Community Pharmacy Scotland

# Response to the Royal Pharmaceutical Society's Consultation on "Polypharmacy: Getting our medicines right"

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# Who are Community Pharmacy Scotland (CPS) & what do they do?

## Who we are

We are the organisation which represents community pharmacy contractor owners in almost every aspect of their working lives, and are the voice of these vital healthcare professionals as they deliver pharmaceutical care to the people of Scotland.

We are empowered to represent the owners of Scotland's 1256 community pharmacies and negotiate on their behalf with the Scottish Government. This covers all matters of terms of service and contractors' NHS service activity including remuneration and reimbursement for the provision of NHS pharmaceutical services.

## What we do

We work with the Scottish Government on the development of new pharmaceutical care services and ensure that the framework exists to allow the owners of Scotland's community pharmacies to deliver these services.

The Scottish community pharmacy contract puts the care of the individual right at its centre and with its focus on pharmaceutical care and improving clinical outcomes, community pharmacy contractors and their employee pharmacists are playing an increasingly important role in maximising therapeutic outcomes and improving medicine safety. Community pharmacy is at the heart of every community and plays an important part in the drive to ensure that the health professions provide the services and care the people of Scotland require and deserve.

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## Question 1: Is the scope and purpose of the professional guidance on "Polypharmacy: Getting our medicines right" clear?

No

The guidance provides an overarching summary of the size, scale and complexity of the issue of polypharmacy, and outlines the roles that pharmacists, patients and their careers need to play.

The signposting to work already done on polypharmacy is useful and builds on this work and underpins all recommendations on the principles of medicines optimisation.

There is, however, little new information in the document. Healthcare professionals understand the issues and have the skills to deliver what is required. It is the delivery which is the issue.

While the guidance is intentionally aspirational and does not necessarily reflect the current arrangements in healthcare, there are insufficient details on timescales (aspirational or otherwise). In addition, the document refers to waste reduction and cost savings, but provides no detail or aspiration on investment, spend to save programmes or similar.

## Question 2: Does the background in the guidance provide a clear understanding of the issue of polypharmacy?

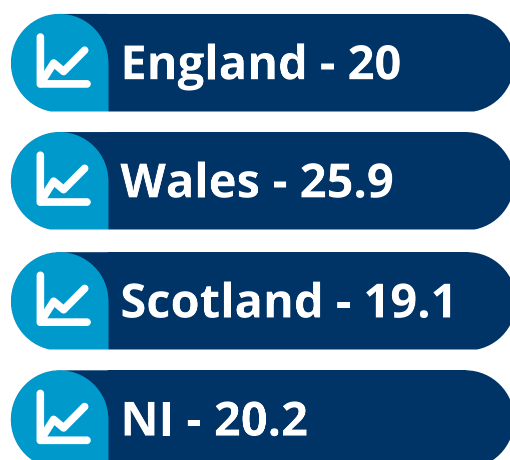
Yes

Medicines have made an immeasurable contribution to the health of the population, particularly over the last century. Lives have been saved, lives have been prolonged and improved and illness avoided because of medicines. However, as we have come to rely on the taking of medicines to resolve our health issues, some problems associated with taking multiple medicines have emerged.

Increases in prescribing across the UK illustrate some of the root of the issue

Data for NHS England shows an increase of 46.8% in the annual items dispensed from 2006 to 2016

Current figures for the home countries show average annual item per head figures of:



## Question 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

The separation of the three areas gives a key focus on the impact of all, and the part all can play in resolving the negative aspects of polypharmacy, improving patient care and safety and effecting cost savings.

Polypharmacy and actions to identify and address the problems that it causes, are everyone's responsibility. Solutions that rely on one sector to conduct medication reviews will fail to deal with the scale of the problem. Instead, systems need to come together to ensure that there are processes to find the individuals who are most at risk from harm. Such processes should include data provision that will systematically identify people at greatest risk from harm who require a structured, holistic medication review* as well as systems that allow for opportunistic identification of people with a high pill burden, those who are taking high risk medicines and/or those who appear not to be coping well with their medicines. However, whilst all those involved in the medicines pathway must play their part, there is a requirement on those who are prescribing medicines to take a lead responsibility to

consider the consequences of multiple medicines for people and to address that directly with the person under their care. Such conversations, if carried out well and in equal partnership between the healthcare professional and the individual, have a number of potential benefits, including:

• A reduction in problematic polypharmacy
• More engaged individuals who are content with the medicines that they have agreed to take
• Greater likelihood that people will adhere to medication regimes
• Less medicines waste,
• Improved health outcomes for those under their care.

Our response is, "No"

There needs to be a greater challenge on all healthcare professionals involved in the medicines pathway to not only work together, but to cease publicly challenging and accusing/blaming one another when polypharmacy issues arise. Until that is achieved, there will be no resolution to this patient care, patient safety and cost challenge.

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

Yes

This work requires significant and planned investment to provide the required resource and expertise to deliver the aspirational standards in the consultation.

• Pharmacists should screen for potential adverse drug reactions (ADRs) and take steps to reduce the risk of harm, this should include the identification and reporting of suspected ADRs using the Yellow Card Scheme (https://yellowcard.mhra.gov.uk/ )

• Pharmacists should ensure that where a person presents with prescriptions, or a request for multiple regular medicines, that there are processes which enable opportunistic review to understand how they are managing the 'pill burden' and if any medicines are no longer needed

• Pharmacists should participate in any locally or nationally agreed systems in place to support collaborative working to address polypharmacy, this might include a regular feedback to prescribers highlighting any person that is thought to be taking a large number of medicines and may not be coping well with taking them

• Pharmacists should ensure that when a medication review is carried out and the person is found to have very complex medicines issues, that mechanisms are in place to refer to their GP or a geriatrician or other services that are able to manage their conditions (for example, intermediate care services etc.)

• Pharmacists in the community should be able to demonstrate that they have undertaken ongoing training to ensure that their consultation skills are such that they enable high quality person-centred discussions about medicines.

Community pharmacists deliver much of this on a day to day basis, however, time on both the review of medication and meaningful discussions with patients including establishing what is important to them and highlighting their accountability in their own must be supported. This is an example of good cost/spend to save for all – patient care and safety will improve, and cost and waste will reduce.

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

No

Community pharmacists have the skills and knowledge to deliver this service. All that is required is support funded time with other healthcare colleagues and patients to deliver.

### Question 6: Do you have any case studies that show the possible impact of addressing polypharmacy which we could add to the guidance?

No. As per above, this will add nothing to the impact. All community pharmacists are aware of what is required.

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## Question 7: Do the tools signposted to in Appendix 2 help with polypharmacy reviews?

No

There is a lot of good detail, but the layout is not user friendly and too hard to read. A more concise, better layout is required, or the user will not take or have the time to read.

## Question 8: Do the tools signposted to in Appendix 5 support patients in medication review consultations?

No

The tools in this section are useful but introduce another suite of information and do not refer sufficiently to the specific information and work already underway. For Scotland, we would want to see direct reference to the work of the CMO Realistic Medicine "What Matters to You" and reference to the CPO "Achieving Excellence in Pharmaceutical Care"

## Question 9: Are there any supporting references or resources that you think should be highlighted to support implementation of the guidance?

Yes

Please see answer to question 10.

## Question 10: Are there any other comments that you would like to make about the guidance?

Yes

The document contains a lot if useful information. In its current format, it is likely to become a reference source, but no more. It contains little new information and lacks detail on cost, engagement and review.

## Suggest:

• It needs a headline – one strapline to answer "Why are we doing this"

• It needs to be a more user-friendly layout. Something which the reader is engaged in and can pick up and read a few sections at a time. Something can be picked up by organisations across the home countries when they want to tackle a specific area of polypharmacy and quickly find engaging information and concise tools.

• It leaves the reader with a "So What?" "What now?" There is no call to action – it needs one.

• It needs to have planned review of progress and evidence based results.