

Questions from the webinar:

1. from Tim Root to All Participants:

Does anyone have a favourite tool for deprescribing?

from Alison Campbell to All Participants: Stop/start tool

from Firuja Khatun to All Participants: I find Stop/Start is limited but my experience in primary care is limited so that's probably why

from MELANIE GRAHAM to All Participants: Cumbria meds optimisation uses a STOPP START booklet

from Manjeet Lundh to All Participants: like the NHS Wales document, STOPP START booklet also helpful

from Rebecca Chennells to All Participants: In the welsh document find the flow chart for de-prescribing on page 9 quite a useful summary

from MELANIE GRAHAM to All Participants: I also like the ICE mnemonic-Exploring the patients Ideas Concerns and Expectations of the meds/illness from CPPE I think

LO

It is helpful to have a range of tools to suit various patient scenarios, clinical experience and knowledge, personal style and easy of use. Each tool has its pros and cons. The MUS document gives a useful summary of what is available in the UK. Polypharmacy, oligopharmacy & deprescribing: resources to support local delivery. 2014. <https://www.sps.nhs.uk/articles/polypharmacy-oligopharmacy-deprescribing-resources-to-support-local-delivery/>

- Validated- STOPP/START criteria 2015, STOPPFrail criteria 2017, SLAM Anticholinergic Risks Burden scale (Bishara et al 2016)*
- Guidance- Scottish and Welsh Polypharmacy guidance have many useful tools, CRIME recommendations (Onder G et al 2014)*
- Interesting tools - Medstopper, The Canadian deprescribing algorithms for specific drugs/classes @ www.deprescribing.org*

*** Last time I checked the Cumbria version is still using the STOPP/START version 1 and needs to be updated.*

2. from David Vincent to All Participants:

Does anyone know of any plans to open up summary care records functionality to enable pharmacists to upload discharge letters..?

from Tim Root to All Participants: unfortunately i dont think there is..

from Tracy Rogers Quite a few report using STOPP/START tool. The Cumbria booklet is popular. There's a useful summary flow chart in Welsh document

from David Vincent to All Participants: shame, view only access is missing a trick

from Tim Root to All Participants: uploads only from gp records

3. from David Vincent to All Participants:

what do all think the priorities should be for proving value of pharmacy service

LO

- *Varies from locality to locality, however pharmacists should be adding value by delivering improved patient related outcomes through medicines optimisation, cost savings from reduced wastage and across systems (not limited to medicines costs but reducing unscheduled episodes of care by doctors, nurses, social care), managing complex therapeutic issues using our unique medicines expertise and care co-ordination*
- *Reducing '**medicines related**' hospital admission (although we've got differentiate the medicines related admissions from non-medicines related first)*

4. from manjeet kaur to All Participants:

how do you think we can manage polypharmacy across the interface of secondary to primary care

LO

- *Patient centred rather than product centric approach/consultations during and post discharge. Focus on what patient needs rather than what we think they need*
- *Good communication during transfer of care- particularly wrt changes in medication and why, identifying and communicating any changes patient's condition that would impact on medicines use, so it can be managed properly in primary care.*
- *Robust pharmacy to pharmacy referral systems so medicines issues can be handed over and dealt with timely and appropriately*

5. from Sarah Hafeez to All Participants:

Would you be able to provide more case studies for us to view later?

6. from MELANIE GRAHAM to All Participants:

Do you use any kind of proforma for your med reviews?

LO

- *We have a proforma that is designed to assess the patient rather than the medicines and serves as a prompting, recording and data collection tool in one.*

7. from manjeet kaur to All Participants:

has any work been done across your area?

Not sure what this refers to!

from Manjeet Lundh to All Participants:

Sometimes when going to a care home, a review is done around the table with staff and GP in the absence of the patient. What advice would you give for these situations?

LO

- *My personal view, is that while this is helpful for discussions when medicines are being prescribed for straightforward acute situations, they can be of limited value when the aim is to review long term medication, unless the pharmacist has undertaken a preliminary review that takes the patient's perspective into account. This is because the reasons for prescribing are not always obvious, patient adherence and monitoring may be unclear and the patient may have a different view (if they have capacity to).*
- *If this is the model in your locality, then my suggestion is that you have the nurse who looks after the patient directly involved. You'll probably spend more time asking questions rather than given solutions when you haven't got the full picture*

8. from Meera Parkash to All Participants:

Very informative session, thank you. Main concern is fitting this working practice into a single consultation, sometimes only 15 mins?

LO

- *We recognise this is the reality, which is why the approach is broken down into several steps and also can be used to tackle one or two priority areas as well. What is important is to take it as far as your 10-15 minutes will stretch, then you can make another appointment to tackle the other aspects or refer/handover to another practitioner like the GP, pharmacist, community matron etc to take the next steps or co-ordinate the care. This is why we need to work within integrated teams versus in our silos*
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9. from manjeet kaur to All Participants:

deprescribing can be carried out in hospital, however is this info immediately pass on to the GP?

from Sarah Hafeez to All Participants: **should be - copy of discharge prescription and letter should be passed directly to gp**

10. from Jennifer Weston to All Participants:

Don't forget us pharmacists in GP practices too :) we can provide a valuable link in transfer of care...

Hafeez to All Participants:

could we have another webinar based on case studies and their solutions?

yep!!