



## **Nottinghamshire De-prescribing working group**

### **De-prescribing is the process of tapering, withdrawing, discontinuing or stopping medicines**

De-prescribing is synergistic with inappropriate polypharmacy to reduce potentially problematic prescribing, adverse effects and inappropriate or ineffective medicine use by regularly re-evaluating the ongoing reasons for, and effectiveness of medication therapy. This should be done in partnership with the patient (and sometimes their carer) and supervised by a healthcare professional.

PrescQIPP conducted a special report from the PrescQIPP landscape which sought views of their subscribers on issues around polypharmacy and de-prescribing. The term de-prescribing is seen by some as correct and acceptable for healthcare providers, but there were some views that the terminology may not be popular with GPs or suitable for use with patients and carers.

For the purpose of this document and any other planning, the term de-prescribing will be used. However for patient facing materials the terminology may be adapted.

### **A need to change the attitudes of patients and clinicians towards the use of medicines**

Inappropriate polypharmacy is NOT just about taking multiple medications, it also occurs where a medicine no longer aligns with the goals of care, is an ineffective or unnecessary treatment, or has become high risk, particularly in patients with increasing frailty.

The initial prescribing need for the medication should be justifiable with benefits outweighing any risks.

There is a need to promote a more 'Mindful Prescribing' attitude in all medication review opportunities and even one or two medicines may reflect inappropriate prescribing for some patients. This may also include the need to optimise medicines to ensure appropriate polypharmacy, e.g. beta blockers in heart failure titrated to correct dose prior to adding in another medication.

There are a variety of national programmes of work on polypharmacy and de-prescribing; from prescQIPP, EDeN and the RMOCs. The local group will aim to link to these networks and feed in and take from their wider agendas. A need to work collaboratively with all sectors across the ICS has been identified to ensure equity for patients. A joined up approach to changing the attitudes of patients and clinicians is essential to achieve meaningful outcomes in reducing inappropriate polypharmacy.



### **The de-prescribing working group has 4 main aims**

1. To collaboratively develop general tools and resources to support clinicians when reviewing medication
2. To work together to develop patient education and promotion of the de-prescribing agenda
3. To focus on agreed clinical or drug group areas to target. Using prescribing data to assess areas of most need and review impact of the resources provided. Furthermore to investigate and support any training and educational needs of clinicians to deliver the work stream where possible.
4. To disseminate the groups' work plan and developed tools to members own organisations and ensure clinicians are aware of and engaged in the de-prescribing agenda

The overarching aim will be to feed into and support the medicines optimisation agenda of the ICS

### **Members from all healthcare sectors in Nottinghamshire will work together**

The working group includes members from CCGs, Acute trusts, Nottinghamshire Healthcare trust, community pharmacy, GPs, East Midlands Academic Health Science Network, clinical practice pharmacy and patient representatives. The collaborative approach ensures the same principals are being worked to in all sectors and as patients move between healthcare settings.

### **A 5 step approach to ICS wide de-prescribing**

Stages 1-3 will develop alongside each other.

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| Stage one   | To source/develop overarching principals of general de-prescribing and appropriate medication review. To promote these materials to all sectors and to make these available via the Area Prescribing Committee website. |
| Stage two   | To source/develop appropriate patient educational materials and compose an action plan for dissemination.   |
| Stage three | To focus on an agreed clinical/medicine group area to target. To promote and support clinicians and patients by developing tools and guidance.  |
| Stage four  | To host a networking event to promote the work streams to all healthcare sectors across Nottinghamshire to ensure further joined up working.  |
| Stage five  | To assess the impact of the previous stages and develop further resources for additional targeted areas   |

### **Assessment of achievement**

Clinicians will be confident and feel well equipped to discuss and implement stopping of inappropriate polypharmacy. This will be seen via positive feedback and a reduction in prescribed items related to the targeted area. Further investigations may show reduced medicines related admissions.



The Nottingham and Nottinghamshire  
Integrated Care System



Queries across the interface around clarity of prescription changes, medication review and targeted de-prescribing will reduce as seen on via the eHealthscope interface queries log.