Consulting on RPS polypharmacy professional guidance – CPL response

August 2018

<u>Questions</u>

1. Is the scope and purpose of the professional guidance on "Polypharmacy: Getting our medicines right "clear? **Yes**

2. Does the background in the guidance provide a clear understanding of the issue of polypharmacy? **Yes**

3. The guidance has been developed under the following three key areas:

    - Polypharmacy and people
    - Polypharmacy and Healthcare systems
    - Polypharmacy and Healthcare professionals

    Does this format work and is it clear throughout the guidance? **No**

If not, why not? – free type answer

These "key areas" do not appear until page 14, maybe they could be introduced earlier in the document so that this demarcation is clearer with the reading from the outset.

The key areas could also be made clear by use of format, spacing & layout within the document, as they seem to run into each other.

Clarity is not helped by the chosen method of reference as it makes the narrative harder to read and potentially more confusing for the reader.

4. Are there any financial and/or organisational barriers in practice to using this guidance and actioning the recommendations highlighted? **Yes**

If yes provide more detail?

Some of the barriers may include

- Lack of workforce development so the staff on the frontline are unable to use this guidance to its maximum potential

- Capacity & availability of appropriate workforce across the entire system e.g. primary & secondary care & others

- Without shared access to the patient record this leads to duplication & does not facilitate collaborative working

- Organisational boundaries that don't allow for cross sector working e.g. NHS, CCG, Primary, Secondary care & community pharmacy, CSU etc.

- There needs to be an IT pathway for tasking actions when needed in another part of the system i.e. actions are directed to the appropriate healthcare professional

- Existing services that do not meet the guidance, yet there is overlap between them – leading to inefficient ways of working

5. Are there any recommendations where you feel that a case study would be helpful to illustrate how to apply the guidance in practice?   **Yes**

If yes which one?

This whole subject is very broad, and this paper has three key areas, so a single case study/story would be too long & too complex of a read. Therefore we suggest that there is a case study telling a story of how this work applies to each of the three key areas i.e. use of vignettes throughout the document

6. Do you have any case studies that show the possible impact of addressing polypharmacy which we could add to the guidance?   **No**

If yes provide details

7. Do the tools signposted to in Appendix 2 help with polypharmacy reviews?   **No**

If No, provide details of why not and details of tools that you think are missing

The links for tables 2a, 2b & 2c are broken which therefore makes commenting difficult.

Any tools need to be available online, web based, and have drop down menus to support the healthcare professional in their decision making (as seen in the 7 steps guide)

8. Do the tools signposted to in Appendix 5 support patients in medication review consultations? **No**

If No, provide details of why not and details of tools that you think are missing

This is a closed question - The tools signposted in Appendix 5 do support patients in medication review consultations, however different people respond to different

strategies, so those specified in appendix 5 will work for some people, other people may prefer to use an app whilst others simply want to have things explained to them. So the available tools to support reviews need to be broader in their approach & multi-channel

9. Are there any supporting references or resources that you think should be highlighted to support implementation of the guidance? **No**

If Yes, provide details

10. Are there any other comments that you would like to make about the guidance? **Yes**

If yes, provide details

The guidance is a very welcome move to draw attention to this key area of patient safety around their medicines. We would like to read how these comments are to be turned into actions – without which the guidance is only aspirational.

Consideration should be given to the identification of developing a service specification template to support commissioning a pharmacist led service by pharmacists found in general practice, community pharmacies & care homes i.e. a commissioned polypharmacy service to be used by pharmacists working in different areas of healthcare.

In all settings where medicines are being used, there should be access to a pharmacy professional.

The definition of Polypharmacy used here is 10 items and above. We would ask that the thinking moves to one of appropriate prescribing therapies; recognising multi morbidity's that may be found in patients who have between 4 and 10 prescribed items.

A review needs to look at the actual prescribing for the diagnosed condition, have the existing prescribed medicines been used within their full therapeutic dosage range before a different medicine is introduced. E.g. addition of another hypertensive when the full dose has not been attempted or used. This question needs to be factored into the guidance