

Dear Colleague

## **Polypharmacy Guidance for the safe and effective use of multiple medicines to manage long term conditions**

### **Introduction**

The care of patients with co-morbidity (more than one long term condition) is now one of the greatest challenges faced by the NHS. Central to this is the fact that many patients will be advised to take multiple medicines and it is often the case that each medicine is being prescribed for a single condition. Each additional medicine increases further the complexity of their care and the resulting polypharmacy can develop elements that are either appropriate or inappropriate. The key health care aim for the clinician and individual patient remains to ensure the continuing safe and effective use of the totality of the patient's multiple medicines.

### **Background**

In Scotland, the majority of patients with long term conditions have more than one<sup>1</sup>. Most people aged over 65 years have two or more long term conditions and the majority of those over 75 years have three or more. Despite the link between getting older and the likelihood of having a long term condition, it is now recognised that the majority of patients with two or more long term conditions are younger than 65 years of age. There is also a strong association with low social economic status in that these patients tend to develop their long term conditions ten years earlier than those from more affluent areas.

Medication is by far the most common form of medical intervention for many acute and long term conditions. Medicines are often highly effective in managing symptoms, preventing disease and slowing disease progression.

**DL (2015) 004**

**15<sup>th</sup> April 2015**

### **Addresses**

#### For action

Chief Executives of NHS Boards, Chairs of NHS Boards, Medical Directors and Directors of Pharmacy of NHS Boards, Directors of Public Health of NHS Boards, Chairs of NHS Board Area Drug and Therapeutics Committees.

#### For information

Finance Directors of NHS Boards, Nurse Directors of NHS Boards, Area Clinical Forum Chairs, Scottish Medicines Consortium Chair, Chief Executive of NHS Healthcare Improvement Scotland  
DG Health and Social Care

### **Enquires to:**

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<sup>1</sup> Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study Barnett, Karen et al. The Lancet, Volume 380, Issue 9836, 37-43

However, the more medicines a patient takes, the more likely they are to suffer an adverse drug reaction<sup>2</sup>. This risk is more closely related to an increasing number of long term medical conditions than an increasing age. Though the severity of adverse drug reaction measured varies, and the extent is not fully known, it should be recognised that they are currently thought to cause between 5-17 % of all unplanned admissions in the UK<sup>3,4</sup>.

[The Polypharmacy Guidance 2015](#) builds on, and refines the previous guidance from 2012<sup>5</sup>. The 7-*steps* provide a standardised structure for the medicines review process of an adult patient with co-morbidity (multiple long term conditions). Further clarity is provided for important definitions such as *appropriate* and *inappropriate polypharmacy*, and what is meant by the term *frailty*. The methodology to identify potentially frail patients with potentially inappropriate elements to their polypharmacy has been developed and case studies are presented to promote the importance of a holistic patient review in order to get the best possible outcomes from medicines. The guidance will be made available in the form of an app in summer 2015.

The Guidance should be considered in the context of *Prescription for Excellence*<sup>6</sup> particularly around the implementation of pharmacist support for GPs carrying out face-to-face patient reviews.

The *Appropriate Prescribing for Patients and Polypharmacy Guidance for Review of Quality, safe and Effective use of Long-term Medication CEL 36 (2012)* required that NHS Boards had plans in place to identify priority patients with potentially inappropriate elements to their polypharmacy and to review those patients at highest risk of harm. It is understood that this work is in process. Boards are now required to build on the foundational work of the last three years and focus resource on accelerating the capacity for polypharmacy reviews in order to further increase the expected safety benefits for patients.

## Actions

It is recommended that the Polypharmacy Guidance 2015 is considered for NHS Board prescribing action plans and in addition:

- I. Plans should be in place to identify the following high risk patients:
  - All patients in care homes aged 50 years and over, regardless of the number of medicines they are on
  - Patients who are 75 years and over, on 10 or more medicines, one of which is a high risk medication **and** with a SPARRA score in the range of 40 to 60%
- II. All patients reviewed should have the Polypharmacy read code (8B31B) attached to their patient record
- III. NHS Boards are now required to provide a report evaluating the impact of polypharmacy reviews until the end of 2014/15
- IV. NHS Boards are also required to provide a report outlining their plans for reviewing/ addressing potentially inappropriate elements of polypharmacy for 2015/16 and 2016/17 and how they are implementing Prescription for Excellence to deliver this

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<sup>2</sup> Co-morbidity and repeat admission to hospital for adverse drug reactions in older adults: retrospective cohort study Zhang, Min et al. BMJ 2009; 338: a2752

<sup>3</sup> Research into practice: safe prescribing Avery, Anthony et al. BJGP 2014; 64: 259-261

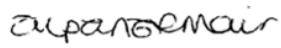
<sup>4</sup> Pirmohamed M et al. Adverse drug reactions as cause of admission to hospital: prospective analysis of 18,820 patients. BMJ 2004;329:15-19

<sup>5</sup> Polypharmacy Guidance 2012, Scottish Government

<sup>6</sup> Prescription for Excellence 2013, Scottish Government

- V. Boards should complete the attached template (Annex A) and these should be returned to Jason Cormack, Therapeutics Branch, Scottish Government ([jason.cormack@scotland.gsi.gov.uk](mailto:jason.cormack@scotland.gsi.gov.uk)). A further template will follow for 2015/16 once the first trache of data has been analysed to allow for evaluation and forward planning

Yours sincerely



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(Acting)



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Chief Medical Officer  
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# Annex A: Polypharmacy Data Collection Form

Pharmacy and Medicines Division Scottish Government

April 2015

<b>Completion Date</b>	Due by 15 <sup>th</sup> May 2015			
<b>Health Board</b>				
<b>1. Total number of patients receiving face to face polypharmacy reviews (inclusive of care home patients) in 2013/14</b>		<b>TOTAL</b>	<b>CARE HOME</b>	
	By GPs alone			
	Joint GPs + Pharmacists			
	By Pharmacists alone			
<b>2. Total number of patients receiving face to face polypharmacy reviews (inclusive of care home patients) in 2014/15</b>		<b>TOTAL</b>	<b>CARE HOME</b>	
	By GPs alone			
	Joint GPs + Pharmacists			
	By Pharmacists alone			
<b>3. Total number of polypharmacy reviews undertaken 2013-14- (please indicate no of these that are care home patients)</b>		<b>TOTAL</b>	<b>CARE HOME</b>	
	By GPs alone			
	Joint GPs + Pharmacists			
	By Pharmacists alone			
<b>4. Total number of polypharmacy reviews undertaken 2014-15 (please indicate no of these that are care home patients)</b>		<b>TOTAL</b>	<b>CARE HOME</b>	
	By GPs alone			
	Joint GPs + Pharmacists			
	By Pharmacists alone			
<b>5. Number of current whole time equivalent pharmacist posts performing face to face polypharmacy reviews (this should include any funded vacancies)</b>				
<b>6. Total number of polypharmacy review appointments attended by patients</b>	<b>2013-14</b>		<b>2014-15</b>	
	<b>Initial</b>		<b>Initial</b>	
	<b>Follow up</b>		<b>Follow up</b>	

7. Total number of polypharmacy review appointments where patients failed to attend	2013-14				2014-15			
	Initial				Initial			
	Follow up				Follow up			
8. Average initial appointment length (please select)	<15 mins	16-30 mins	31-45 mins	46-60 mins	>60 mins			
9. Average follow up appointment length (please select)	<15 mins	16-30 mins	31-45 mins	46-60 mins	>60 mins			
10. Average number of High Risk medication issues addressed per patient								
11. Average number of high risk medications stopped per patient	2013-14				2014-15			
12. What proportion of the medications stopped were antipsychotics (please select)?	0-25%	26-50%	51-75%	76-100%	0-25%	26-50%	51-75%	76-100%
13. Average number of high risk drugs reduced per patient	2013-14				2014-15			
14. What proportion of the medications reduced were antipsychotics (please select)?	0-25%	26-50%	51-75%	76-100%	0-25%	26-50%	51-75%	76-100%
15. Other activity								
16. Comments								