



NHS
England



**English
Deprescribing
Network**

**Canadian
Deprescribing
Network**



The
AHSN
Network



Faculty of
**Medical Leadership
and Management**

NICE



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English Deprescribing Network Aims

We aim to:

- **Connect** like minded healthcare professionals, researchers and policy makers
- **Share** educational tools, resources, good practice and evidence to support decisions
- **Drive** learning and behavioural change

Q. What is your biggest, boldest idea to make deprescribing part of everyday clinical practice



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Why?



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The Health Survey for England 2016 indicates **48%** of adults had taken at least **one prescribed medicine** (not including contraception or nicotine replacement therapy) in the last week.

Why?



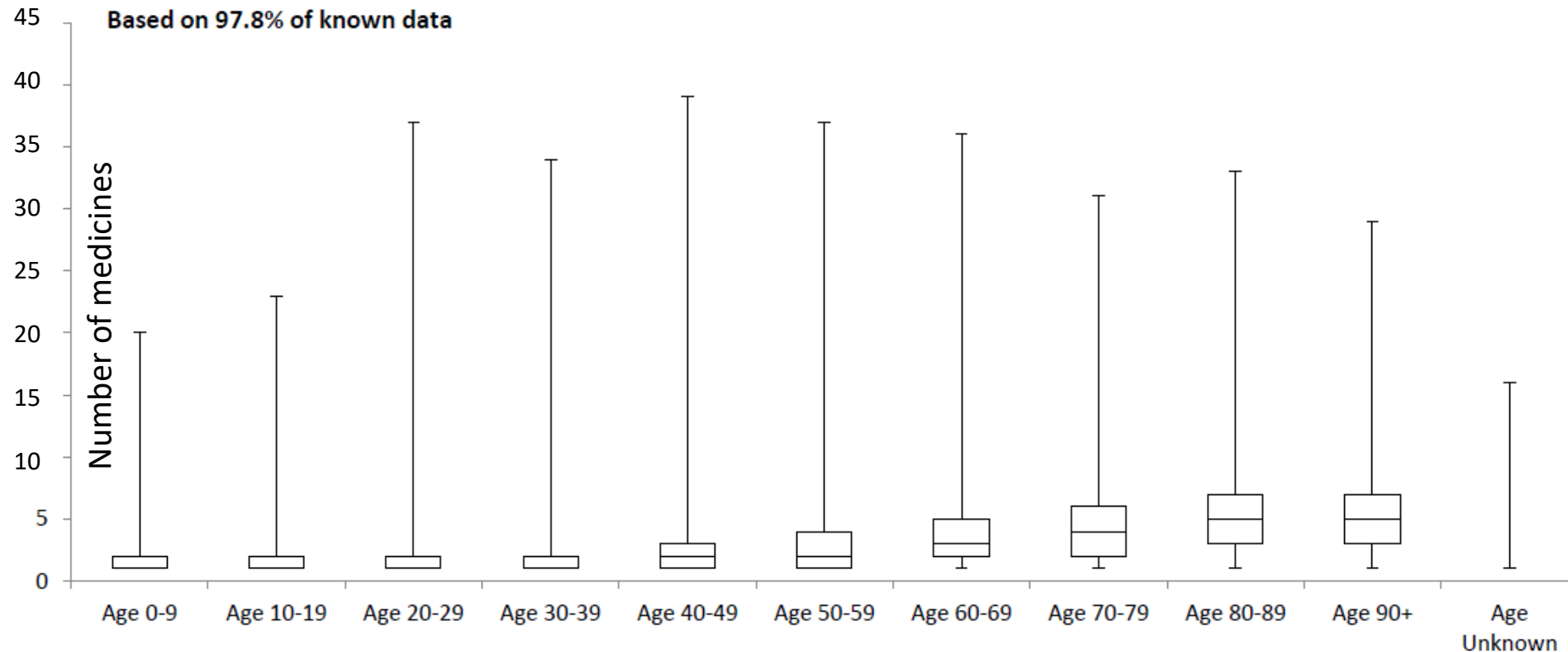
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Average number of medicines per patient by age



Actual Numbers of Medications Prescribed to Identified Patients in February 2019 – BSA data

Based on 97.8% of known data



Why?



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The logo for NICE (National Institute for Health and Care Excellence), consisting of the word "NICE" in white capital letters on a dark teal square background.

“the absolute benefit gained from each additional medicine is likely to reduce when people are taking multiple preventative medicines but the risk of harms increases.”

Multimorbidity and polypharmacy, KTT

Medication Safety
Dashboard



Digital



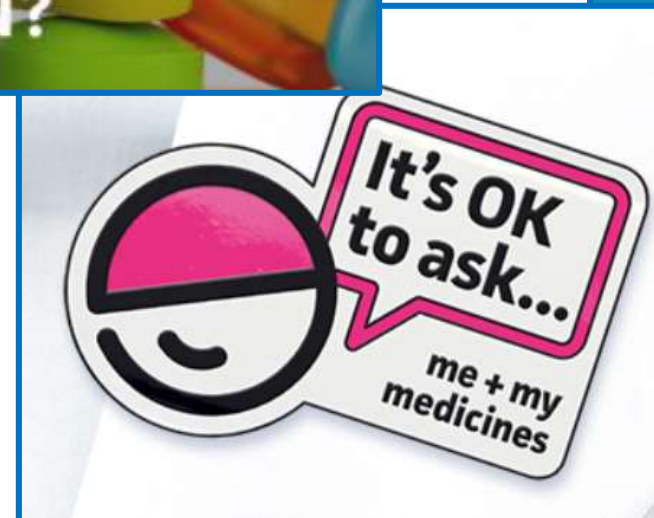
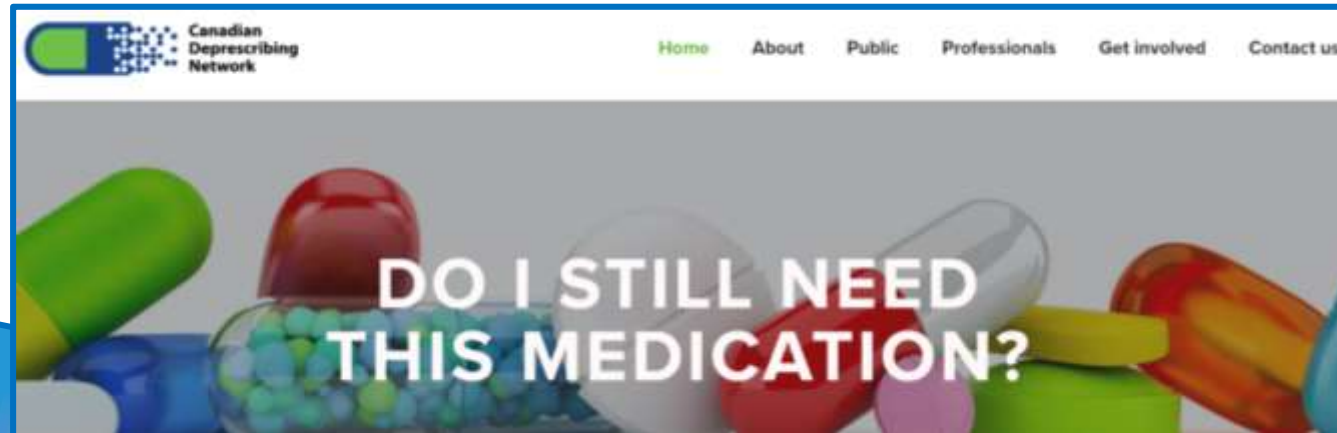
Business Services Authority

Why now?



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Culture change presents us with an opportunity



National overprescribing review

News story

Matt Hancock orders review into overprescribing in the NHS

The review will focus on patients who take multiple medicines, to ensure patients are receiving the most appropriate treatment for their needs.

Published 8 December 2018

From: [Department of Health and Social Care](#)



Polypharmacy

Keith Ridge to lead government review of 'problematic polypharmacy' in the NHS

The Pharmaceutical Journal | 11 DEC 2018 | By Carolyn Wickware



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A close-up of the Google search homepage. The Google logo is at the top. Below it is a search bar with a vertical cursor. To the right of the search bar are two buttons: 'Google Search' and 'I'm Feeling Lucky'. Below the search bar, the text 'Behind today's changes...' is visible.

Google

Deprescribe = 24,800 results
Prescribe = 244,000,000 results



prescribe

/prɪˈskrɪb/

Initiate = 465,000,000 results

With thanks to Professor Emma Baker, Professor of Clinical Pharmacology

Prescribing vs deprescribing

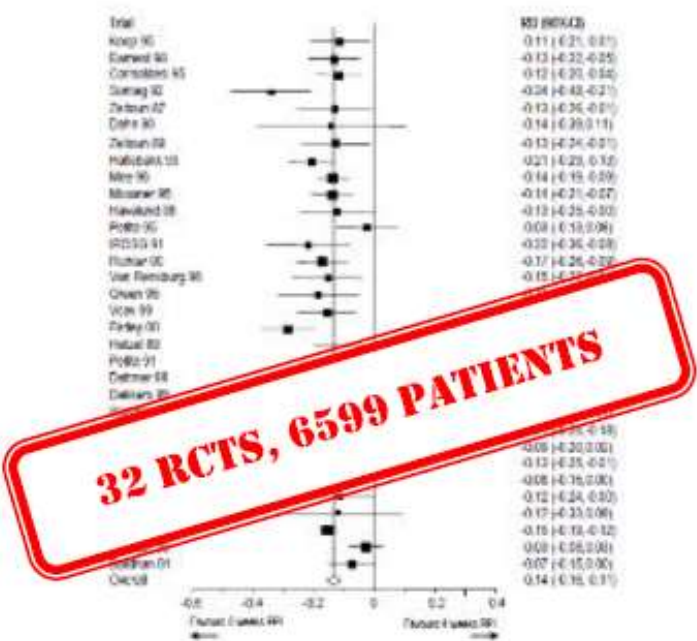
NICE National Institute for Health and Care Excellence

Guidance and advice list

Showing 1 to 10 of 309

Dyspepsia and gastro-oesophageal reflux disease:

Meta-analysis of randomised placebo-controlled trials reporting results of 4 and 8 week therapy with full-dose PPI therapy in oesophagitis patients



- Antihyperglycemic
- Antipsychotic
- Benzodiazepine Receptor Agonist (BZRA)
- Cholinesterase Inhibitors (ChEIs) and Memantine
- Proton pump inhibitors

1 Cochrane Review matching on deprescribing in Title Abstract Keyword

Cochrane Database of Systematic Reviews

Issue 5 of 12, May 2019

☐ Select all (1) Expert selected citation(s)

Order by Relevancy

1



of chronic proton pump
Ta...
Fe...
Show Review Intervention Review 16 March 2017 Free access



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EDeN: How did we get here?

- May 2018** • Idea formed from workshop at the CPhO Conference
- Consulted expert group (became our advisory group) to help shape it
- Aug 2018** • NHS England agreed to support
- Feb 2019** • Through expressions of interest appointed Executive group of fellows
- Worked with Executive group and Advisory group on the deprescribing definition and briefing
- April 2019** • Published briefing page on the SPS website
- Comms and promotion, including PJ article
- May 2019** • Soft launch at the overprescribing event (hosted by NHS England)
- June 2019** • Formal launch at the Clinical Pharmacy Congress

Imitation is the greatest compliment



Guidelines and algorithms:

1. Proton Pump Inhibitors
2. Antihyperglycemic agents
3. Antipsychotic agents
4. Benzodiazepines
5. Cholinesterase Inhibitors and Memantine





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**‘Deprescribing is a collaborative process,
with the patient and/or their carer, to
ensure the safe and effective withdrawal of
medicines that are no longer appropriate,
beneficial or wanted;
guided by a person-centred approach and
shared decision-making’**

Formally launched at the CPC

Just before and now since the launch, we have had lots of engagement...



Justin Turner @OptimisingRxUse · 4d
Welcome @EDeprescribeN it's great to have EDeN joining CaDeN @DeprescribeNet (Canada) and ADeN (Australia) to promote the optimization of medication regimens through #deprescribing

Analytics



Account home

EDeN Deprescribing Network @EDeprescribeN

28 day summary with change over previous period

Tweets

21 ↑ 110.0%

Tweet impressions

28.1K ↑ 29.0%

Profile visits

1,136 ↑ 106.9%

Mentions

60 ↑ 15.4%

Followers

683 ↑ 225



Tweet



Simon Cooper @SimonC00per · 13h
First day back in the office after CPC19. Need to get the @EDeprescribeN badge on



Olivia Shaw @OliviaShawPT
Replying to @SimonC00per @EDeprescribeN and @HospChiefPharm

How can we get our hands on some of those for the team?

20:38 · 11/06/2019 · Twitter for iPhone

EDeN platform



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Our current network platform is hosted on



FutureNHS
Collaboration Platform

- Invite only group
- Email address is used to invite members



Guidelines



Tools



Good Practice



Evidence



Join the Discussion



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292 people signed up to our platform which will facilitate discussions, showcase good practice and evidence.














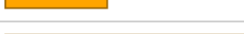




Mostly pharmacists (90%)– with a range of different backgrounds...

3. Which option below most aligns with your current professional sector? If you work across multiple sectors, please select the option which represents where you spend the majority of your time.



			Response Percent	Response Total
1	Academic/ University		5.82%	17
2	Commercial/ Private sector		2.40%	7
3	Governmental (includes national, regional, local levels)		2.40%	7
4	Non-governmental/ Not for Profit/ Charity		1.37%	4
5	Primary Care		54.11%	158
6	Secondary Care		25.00%	73
7	Not currently working		0.00%	0
8	Other (please specify): View		8.90%	26
			answered	292
			skipped	0

... and a varied range of specialties and interests:

			Response Percent	Respon Total
1	Cancer		12.41%	36
2	Cardiovascular		46.90%	136
3	Care of older people		73.45%	213
4	Diabetes and endocrinology		46.90%	136
5	Falls prevention		65.86%	191
6	Frailty		67.93%	197
7	Gastroenterology		21.72%	63
8	General medicine		48.97%	142
9	Infections and immunology		18.28%	53
10	Mental Health		38.97%	113
11	Musculoskeletal		25.52%	74
12	Neurosciences and the senses		18.28%	53
13	Paediatrics		12.07%	35
14	Palliative Care		28.97%	84
15	Renal		25.86%	75
16	Respiratory		39.31%	114
17	None of the above		1.38%	4
18	Other (please specify): View		7.24%	21

Academic engagement

- From the start, we realised the importance of engaging and securing the support of academics in this field;
 - Tony Avery (University of Nottingham)
 - David Wright (University of East Anglia)
 - David Alldred (University of Leeds)
 - Alison Blenkinsopp (University of Bradford)
 - Adam Todd (Newcastle University)
- Some of who are linked into the European Deprescribing Network – more of a research and academic focus



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What can I do as a hospital pharmacist

- Start with a stop – discuss the importance of medication review upon new drug initiation
- Medication related reason for admission?
- Quick check during medicines rec

“are there any medicines you don’t take/ forget to take”

**Q. Any other ideas? Let us know
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What can I do as a community pharmacist



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- Meaningful patient conversations – relationship often forged with the patient
“are there any issues with any of your medicines”... “do you know what you’re taking these for”
- MUR
- Signposting to social prescribing



**Q. Any other ideas? Let us know
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What can I do as a CCG or practice pharmacist



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- **Information is key:** best placed to investigate crucial details to ensure deprescribing is done safely! This medication has been started by whom, when, for which indication?
- Spread the word – tell your primary care colleagues about deprescribing
- Keep in touch with your local community pharmacists and hospital pharmacists



**Q. Any other ideas? Let us know ...
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What can I do as a student

- Try to observe and ask questions about good DE-prescribing practices as well as prescribing practices
- Discuss the length of treatment with patients if counselling them on their new medications
- Get involved in some research
- Challenge your educators!



**Q. Any other ideas? Let us know
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What can I do as an educator

- We need to embed deprescribing and shared decision making practices into teaching.
- Case studies about inappropriate polypharmacy and how to manage this
- Get your students to talk to real patients!!!



**Q. Any other ideas? Let us know
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Join us and get involved



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eden@deprescribingnetwork.com



www.sps.nhs.uk/networks/English-deprescribing-network/