

Deprescribing in Primary Care: Getting started

Project MO1: Funded by the Polypharmacy Project Call 2019

Project report for lay readers and patients

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Introduction

Although there are a variety of deprescribing tools available, deprescribing in general practice is low.

This project aimed to support the first steps to start deprescribing in general practice. This included:

- prioritising deprescribing messages to implement
- development of tools to support deprescribing

Methods

Human Centred Design (HCD) was used to develop tools which could be used to support deprescribing. The model of human centred design used was that published by IDEO which is a toolkit of methods to develop design ideas. They recommend breaking down the process of design into 'Inspiration', 'Ideation' and 'Implementation'.

Project delivery

The project was delivered in four stages:

1. Analysis of deprescribing tools
2. Prioritising a small number of messages (3-5) to use in deprescribing tools
3. An 'Inspiration and Ideation' workshop to start the design process for creating the deprescribing tools
4. A 'Prototyping' workshop to prototype ideas with a mixture of hospital clinicians, general practice clinicians and patients

Stage 1: Analysis of deprescribing tools

Deprescribing tools were identified through searches. Seven sets of deprescribing guidance were identified for inclusion.

Once tools were identified, they were mapped against speciality to invite people to the prioritisation workshop.



Stage 2: Workshop to select deprescribing messages with hospital

The aim of this workshop was to identify a small number of messages. Making sure that hospital doctors agreed with our deprescribing messages was important to getting 'buy-in' from clinicians working in general practice.

Participants

Invitations were sent to hospital. At the final workshop there was representation from four participants. These included:

- A specialist cardiology pharmacist
- A specialist frailty pharmacist
- A diabetes consultant
- An old age psychiatrist

Approach

Deprescribing messages were prioritised based on:

- The impact of over-prescribing, including patient health outcomes, unplanned hospital admissions and costs to the NHS
- The likely ability of general practice to use the deprescribing message including familiarity with the drug and the risks/ benefits of deprescribing and any potential requirements for monitoring/ review following deprescribing

Findings

The final agreed messages to take through to the design phase were:

For patients who are moderately to severely frail, consider deprescribing where there is a prescription for:

- Benzodiazepines or z-drugs (sleeping medicines) where there is a history of falls or fractures
- Tricyclic antidepressants for (pain or insomnia), where there is a history of falls or fractures
- Long-acting sulfonylureas (medicines to reduce blood sugars) for diabetes

Stage 3: Workshop to explore barriers and facilitators to using selected deprescribing messages

The aim of this second workshop was to generate initial design ideas which could support the implementation of the deprescribing messages generated in the first workshop.

Participants

13 participants were present on the day including seven GPs, five pharmacists and one practice nurse. These participants were split across three groups, one for each of the deprescribing messages prioritised from Workshop 1.

Approach

A 'Card Sort' exercise was done to start with. Cards were created which contained words which were linked to deprescribing. Each workshop group was asked to select cards which they felt represented some of the challenges they faced. A word cloud which highlights the words selected by the groups by displaying these in larger text can be seen in Figure 1.

Following this, each workshop group was asked to define their 'design challenge' using 'How might we...' statements. These are designed to describe the specific problem. Each group was asked to write "How might we..." statements for each of the deprescribing messages. They were then asked to select three of these to generate design ideas for.

Following the creation of 'How might we...' statements, participants were asked to 'Brainstorm' ideas for meeting the challenge of 'How might we...'



Word cloud from card sort exercise

Stage 4: Workshop to prototype design ideas to support deprescribing in primary care

The aim of this final workshop was to further develop design ideas from the previous workshop, ready for developing some new tools to support deprescribing in the primary care setting.

The designs which groups were asked to develop were:

- A communications campaign around the message “You might be better without some medicines”
- A sample of how deprescribing sections could be incorporated into clinical guidelines (using diabetes as an example which was currently being planned for Sunderland and South Tyneside)
- Creating an alternative to the phrase “You’ll be on this for the rest of your life”

Participants

The final workshop included doctors and pharmacists from hospital and general practice. Two patients were recruited and spent time with each of the three groups to give feedback on ideas and to be involved in the design creation.

Approach

This third workshop included prototyping ideas. Prototypes try to make ideas more ‘real’ by using diagrams, roleplay, and models. These prototypes can then be used for a more detailed discussion about what might work and what needs to be further developed.

Group 1 - Communications campaign

Following advice from a communications expert, the group developing the design for the communications campaign aimed to answer the following questions:

- What do you want the audience to know?
- What is the message?
- Who is the audience?
- How might the message be delivered?

Using these questions was intended as a way of creating a brief which could be used to commission a future communications campaign with the information that a provider would need to develop this.

Group 2 - Sample deprescribing section for a guideline

This group used tools which describes six areas a good clinical guideline should consider.

Group 3 - Alternative to “You’ll be on this for the rest of your life”

This group used the Behaviour Change Wheel (BCW). This helped participants think about using the phrase “You’ll be on this for the rest of your life” as a behaviour and what we could do to change it.

Findings

Group 1 - Communications campaign

The group explored the communications questions to support the design of a communications campaign to prompt patients to think about whether they might be better off without some of their medicines. The ideas generated by the group can be found in the table below.

<p>What do you want the audience to know?</p> <ul style="list-style-type: none">• Medicines can do more harm than good• Medicines may not be appropriate any longer, as circumstances change• Medication Review – Do you think it's time to have one?• Time is a big thing but a medication review is a valuable thing to do.• 15 to 30 minutes to change your life.	<p>Who is the audience?</p> <ul style="list-style-type: none">• Patients• Family members• Carers• Clinicians• GP practice staff
<p>What is the message?</p> <ul style="list-style-type: none">• Do you suffer from headaches; feel sick, dizzy or tired?• Are your medicines still right for you?• Talk it over with your GP, Pharmacist or Practice nurse because sometimes having a break can make you feel better. Together you can decide.• Medicines aren't the only answer	<p>How might the message be delivered?</p> <ul style="list-style-type: none">• GP screens and posters• Radio• Health champions• Flu vaccine time• On-line pop-ups• Social media• Other networks e.g. local authorities• Fully accessible - language – easy to read• Patient stories starting with “I felt tired...dizzy...etc....”

Results from the communications campaign group in the third workshop

Group 2 - Sample deprescribing section for a guideline

The group explored the following domains of the AGREE II framework for guidelines which produced a range of recommendations for developing deprescribing guidance.

It was considered to be important to the group that deprescribing guidance should be across hospital and general practice. A wide range of stakeholders is needed to be involved in the development of deprescribing guidance. The evidence for deprescribing recommendations is weak, but there was support for local expert opinion to be used for deprescribing recommendations. Deprescribing guidance needed to be easy to read. Deprescribing recommendations should be available both as a summary sheet and in the main body of the guideline. Being clear about how to deprescribe safely and effectively was also important. Recommendations need to be written for a lot of different clinician types including GPs, nurses and pharmacists. A template was suggested as something which could be helpful to use.

To support deprescribing, we might need face-to-face training sessions with clinicians which include a clear 'patient facing' reason why deprescribing was important. An official statement on deprescribing linked to the risks of prescribing to many medicines and why this is a local priority were suggested. Clinicians sharing their experiences of cases where deprescribing had been done successfully was identified as a good way of supporting deprescribing. The group also suggested using review dates for medicines in patient records. Involving patients in deprescribing decisions was highlighted as important.

Group 3 - Alternative to the phrase “You’ll be on this for the rest of your life”

The BCW suggests defining a behaviour in terms of who is performing it, where are they doing it, when the behaviour occurs and with whom. For the phrase “You’ll be on this for the rest of your life” the group defined the behaviour is outlined below.

What?	Saying “you’ll be on this for the rest of your life”
Who?	GPs, practice nurses, community pharmacists, consultants, nurse practitioners, hospital pharmacists, district nurses, social carers, family, general practice, hospital, care home staff, NHS 111, paramedics.
Where?	Patients’ home, pharmacies, general practices, hospitals, care homes, on the phone, in an ambulance
When?	At first prescribing, at medication review, when nonadherence is revealed by a patient, when family/patient ask “why” they are taking the medicine
With whom?	Patients, patients’ families/carers, with other healthcare providers

Following this definition, the group then brainstormed what should be the replacement phrase which could be used instead of this. The aim from the group was to remove the certainty of continuous medication and support patients and professionals to consider when medication might no longer be appropriate. The final phrase which was considered to be best was:

“You’ll be on this as long as it’s working for you”

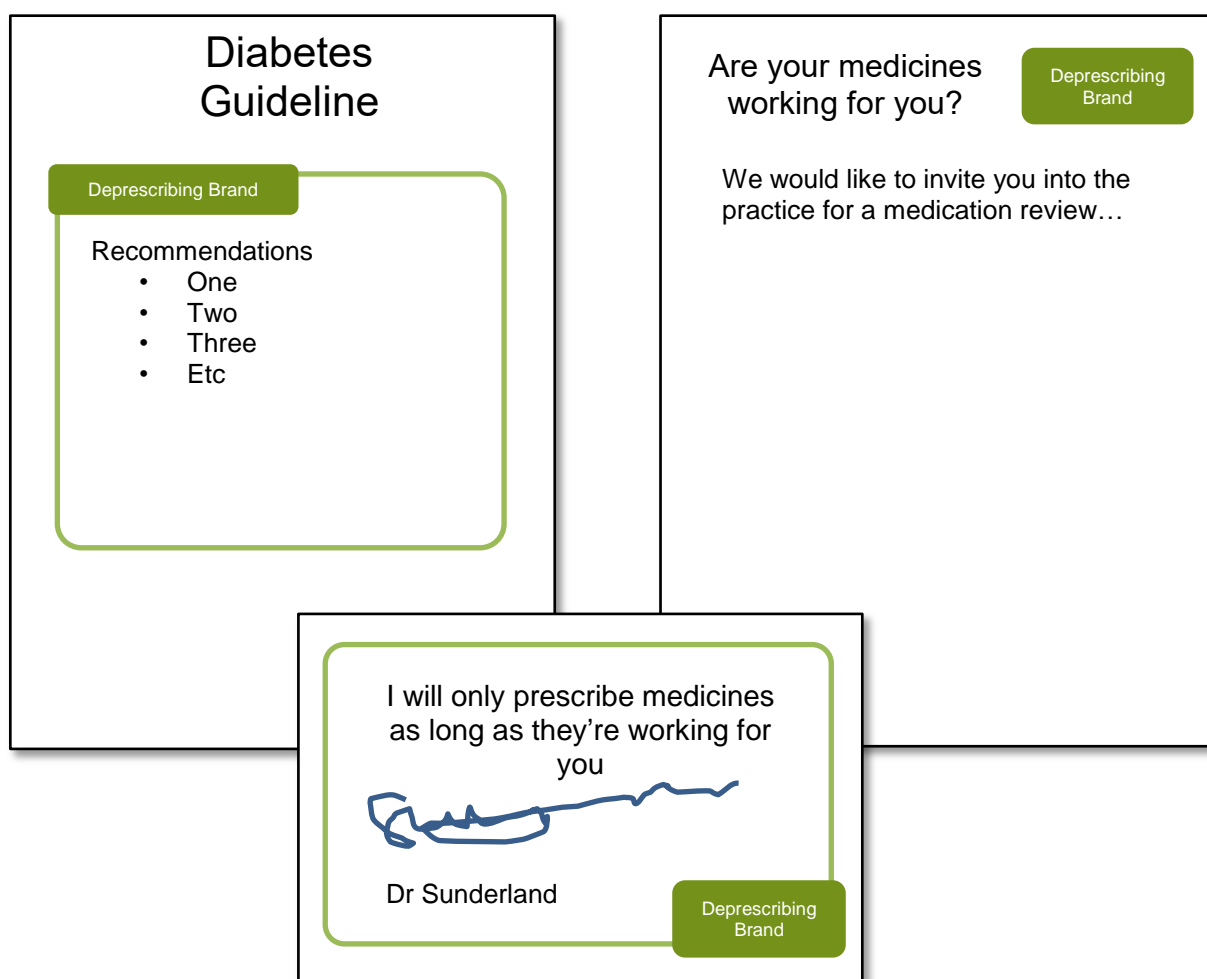
The group also highlighted that this had the potential to adapt to the different scenarios which were identified in the behavioural definition including at first prescription, at medication review and for patient facing communication materials. Because the word “working” is not specific to medicines, it could be considered differently by patients and clinicians and also potentially open up a conversation about the wider risks/ benefits of treatment.

Next steps

The design ideas generated in the three groups as part of the third workshop all had common themes around increasing the profile of deprescribing and supporting conversations about when medicines might be appropriate to stop.

The phrase “As long as it’s working for you” had a lot in common with the discussion about a deprescribing guideline. It was also very similar to the “are your medicines still right for you” which was generated in the communications group.

The project group have decided that the next step is to work up the idea of asking if medicines are “working” into a brand which can be spread across guidelines, communications campaigns and materials to support conversations with patients. This will allow the concept of deprescribing to have a consistent visual presence. Initial concept ideas can be found below.



NHS Sunderland CCG will continue this project into the next steps to develop this brand ready for trial implementation.