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

We would like to hear your views on these questions:

1. Do any recommendations represent a substantial increase in costs, and do you consider that the reasons given in the guideline are sufficient to justify this?
2. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.
3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)

See section 3.9 of [Developing NICE guidance: how to get involved](#) for suggestions of general points to think about when commenting.

### Stakeholder organisation(s) (or your name if you are commenting as an individual):

Royal Pharmaceutical Society

### Name of commentator (leave blank if you are commenting as an individual):

Heidi Wright

<table>
<thead>
<tr>
<th>Comment number</th>
<th>Document (full version, short version or the appendices)</th>
<th>Page number (Or 'general' for comments on the whole document)</th>
<th>Line number (Or 'general' for comments on the whole document)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Full</td>
<td>General</td>
<td>General</td>
<td>The RPS welcomes this guidance although the length of the guidance will deter some people from reading it. We are pleased to see the strong focus on patient involvement and patient centred care. We welcome the need to have a tailored approach for the individual and that this would include care, treatment and support.</td>
</tr>
</tbody>
</table>

Please return to: [insert email address]
### Multimorbidity: clinical assessment and management

**Consultation on draft guideline – deadline for comments** 17.00 on 12/05/2016 **email:** Multimorbidities@nice.org.uk

<table>
<thead>
<tr>
<th>2</th>
<th>Full</th>
<th>General</th>
<th>General</th>
<th>The term ‘tailored approach’ is used throughout the guideline and would perhaps better be described as a ‘personalised’ approach which would then support the personalisation approach of adult social care and its continued spread and development in healthcare.</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Full</td>
<td>General</td>
<td>General</td>
<td>The guidance suggests the development of an individualised management plan for patients with multimorbidity. In what way is this different from a ‘care and support plan’ and should there not just be one care plan for each patient, personalised to them, and including the medicines elements of care? In this way, everyone involved in the patient’s care inputs into the same plan and everyone can see what the intended goals are. We are also aware that it is the process of care planning that actually makes the difference to patient outcomes rather than the care plan itself so there should be more emphasis on this process.</td>
</tr>
<tr>
<td>4</td>
<td>Full</td>
<td>General</td>
<td>General</td>
<td>We have several examples of where pharmacists have led patient centred medicines reviews with patients who have multimorbidities and are taking a large number of medicines. This has led to improved patient outcomes and we would be happy to share these with NICE for example the Sine project in Care homes in Northumbria <a href="http://www.health.org.uk/programmes/shine-2012/projects/multidisciplinary-review-medication-nursing-homes-clinico-ethical">http://www.health.org.uk/programmes/shine-2012/projects/multidisciplinary-review-medication-nursing-homes-clinico-ethical</a></td>
</tr>
<tr>
<td>5</td>
<td>Full</td>
<td>General</td>
<td>General</td>
<td>There is a need to enable healthcare professionals involved in a person’s care to be able to communicate between each other. This is particularly important for people with MM as they are likely to be accessing many different services. It is important that all healthcare professionals involved in a patient’s care know what goals have been agreed with the patient (and carer) and also including social services. There should be a recommendation in this guideline that NHS England enable this to happen at pace and scale.</td>
</tr>
<tr>
<td>6</td>
<td>Full</td>
<td>13</td>
<td>32-37</td>
<td>We would suggest that the guideline recommends a personalised approach to care for all people of any age who are prescribed 10 or more medicines, otherwise decisions could be financially led rather than person led.</td>
</tr>
<tr>
<td>7</td>
<td>Full</td>
<td>14</td>
<td>37</td>
<td>We agree that part of the purpose of a personalised approach is to find ways of reducing treatment burden and optimising care. However, the main purpose of a personalised approach is to find the most appropriate ways to support each individual to live well with their condition(s). This should be expressed in the language of the person and in relation to their self-identified goals. If this primary purpose is achieved it is likely to reduce the treatment burden and optimise care; but these are secondary purposes. A third is to avoid unnecessary episodes of recourse to urgent and emergency care.</td>
</tr>
<tr>
<td>8</td>
<td>Full</td>
<td>16</td>
<td>22</td>
<td>An addition should be ‘Share decisions with patients and use evidence based patient decision aids, where available, to help patients reach informed decisions about their treatment options’.</td>
</tr>
</tbody>
</table>
Multimorbidity: clinical assessment and management

Consultation on draft guideline – deadline for comments 17.00 on 12/05/2016 email: Multimorbidities@nice.org.uk

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- 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.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- 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.

You can see any guidance that we have produced on topics related to this guideline 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.

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