



Currently people living with single LTCs take less than 50% of prescribed medication and there are greater challenges for those with more than one condition and/or multiple medications. People regularly raise concerns about the numbers of tablets they are prescribed and whether they need to remain on all of them, and most drug trials are conducted on people with single conditions which actively excludes those with multiple conditions. For older, frailer people, stopping some medications may enhance quality of life and reduce risks such as falls. This means that although annual medicines reviews are no longer part of QOF they remain an important part of good clinical care for people living with LTCs.

## Information gathering

- Include blood tests for both drug monitoring and effective treatment of LTCs
- The HCA may identify if medication is a key issue for the patient and alert the clinical team to any potential patient queries or concerns around medication

## Triage

- ## Patient preparation

## Preparing for Care Planning

Your care planning appointment is for you to think about what is important to you, things you can do to live well and stay well, and what care and support you might need to do this.

This letter contains some of your test results and information, along with some questions, to help you think ahead and plan what you would like to discuss at your appointment.

**Please bring this to your appointment.** The back page will be used to record the summary and the plans you make.

**What are the most important things to you at the moment?**

**These are some things that people sometimes want to talk about. Circle any that are important to you.**

<p>Sleep</p> <p><span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Medication</span></p> <p>Monitoring my health</p> <p>Healthier eating</p> <p>Pregnancy and contraception</p> <p>Driving / Travel</p> <p>Work / benefits / money</p> <p>Pain</p>	<p>Feeling down, stressed or lonely</p> <p>Eating the right amount</p> <p>Giving up smoking</p> <p>My day-to-day health</p> <p>Alcohol</p>
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**What else would you like to discuss**

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[illegible]

**We have produced a detailed medicines preparation prompt to support a face to face medicines review.<sup>1</sup> This gives the person the opportunity to check timings and purpose of their medicines and discuss any over the counter medicines or supplements they take. They can also highlight concerns such as difficulty in opening the packets or swallowing, or desires around potential reduction in medicines.**

## PCSP conversation

The PCSP conversation includes both the patient and professional agendas and explores priorities and patient goals. Actions are developed to achieve the goals people identify.

As such, PCSP provides an opportunity to include a discussion about medication as a part of a person focused conversation around management of long-term conditions.

From a patient perspective this may include

- Understanding the role of medication in the management of long-term conditions
- The practical challenges of managing medication in everyday life, especially if there is complexity around the management of polypharmacy or side effects

From a professional perspective this may include

- Reviewing all medication (drugs used to manage long term conditions *and* other drugs associated with symptoms or issues unrelated to long term condition management)
- The impact and effectiveness of medicines on the management of clinical symptoms and biomedical parameters
- Ensuring patients are on the appropriate medication for primary and secondary prevention where appropriate
- Side effects, adverse effects and interactions which could be serious in the frail and elderly

Care needs to be taken so that the medicines agenda does not dominate or distract from other issues that people want to discuss.

## Options for including medication reviews in the PCSP process

How this happens will depend on the complexity of the medication and the need for changes to be made to existing prescriptions, as well as the expertise and experience of the PCSP clinician.

### Non-prescribers

- As part of triage a practice pharmacist or other prescriber may advise the health care professional about any potential beneficial changes to medication before the PCSP conversation to support discussions
- If the LTCs are stable, or no medication changes are identified at triage or by the person during the PCSP conversation then review may be completed within the PCSP conversation, or the care plan summary made available to the GP/pharmacist who may complete the medication review 'virtually'
- A hybrid approach where the practice nurse reviews medications (those they have had training to review) and there is a follow up with the pharmacist for other medication

### Prescribers

- If medication is a dominant issue identified by the patient, they could have their PCSP review with a prescriber
- The patient could be seen by a prescriber following the PCSP conversation if medications are out of scope of the practitioner who conducts the PCSP conversation
- For people living with frailty or complex combinations of LTCs a planned face to face medication review with a GP or pharmacist is good practice to ensure the burden of unnecessary medication is reduced and the combination of medications is not putting the person at increased risk; this could be organised as an output of PCSP, or the patient could have their PCSP conversation with the GP

*"Medicine decisions should be made hand in hand with patients"*