IP Pathfinder - Clinical Protocol - Model 5 – Safe and Quality Deprescribing, Review and Optimisation of Medicines (SQuaDROM): Addressing Polypharmacy

Background

The service aims to allow IP community pharmacists to review a patients' medicines to address inappropriate polypharmacy. Deprescribing is the process of tapering, withdrawing, discontinuing or stopping medicines to reduce potentially problematic polypharmacy, adverse drug effect and inappropriate or ineffective use of medicines.

Woodward's five principles of deprescribing are:

Principle 1	Principle 2	Principle 3
Review all current medications	**Identify medications to be targeted for cessation**	**Plan a deprescribing regimen**
• Patient (and in some cases a pharmacist) provides all medications being taken to clinician. • Indications for medication use to be established, treatment adherence and adverse drug reactions identified.	• Medications for resolved conditions, or cause/have been prescribed for adverse drug reactions and medications that not improving patients' conditions should be targeted for deprescribing.	• Prioritise drugs to be ceased. • Plan deprescribing regimen according to priorities of patient. • Plan in conjunction with medical team (including doctor, pharmacist, nursing staff and patient).

Principle 4	Principle 5
Plan in partnership with patient and carers	**Frequent review and support**
• Patient informed of purpose (or lack) of medication. • Plan to be undertaken with input and consent from the patient and carer(s). • Patient to agree with plan.	• Patients to be regularly reviewed by prescribing team to monitor progress and provide support and positive feedback.

The World Health Organisation estimates that half of all medicines prescribed worldwide are done so inappropriately. Both prescribing and deprescribing require careful clinical judgement and skill to balance the risks and benefits of medicines, minimising potential harms and improving patient health outcomes (Duncan et al, 2017).

Text below from the BMJ Article: *'Deprescribing intervention activities mapped to guiding principles for use in general practice: a scoping review' BMJ Open 2021:11*

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Evidence suggests that patients are willing to cease unnecessary medications but require empowerment and engagement from their GP to do so and are likely to leave it to their GP to initiate the deprescribing conversation. However, research has identified that a number of barriers to this occurring, including appointment time constraints, lack of good quality guidelines, clinical inertia and not knowing when to deprescribe. When asked about what would assist with their deprescribing role, GPs express a desire to have support and work in collaboration with other healthcare professionals, have ready access to non-pharmacological options and resources, and decision-making systems and tools to enable them to regularly and confidently conduct deprescribing.

As part of the IP Pathfinder Programme, it is important to consider what contribution community pharmacy could make to the deprescribing agenda.

Patients could be identified as suitable for inclusion in the service as follows:

- Those with multi-morbidities – presence or two or more long term health conditions
- Those who are elderly and / or frail
- Those who are housebound and / or living in residential, nursing or care homes
- Those who have been identified as having a decline in hepatic and / or renal function that would warrant a review of medication
- Those who have medicines prescribed that are only intended for short-term use e.g. clopidogrel and ticagrelor in acute coronary syndromes (ACS)
- Those who have been taking medicines long term that may not be inappropriate to continue e.g. a proton pump inhibitor with no obvious current indication
- Those who have participated in shared decision-making where their own personal goals have been considered and who will be aware that each medicine is initiated as a trial, understand the benefit to harm profile of each medicine they take and any stopping criteria.

This model will improve access for patients and patient outcomes, assisting them with the management of inappropriate polypharmacy in a timely manner.

This model will work in partnership with general practice(s) with the management of identified patients with inappropriate polypharmacy. Community pharmacies and general practices will work collaboratively together to address polypharmacy to appropriately manage patients' health and expectations.

Clinical Protocol	
Clinical condition or situation to which this protocol applies	To allow IP community pharmacists to review patients to address inappropriate polypharmacy with a view to deprescribing
Inclusion	The inclusion criteria will be patients identified or referred to the community pharmacy who may be subject to inappropriate polypharmacy.
Exclusion	Patients unable to consent to treatment or who are under 16 and not Gillick competent. Patients who are under 16 who are unaccompanied by an appropriate adult (parent / guardian) unless they are aged 13 – 15 and assessed as Gillick competent. Conditions outside the prescribers' current competencies are also excluded.

Formulary and Guidance to be followed	The IPs will be expected to follow relevant guidance. This includes:
	• local formularies:
	  ○ Humber
	  ○ North Yorkshire
	  ▪ Harrogate
	  ▪ York and Scarborough
	• NICE Guidance
	• Tools to support Medication Review
	• PrescQIPP – Ensuring appropriate polypharmacy: A practical guide to deprescribing

Patient route(s) into the service	Patients will be able enter the IP Pathfinder service via one of the options below: 1. Patient identified raising concerns to IP Pathfinder site about their medicines / health e.g. potential adverse drug reaction. 2. Pathfinder site identifying patients who are struggling to manage their medicines, potentially suffering from adverse effects from their medicines 3. Patients referred to the pharmacy delivering deprescribing service by another prescribing organisation. 4. Patients referred to the pharmacy delivering deprescribing service by another community pharmacy.

Patient Pathway	• Patients identified from one of the routes above.
	• Patient will be invited to attend an IP Pathfinder site for a consultation regarding their prescribed medicines e.g. via AccuRx message.
	• Pharmacy contacts patient to gain consent for review and books appointment in IP Pathfinder site.
	• Patient attends appointment (remote or face to face) at Pathfinder site. IP conducts holistic consultation including:
	  ○ Taking a comprehensive medication history and check adherence.
	  ○ Identify any potentially inappropriate polypharmacy
	  ○ Determine whether any medicines can be safely stopped, e.g. if a medicine is rarely or never taken this makes stopping easy.
	  ○ Plan the withdrawal regimen, reduce or stop one medicine at a time. If problems develop, it makes it easier to identify the likely cause. Consider if the medicine can be stopped abruptly (e.g. if toxicity has developed) or needs to be tapered. Sometimes a smaller dose may be needed to continue long term.
	  ○ Check for benefit or harm after each medicine has been reduced or stopped.
	• Community Pharmacist IP to refer to GP practice for peer support / advice if any patient factors / issues arise that fall outside of the current competency or experience of the IP.

	• Use recognised tools to aid deprescribing discussions / decisions, e.g. STOPP START, AEC, NO TEARS, IMPACT, Beers Criteria, 7-steps approach • All prescribing and/or medication changes should be line with NICE Guidance and local formulary guidance (see Formulary & Guidance section above). • Medication changes that require monitoring, need to follow NICE Guidance. • Patients' care is transferred back to GP at patients' request at any point in the pathway or once the initially prescribed medicine is available again. • All consultations must be recorded on the clinical consultation record (PharmOutcomes). • An automated Post Event Notification (PEN) will be sent via NHS mail as a PDF attachment to a patients' general practice upon completion of the PharmOutcomes platform. • Prescribing will be permissible via GP IT systems until Cleo Solo EPS is in place in IP Pathfinder sites. • Once Cleo Solo EPS is available at an IP Pathfinder site, Cleo Solo EPS must be used to issue any prescription. • Appropriate safety netting must be given to ensure the patient knows where to seek support in case of problems arising.
Consultation requirements	The consultation will consist of: • Clinical history. • Patient assessment including clinical history and where necessary physical examination. • Provision of advice, which may include signposting to relevant NHS website information or written information. • Clinical management will be in accordance with Clinical Knowledge Summaries http://cks.nice.org.uk • Consideration of drug interactions for any medication • Safety netting information to the patient Where clinically appropriate the consultation can be provided remotely e.g. by phone or video consultation. The IP must determine if is clinically appropriate / a requirement for the patient to be seen face-to-face or whether the consultation can be safely carried out remotely without impacting on the quality of the service received. Considerations in relation to appropriateness for remote consultation (not exhaustive) • requirement for a physical examination • barriers to communication created by remote consultations that would be addressed by a face-to-face consultation
Session provision	The number of sessions provided and the number of deprescribing consultations per session (4 hours) will be locally discussed and agreed.
Onward referral of patients	This deprescribing medicines IP activity is discrete to General Practice.

	There will be occasions that the IP needs to refer the patient to their GP (or relevant OOH provider) for further assessment or management. These referrals will be made via locally discussed and agreed routes.
Access to blood tests and pathology	If access to pathology is required as part of this model, discussions need to be held between the patients' general practice and IP Pathfinder site.
Records	Records are to be kept in line with the IP Pathfinder Service Specification.
Notification	Post event notification to be sent to the patients registered GP digitally e.g. by either NHS Mail or another predetermined and agreed digital system. This may include: • System ID • Person full name • Date of birth • Person address • Postcode • NHS number • GP name • GP Practice details • GP practice identifier • Organisation identifier • Organisation name • Organisation address • Organisation contact details • Date • Service i.e., deprescribing • Clinician name • Medicine(s) prescribed • Quantity of medication prescribed • Medicine(s) deprescribed • Reason for deprescribing • Presenting reason e.g. identified or referred to the community pharmacy • Consultation outcome • Clinical narrative • Referral Date • Urgency of referral • Referral to (organisation name) • Referral to (organisation identifier) • Reason for referral.