

## NSAID Safer Care Bundle FAQ's

If you have any questions about the NSAID Safer Care Bundle, you may find the answer below. If not please contact [hcis.pcpteam@nhs.net](mailto:hcis.pcpteam@nhs.net) and we will attempt to provide a timely response to your question.

**Q: Is this new care bundle instead of the communication bundle we used in summer 2018?**

A: No. The previous work completed by community pharmacy teams was an introduction to the use of care bundles and collecting data for improvement. This was part one of a bundle developed during a pilot project and the communication element represents the best message a member of the pharmacy team can give to a patient when supplying an NSAID. There will have been lots of good learning points on how to use some of the tools provided and discussion within teams about the best way to support patients according to the conversation a member of staff has with them. This next bundle builds on the good work already started. While it would be anticipated that staff will have embedded the communication messages in their practice, the next part is more focussed on the clinical decision making of the pharmacist.

**Q: Do we have to collect data on both parts of the NSAID bundle?**

A: Data collection is designed to support the team, ensuring that any changes they make to their practice are delivering an improvement. Teams can collect data on the communication bundle at any time if they feel it would be of benefit. Some teams have collected data as a means of checking how well their initial bundle introduction has become embedded in practice. However, data collection is fundamental to improvement work, so if you do not collect data, you will not be able to measure whether any changes you make are delivering improvement.

**Q: How will I know if a patient's need for/use of an NSAID has been assessed?**

A: This is a trigger question which may prompt discussion between the patient and pharmacist. It was born out of the recognised need for gastro-protection in many patients, but rather than start with the assumption that gastro-protection may be required, there may be an opportunity to question whether or not an NSAID is actually the most appropriate treatment for a particular patient. This may lead to a clinical conversation with the prescriber on the best course of action or a treatment plan with the patient based on their needs and risk factors.

**Q: Who are high risk patients?**

A: Detail of key high risk patients is included in the bundle rationale.

**Q: Does gastro-protection make NSAID use safe for a high risk patient?**

A: Gastro-protection will improve the safety of the NSAID but the COX1 effect may still be significant for certain patients leading to significant adverse events such as intracranial bleeds, and should not be ignored.

**Q: Do I have to use the Clinical Bundle for patients purchasing an NSAID over the counter?**

A: You may find that counter staff will often ask “Is it ok for Mrs Jones to take this OTC product with her other medication?”. As the full NSAID bundle becomes embedded in your everyday practice, you may find that the three questions raised in the Clinical element are part of your normal decision making process. While best practice would be to apply the bundle with “every person every time”, you may find that within a busy dispensary you adopt a less formal use of the bundle.

**Q: Do I have to contact the prescriber every time I identify a triple whammy?**

A: The care bundle is not a decision making tool. Ultimately, the decision about the most appropriate course of action to take lies with the clinician (in this case, the pharmacist). There may be situations where a pharmacist has had a discussion with both the prescriber and the patient about the benefit to risk of a particular treatment and has documented this appropriately, and is willing to supply/continue a triple whammy combination within an agreed review protocol.

**Q: What is the best way to communicate a triple whammy intervention to a prescriber?**

A: This may depend on the urgency of the requirement and the relationship between the community pharmacist and the prescribing source. The most robust method would be to use the SBAR tool available within the PCR which is universally available to all community pharmacies, and link a PDF copy to the prescriber via the secure NHS mail route. However, it should be recognised that a relatively urgent response may be needed in certain circumstances and local communication routes should facilitate this.

**Q: Will a prescriber know what I am talking about when I challenge them on a triple whammy?**

A: There may be circumstances when you, as the expert on medicines, are in a position to educate prescribers. To this end, resources such as the polypharmacy review detailed within the care bundle rationale may be of benefit in preparation for a challenging conversation.