

**AWTTC**All Wales Therapeutics & Toxicology Centre  
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan**DOCUMENT TITLE: Polypharmacy review: Guidance for prescribing**  
**CLOSING DATE: Monday 12 September 2022**

Please complete your personal details along with the Consultation Pro-forma **and** the Declaration of Interests form below. Please type directly into the forms and save with your initials (or other appropriate identifier) before returning to [awttc@wales.nhs.uk](mailto:awttc@wales.nhs.uk).

**Please note:** Comments received during consultation are compiled in a report and considered by the development group. Each comment will be addressed and any changes to the document that are made as a result will be noted. The summary report including any comments submitted will be available upon request. Please allow three weeks from the date of final publication for the summary of consultation comments to be made available.

AWTTC reserves the right to summarise comments, where it is deemed appropriate, and to not publish comments if we consider their publication to be unlawful or otherwise inappropriate.

**By submitting your comments, you are agreeing to them being used in line with the above.**

<b>Name</b>	Alwyn Fortune
<b>Organisation/Company</b>	Royal Pharmaceutical Society

**CONSULTATION PRO-FORMA**

Is there anything you would like to see added to the *Polypharmacy review: Guidance for prescribing* document?

Whilst overall supportive of the principles of the document and its importance, the need for a multi-disciplinary team (MDT) approach should have greater emphasis throughout.

With the rapid growth of the Pharmacist Independent Prescriber programme coupled with changes to the undergraduate programme, resulting in all newly qualified pharmacists in 2026 being able to prescribe at point of registration, Pharmacy and Pharmacists need to be considered within the prescriber role.

Pharmacists can also play a vital role in supporting prescribers, patients and their carers when looking to tackle polypharmacy across all settings, hospital, GP practice and community pharmacy.

It is essential the role of the pharmacist is fully recognised with their expertise being utilised in the decision-making process and being fully informed and engaged throughout. Notwithstanding, the expertise of specialist pharmacists within clinical areas leaves them perfectly placed to be part of all decision making within their chosen field e.g. Mental Health Pharmacists.

Pharmacists, as the experts in medicines, are very often the patients first port of call for answers to questions and to allay anxiety/fears when medicines are stopped/changed. Through a collaborative approach and sharing of information and informed decision making, pharmacists will be fully equipped with the correct information to help counsel their patients appropriately.

Is there anything you would like to see removed from the *Polypharmacy review: Guidance for prescribing* document?

Any further comments you may have can be submitted using the table below.

Page number/section number/ line number	Comment
Page 9/Line 286 & 296	<p>The consultation states .....</p> <p><i>After the patient has been assessed, the following solutions to common issues may be considered.</i></p> <p><i>Would they benefit from a discussion with a pharmacy professional?</i></p> <p>Pharmacists should be considered as part of the original assessment of the patient in addition to further support the patient may need.</p>
Page 9/Line 305-311	<p>We welcome the highlighting of Monitored Dosage systems as not first line and the potential problems posed for patients, prescribers, and dispensing pharmacists with such systems.</p> <p>Please note, it is a recommendation of the RPS that the use of original packs of medicines, supported by appropriate pharmaceutical care, should be the preferred intervention for the supply of medicines in the absence of a specific need for an MCA in all settings.</p>
Page 9/Line 313-314	<p>Whilst the recognising of the link and importance of collaboration between GP and community pharmacist is welcomed, the highlighting of the option of delivery as a mechanism does not necessarily support adherence.</p> <p>If a patient has medicines delivered, in an instance where they could collect themselves, there is a potential significant missed opportunity for the patient with an interaction with an accessible healthcare professional in their community pharmacist. These ad hoc interactions give the patient opportunities to ask questions about their medication and build a relationship and trust with their community pharmacist to give them the confidence to ask these questions.</p> <p>In addition, the opportunity is missed for the community pharmacy team to see the patient if medication is delivered. The accessibility of community pharmacy and their presence embedded in communities means they often know their patients very well and are very good at spotting visibly when a patient's health may be deteriorating. In addition, community pharmacy teams are able to see when patients are not collecting their medicines regularly, when collection of medicines surpasses prescribing intervals, this is often a very good point to initiate a conversation with patients and their GP about compliance and adherence and identify any issues.</p>

## DECLARATION OF INTERESTS

Do you have any business or personal interests that might be material and relevant to the project/document under consideration?

Yes

