NICE National Institute for Health and Care Excellence

Appendix B2: Stakeholder consultation comments table

2019 surveillance of Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes (2015)

Consultation dates: 23 January 2019 to 5 February 2019

Do you agree with the proposal to not to update the guideline?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Parkinson's UK	No	Parkinson's UK recommends that the guideline should be updated. We believe it is vital an explicit mention is added on the need for contact to be made with the specialist teams treating patients with long-term conditions upon admission to hospital. This contact is important to ensure specialist advice on medicines optimisation can be passed to the staff providing care.	The guideline recognises the need for communication when patients transfer between care settings, including admission to hospital. The section on medicines-related communication systems when patients move from one care setting to another provides guidance in this area, including: 1.2.2 For all care settings, health and social care practitioners should proactively share complete and accurate information about medicines: • ideally within 24 hours of the person being transferred, to ensure that patient safety is not compromised and

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			• in the most effective and secure way, such as by secure electronic communication, recognising that more than one approach may be needed. The recommendations in this area therefore support the need for admitting services to have contact with specialist services to share medicines-related information. Although communication about non-medicines aspects of care is outside the remit of the guideline, services following the advice on communication have the opportunity to share other information pertinent to the patient's care.
Royal College of Nursing	Yes	No comments provided	Thank you for your response.
Department of Health and Social Care		I wish to confirm that the Department of Health and Social Care has no substantive comments to make, regarding this consultation.	Thank you for your comment.
Royal College of Paediatrics and Child Health medicines committee	Yes	No comments provided	Thank you for your response.
Lancashire Care NHS Foundation Trust	Not answered	No comments provided	Thank you for your response.
Northumbria Healthcare NHS Foundation Trust	Yes	There is much going on in the area of medicines optimisation, therefore a refresh in a year or two would seem to be more appropriate. It would be appropriate to merge NG5 and CG76	Thank you for your comment. The surveillance review confirms that the guideline recommendations are still current. However, if any new evidence becomes available, the guideline will be reviewed before its next scheduled surveillance review. And if the guidelines need updating we will also consider merging them at this point.

Norfolk and Norwich University Hospital Foundation Trust on behalf of the Medicines Optimisation Group East Anglia (MOG_EA)	No	Research within our local trusts has identified that deprescribing is largely reactive and that large numbers of potentially inappropriate medicines are still prescribed when patients are discharged from hospital Evidence suggests that risks for many chronic disease medications can eventually outweigh benefits and that the concept of discontinuation needs discussing with patients in a more routine manner. Consideration of the deprescribing evidence base now requires inclusion within the medicines optimisation guideline We are also aware of research in Norfolk which demonstrated that starting patients on compliance devices (Dossett boxes) can be potentially dangerous if their dosages have been previously titrated up based on unidentified non-adherence. This can lead to dose related adverse events such as falls causing hospital re-admissions. The same problems of dose related side effects can occur when individuals transfer from their own home to a care home environment whereby they are now given all medicines at the prescribed doses. To date the focus of guidelines has been on improving adherence assuming that this will always lead to positive outcomes. The guidelines require review to incorporate a more balanced approach to any activities designed to improve patient adherence in those individuals who have been identified as potentially non-adherent.	Thank you for your comment. In the guideline on medicines optimisation, recommendation 1.4.1 notes 'Consider carrying out a structured medication review for some groups of people when a clear purpose for the review has been identified. These groups may include: • adults, children and young people taking multiple medicines (polypharmacy) • adults, children and young people with chronic or long-term conditions • older people.' We identified new evidence that medicines management interventions such as medicines review and clinical decision support systems can improve outcomes such as reducing prescription of potentially inappropriate medicines. Deprescribing may be the result of a medicines review, rather than the focus of a review. However, this evidence did not indicate that deprescribing would be suitable for specific drugs, drugs classes or indications. We will continue to consider any emerging evidence in this area, and the most useful guideline for updating, which could be a disease-specific guideline. The research from Norfolk that you mention appears to refer to the study by Bhattacharya et al. (2016). We will add the study by Bhattacharya et al. (2016) to the summary of evidence for the guideline on medicines adherence. The systematic review component of this work noted: Of the eight studies, four suggested improved adherence in the MOD group. Owing to overall heterogeneity, a meta-analysis was not possible.

			The inconsistency of the evidence base is broadly similar to the inconsistent evidence available when developing the recommendations in the guideline. The guideline committee noted: "For patients who have practical problems in managing complex regimes or who may be forgetful these devices may have a value. The GDG considered that many individuals develop their own strategies and that the evidence on these devices was not strong enough to make recommendations for widespread use." Therefore, the recommendation on such devices was restrictive: Because evidence supporting interventions to increase adherence is inconclusive, only use interventions to overcome practical problems associated with non-adherence if a specific need is identified. Target the intervention to the need. Interventions might include: • suggesting that patients record their medicine-taking • encouraging patients to monitor their condition • simplifying the dosing regimen • using alternative packaging for the medicine • using a multi-compartment medicines system. The randomised controlled trial component of Bhattacharya et al. (2016) was described as a feasibility study. It had 4 arms: weekly medication organisation device; monthly medication organisation device; weekly usual packaging; monthly usual packaging. Overall 29 participants were included (7–8 people per arm). The authors concluded "Medication organisation device provision to unintentionally non-adherent older people may cause medication-related adverse events".

			The adherence rates in all arms were high (95–97%). The occurrence of 5 adverse events in people using medication organisation devices is concerning, particularly because of the small sample size and short duration of the study (3 weeks). For all people with adverse events, the authors concluded 'It is a possibility that study participation improved medication adherence…' However, for 2 of these patients the reported data show that their adherence was lower during the study than before the intervention, which contradicts the authors' conclusion. Overall, this study does not provide sufficient evidence to update the guideline at this time but underlines the need for further research in this area.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Parkinson's UK	No	No comments provided	Thank you for your response.
Quality and Leadership Team, NICE	No	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health medicines committee	No	No comments provided	Thank you for your response.

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Lancashire Care NHS Foundation Trust	Yes	We would like to suggest a review around shared decision making as we understand there may be more recently published information regarding this.	Thank you for your comment. The issue of shared decision making is covered by the related guideline on medicines adherence. We identified new evidence on shared decision-making, which was consistent with current recommendations. See appendix A1 for further details.
Northumbria Healthcare NHS Foundation Trust	No	No comments provided	Thank you for your response.
Norfolk and Norwich University Hospital Foundation Trust on behalf of the Medicines Optimisation Group East Anglia (MOG_EA)	Yes	We are delighted to see that you are consulting on a decision regarding whether to update either or both of the following guidelines: Medicines optimisation: the safe and effective use of medicines to enable the best possible outcome for patients NG5 Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence CG76. We strongly believe that both sets of guidelines require updating. With respect to NG5 there is burgeoning evidence for the need to implement deprescribing in a more proactive manner. Research within our local trusts has identified that deprescribing is largely reactive and that large numbers of potentially inappropriate medicines are still prescribed when patients are discharged from hospital. Similarly we know that those medicines were prescribed prior to admission and therefore the problem frequently originates from primary care. Deprescribing of a proactive nature is not just confined to polypharmacy but any patient starting	Thank you for your comment. Please see the response above that addresses the issues raised on deprescribing.

		any long term therapy. Evidence suggests that risks for many chronic disease medications can eventually outweigh benefits and that the concept of discontinuation needs discussing with patients in a more routine manner. Consideration of the deprescribing evidence base now requires inclusion within the medicines optimisation guideline. We are also aware of research in Norfolk which demonstrated that starting patients on compliance devices can be potentially dangerous if their dosages have been previously tailored on unidentified non-adherence. The same problems of dose related side effects can occur when individuals transfer from their own home to a care home environment whereby they are now given all medicines and doses. To date the focus of guidelines has been on improving adherence assuming that this will always lead to positive outcomes. The guidelines require review to incorporate a more balanced approach to any activities designed to improve patient adherence in those individuals who have been identified as potentially non-adherent. Kind regards On behalf of MOG_EA	

Do you have any comments on equalities issues?			
Stakeholder	**Overall response**	**Comments**	**NICE response**
Parkinson's UK	No	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.
Department of Health and Social Care	Not answered	No comments provided	Thank you for your response.
Royal College of Paediatrics and Child Health medicines committee	No	No comments provided	Thank you for your response.
Lancashire Care NHS Foundation Trust	Not answered	No comments provided	Thank you for your response.
Northumbria Healthcare NHS Foundation Trust	No	No comments provided	Thank you for your response.
Norfolk and Norwich University Hospital Foundation Trust on behalf of the Medicines Optimisation Group East Anglia (MOG_EA)	No	No comments provided	Thank you for your response.

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