

## EDeN: English Deprescribing Network

### EDeN: The Why?

Inappropriate polypharmacy and the growing number of patients who are unable to cope with the magnitude of their medication regime is something which health professionals increasingly encounter.

The idea for an English Deprescribing Network (EDeN) grew out of a workshop delivered by two Chief Pharmaceutical Officer (CPhO) Clinical Fellows at the CPhO Conference in March 2018. The focus of the workshop was to explore how deprescribing could become part of everyday clinical practice. Examples of work in this area were highlighted however it was acknowledged that there was an urgent need for transformational change across the health system to address inappropriate polypharmacy. There was enthusiasm for the development of a network as a powerful means of sharing ideas, good practice and learning, to potentially shape policy and drive change across organisations.

One year on, EDeN has been established, and will be launched at the Clinical Pharmacy Congress in June 2019.

Why is reducing inappropriate polypharmacy important?

- Medicines are the most common clinical intervention in the NHS<sup>1</sup>.
- Polypharmacy is very common in England. In 2017, a study into medication use in older people, including both prescribed medicines and over the counter products, showed that there had been a dramatic increase in use over the last two decades, with a quadrupling in the number of people taking five or more medicines (from 12 to 49%). The number of people taking no medicines reduced from 1 in 5 to 1 in 13<sup>2</sup>.
- One third of people aged over 75 now take at least six medicines, and over 1 million people now take 8 or more medicines a day<sup>3</sup>.
- With substantial and increasing medication use there is also a growing risk of harm<sup>4</sup>.
- Inappropriate polypharmacy leads to poorer health outcomes, fails to take into account what is important for individual patients and poses a serious medicines safety risk. A person taking ten or more medications is 300% more likely to be admitted to hospital<sup>5</sup>. Around 6.5% of hospital admissions are for adverse effects of medicines; this rises to rates of over 10% and up to 20% in the over 65 age group<sup>6</sup>.

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<sup>1</sup> National Institute for Health and Care Excellence. Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes. (NG5) 2015. <https://www.nice.org.uk/guidance/ng5>

<sup>2</sup> Gao et al. Medication usage change in older people (65+) in England over 20 years: Findings from CFAS I and CFAS II. Age and Ageing. 47. 1-6

<sup>3</sup> Health and Social Care Information Centre. Prescriptions dispensed in the community, statistics for England, 2004 – 2014. [www.hscic.gov.uk/catalogue/PUB17644](http://www.hscic.gov.uk/catalogue/PUB17644)

<sup>4</sup> Prevalence and economic burden of medication errors in the NHS in England. Policy Research Unit in Economic Evaluation of Health and Care Interventions (EEPRU) February 2018. [www.eepru.org.uk](http://www.eepru.org.uk)

<sup>5</sup> Payne RA et al. Is polypharmacy always hazardous? A retrospective cohort analysis using linked electronic health records from primary and secondary care. British Journal of Clinical Pharmacology 2014; 77: 1073 – 1082.

<sup>6</sup> Pirmohamed et al. Adverse drug reactions as cause of admission to hospital perspective analysis of 18,820 patients. British Medical Journal 2004; 329:15.

## EDeN: The What?

Together, the EDeN executive and advisory groups define the term deprescribing as:

**Deprescribing is a collaborative process, with the patient and/or their carer, to ensure the safe and effective withdrawal of medicines that are no longer appropriate, beneficial or wanted, guided by a person-centred approach and shared decision-making.**

EDeN is a network that allows people to:

**Connect:** the network will bring together a wide range of healthcare professionals, researchers and policy makers with an interest in promoting appropriate prescribing and shared decision-making.

**Share:** the network will support knowledge transfer and encourage the sharing of tools, resources and good practice to support:

- The technical process of deprescribing (as described above).
- Enhanced conversations between patients/carers and clinicians – where patients' views and priorities are a key part of the decision-making process.
- Effective communication of deprescribing across care settings, e.g. between primary and secondary care.

**Drive change:** promoting appropriate prescribing to avoid severe and avoidable harm from medicines requires a system-wide approach, together with policy and behavioural change.

## EDeN: The How?

The key objectives of the network are to:

- Raise awareness and skills around deprescribing among healthcare professionals and highlight the need for it to be part of appropriate patient care.
- To increase the use of shared decision-making when agreeing treatment options with patients.
- Contribute to the development of a national strategy to avoid harm caused by inappropriate polypharmacy.

## EDeN: The Who?

The Co-Chairs of EDeN are Emma McClay and Cherise Gyimah, two pharmacists who have worked across primary and secondary care for a number of years and have been involved in providing person-centred medication reviews. They hosted the original workshop at the CPhO Conference in March 2018 and since then have been working with the executive and advisory groups to establish the network.

The network is very much a ground-up approach. Although there is support from national organisations, such as NHS England and NHS Improvement, our Executive Group comprises healthcare professionals who are current or past fellows from the CPhO and National Medical Director Clinical Fellow schemes. The Advisory Group provides expertise and maintains oversight of the action plan.

We are united in our passion to support safe and effective medicines use.

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**Twitter:** @EDeprescribeN **Facebook:** EDeN Deprescribing

## Executive Group

Anuja Bathia	Chief Pharmaceutical Officer's Clinical Fellow 2018/19
Naveen Dosanjh	Deputy Chief Pharmacist, Corporate Services, Nottingham Healthcare NHS Trust Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Cherise Gyimah	Medicines Project Lead /Senior Care Homes Pharmacist, Guy's and St Thomas NHS Foundation Trust/Croydon CCG Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Justin Hayde-West	Senior Pharmacist – Medicines Optimisation, NHS London Procurement Partnership Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Graeme Hood	Pharmacy Programme Manager, Specialised Commissioning, NHS England and NHS Improvement (Midlands) Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Dr Stephanie Jordan	National Medical Director's Clinical Fellow 2018/19
Khola Khan	Senior Clinical Fellow, NHS Improvement Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Katherine Le Bosquet	Chief Pharmaceutical Officer's Clinical Fellow 2018/19
Emma McClay	Medicines Optimisation Pharmacist, Sunderland CCG Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Dr Aoife Molloy	Clinical Lead Evidence Based Interventions Programme, NHS England National Medical Director's Clinical Fellow 2014/15
Dr Juliette Mullin	Specialty Trainee in Forensic Psychiatry, South London Training Scheme National Medical Director's Clinical Fellow 2017/18
Tahmina Rokib	Clinical Lead, Digital Medicines and Pharmacy directorate (NHS Digital)/Senior Pharmacy Advisor (North East Ambulance Services) Chief Pharmaceutical Officer's Clinical Fellow 2017/18
Dr Louise Southern	Registrar in Care of the Elderly Medicine, Queen Elizabeth Hospital, Gateshead National Medical Director's Clinical Fellow 2014/15

## Advisory Group

Professor Emma Baker	Head of Clinical Pharmacology, Lead for Prescribing Education and Assessment and Chair of the Drugs and Therapeutics Committee at St George's and Clinical Vice President of the British Pharmacological Society
Dr Wasim Baqir	National Pharmacy Lead (Care Homes) Pharmacy Integration Programme Strategy and Innovation Directorate, NHS England and NHS Improvement
Professor Nina Barnett	Consultant Pharmacist for Older People at London North West University Healthcare NHS Trust and NHS Specialist Pharmacy Service
Liz Butterfield	President Primary Care Pharmacy Association Clinical Lead Medicines Optimisation Kent Surrey and Sussex Academic Health Science Network (AHSN)
Cleo Butterworth	Associate Clinical Director, Patient Safety at Health Innovation Network
Dr Adrian Hopper	Consultant Physician and Deputy Medical Director at Guy's and St Thomas, Clinical Lead for GIRFT programme, and Clinical Director for Patient Safety at the Health Innovation Network
Clare Howard	Clinical Lead for Medicines Optimisation, Wessex Academic Health Science Network
Lelly Oboh	Consultant Pharmacist for Older People at Guy's and St Thomas' NHS Foundation Trust and NHS Specialist Pharmacy Service
Bhavana Reddy	Specialist Pharmacist Adviser, Medicines and Diagnostics Policy Team NHS England and NHS Improvement