Comments Proforma – Consultation on NICE indicators

Deadline for comments: 5pm on Tuesday, 25 May 2021
Please return to: indicators@nice.org.uk

We would like to hear your views on new draft NICE indicators for:

- Antidepressant prescribing
- Dementia

Do you have any general comments on these indicators?

When commenting on these indicators you may also wish to consider whether:

- the proposed indicators will lead to improvements in care and outcomes for patients?
- there are any barriers to implementing the care described?
- there are potential unintended consequences to implementing / using the indicators?
- there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please state whether this is adverse or positive and for which group.

The consultation document should be read before making comments on the topic areas listed in this document. Please note that there are specific questions for some indicators which you may wish to comment on. Please be clear which indicator you are commenting on where your comment is specific to an individual indicator.

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Requirement	Response
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	College of Mental Health Pharmacy Endorsed by ROYAL PHARMACEUTICAL SOCIETY
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**nil to disclose**
Name of commentator person completing form:	Petra Brown
Type	[office use only]

Comment number	Indicator ID	Comments Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
1	Do you think there are any barriers to implementing the care described by these indicators?	Barriers identified in general included • Where a patient no longer has capacity to discuss and / or when a Power Of Attorney (POA) is in place to support involvement of carers as the current consultation lacks mention of POA or carers to support the reviews. A number of examples were given by practice pharmacists and carers where they felt the review would have benefited greatly from involving carers. • Where services are commissioned esp for dementia with multiple prescribers e.g. memory clinics and primary care, shared care arrangements where only secondary prescribe for the dementia these can lead to a lack of joined up prescribing practice and separate and inaccessible notes meaning some of the information needed for a review is not available • QOF targets not currently reflecting these indicators e.g. QOF depression review currently 4-8 weeks
2	Do you think there are potential unintended consequences to implementing/ using any of these indicators?	A number of areas were considered: • Important to have good shared information where a number of services are involved or the consequence could be the person conducting the review being unaware of plans agreed with the patient or any co-morbidities that need to be incorporated into the review. Sharing of records remains a challenge esp between secondary and primary care services. • Important to include carer to understand patients wishes. In absence of carer health services could think they are acting in the patients best interest without truly understanding their wishes or without knowing other relevant information e.g. other appointments for co-morbid conditions • If carer not involved patient esp with dementia may not be aware of follow up arrangements related to reviews leading to unsuitable treatment pathways and decision making
3	Do you think there is potential for differential impact (in respect of age, disability, gender and gender reassignment, pregnancy and maternity, race, religion or belief, and sexual orientation)? If so, please	Nothing noted

	state whether this is adverse or positive and for which group.	
4	If you think any of these indicators may have an adverse impact in different groups in the community, can you suggest how the indicator might be delivered differently to different groups to reduce health inequalities?	Nothing noted
5 and 6	Is it feasible to review patients no later than 14 days after a new course of antidepressant? Is the proposed construction both acceptable and feasible for identification of a new course of antidepressant?	Aligning the review with QOF at 14 days was supported and considered appropriate especially for younger people who are at more risk of increasing suicidal thoughts.
7	Is the proposed construction both acceptable and feasible for identification of patients receiving long-term antidepressant treatment?	No comment to support this not being feasible in the proposed format. Lack of review and long term prescribing has though been noted as an area of concern therefore an annual review would be welcomed to ensure all support given, rational for ongoing prescribing documented and any physical health effects acted upon
8 and 9	An existing indicator on the NICE menu (NM117) and also in the Quality and Outcomes Framework (DEM004) focuses on annual review of care plans that	Most comments received in relation to the dementia reviews. Early planning was considered very important however the involvement of carers was suggested as highlighted earlier in comments. No mention of carers could be found and this was felt to be an omission in the indicator

	includes a record of the patients' wishes for the future. Is there added value in an indicator relating to advance care conversations taking place as a separate indicator? Would this indicator help to improve support and planning for patients who could be in the early stages of dementia?	
10 and 11	Is there added value in having an indicator relating to medication reviews for all people with dementia as a separate indicator to the Enhanced Service requirement DEMMI162? Is a specific focus on the pharmacological management of dementia rather than on a generic medication review more beneficial to patients?	A specific focus on dementia was supported due to • shared care arrangements and the challenge of reviewing people with a dementia being treated across a number of services leading to information being missed • adding review of other factors such as anticholinergic burden and medication that can impact on memory comments were also included around the need to ensure the review had not just access to the right information but also the right skills e.g. • How to ensure quality of review undertaken when the pharmacist may not have specialist mental health knowledge • Practice pharmacist would need support from GP for care planning and joint working with local secondary care services. • How to skill up primary care and primary pharmacy teams to deliver these reviews was noted in general

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include the indicator ID for the indicator you are commenting on
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.
- We do not accept comments submitted after the deadline stated for close of consultation.

You can see any guidance that we have produced on topics related to these indicators by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees. Further information regarding our privacy information can be found at our privacy notice on our website.