**STOP-DEM – Deprescribing for People with   
Cognitive Impairment**

**Transcript**

**HP13**

INT:  
So just wanted to ask you quite an open question at the beginning and it's just can you tell me about the care you provide to people with dementia and with, with, with dimensional mild cognitive impairment please?

0:0:18.870 --> 0:0:19.180  
PARTICIPANT:  
Yeah.

0:0:19.190 --> 0:0:25.230  
PARTICIPANT:  
So I've done a range of work really, so I've been done a lot of Care homework as a GP.

0:0:25.710 --> 0:0:26.330  
PARTICIPANT:  
Umm.

0:0:26.700 --> 0:0:39.240  
PARTICIPANT:  
And including being in a particular care home team in--- which I'm not in at the moment, and lots of those patients obviously being in care homes have dementia and we are in some of the complex dementia homes as well.

0:0:39.490 --> 0:0:42.0  
PARTICIPANT:  
So I've had quite a broad experience.

0:0:42.750 --> 0:0:45.0  
PARTICIPANT:  
I've also done.

0:0:45.70 --> 0:1:0.510  
PARTICIPANT:  
I had in the last sort of couple of years been looking after I'd Community ward, which obviously had a section of dementia patients or complex older persons with mental health.

0:1:0.680 --> 0:1:2.630  
PARTICIPANT:  
So yeah, quite a range of experience.

0:1:2.640 --> 0:1:11.10  
PARTICIPANT:  
And then of course, in normal general practice, some exposure but more exposure and more complex exposure in in sort of care home setting and the ward setting.

INT:  
And could you tell me about your views of deprescribing of inappropriate medication for people with dementia or mild cognitive impairment or what?

0:1:26.150 --> 0:1:28.480  
INT:  
What do you think about it please?

0:1:28.200 --> 0:1:46.300  
PARTICIPANT:  
So I am a very keen deep describer and it's one of my favourite things to do and when I did a quality improvement project in a care home in one of my first salary jobs I that was one of the things it was deprescribing and advanced planning.

0:1:46.310 --> 0:1:59.950  
PARTICIPANT:  
So I see it as a very important thing, and the longer I've had my specialist interest, the more I've realized how uh medications really do make older patients on well.

0:2:0.140 --> 0:2:6.610  
PARTICIPANT:  
And you know, I've seen a range of medications, not necessarily what you'd expect.

0:2:6.700 --> 0:2:12.70  
PARTICIPANT:  
So there is definitely a tipping point for patients that I I've seen.

0:2:12.80 --> 0:2:18.330  
PARTICIPANT:  
So I'm very as maybe very anti medication actually, even in my younger population.

0:2:18.700 --> 0:2:31.480  
PARTICIPANT:  
And so, yeah, I I've seen massive and pets are fools of, you know, you know, impacts their cognition and quality of life and sort of very vague symptoms like nausea and things. UM.

0:2:32.30 --> 0:2:33.580  
PARTICIPANT:  
So you have to be really switched on.

0:2:33.590 --> 0:2:35.470  
PARTICIPANT:  
So yeah, I'm keen.

0:2:37.110 --> 0:2:37.740  
INT:  
Thank you.

0:2:37.970 --> 0:2:52.470  
INT:  
Thank you and any other challenges or disadvantages that you you've noticed around no deprescribing in terms of those things in terms of falls and quality of life?

0:2:54.190 --> 0:3:7.370  
PARTICIPANT:  
And so, I mean, I think there's a there's a massive compliance issue and the numerous stories of obviously stored drugs in homes.

0:3:7.380 --> 0:3:16.430  
PARTICIPANT:  
If you go into people's homes or other people on my behalf of got into people's hangers, maths storage, which is a safety risk in itself.

0:3:17.230 --> 0:3:21.60  
PARTICIPANT:  
Umm and umm?

0:3:21.560 --> 0:3:23.530  
PARTICIPANT:  
Yeah, just the implications for.

0:3:23.540 --> 0:3:24.980  
PARTICIPANT:  
Yeah, fools is a big one.

0:3:27.50 --> 0:3:34.140  
PARTICIPANT:  
And that's sort of and these like vague symptoms where they don't, they're not quite right, but it's difficult to pinpoint.

0:3:34.150 --> 0:3:38.790  
PARTICIPANT:  
You never quite know, obviously, but then often it is down to drugs.

0:3:40.620 --> 0:3:41.100  
INT:  
Thank you.

0:3:40.800 --> 0:3:45.30  
PARTICIPANT:  
I've got a lot of older people's problems on medication related.

0:3:45.130 --> 0:3:46.560  
PARTICIPANT:  
There's a massive percentage of it.

0:3:48.690 --> 0:3:49.380  
INT:  
Thank you.

0:3:49.550 --> 0:3:56.360  
INT:  
And on the other hand, what's your views of the advantages of deprescribing for people with dementia or mild cognitive impairment?

0:3:57.660 --> 0:4:2.150  
PARTICIPANT:  
And so sorry, the advantages of.

0:4:3.380 --> 0:4:4.0  
PARTICIPANT:  
Have you?

0:4:2.700 --> 0:4:5.720  
INT:  
Yeah, deprescribing with those patients, yeah.

0:4:5.650 --> 0:4:6.80  
PARTICIPANT:  
Yeah.

0:4:6.90 --> 0:4:17.130  
PARTICIPANT:  
So I think it's so obviously it's pet you know then patients, if you're deprescribing, you're also doing a Medicare proper medication review.

0:4:17.140 --> 0:4:20.670  
PARTICIPANT:  
So then they know why they are on what they're on or their family do.

0:4:21.270 --> 0:4:22.0  
PARTICIPANT:  
Umm.

0:4:22.550 --> 0:4:24.60  
PARTICIPANT:  
Compliance is better.

0:4:24.410 --> 0:4:37.430  
PARTICIPANT:  
There's a better, better safety if they're on less medications and what they need less need for blood tests, which is better for the patient and obviously economically the health system.

0:4:37.530 --> 0:4:54.160  
PARTICIPANT:  
If you're doing less blood tests and then there's, I think there's less admissions, umm, and less of sort of day-to-day feeling sort of on, you know, nonspecifically unwell, which, you know, there's a massive contribution with medications.

0:4:56.530 --> 0:5:3.950  
INT:  
Kids and any thoughts about those challenges that you mentioned earlier, how they could be resolved?

0:5:6.190 --> 0:5:8.940  
PARTICIPANT:  
Umm, so yes.

0:5:9.0 --> 0:5:17.180  
PARTICIPANT:  
Well, so I think, uh, there should be a bigger drive for annual medication reviews.

0:5:17.190 --> 0:5:28.40  
PARTICIPANT:  
Even six monthly, probably in the really frail and patients with dementia because the change is quite can be quite quick six months there can be a lot of change.

0:5:28.290 --> 0:5:31.180  
PARTICIPANT:  
So there needs to be a massive drive for that.

0:5:31.190 --> 0:5:33.480  
PARTICIPANT:  
Now I don't know who does that work because it is.

0:5:33.570 --> 0:5:35.80  
PARTICIPANT:  
It's really intensive.

0:5:35.150 --> 0:5:40.610  
PARTICIPANT:  
It's very rewarding, but it's it takes a lot of time and you need to know what you're doing as well.

0:5:41.600 --> 0:5:49.830  
PARTICIPANT:  
Umm, so I think that that has to be a, A must and I think there should be.

0:5:49.970 --> 0:5:53.240  
PARTICIPANT:  
That should happen when patients are admitted and discharged.

0:5:53.740 --> 0:5:58.690  
PARTICIPANT:  
Their medication should be gone through so that the patient and the family know while they're on it.

0:5:58.700 --> 0:6:7.900  
PARTICIPANT:  
And then, yeah, then it sort of end up being reviewed and see and I think there needs to be some work around.

0:6:7.950 --> 0:6:15.930  
PARTICIPANT:  
So when I was in a Community Hospital, obviously we were having transfers from the Community and stepped down from the hospitals.

0:6:16.430 --> 0:6:18.470  
PARTICIPANT:  
The medication errors were huge.

0:6:21.420 --> 0:6:27.430  
PARTICIPANT:  
That they just, you know, trying to get the medications bought, actually patients are on is really challenging.

0:6:27.440 --> 0:6:39.210  
PARTICIPANT:  
So that's another area that I think needs massive work, and because if you looked at it properly, I think every admission there was some problem with the medication.

0:6:40.70 --> 0:6:43.560  
PARTICIPANT:  
UM, which doesn't help either.

0:6:44.700 --> 0:6:48.290  
PARTICIPANT:  
And yeah, so I mean it really it comes down to structured medication reviews.

0:6:53.140 --> 0:7:0.880  
INT:  
And you think specifically in primary care as well there as well similar issues or different?

0:7:1.530 --> 0:7:3.630  
PARTICIPANT:  
Yeah, I mean it's the same in.

0:7:6.890 --> 0:7:11.480  
PARTICIPANT:  
So the issue is doing that work in primary care.

0:7:11.490 --> 0:7:12.460  
PARTICIPANT:  
He does that.

0:7:12.570 --> 0:7:17.130  
PARTICIPANT:  
So like in my current practice there massively behind on the medication reviews.

0:7:17.870 --> 0:7:22.190  
PARTICIPANT:  
Umm, but there's just not enough staff to do it.

0:7:22.310 --> 0:7:26.280  
PARTICIPANT:  
UM and also you need to sort of know what you're doing.

0:7:26.290 --> 0:7:39.590  
PARTICIPANT:  
So umm, that is a massive challenge, but an area that really needs to be it needs to be focused on because there's a massive cost saving as well.

0:7:40.100 --> 0:7:49.510  
PARTICIPANT:  
You know, that's when I was in the care home team in Portsmouth, we had a clinical pharmacist who had done specialist training for care homes and their excellent.

0:7:49.520 --> 0:7:53.990  
PARTICIPANT:  
I mean, I learned a lot from them and you know, so you need that special knowledge as well.

0:7:54.0 --> 0:7:58.190  
PARTICIPANT:  
But there's they were obviously doing it a bit from a cost saving and a safety perspective.

0:7:58.980 --> 0:8:4.830  
PARTICIPANT:  
Umm, but you know that was that was really it was really good.

0:8:4.840 --> 0:8:11.140  
PARTICIPANT:  
It felt sort of like high quality sort of work and there were lots of changes, lots of things.

0:8:11.150 --> 0:8:19.310  
PARTICIPANT:  
We found out people get left on medications for decades and there wasn't necessarily the right reason for them being on it in the 1st place.

0:8:19.320 --> 0:8:21.270  
PARTICIPANT:  
So yeah.

0:8:22.420 --> 0:8:23.30  
INT:  
Thank you.

0:8:23.80 --> 0:8:23.470  
INT:  
It's not.

0:8:23.480 --> 0:8:45.800  
INT:  
That's that kind of resource and time issue is primary care since and in terms of I know you mentioned you've been working with the OPMH professionals as well in terms of your experiences of working with them any observations in terms of those deprescribing challenges and?

0:8:49.230 --> 0:9:6.970  
PARTICIPANT:  
I think obviously by the time they're seen by OPMH professionals there, they are adding in medications and perhaps not looking at umm, all of the other medications which I wouldn't necessarily expect them to.

0:9:6.980 --> 0:9:18.250  
PARTICIPANT:  
But if they're prescribing, you know, medications that act on the brain, obviously the whole, umm, the rest of the medication is really need a holistic approach.

0:9:18.300 --> 0:9:27.610  
PARTICIPANT:  
So I think that's actually quite a challenge for them because obviously they're not the ones prescribing all the antihypertensives and all the other medications.

0:9:30.0 --> 0:9:33.170  
PARTICIPANT:  
So yeah, I think that that's quite a challenge.

0:9:35.680 --> 0:9:36.90  
INT:  
OK.

0:9:37.900 --> 0:9:48.310  
INT:  
And what types of medications would you feel most comfortable deprescribing for people living with dementia or mild cognitive impairment?

0:9:49.230 --> 0:9:52.800  
PARTICIPANT:  
So I guess statins is a common one to stop prescribing.

0:9:53.530 --> 0:9:57.610  
PARTICIPANT:  
Umm, antihypertensive were where it's appropriate.

0:9:57.680 --> 0:9:59.260  
PARTICIPANT:  
It umm.

0:10:0.320 --> 0:10:3.10  
PARTICIPANT:  
I have umm.

0:10:3.610 --> 0:10:8.290  
PARTICIPANT:  
I have the prescribed anti psychotics that on are not really longer required.

0:10:9.80 --> 0:10:9.310  
PARTICIPANT:  
Yeah.

0:10:9.440 --> 0:10:10.170  
PARTICIPANT:  
Umm.

0:10:11.630 --> 0:10:14.900  
PARTICIPANT:  
And pain relief certainly.

0:10:14.910 --> 0:10:21.770  
PARTICIPANT:  
I've changed that and altered that, tried to minimize those risks.

0:10:22.970 --> 0:10:25.800  
PARTICIPANT:  
Umm, just trying to think what else?

0:10:25.940 --> 0:10:27.310  
PARTICIPANT:  
Specially the main ones.

0:10:29.240 --> 0:10:33.560  
PARTICIPANT:  
Umm yeah, there are some more tricky areas.

0:10:33.570 --> 0:10:36.140  
PARTICIPANT:  
But yeah, blood pressure tablets.

0:10:36.450 --> 0:10:37.400  
PARTICIPANT:  
Statins.

0:10:37.410 --> 0:10:38.460  
PARTICIPANT:  
Pain relief.

0:10:38.650 --> 0:10:51.150  
PARTICIPANT:  
All of that and then some, some of the sort of antidepressants and uh antipsychotics, I feel quite comfortable in deprescribing when really appropriate.

0:10:52.980 --> 0:10:55.210  
INT:  
Thank you and.

0:10:57.730 --> 0:10:57.980  
INT:  
What?

0:10:57.990 --> 0:10:59.780  
INT:  
What are their trickier medicines?

0:10:59.790 --> 0:11:1.90  
INT:  
If you like that you.

0:11:0.800 --> 0:11:3.820  
PARTICIPANT:  
The check your medications are like the heart failure medications.

0:11:4.640 --> 0:11:9.870  
PARTICIPANT:  
Umm, they're tricky because you don't quite know.

0:11:10.280 --> 0:11:10.570  
PARTICIPANT:  
Yeah.

0:11:10.580 --> 0:11:11.150  
PARTICIPANT:  
How?

0:11:11.740 --> 0:11:13.850  
PARTICIPANT:  
How reliant the patients are on those?

0:11:13.860 --> 0:11:14.630  
PARTICIPANT:  
Those are difficult.

0:11:14.640 --> 0:11:16.410  
PARTICIPANT:  
Like the diuretics, umm.

0:11:18.250 --> 0:11:20.390  
PARTICIPANT:  
Often there's a bit of a fine balance for that.

0:11:23.460 --> 0:11:28.30  
INT:  
And then any of the medications that you would feel?

0:11:28.420 --> 0:11:33.790  
INT:  
I'm kind of reluctant to DEPRESCRIBE any others.

0:11:34.490 --> 0:11:40.40  
PARTICIPANT:  
And so obviously, yeah, diabetic medications are suppose there are tricky balance as well.

0:11:42.320 --> 0:11:55.140  
PARTICIPANT:  
But they actually do become a they're one of the problems I've had with sort of nonspecific symptoms, but they're quite difficult, and to calculation, that's another one that's called sprung up in my mind.

0:11:55.990 --> 0:12:3.810  
PARTICIPANT:  
Uh, that can be tricky to know when the point when to stop anticoagulants.

0:12:6.570 --> 0:12:6.960  
INT:  
And see.

0:12:9.190 --> 0:12:16.620  
INT:  
And is there anything there that would help you encourage you to support reducing or stopping a medication?

0:12:16.790 --> 0:12:20.80  
INT:  
Anything that might help with that process?

0:12:20.700 --> 0:12:26.160  
PARTICIPANT:  
So I mean, obviously there are tools I'm aware of tools that you can use like stop, start.

0:12:26.500 --> 0:12:30.440  
PARTICIPANT:  
If you're umm, I think you've already concerned.

0:12:30.450 --> 0:12:35.430  
PARTICIPANT:  
Then you can use one of the quite helpful tools to sort of weigh up the risk. Umm.

0:12:37.840 --> 0:12:46.960  
PARTICIPANT:  
I think sometimes clinical discussion with colleague, if you're really sort of not sure, can be really helpful, but most of the time I'm fairly confident in making a decision.

0:12:48.870 --> 0:12:53.930  
PARTICIPANT:  
And you know it being the right one, I guess, cause I've done quite a lot of it.

0:12:55.10 --> 0:12:55.600  
INT:  
Thank you.

0:12:56.190 --> 0:12:56.600  
INT:  
Thank you.

0:12:59.120 --> 0:13:0.570  
INT:  
Sorry, spell with me a second.

0:13:2.950 --> 0:13:13.400  
INT:  
And what are the main things that you think would need to be in place for successful deprescribing for someone with dementia or mild cognitive impairment, please?

0:13:16.810 --> 0:13:17.580  
PARTICIPANT:  
Umm.

0:13:17.630 --> 0:13:20.700  
PARTICIPANT:  
So umm.

0:13:22.960 --> 0:13:43.440  
PARTICIPANT:  
So you need obviously the workforce to do it and clear communication with either the patient or caregivers stroke relatives to be clear about what has happened what has been stopped because that's a massive area for risk as well.

0:13:46.600 --> 0:13:52.350  
PARTICIPANT:  
And then obviously, yeah, communication in terms of education explaining why you're stopping.

0:13:52.360 --> 0:13:55.260  
PARTICIPANT:  
So that needs to be clearly documented as well.

0:13:58.850 --> 0:13:59.410  
INT:  
Thank you.

0:14:0.890 --> 0:14:11.450  
INT:  
And please describe your experience of having a deprescribing discussion with people living with dementia or mild cognitive impairment or their informal caregivers.

0:14:13.160 --> 0:14:20.170  
PARTICIPANT:  
Yeah, I've not had really any reluctance at always umm, conquer.

0:14:20.180 --> 0:14:33.410  
PARTICIPANT:  
Well, obviously with the complex dementias, you're making a best interest decision which you can communicate with the family, but you're going to do it anyway, so I've never had anybody really be anti or question it.

0:14:33.420 --> 0:14:45.280  
PARTICIPANT:  
As long as you're clear why, actually you'll find that most relatives in patients are really positive about it, because we know that there's a problem with compliance in general, whether you've got dementia or not.

0:14:45.580 --> 0:14:58.740  
PARTICIPANT:  
Actually, most patients don't want to take tablets, so I generally find it's quite a positive discussion and also it's quite a positive discussion because it can also be lead on to other future planning.

0:14:58.990 --> 0:15:4.700  
PARTICIPANT:  
So actually it's a discussion that often incorporates other discussions, which I think is really useful.

0:15:6.80 --> 0:15:10.80  
PARTICIPANT:  
You know it's setting expectations of where patients are in their lives and things like that.

0:15:12.520 --> 0:15:15.420  
INT:  
Could have prompted those other discussions as well.

0:15:15.890 --> 0:15:16.190  
PARTICIPANT:  
Yeah.

0:15:17.560 --> 0:15:18.250  
INT:  
Thank you.

0:15:18.660 --> 0:15:29.740  
INT:  
And in terms of those discussions, anything that you reflected on a thought that that works well after the discussion, something that you thought that works well?

0:15:32.170 --> 0:15:46.240  
PARTICIPANT:  
And so I EI guess my sort of phrases something like umm at a certain point in a patient's life.

0:15:46.250 --> 0:16:1.200  
PARTICIPANT:  
We know that some of the medications aren't very helpful and that we need to review all these medications cause they can cause you to feel, you know, dizzy or we know they're not benefiting you and they're more side effects your get.

0:16:1.210 --> 0:16:4.900  
PARTICIPANT:  
So I kind of go along that kind of discussion. Umm.

0:16:7.490 --> 0:16:12.920  
PARTICIPANT:  
And sort of say you know we want you to be on what you need to be on and nothing more.

0:16:15.0 --> 0:16:15.610  
INT:  
Thank you.

0:16:16.780 --> 0:16:21.820  
INT:  
And on the other hand, have you encountered any challenges at all?

0:16:22.910 --> 0:16:32.750  
PARTICIPANT:  
And probably the odd maybe relative that, umm, might feel that you're writing the patient off.

0:16:32.760 --> 0:16:34.990  
PARTICIPANT:  
I think I've had that kind of expression.

0:16:35.520 --> 0:16:38.420  
PARTICIPANT:  
But like, but that's been like once or twice.

0:16:39.200 --> 0:16:46.350  
PARTICIPANT:  
Umm and not necessarily come from a place of in, you know, informed knowledge.

0:16:46.460 --> 0:16:50.550  
PARTICIPANT:  
So that's why the discussions need to be really clear and be done well.

0:16:50.560 --> 0:16:51.450  
PARTICIPANT:  
Actually, they're not.

0:16:51.820 --> 0:16:53.330  
PARTICIPANT:  
They're not necessary.

0:16:53.800 --> 0:17:1.190  
PARTICIPANT:  
Easy, potentially so yes, but I've found that has been rare.

0:17:7.530 --> 0:17:7.780  
PARTICIPANT:  
Yeah.

0:17:3.180 --> 0:17:15.30  
INT:  
This clear discussions and communication like you said before and yeah, thank you and umm when and how should such discussions take place?

0:17:15.40 --> 0:17:19.670  
INT:  
Have you any flexions what's worked well and not worked so well in terms of when and how?

0:17:20.650 --> 0:17:22.880  
PARTICIPANT:  
Umm, not in a crisis.

0:17:23.130 --> 0:17:31.750  
PARTICIPANT:  
Certainly doesn't work well, so as well then the thing these needs to be done sort of pro actively.

0:17:32.530 --> 0:17:42.290  
PARTICIPANT:  
Umm, I guess I mean in general practice, obviously dementia patients are supposed to have dementia reviews now.

0:17:42.950 --> 0:17:49.400  
PARTICIPANT:  
I don't know how often that's happening, cause of obviously they're practicalities, but that would be a good point.

0:17:49.990 --> 0:18:0.880  
PARTICIPANT:  
Umm, so I think that these kind of be an annual sort of set point in in some kind of being in the right setting you need the right amount of time to do these things.

0:18:1.210 --> 0:18:6.730  
PARTICIPANT:  
And I think it should be part of an overall holistic, umm, review, really.

0:18:9.240 --> 0:18:9.690  
INT:  
OK.

0:18:12.130 --> 0:18:12.930  
INT:  
And I'm.

0:18:14.810 --> 0:18:27.570  
INT:  
But what should happen in these discussions is there I know you mentioned about the phrase that you used to kind of initiate that discussion and anything else what should happen in those discussions?

0:18:29.70 --> 0:18:35.140  
PARTICIPANT:  
So I guess I'm going through the medications methodically and see.

0:18:36.240 --> 0:18:43.850  
PARTICIPANT:  
Making sure that all the patients taking it, because that's often an issue, are they having problems taking it?

0:18:44.290 --> 0:18:50.10  
PARTICIPANT:  
Because sometimes you discover, say, swallowing problems or they don't like the taste or the taking it the wrong time of day.

0:18:50.320 --> 0:19:23.660  
PARTICIPANT:  
And so I think going through months of the and then I always explain your this your blood pressure tablet, how are you getting on with that and then that can open up other discussions and often the patients say well I'd rather not be on that if I don't have to be they often come out with that before you even suggested it and obviously checking for side effects and often in a medication where you will come across problems and you might end up listing a new drug as a as a problem drug.

0:19:25.430 --> 0:19:25.930  
INT:  
Thank you.

0:19:30.30 --> 0:19:42.260  
INT:  
And, Umm, who do you think is best place to be involved in deprescribing discussions in primary care for people living with dementia or mild cognitive impairment?

0:19:42.530 --> 0:19:47.390  
INT:  
Are there any professional groups who should or shouldn't be involved when you're considering that?

0:19:48.430 --> 0:19:54.580  
PARTICIPANT:  
So I guess my in my buy it is biased for you.

0:19:54.590 --> 0:20:1.880  
PARTICIPANT:  
It should be like a GPU with a specialist interest or an advanced practitioner.

0:20:1.940 --> 0:20:7.520  
PARTICIPANT:  
With a sort of frailty interest or a UM interest in dementia.

0:20:8.270 --> 0:20:13.220  
PARTICIPANT:  
Umm, I guess would be the gold standard in my biased view.

0:20:15.130 --> 0:20:18.920  
INT:  
And you can say a little bit more about why that that be great.

0:20:18.930 --> 0:20:19.330  
INT:  
Thank you.

0:20:19.870 --> 0:20:37.200  
PARTICIPANT:  
Because I think if you've got that, you say you've got, if you've got the interest, you've got the um drive for deprescribing cause not, it's not everybody's comfort zone, elderly complex care, there's, there's a lot of great areas and I think that's where lots of professionals struggle.

0:20:37.210 --> 0:20:44.800  
PARTICIPANT:  
So that's why you've got to have the right professional making those decisions, because there's all very you could just go down, do medication review and not stop anything.

0:20:44.810 --> 0:20:46.860  
PARTICIPANT:  
It'd be easy just to go down the list, wouldn't it?

0:20:46.870 --> 0:20:56.410  
PARTICIPANT:  
Just for saying getting paid or whatever, but I think you need the person with the experience, the knowledge and the passion for it.

0:20:57.890 --> 0:20:58.150  
INT:  
OK.

0:21:2.940 --> 0:21:11.60  
INT:  
And is there, are there any professional groups who should shouldn't be involved in that in those deprescribing discussions and why?

0:21:12.360 --> 0:21:13.120  
PARTICIPANT:  
Umm.

0:21:17.300 --> 0:21:26.400  
PARTICIPANT:  
Doesn't anybody that really jumps out because like it is kind of everybody's job really, but it's not an everybody's conversion and there's nobody that really jumps out.

0:21:27.10 --> 0:21:32.550  
PARTICIPANT:  
Umm, obviously, non prescribers shouldn't be doing so.

0:21:33.770 --> 0:21:38.430  
PARTICIPANT:  
Umm, but I think it's everybody's role to sort of highlight issues.

0:21:40.40 --> 0:21:40.540  
INT:  
Thank you.

0:21:41.680 --> 0:21:45.330  
INT:  
And who would be best place to lead the discussion?

0:21:45.340 --> 0:21:45.730  
INT:  
Do you think?

0:21:47.900 --> 0:21:48.570  
PARTICIPANT:  
Umm.

0:21:52.830 --> 0:22:3.220  
PARTICIPANT:  
I think it's probably umm GP's advanced practitioners in three Lt can you know, consultant priority nurses?

0:22:4.60 --> 0:22:6.670  
PARTICIPANT:  
Umm Jared tuitions.

0:22:6.980 --> 0:22:8.470  
PARTICIPANT:  
I think that's the groups.

0:22:8.480 --> 0:22:12.130  
PARTICIPANT:  
Those are the groups that need to be doing that and older person.

0:22:12.540 --> 0:22:19.930  
PARTICIPANT:  
It's difficult with older person mental health because, umm, that's not their prior.

0:22:19.970 --> 0:22:20.530  
PARTICIPANT:  
They are.

0:22:20.540 --> 0:22:24.430  
PARTICIPANT:  
They are prescribing, you know, complex medications.

0:22:24.440 --> 0:22:41.180  
PARTICIPANT:  
So yeah, I'm not sure they're probably the best deep scribers, but I think they need an awareness of that, which is why I think geriatricians GP primary care advanced practitioners with an interest are probably the best group.

0:22:44.460 --> 0:22:46.290  
INT:  
Thank you and.

0:22:48.820 --> 0:22:49.330  
INT:  
When.

0:22:49.380 --> 0:22:50.740  
INT:  
Sorry, just bear with me.

0:22:52.640 --> 0:23:1.390  
INT:  
When is it appropriate or not appropriate to involve patients with dementia or mild cognitive impairment in those discussions?

0:23:2.830 --> 0:23:22.430  
PARTICIPANT:  
So I think when they when they have capacity, it's essential to involve them and when they don't have capacity then I wouldn't because it just creates an anxiety and uncertainty for them and they can't make the decision anyway.

0:23:22.480 --> 0:23:26.570  
PARTICIPANT:  
So you need to make the decision for them and but in as a best interest.

0:23:27.680 --> 0:23:30.130  
PARTICIPANT:  
So I'd say that's probably quite clear.

0:23:30.190 --> 0:23:47.440  
PARTICIPANT:  
And also, if the patient does have capacity but they some patients they don't want to have those high level discussions, in which case you can say is it OK if I talked to your next of kin about that or sometimes they want you to make a decision and providing you've documented all that I think that's fine.

0:23:48.940 --> 0:23:49.310  
INT:  
OK.

0:23:50.390 --> 0:23:55.890  
INT:  
And the same question but for umm, informal caregivers of the of the patients.

0:23:55.900 --> 0:23:59.320  
INT:  
For example, their family or friends or next of kin.

0:23:59.850 --> 0:24:4.490  
INT:  
Or their any situations when it is or isn't appropriate to involve them?

0:24:5.450 --> 0:24:12.930  
PARTICIPANT:  
So I think it's probably most the time important to involve them because it's just better to communicate openly.

0:24:13.770 --> 0:24:15.820  
PARTICIPANT:  
Umm, but everybody's sake.

0:24:16.890 --> 0:24:26.570  
PARTICIPANT:  
I think in an emergency situation it isn't umm, or if it's just clear cut that the medication needs to stop, then you know.

0:24:27.40 --> 0:24:34.0  
PARTICIPANT:  
Umm, don't think it's always necessary, but I think most of the time 99% time it probably is important.

0:24:35.290 --> 0:24:35.910  
INT:  
I'm kidding.

0:24:39.100 --> 0:24:43.860  
INT:  
And what do you see if the as the role of informal caregivers in those discussions?

0:24:45.390 --> 0:24:52.580  
PARTICIPANT:  
UMI probably wouldn't I.

0:24:52.590 --> 0:24:57.770  
PARTICIPANT:  
I guess I just want, so I'm not asking them the question whether we should stop.

0:24:57.780 --> 0:24:58.330  
PARTICIPANT:  
I'm just.

0:24:58.400 --> 0:25:4.730  
PARTICIPANT:  
I would be explaining the reasons why I'm so I'm not particularly wanting an opinion.

0:25:4.780 --> 0:25:9.110  
PARTICIPANT:  
I'm quite pads paternalistic in that discussion cause I guess you've made that decision.

0:25:10.0 --> 0:25:15.730  
PARTICIPANT:  
Umm, but sometimes it's just making sure they understand the risks and benefits.

0:25:15.740 --> 0:25:17.60  
PARTICIPANT:  
And why are making that decision?

0:25:18.120 --> 0:25:25.170  
PARTICIPANT:  
Because I think sometimes if you're not clear about that, it's the same with end of life discussions, relatives can feel that they've got to make decisions.

0:25:25.180 --> 0:25:29.930  
PARTICIPANT:  
So I think you got to be clear that this is what your opinion is and that should be done.

0:25:29.940 --> 0:25:32.610  
PARTICIPANT:  
But this you'd letting them know that that's what's going to be done.

0:25:36.580 --> 0:25:36.920  
INT:  
OK.

0:25:36.930 --> 0:25:37.540  
INT:  
Thank you.

0:25:38.820 --> 0:25:44.660  
INT:  
And what would assist engagement with health and social care colleagues to support shared decision making?

0:25:47.440 --> 0:25:48.170  
PARTICIPANT:  
Umm.

0:25:55.20 --> 0:25:58.50  
PARTICIPANT:  
I don't think it's particularly.

0:26:0.290 --> 0:26:0.880  
PARTICIPANT:  
Needed.

0:26:0.890 --> 0:26:2.510  
PARTICIPANT:  
I think they could be useful.

0:26:2.520 --> 0:26:15.550  
PARTICIPANT:  
They can highlight UM, issues like with compliance and things, but I don't feel umm that they need to be heavily involved and I'm not sure they'd particularly want to be.

0:26:15.640 --> 0:26:16.950  
PARTICIPANT:  
I guess in my experience.

0:26:18.840 --> 0:26:19.430  
INT:  
Thank you.

0:26:21.0 --> 0:26:35.320  
INT:  
And what would the involvement of patients living with dementia or mild cognitive impairment and older, informal caregivers in the deprescribing process anything that would assist engagement on involvement of them?

0:26:36.160 --> 0:26:42.280  
PARTICIPANT:  
I guess it's having that, UM, that time, that specific time and place, isn't it?

0:26:42.850 --> 0:26:53.240  
PARTICIPANT:  
Umm, that's going to help with all that so that it's the thing that is done for definite UM and that gives an opportunity to involve everybody.

0:26:55.30 --> 0:26:55.900  
INT:  
To the and any.

0:26:55.910 --> 0:27:2.990  
INT:  
Any reflections in terms of that, that place and how it should take place if you like in terms of that?

0:27:3.950 --> 0:27:4.460  
PARTICIPANT:  
Umm.

0:27:7.530 --> 0:27:11.560  
PARTICIPANT:  
I don't think particularly the low cation matters.

0:27:11.570 --> 0:27:32.750  
PARTICIPANT:  
I just think it needs to be something that is planned into the year and I mean for example, you could use, we're just changing in our practice to everybody's medication reviews and bloods being done on the birth month, which I think is a great way of so that could be a trigger point.

0:27:32.760 --> 0:27:33.290  
PARTICIPANT:  
Condit.

0:27:33.330 --> 0:27:38.220  
PARTICIPANT:  
You know, their birth month is a month that you review the medications and.

0:27:41.110 --> 0:27:46.550  
PARTICIPANT:  
And, yeah, really absolves said previously that I think often that needs more.

0:27:46.590 --> 0:27:50.530  
PARTICIPANT:  
There's wider discussions, but medication is a big chunk of that.

0:27:53.160 --> 0:28:9.0  
INT:  
In terms of the prompting that discussion in in terms of whether it takes place on, on the telephone or in in the surgery or a person's home, there's no preference between those settings is that, is that correct?

0:28:9.760 --> 0:28:10.290  
INT:  
Yeah.

0:28:9.70 --> 0:28:12.60  
PARTICIPANT:  
But Ohh preference wouldn't would face to face.

0:28:12.70 --> 0:28:12.780  
PARTICIPANT:  
Sorry.

0:28:10.840 --> 0:28:13.540  
INT:  
Yeah, it's. Yeah, sure.

0:28:13.350 --> 0:28:13.850  
PARTICIPANT:  
Yeah.

0:28:13.550 --> 0:28:13.900  
INT:  
No, that's.

0:28:13.890 --> 0:28:15.820  
PARTICIPANT:  
Yeah, certainly not fine.

0:28:15.830 --> 0:28:21.250  
PARTICIPANT:  
I yeah, it's elderly care done over the phone for me does not work.

0:28:22.870 --> 0:28:26.590  
PARTICIPANT:  
So yeah, certainly face to face, but either in a surgery setting or home.

0:28:27.680 --> 0:28:28.180  
INT:  
Thank you.

0:28:29.720 --> 0:28:31.360  
INT:  
Thank you and.

0:28:33.590 --> 0:28:43.910  
INT:  
And what would the thinnest take good communication with patients living with dementia or mild cognitive impairment and all their informal caregivers in the deprescribing process?

0:28:43.920 --> 0:28:49.380  
INT:  
And anything that you've noticed at work, well, when you've had those discussion patients?

0:28:50.660 --> 0:28:54.920  
PARTICIPANT:  
And I think it's like not as having the time to do it.

0:28:55.20 --> 0:29:7.560  
PARTICIPANT:  
So not feeling like you're rushed and you can listen to what the patients are saying and explain clearly why you're why you're making those decisions.

0:29:9.140 --> 0:29:10.170  
PARTICIPANT:  
That's where the main thing.

0:29:11.200 --> 0:29:22.310  
INT:  
At that time and yeah, opportunity to listen I guess which is linked and explain clearly and anything else there that that facilitates that good communication.

0:29:23.230 --> 0:29:28.630  
PARTICIPANT:  
And before sometimes I've written down well, obviously, when I've had the time.

0:29:28.640 --> 0:29:35.750  
PARTICIPANT:  
Things I'm stopping or important drugs or, you know, drugs are definitely take one.

0:29:35.760 --> 0:29:37.500  
PARTICIPANT:  
They're unwell and the ones not to.

0:29:37.510 --> 0:29:41.460  
PARTICIPANT:  
If I've had time, I've written that down, which can be really helpful.

0:29:49.80 --> 0:29:49.680  
INT:  
OK. Yeah.

0:29:42.30 --> 0:29:50.730  
PARTICIPANT:  
Like I sort of medication plan, but that is when the wind is like blowing the right way and you've got the time in the world.

0:29:54.440 --> 0:30:1.150  
INT:  
So that that written information is that is that particularly useful for patients with dementia, anymore cognitive impairments?

0:30:1.160 --> 0:30:4.240  
INT:  
Well, like the tips or anything.

0:30:7.540 --> 0:30:8.100  
INT:  
Thank you.

0:30:9.640 --> 0:30:13.750  
INT:  
And just thinking more closely about the communication.

0:30:14.100 --> 0:30:14.410  
INT:  
What?

0:30:14.420 --> 0:30:26.740  
INT:  
What language should be used in communicating information about medication with people with dementia or more cognitive impairment and their caregivers?

0:30:28.390 --> 0:30:41.750  
PARTICIPANT:  
Umm, I guess it's not making things too complicated, but try, you know trying to be keep things simple and clear about.

0:30:43.300 --> 0:30:43.590  
PARTICIPANT:  
Yeah.

0:30:43.600 --> 0:30:44.400  
PARTICIPANT:  
What you were explaining.

0:30:47.460 --> 0:30:47.920  
INT:  
Thank you.

0:30:49.260 --> 0:30:59.920  
INT:  
And how do you feel about engaging patients with dementia or mild cognitive payment in shared decision making as part of the deprescribing process?

0:31:1.480 --> 0:31:6.410  
PARTICIPANT:  
I think it's really important where it's possible.

0:31:7.80 --> 0:31:11.670  
PARTICIPANT:  
I think that that's really important because obviously they feel quite out of control.

0:31:12.580 --> 0:31:12.940  
PARTICIPANT:  
Umm.

0:31:14.530 --> 0:31:15.260  
PARTICIPANT:  
Often.

0:31:15.310 --> 0:31:24.820  
PARTICIPANT:  
So yeah, I think you need to wear possible give them a sense of control over their own lives, but obviously there is a point where that that's not possible.

0:31:27.70 --> 0:31:27.530  
INT:  
OK.

0:31:30.610 --> 0:31:35.260  
INT:  
And what would help facilitate their involvement in shared decision making?

0:31:37.580 --> 0:31:41.500  
PARTICIPANT:  
Umm, I think having obviously.

0:31:42.570 --> 0:31:43.330  
PARTICIPANT:  
Umm.

0:31:43.910 --> 0:31:56.500  
PARTICIPANT:  
Really reasonable time and also having a next of kin with them or whoever's their main carer is somebody else with them.

0:31:56.560 --> 0:31:57.390  
PARTICIPANT:  
It would be useful.

0:32:0.850 --> 0:32:1.410  
INT:  
Thank you.

0:32:3.970 --> 0:32:8.340  
INT:  
And what are the barriers to patients with dementia?

0:32:8.350 --> 0:32:9.640  
INT:  
Mild cognitive impairment.

0:32:9.650 --> 0:32:12.940  
INT:  
Shared decision making to involvement.

0:32:13.400 --> 0:32:23.360  
PARTICIPANT:  
So obviously they've often lost quite a lot of confidence, so that there's they can only retain a certain amount of information.

0:32:23.370 --> 0:32:31.680  
PARTICIPANT:  
They can find these kind of things quite anxiety provoking, so it really is a judgment call with the patients and some patients want to be involved.

0:32:31.690 --> 0:32:35.190  
PARTICIPANT:  
But there is there is a bit of a limit there, umm.

0:32:35.630 --> 0:32:41.780  
PARTICIPANT:  
And they can only they probably can only listen for so long as well, and take so much on board.

0:32:41.790 --> 0:32:53.640  
PARTICIPANT:  
So there is a massive barrier, but umm, I think it's important to include but you obviously need a another set of people there either carers or relatives.

0:32:54.690 --> 0:32:56.580  
PARTICIPANT:  
Umm yes it.

0:32:56.590 --> 0:33:3.800  
PARTICIPANT:  
It's not easy to involve them, but I think that should be the aim unless it's creating stress for them.

0:33:4.600 --> 0:33:4.800  
INT:  
Yeah.

0:33:6.440 --> 0:33:17.260  
INT:  
And any thoughts about patients who, who, who don't have, say, a family member with them, say anything that could support them in, in, in that that situation?

0:33:19.60 --> 0:33:21.530  
PARTICIPANT:  
Yeah, I've had that situation before.

0:33:21.580 --> 0:33:32.40  
PARTICIPANT:  
I mean, I think it's reasonable to make a best interest decision, but equally you can sometimes try and involve like a specialist nurse that's involved.

0:33:34.360 --> 0:33:39.960  
PARTICIPANT:  
Like I had a patient who had a specious epilepsy nurse who's supported with that.

0:33:42.30 --> 0:33:48.870  
PARTICIPANT:  
So yeah, I guess where possible, somebody who's involved in their care would be present.

0:33:48.880 --> 0:33:53.280  
PARTICIPANT:  
But if that's not present, then I think it's perfectly acceptable to make a best interest decision.

0:33:55.540 --> 0:33:56.200  
INT:  
Thank you.

0:33:57.140 --> 0:34:8.160  
INT:  
And how do you feel about engaging in formal caregivers of patients with dementia and mild cognitive impairment and shared decision making as part of that deprescribing process?

0:34:10.600 --> 0:34:17.690  
PARTICIPANT:  
Yeah, I think that can be really useful where possible. Umm.

0:34:21.10 --> 0:34:27.980  
PARTICIPANT:  
I guess in terms of making difficult decisions around deprescribing, you need more.

0:34:27.990 --> 0:34:37.510  
PARTICIPANT:  
It's more than the sort of next of kin that need to be made aware of the changes rather than, I guess, the formal caregivers.

0:34:37.520 --> 0:34:38.30  
PARTICIPANT:  
Obviously it might.

0:34:38.30 --> 0:34:40.250  
PARTICIPANT:  
There might be the same people. Umm.

0:34:42.580 --> 0:34:46.480  
PARTICIPANT:  
But I guess it's useful for everybody to know what?

0:34:46.550 --> 0:34:47.650  
PARTICIPANT:  
What patients are wrong?

0:34:51.990 --> 0:34:52.620  
INT:  
Thank you.

0:34:47.660 --> 0:34:57.450  
PARTICIPANT:  
But I think perhaps practically, that's quite difficult, but the for the caregivers often have a good insight into, you know, they are struggling with their medications.

0:34:58.320 --> 0:35:2.920  
PARTICIPANT:  
Umm, so they have other insights and other insights into other things.

0:35:5.140 --> 0:35:5.650  
INT:  
Q.

0:35:6.580 --> 0:35:13.200  
INT:  
And then he thoughts around what helps facilitate those discussions with informal caregivers as well.

0:35:15.440 --> 0:35:16.80  
PARTICIPANT:  
Umm.

0:35:18.90 --> 0:35:28.60  
PARTICIPANT:  
So I guess, yeah, there's a there's the time element again, isn't there in the flexibility to be able to do that and.

0:35:32.90 --> 0:35:33.180  
PARTICIPANT:  
Uh.

0:35:33.290 --> 0:35:33.620  
PARTICIPANT:  
Yeah.

0:35:33.630 --> 0:35:36.140  
PARTICIPANT:  
And I guess good clear communication.

0:35:36.150 --> 0:35:36.530  
PARTICIPANT:  
Why?

0:35:36.540 --> 0:35:39.150  
PARTICIPANT:  
You're why you're having that discussion.

0:35:42.440 --> 0:35:47.760  
INT:  
And on the other hand, any barriers around that shared decision making with the formal caregivers?

0:35:48.920 --> 0:35:52.340  
PARTICIPANT:  
Umm, I suppose that the logistics.

0:35:54.670 --> 0:36:7.710  
PARTICIPANT:  
It might take, depending on the caregiver, might take a bit longer if they, it might complicate the discussion, I guess sometimes and.

0:36:9.790 --> 0:36:14.120  
PARTICIPANT:  
And yeah, and yeah, it's just being careful who's got the best in.

0:36:14.230 --> 0:36:20.630  
PARTICIPANT:  
Yeah, best interest because you need the person with the medical knowledge making the, you know, definitive decision.

0:36:22.520 --> 0:36:22.960  
INT:  
Thank you.

0:36:26.280 --> 0:36:26.530  
INT:  
Yes.

0:36:27.420 --> 0:36:37.850  
INT:  
What tools or resources are needed to facilitate shared decision making in relation to deprescribing for patients with dementia or mild cognitive and pen please?

0:36:39.30 --> 0:36:39.680  
PARTICIPANT:  
Umm.

0:36:39.690 --> 0:36:45.310  
PARTICIPANT:  
So yeah, there's a stop start tool that I is sometimes use.

0:36:47.970 --> 0:37:4.60  
PARTICIPANT:  
Of the it's you can't need a clear place to document that you know on the computer system and what you're doing there isn't necessarily one place that you write for deprescribing, but because Gees be useful to have a template for that.

0:37:4.500 --> 0:37:11.690  
PARTICIPANT:  
UM, so like the discharge letters have the medications and medication changes and why?

0:37:11.750 --> 0:37:13.760  
PARTICIPANT:  
And that could that sort of thing could be useful.

0:37:14.720 --> 0:37:25.50  
PARTICIPANT:  
Umm that is a can't remember the name, but there is a tool where you get advice on how to reduce medications.

0:37:25.60 --> 0:37:26.200  
PARTICIPANT:  
I can't remember what it's called.

0:37:28.180 --> 0:37:30.970  
PARTICIPANT:  
Umm, but that could be useful as well in terms of.

0:37:30.980 --> 0:37:34.220  
PARTICIPANT:  
Obviously, some medications need to slow reduction.

0:37:36.620 --> 0:37:37.290  
PARTICIPANT:  
Med stopper.

0:37:37.300 --> 0:37:37.890  
PARTICIPANT:  
That's it.

0:37:37.960 --> 0:37:38.570  
PARTICIPANT:  
Med stopper.

0:37:43.270 --> 0:37:43.830  
INT:  
Thank you.

0:37:45.50 --> 0:37:54.270  
INT:  
And how best would patients living with dementia or mild cognitive impairment and their formal caregivers be supported during the deeper scribing process?

0:37:54.720 --> 0:37:58.90  
INT:  
So you support that could be helpful there.

0:38:0.200 --> 0:38:0.770  
PARTICIPANT:  
So

0:38:4.340 --> 0:38:36.790  
PARTICIPANT:  
Yeah, the support needs to be with, so being clear about what has been stopped and why and what they're on, and why they're on what they're on and then obviously a some form of contact if things aren't going well or UM, there's an issue, they need that a person to contact, UM and probably some kind of potential follow up if needed or the opportunity to follow up.

0:38:39.70 --> 0:38:39.530  
INT:  
Thank you.

0:38:42.630 --> 0:38:53.740  
INT:  
And that brings me neatly on to the next question, which is how best would patients living with dementia, mild cognitive impairment be followed up as part of the deprescribing process?

0:38:54.170 --> 0:38:55.580  
INT:  
So how best would that happen?

0:38:56.790 --> 0:39:23.470  
PARTICIPANT:  
Umm, so follow-ups ideal done over the phone, but I don't think that necessarily works, but this set of patients so it wouldn't necessarily need to be the leader professionals that could be an allied professional that checked in with the patient, felt like face to face either in the surgery or at home to see how those changes were going, umm.

0:39:23.850 --> 0:39:28.120  
PARTICIPANT:  
And that would be sort of more of a quick umm, quick review.

0:39:31.290 --> 0:39:31.650  
INT:  
See.

0:39:34.260 --> 0:39:45.300  
INT:  
And, umm, in terms of that follow up who any, any thoughts specifically around who should be following up patients there, any professional group?

0:39:46.860 --> 0:39:51.270  
PARTICIPANT:  
Umm, I think that could be done.

0:39:51.780 --> 0:39:56.900  
PARTICIPANT:  
Umm, I mean, in an ideal world, it's the person that's done the deep describing, but in the real world.

0:39:59.500 --> 0:40:2.150  
PARTICIPANT:  
It could be another member of the team.

0:40:2.160 --> 0:40:8.470  
PARTICIPANT:  
So like, I guess I nurses and nursing team member would sort of spring to mind.

0:40:13.60 --> 0:40:17.100  
INT:  
And how often do you think patients, medication should be reviewed?

0:40:19.100 --> 0:40:26.820  
PARTICIPANT:  
So, umm, minimum annually as an absolute standard.

0:40:29.70 --> 0:40:37.970  
PARTICIPANT:  
But I think really impatience that are changing or more frail than every six months would be ideal.

0:40:40.360 --> 0:40:52.360  
PARTICIPANT:  
So I think the mild cognitive impairment and well more the dementia patients would benefit from A6 monthly really because there can be the massively significant changes in six months.

0:40:55.920 --> 0:40:56.510  
INT:  
Thank you.

0:40:57.760 --> 0:40:58.400  
INT:  
Or six.

0:40:59.20 --> 0:40:59.500  
INT:  
Thank you.

0:41:0.470 --> 0:41:14.980  
INT:  
And what are the potential for silicates to integrating shared decision making in relating in relation to deprescribing medication for patients with dementia or mild cognitive impairment into your everyday practice please?

0:41:15.290 --> 0:41:15.780  
INT:  
So what?

0:41:15.790 --> 0:41:17.40  
INT:  
What are the facilitators?

0:41:17.50 --> 0:41:18.180  
INT:  
Are integrating it?

0:41:19.840 --> 0:41:23.880  
PARTICIPANT:  
Umm. Sorry what?

0:41:23.890 --> 0:41:25.770  
PARTICIPANT:  
UM, what do you mean by that?

0:41:25.780 --> 0:41:26.240  
PARTICIPANT:  
It's very.

0:41:26.310 --> 0:41:26.950  
INT:  
Yeah.

0:41:27.290 --> 0:41:41.40  
INT:  
So what I guess it's in terms of what are the things that would help or to integrating that into your object, what would make it easier if you like to integrate?

0:41:41.530 --> 0:41:45.780  
PARTICIPANT:  
So I think it needs to be seen as a separate piece of work.

0:41:45.950 --> 0:41:57.480  
PARTICIPANT:  
UM, it doesn't really fit neatly because it's quite intense into normal routine primary care, so it needs to be seen as a piece of work on its own.

0:42:1.170 --> 0:42:6.910  
PARTICIPANT:  
And as I said, I think it would be useful to schedule into their birth month, year.

0:42:6.920 --> 0:42:13.550  
PARTICIPANT:  
Would you know that would be, umm, birth month would be a good sort of trigger point? Umm.

0:42:16.350 --> 0:42:19.810  
PARTICIPANT:  
And yet you need the time and the right sort of location. Really.

0:42:22.10 --> 0:42:22.350  
INT:  
OK.

0:42:23.330 --> 0:42:29.160  
INT:  
And on the other hand, what would be the barriers to integrating it into your everyday practice?

0:42:30.290 --> 0:42:32.50  
PARTICIPANT:  
Uh workforce.

0:42:32.680 --> 0:42:35.0  
PARTICIPANT:  
Umm well money.

0:42:36.700 --> 0:42:39.50  
PARTICIPANT:  
OH those tedious things.

0:42:39.120 --> 0:42:46.160  
PARTICIPANT:  
I mean, yeah, the system at the moment is not really working for the elderly l I would say.

0:42:46.710 --> 0:42:48.30  
PARTICIPANT:  
So that major barriers.

0:42:52.210 --> 0:42:52.860  
INT:  
And changed.

0:42:55.480 --> 0:43:1.860  
INT:  
And they start due to the issues you mentioned, the work lost in time and some system, yeah.

0:43:0.30 --> 0:43:11.780  
PARTICIPANT:  
Yeah, I think my personal opinion is that primary care is not set up now to look after the elderly and frail and passed with dementia.

0:43:11.790 --> 0:43:15.20  
PARTICIPANT:  
Well, and that's not through will, that's the system.

0:43:15.190 --> 0:43:19.470  
PARTICIPANT:  
So I think that that I thought you had a magic wand.

0:43:20.140 --> 0:43:25.570  
PARTICIPANT:  
I would take those section of patients and they'd be looked after by specialist GPS and advanced practitioners.

0:43:28.0 --> 0:43:43.620  
INT:  
And he and can you identify any training or educational needs for you or your colleagues to enable you to safely stop unnecessary medication for someone with dementia, mild cognitive impairment?

0:43:45.80 --> 0:43:47.250  
PARTICIPANT:  
Yeah, I think there is a is a great need.

0:43:47.260 --> 0:43:54.840  
PARTICIPANT:  
I think there's and I think of the said, I think some practitioners are more comfortable than others.

0:43:55.310 --> 0:44:0.730  
PARTICIPANT:  
It isn't something that appears on regular, umm, education.

0:44:1.590 --> 0:44:14.870  
PARTICIPANT:  
Umm, obviously I have sought it out and by nature of my work I've done a lot of it and but yeah, I think it's a massive piece missing from education.

0:44:17.390 --> 0:44:27.230  
INT:  
And then anything specifically that you think would help or reflecting on anything that you've used that might work well for those training or educational needs?

0:44:27.890 --> 0:44:34.640  
PARTICIPANT:  
I think UM, in fact, there was a really good podcast the other day on a primary care.

0:44:34.790 --> 0:44:41.690  
PARTICIPANT:  
It was Primary Care podcast and there was one on deprescribing that a colleague had mentioned on our what's that group?

0:44:41.700 --> 0:44:44.150  
PARTICIPANT:  
And she'd found it really helpful.

0:44:44.200 --> 0:44:46.60  
PARTICIPANT:  
And it was a good podcast.

0:44:46.380 --> 0:44:46.670  
PARTICIPANT:  
Umm.

0:44:47.570 --> 0:44:52.300  
PARTICIPANT:  
Umm, so I think that that's quite a good format because it's easy to access.

0:44:54.50 --> 0:44:55.800  
INT:  
But cost format?

0:44:56.0 --> 0:44:56.160  
PARTICIPANT:  
Yeah.

0:44:56.810 --> 0:44:57.230  
INT:  
Thank you.

0:44:58.90 --> 0:44:58.840  
INT:  
And how?

0:44:58.850 --> 0:44:59.280  
INT:  
How long?

0:44:59.290 --> 0:45:1.330  
INT:  
When was it to start of interest?

0:45:1.720 --> 0:45:3.40  
PARTICIPANT:  
I think it was 40 minutes.

0:45:1.340 --> 0:45:4.30  
INT:  
Was it OK?

0:45:4.140 --> 0:45:4.670  
INT:  
Yeah.

0:45:5.320 --> 0:45:5.750  
INT:  
Thank you.

0:45:4.230 --> 0:45:6.230  
PARTICIPANT:  
Yeah, pretty good actually.

0:45:9.200 --> 0:45:19.340  
INT:  
OK, I'm and any other thoughts around training or educational needs that could be could be helpful.

0:45:20.540 --> 0:45:28.690  
PARTICIPANT:  
I think it would be useful to have more education around how to manage patients with mild cognitive impairment and dementia.

0:45:28.740 --> 0:45:31.250  
PARTICIPANT:  
I think there's a massive gap.

0:45:31.300 --> 0:45:49.20  
PARTICIPANT:  
I think a lot of people are afraid, and even I was nervous when I started going into the care homes and I was quite comfortable really with complex beer and because of the medications they're on, you know, we don't have, they're not initiated by us.

0:45:49.120 --> 0:45:50.870  
PARTICIPANT:  
I mean, obviously we continue prescribing.

0:45:50.880 --> 0:45:53.810  
PARTICIPANT:  
So I think more education around.

0:45:56.280 --> 0:45:57.950  
PARTICIPANT:  
Marked cognitive impairment and dementia.

0:45:59.650 --> 0:46:2.890  
PARTICIPANT:  
Umm how to manage these patients?

0:46:2.900 --> 0:46:4.190  
PARTICIPANT:  
Well, it would be useful.

0:46:5.540 --> 0:46:6.250  
INT:  
Thank you.

0:46:6.360 --> 0:46:8.950  
INT:  
Is that in primary care as well? Yeah.

0:46:9.430 --> 0:46:10.860  
PARTICIPANT:  
Definitely primary care.

0:46:11.370 --> 0:46:11.570  
INT:  
Yeah.

0:46:10.870 --> 0:46:13.0  
PARTICIPANT:  
Yeah, because I think there's a lot of confidence.

0:46:13.150 --> 0:46:13.730  
PARTICIPANT:  
UM.

0:46:15.490 --> 0:46:27.890  
PARTICIPANT:  
And actually, if you engage and manage these patients well, it's really satisfying, even though it was a terrible disease that you can, you can manage these patients really well.

0:46:28.20 --> 0:46:30.130  
PARTICIPANT:  
A lot of the time, which is, is really satisfying.

0:46:31.640 --> 0:46:32.180  
INT:  
Thank you.

0:46:33.360 --> 0:46:45.780  
INT:  
And is there anything else that you want to tell me or you wish to add that you haven't had the chance to say you want to elaborate on something you said that you think might be helpful so.

0:46:46.420 --> 0:46:52.610  
PARTICIPANT:  
No, I think I've probably said, said my bits, yeah.

0:46:51.310 --> 0:46:52.700  
INT:  
Yeah, we can.

0:46:52.950 --> 0:46:59.840  
INT:  
OH, we've come to the the end of the the interview now so thank you so much for your time and your contribution.

0:47:1.230 --> 0:47:2.560  
INT:  
And you know helpful.

0:47:2.570 --> 0:47:7.60  
INT:  
So you know, appreciate that I'll just stop the transcriptions.