

Managing patients at high risk of problematic polypharmacy: potential role of the practice-based pharmacist

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NHS England aims to have a patient facing practice based pharmacist per 30,000 of the population by 2020.

There is **potential for clinical pharmacists (CPs) to implement deprescribing** in patients with problematic polypharmacy as part of a multi-disciplinary team.

We undertook a **review of the current evidence** around:

- the availability and role of CPs in general practice
- strategies for case finding patients at risk of problematic polypharmacy
- pharmacist-led interventions for reducing polypharmacy.

What did the evidence tell us?

In 2016 NHS England committed over £100m to support an extra 1,500 practice based pharmacists by 2020.

We found that practice based clinical pharmacists fulfil a number of **roles**:

Clinical services:

medication adherence;
reviewing complex medication;
managing common ailments;
acute medicine requests;
managing & prescribing for long term conditions.

Prescription management:

Patients recently discharged from hospital.
Supporting delivery on QIPP, QOF and enhanced services.
Repeat prescription reviews.

Medicines management:

Supporting primary health care team and patients to optimise use of medicines.
Unbiased information on new and existing drugs.

Audit and education:

Repeat prescription policy.
National and local medicine related audits.
Incentive schemes .
Assistance with CPD.

Research trials were carried out to find out the impact of practice based pharmacists on **health outcomes**. Trials reported that, generally, co-locating pharmacists in general practice:

- Reduced HbA1c
- Reduced blood pressure
- Improved prescribing quality
- Improved medication adherence.

Case finding strategies

Effective strategies for identifying patients at risk of polypharmacy involve collecting information about patient's: healthcare use, multimorbidity or polypharmacy and medical diagnoses or prescribed medication(s).

Other information which may help with identifying at risk patients are functional status, social support and medication taking behaviour. These are not part of current case finding strategies.

Deprescribing by practice based pharmacists

Interventions carried out by pharmacists to manage deprescribing were categorised into:

- Pharmacist led medication review
- Education of patients by pharmacists
- **Education of nurses and GPs by pharmacists**
- Involvement of pharmacist in multi-disciplinary team meetings.

Interventions targeting patients were not effective.

The **education** of clinical staff by pharmacists **was most effective**, resulting in appropriate deprescribing.

Clinical pharmacists have the potential to support deprescribing and work with other healthcare professionals to ensure appropriate polypharmacy.

With the number of CPs set to increase in England by 2020, general practice will have additional skills available to them.