dorset Care Record: Dorset HealthCare :: Dorset Care Record
- Clinicians' Expectations of the Benefits and Harms of Treatments, Screening, and Tests: Clinicians' Expectations of the Benefits and Harms of Treatments, Screening, and Tests: A Systematic Review | Breast Cancer | JAMA Internal Medicine | JAMA Network
- Canadian Medication Appropriateness and Deprescribing Network: Deprescribing algorithms — Do I still need this medication? Is deprescribing for you? (deprescribingnetwork.ca)
- Online training for care home staff to identify deterioration:
    1. Free RESTORE2 training for care providers to spot deterioration - West of England Academic Health Science Network (weahsn.net)
    2. RESTORE2 (wessexahsn.org.uk)
    3. React To Deterioration : Reactto

Chat relating to SDM / SMRs:

- Great question to ask patients - 'What do you worry about the most?'
- Liquid medicines - I ask how they measure it or whether they just swig from a bottle! Gives them the opportunity to answer honestly.
- If patient is prescribed a lot of medicines, I usually confess 'I'd never remember how to take all these.... how do you manage it?' If I feel there may be some concordance issues, I explain that the purpose of my home visit is to make sure the GP has an accurate record of what they are taking - 'God forbid, if you get taken to hospital, you'll get given everything on your doctors list and may be unwell as a result.... can we just check my list matches what you take?'
- For medication reviews - I say: " I believe you are taking …. it can be difficult to remember all your drugs … so what are you taking and how are you taking them?"

- Check OTC meds if reviewing hypnotics/benzos/opioids. OTC Phenergan and sedating antihistamines also being purchased sometimes!
- Anti-psychotics in dementia is a good place to start!
- If they are a faller, then first focus on reducing the medicines that will reduce falls.
- OTCs and CAM often forgotten - we should never forget to ask. Remind the public that the origins of modern medicine are herb gardens and jungles (digoxin, aspirin and senna just some examples that remain) - the point is that CAM and herbal remedies are NOT safe but have similar hazards to modern pharma and may interact badly with 'prescribed medicines'.
- A really empowering and 'unlocking' phrase is 'go on', or 'please tell me a bit more' And then shutting up yourself so the person can really share with you without being interrupted!
- Again, shows the importance of 'knowing your audience'. Taking the time to find out about the person is never mis-spent time.
- We are talking about having vulnerable patients allocated to a 'core team' - of a named GP, named Pharmacist and named nurse.
- We tend to record why we started something in the notes but not stopping / reducing meds.
- What matters to the patient may be different to what matters to family!
- Often seems to be hard to get patients to understand risks of meds if they've taken for many years and had no existing problems with them.
- 'Let's make a plan together - let's try this and go back if it didn't work - what would make things better - what is important to you'.
- Important to reassure that patient will be supported when medicines are reduced or stopped - and that they will be reviewed.
- "What 1 med would you get upset about if we stopped it and what 1 med would you be happy about if we stopped" The Curbsiders podcast.
- We send out review invites and ask the patient to attend F2F if they wish to otherwise will be telephone.
- Most of ours have had an invite so generally ask "where would you like to start?"
- "Starting a med is like a blissful marriage but stopping one is like a messy divorce" James McCormack Canadian EBM guru.
- Prepare, Listen, Agree, Note - Lack of a PLAN is the enemy, not time.
- Discussion around checking adherence, are the medicines working for the patient, use of the word 'trial stop' but reassuring patient if need to go back, then they can etc. Also highlighted important to 'humanise' the SMR so it feels personalised.
- Used the term "suspend" that med which not so final as stop, works really well eg with Statins.
- Importance of MDT, face to face vs telephone vs video, optimise skills within the team ie diabetic nurses doing diabetic meds review, issues around estates, ideally GP would love to visit in people in their home, 'show me your medicines' GP in Devon working with DNs to get the real story.
- I have asked the practice to get bloods, BP and body weight done before they book into my clinics.
- Spoke about the value of face to face seems to have better outcomes and better engagement from patients compared with phone appointments - however for

many in our group phone appointments are the only option - linked to room space and time.

- PPIs are also OTC medication to add to the mix! → PPIs -Add association with risk of fractures, B12 deficiency, drug interactions, travellers' diarrhoea.
- It's difficult with catheters and ongoing problems with bypassing which really impacts on quality of life and skin integrity → Why is it that urologists push back about stopping finasteride with a long-term catheter? onset of action vs e.g., Tamsulosin? → I agree, catheters bypassing is a troubling problem but often anticholinergics don't solve the issue.
- Scotland polypharmacy has helpful guide on ACB, and it comes back to what matters to the patient and symptom control.
- We have been sending out the AccuRx Medication Review as an opportunity for the patient to list concerns so we can discuss straight away.
- Community Teams reviewing care home residents should include people under 'house arrest' i.e., receiving 3 or more home care calls per day, as this group tend to be as frail as care home residents. Previously, it has been difficult to identify this home care group - ICPs should now have access to who these people are and where they live. → In Derbyshire we have created "Team Up" which is for all housebound and is a teaming up of all services including social care and the urgent community response and the wider PCN MDT. → Starting place (not all) could be the housebound list on your GP register, or those receiving DN input.
- Eclipse published some research that deterioration predicted by citizens registered for assisted rubbish collection (unable to put out their own bins), information held by local authority but not health.
- There has also been a national relaxation of the "rules" about what constitutes a Virtual Ward such that we are more able to include step up and admission avoidance interventions.

Login details to access the Wessex AHSN Polypharmacy ALS Resources:

Please access the Wessex ALS resources here.
Username: mospals
Password: gomoPass1

Link for NHS BSA Data Webinar:

Understanding the data webinar: The AHSN Polypharmacy Programme: Getting the balance right Tickets, Multiple Dates | Eventbrite

The AHSN Network

Polypharmacy: getting the balance right

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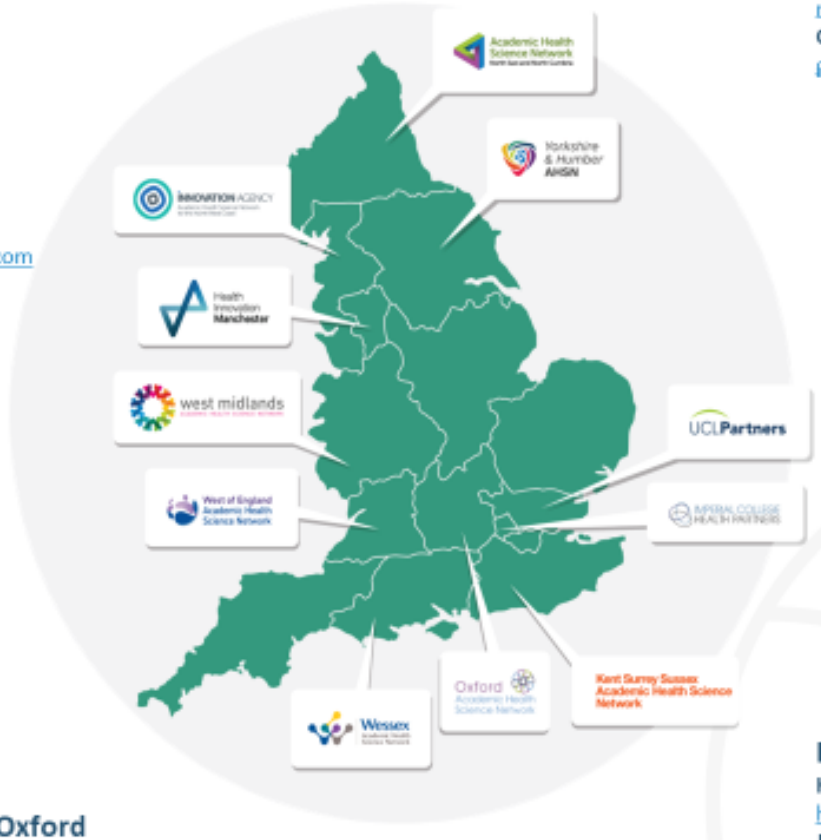

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