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North of England Commissioning Support

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Medicines Optimisation

NICE NG 56 Multimorbidity: clinical assessment and management

Version issue date:	21/10/2016
Date of MO Q&G approval:	25/10/2016
Date of review:	October 2018

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Hosted by NHS England

1. Introduction/Purpose of the briefing

The National Institute for Health and Care Excellence (NICE) has published its guidance September 16: Multimorbidity: clinical assessment and management. NICE guideline [NG56] https://www.nice.org.uk/guidance/indevelopment/gid-cgwave0704.

This document has been produced to highlight the Medicines Optimisation implications of NG56. A full summary of key prescribing points from NICE guidance can be found in NICE Bites No 90: https://www.sps.nhs.uk/wp-content/uploads/2016/10/NICE-Bites-Sept-2016-No-90-Multimorbidity.pdf

1.1. Aims of Guideline

This guideline covers optimising care for adults with multi-morbidity (multiple long-term conditions) by reducing treatment burden (poly-pharmacy and multiple appointments) and unplanned care. It aims to improve quality of life by promoting shared decisions based on what is important to each person in terms of treatments, health priorities, lifestyle and goals. The guideline sets out which people are most likely to benefit from an approach to care that takes account of multi-morbidity, how they can be identified and what the care involves.

This guideline includes recommendations on:

- taking account of multi-morbidity in tailoring an approach to care
- how to identify people who may benefit
- how to assess frailty
- principles of an approach to care that takes account of multi-morbidity
- delivering the approach to care

1.2. Implementation issues to consider

Think about what else is happening locally that helps this review process such as:

- Avoiding unplanned admissions
- Tools that practices may be using already on their IT systems to identify those with frailty
- Medication review processes
- Tailoring the approach to long term health conditions review
- Identify local champion(s)
- Creation of standard system searches to identify those patients with, more than 15 medicines, 10 to 14 regular medicines and also those on less than 10 medicines but at particular risk of adverse events
- Raise awareness of the guideline through routine communication channels

- Using primary care electronic health records to identify people who may benefit from an approach to care that takes account of multi-morbidity may require some area-wide provision or coordination of search tools if these are not already built into clinical IT systems.
- Copies of individualised management plans in an accessible format can be shared electronically through the NHS Summary Care Record or by ensuring that the person always has an up-to-date paper copy of their plan at home.
- The most appropriate healthcare professional to develop and implement the individualised management plan may vary by area and depend on the individual needs and preferences of the person with multimorbidity. However, in each case it is important that it is clear who should be responsible.

2. Recommendations

The baseline assessment tool produced by NICE can be used to evaluate whether practice is in line with the recommendations in *Multimorbidity: clinical assessment and management*. It can also help to plan activity to meet the recommendations.

The tool can be used by individual services or organisations. Alternatively, an assessment completed with the involvement of all relevant services or organisations would help to develop a picture of activity in the local area.

Link to Baseline assessment tool: https://www.nice.org.uk/guidance/ng56/resources

2.1. Optimising care for adults with multimorbidity, by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care:

Steps to follow:

2.1.1. Step 1

Discuss the purpose of an approach to care that takes account of multimorbidity.

2.1.2. Step 2

Establish disease and treatment burden.

2.1.3. Step 3

Establish patient goals, values and priorities

2.1.4. Step 4

Review medicines and other treatments taking into account evidence of likely benefits and harms for the individual patient and outcomes important to the person.

2.1.5. Step 5

Agree an individualised management plan.

Although adherence to this guideline needs to integrate all the above steps, specific recommendations relating to medicines optimisation (2.1.4 Step 4) are highlighted:

2.2. Reviewing medicines and other treatments

- When reviewing medicines and other treatments, use the database of treatment effects to find information on the effectiveness of treatments https://www.nice.org.uk/guidance/ng56/resources
- Consider using a screening tool (for example, the STOPP/START tool in older people) to identify medicine-related safety concerns and medicines the person might benefit from but is not currently taking.
- When optimising treatment, think about any medicines or non-pharmacological treatments that might be started as well as those that might be stopped.
- Ask the person if treatments intended to relieve symptoms are providing benefits or causing harms. If the person is unsure of benefit or is experiencing harms from a treatment discuss reducing or stopping the treatment
- Plan a review to monitor effects of any changes made and decide whether any further changes to treatments are needed (including restarting a treatment).
- Take into account the possibility of lower overall benefit of continuing treatments that aim to offer prognostic benefit, particularly in people with limited life expectancy or frailty.
- Discuss with people who have multimorbidity and limited life expectancy or frailty whether they wish to continue treatments recommended in guidance on single health conditions which may offer them limited overall benefit.
- Discuss any changes to treatments that aim to offer prognostic benefit with the person, taking into account their views on the likely benefits and harms from individual treatments and what is important to them in terms of personal goals, values and priorities.
- Tell a person who has been taking bisphosphonate for osteoporosis for at least 3 years that there is no consistent evidence of further benefit from continuing bisphosphonate for another 3 years or of harms from stopping bisphosphonate after 3 years of treatment.
- Discuss stopping bisphosphonate after 3 years and include patient choice, fracture risk and life expectancy in the discussion.

3. Resource impact statement [NG56]

- No resource impact is anticipated.

Initially there may be costs in primary care from longer appointments, optimising treatments and care and associated training. However, this is expected to be offset by savings from better and more streamlined management of multimorbidity, from fewer unnecessary appointments, fewer medicines prescribed and fewer unplanned hospital admissions.

- The commissioners affected by this guideline are Clinical Commissioning Groups (CCGs) and NHS England.
- Providers affected are primary care services and NHS hospital trusts.

References

1. NICE NG56;2016 Multimorbidity; clinical assessment and management https://www.nice.org.uk/guidance/ng56/resources
2. NICE Bites No 90 https://www.sps.nhs.uk/wp-content/uploads/2016/10/NICE-Bites-Sept-2016-No-90-Multimorbidity.pdf
3. Resource impact statement [NG56] Sept 16 https://www.nice.org.uk/Guidance/ng56/resources/resource-impact-statement-2615256685
4. The baseline assessment tool [NG56] Sept 16 https://www.nice.org.uk/guidance/ng56/resources
5. Database of treatment effects [NG56] Sept 16 https://www.nice.org.uk/guidance/ng56/resources

Appendix One: Abbreviations

Abbreviation	Definitions
NICE	National Institute for Health and Care Excellence
CCGs	Clinical Commissioning Groups