Provision of a Polypharmacy Clinic

Service delivery template

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Service Delivery Template

Introduction

Polypharmacy is a term often used with negative connotations to patient care. It should be remembered that the use of therapeutic agents, often in combination has led to significant health benefits for a large proportion of people living in Scotland. This does not however negate the risk of iatrogenic disease to patients particularly the frail and elderly who are prescribed multiple medicines. Using the Pharmacy Care Record (PCR) system a Polypharmacy Tool can be used to deliver level 3 medication reviews in all 1250 NHS community pharmacies in Scotland.

A polypharmacy review which involves a pharmacist performing structured assessment of a patient's medicines should deliver the following objectives.

- Build consensus with a patient about their treatment
- Increase the benefits a patient derives from their medicines
- Reduces the harms of a patient's therapy
- Reduces waste
- Provides a structured pathway to give feedback to other health care professionals

The Scottish Government issued a [Polypharmacy guidance quick reference guide in 2012](#) and the *"Wilson Review"* and *Prescription for Excellence* both highlight the patient care issues and waste caused by the prescribing of multiple medications. This has led Scottish Government to encourage Health Boards to support pharmacist independent prescribing clinics for multi-morbidities when possible.

Due to 36% of patients over 75 taking 4 or more medicine (as quoted in the Polypharmacy guide) with an estimated 50% of drugs prescribed having some form of care issue, the wider pharmacist population's skills should be utilised to address these issues.

The "Wilson Review" estimated nationally medicine waste is around £30 million and savings of £15 million could be made. The review states "the greatest social and economic returns are to be gained when reducing medicines waste can be effectively linked to improving care quality and health outcomes".

[The Pharmacy Futures project](#) delivering 4 or more medicine reviews for patients estimated savings of £70M across England if the service was nationally commissioned. If the service results were replicated in Scotland savings of around £3.6M relating to reduced waste and hospital admissions and £3.4M in reduced costs from falls and fractures could result. The Polypharmacy support tool is based on the interventions used in the Community Pharmacy Future pilot study.

The Scottish Government has previously issued a letter about the setting up of polypharmacy clinics. In that letter the funding arrangements precluded involvement of community pharmacy contractors, inhibiting service delivery through the network. We call on Scottish Government to remove this barrier and utilise the template which has been prepared.

Service specification

Patient Registration

Patients with long term conditions receiving 4 or more regular medicines should be offered support. Each patient presenting for a polypharmacy review should be eligible for CMS and after gaining patient consent should be registered for the service. Registration for CMS is a requirement as it provides patient consent for the sharing of information between community pharmacy and GP. After the patient has received Stage 1 and Stage 2 pharmacy support the GP should give strong consideration to initiating serial prescribing.
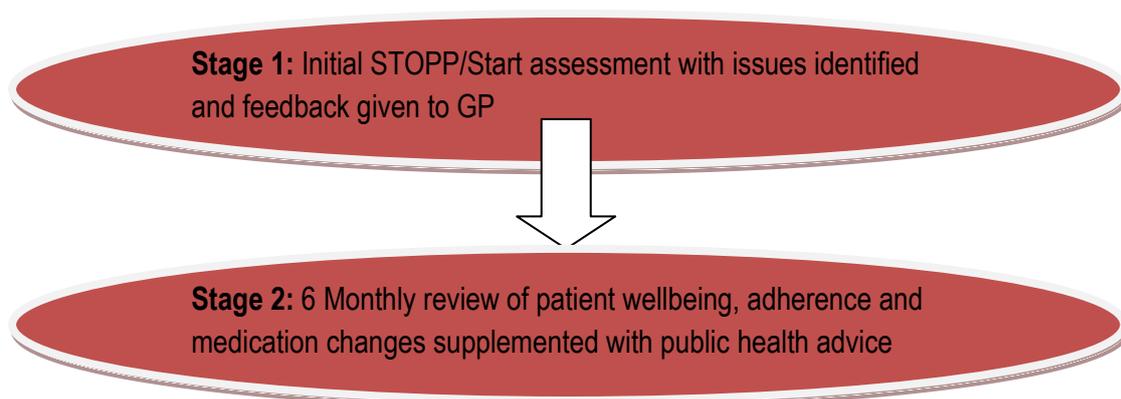
Pharmaceutical Care

The STOPP and START screening tools have been developed to aid clinicians in delivering polypharmacy reviews. The screening tools were originally validated for patients over the age of 65 but clinical judgement should be used as to what constitutes an elderly patient.

The Scottish Government's Polypharmacy Quick reference Guide 2012 recommends that Health Boards use iSparra data to identify patients at risk from adverse affects and hospital admission from polypharmacy. Each community pharmacy will then be given a case load of their regular patients to receive polypharmacy reviews.

Pharmacy contractors will also be able to identify patients with medicines adherence issues and offer polypharmacy reviews if they believe it is appropriate.

To reflect the long term nature of the conditions being treated patients should be offered support at regular quarterly intervals. A polypharmacy review will consist of an initial assessment and bi-annual review.

Stage 1: Initial STOPP/Start assessment with issues identified and feedback given to GP

Stage 2: 6 Monthly review of patient wellbeing, adherence and medication changes supplemented with public health advice

The STOPP/Start tool can be difficult for clinicians to use in practice. The PCR Polypharmacy Tool will use the model of following the BNF sections as developed in Tayside. A patient's treatment should be holistic to avoid focusing on care issues about single drug treatments. Pharmacists should consider this before using the polypharmacy tool.

- How the patient perceives their general well being
- Would any lifestyle advice be appropriate

- Use of ALISS local resource database
- Concordance with all drug treatments
- Understand the reason why they are taking all their drug treatments

Polypharmacy Support tool

- **Concordance**
  - Do you sometimes forget your medicines?
  - Sometimes patients have issues taking their medicines (too busy/ run out). Since your last visit are there any days you've missed your medicines?
  - When you are away from home do you sometimes forget to bring your medicines?
  - When you are feeling healthy do you sometimes cut back or stop taking your medicines?
  - Do you change the way you take your medicine because of side-effects from them?
  - Is the patient missing out on any appropriate treatment (Start)
    - PPI or H2 Receptor antagonist if patient is taking Aspirin or Warfarin
    - Regular Inhaled beta 2 agonist or anticholinergic agent for mild to moderate asthma or COPD
    - Bisphosphonate in patients taking maintenance corticosteroid therapy

- **Interactions and Precautions** (Recommend Stop)
  - Duration of treatment
    - NSAIDS > 3 months
    - PPI at maximum dose for >8 weeks
    - Long acting benzodiazepine > 1 month
    - 1st generation (sedating) antihistamine > 1 week
    - Antipsychotic drugs >1 month
  - Potential inappropriate duplication
    - More than one opioid
    - More than one loop diuretic
    - More than one NSAID
    - More than one ACE inhibitor
    - More than one antidepressant
    - More than one SSRI
    - Other duplicates in a therapeutic group
  - Potential inappropriate prescribing
    - Dipyridamole monotherapy for CV secondary prevention

- **Adverse Reactions: side effects and toxicity** (Recommend Stop)
  - Potential inappropriate dose
    - Digoxin > 125mcg/day
    - Aspirin >150mg/day
  - Inappropriate prescribing because of side effects and cautions
    - Thiazide diuretic with drugs that might indicate gout
    - Beta blocker with verapamil
    - Warfarin and NSAID
    - Glibenclamide with drugs that might indicate type 2 diabetes
    - Phenothiazine antipsychotic with drugs that indicate epilepsy
    - Prochlorperazine or metoclopramide with drugs that might indicate parkinsonism
    - Nebulised Ipratropium with drugs that might indicate glaucoma
    - TCA with drugs that might indicate glaucoma
    - TCA with opioid
    - TCA with drugs that might indicate dementia
    - TCA with calcium channel blocker
    - Antimuscarinic drug with antipsychotic
    - Antimuscarinic drug with drugs that might indicate glaucoma
    - Antimuscarinic drug (urinary) that might indicate dementia

- **Monitoring** (Falls Risk)
  - Medicines

Drugs that Significantly Increase Falls Risk	Drugs that Moderately Increase Falls Risk
Alpha-Blocker	ACE inhibitor / ARB
Antidepressants	Anti-arrhythmic
Antimuscarinic	Antiepileptic
Antipsychotic	Beta-blocker
Benzodiazepine	Cardiac glycosides
Calcium Channel blocker	Diuretic
Dopaminergic drug	Opioid
Hypnotic	
Nitrate	
Potassium channel activator	
Sedating antihistamine	
Vasodilator	

  - Conditions that contribute to falls
    - Arthritis or other pain symptoms
    - Cardiovascular/ Cerebrovascular disease
    - Dementia including Alzheimer's disease
    - Depression/ Neurosis/ Psychosis
    - Diabetes
    - Epilepsy

- Eye conditions e.g. cataract/glaucoma
- Parkinson's Disease

- o Impairments
  - Do you ever feel dizzy or faint?
  - Do you ever feel unsteady on your feet?
  - Do you feel light headed on rising from seat/bed?
  - Have you fallen in the last 12 months? What were the circumstances?
  - Do you have any problems with your feet?
  - Do you use a walking or mobility aid to help get around?
  - Have you had your eye sight checked in the last 12 months?
  - Do you have any visual impairment?
  - Do you drink more than 1 unit of alcohol daily?
  - Is your diabetes monitored (if appropriate)
  - Is your glaucoma regularly monitored (if applicable)

- o Potential Falls Actions
  - Alternative drugs with lower risk?
  - Change in dosage timings
  - Avoid slips, trips and hazards
  - Avoiding dehydration
  - Building muscle strength/ exercise advice
  - Alcohol awareness
  - Footwear
  - Use of mobility aids
  - Vision checks (refer to optometrist)

Training requirements

The tool provided enables pharmacists to utilise the skills they already have to support patient care. Any training offered will be on an optional basis as pharmacists identify areas they wish to focus on to support their practice. Consideration should be given providing optional training in these areas

- Consultation Skills
- Scottish Government Polypharmacy Guidance

Marketing

The service should receive marketing support using

- The CMS leaflet should be updated to include information on polypharmacy reviews
- The service should have a month allocated in the PHS poster section of the pharmacy

The service must also be highlighted to GP colleagues to ensure they have a full understanding and support the service. The service would link in with QOF section 6 and would help GPs achieve outcome

MM003

A medication review is recorded in the notes in the preceding 15 months for all patients being prescribed 4 or more repeat medicines. Standard 80 per cent

Value =10 points

Supporting materials

- Update user guide to the PCR to reflect new support tool
- The support tool should be available for training at least 28 days before new tool is fully launched to allow for training on the system

Record keeping/Administration/Audit – PCR

The PCR support tool section will be used to host the polypharmacy tool. This will generate information which will be viewed in each patient's record.

The PCR will also email or print out a hard copy of the results of the polypharmacy review so this can be sent to the patient's General Practice.

The tool should be designed in such a way that interventions can be easily audited to establish outcomes of the service.

Background reading/Useful References

- Scottish Government Polypharmacy Guidance

- "Wilson Review"

- Prescription for Excellence