

Polypharmacy Guidance: Appropriate Prescribing Making medicines safe, effective and sustainable 2025-2028

Consultation response from RCGP Scotland

Delivery of comprehensive 7-Steps Medication reviews

Question 1a

Do you agree or disagree with the recommendations for those with polypharmacy and/or high-risk medicines?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 1b

Do you agree or disagree with the recommendations on who should be targeted for a polypharmacy review?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 1c

Please provide any further comments about our recommendations.

RCGP Scotland welcomes the opportunity to provide feedback on 'Polypharmacy Guidance: Appropriate Prescribing - Making medicines safe, effective and sustainable 2025-2028'. As the membership body for General Practitioners in Scotland, we exist to promote and maintain the highest standards of patient care.

Due to Scotland's ageing population, multimorbidity and polypharmacy are expected to increase significantly in the coming decades. It is therefore essential that robust measures are in place to ensure all polypharmacy prescribing is appropriate. As one of the primary prescribing groups, GPs have a critical role in reducing instances of inappropriate polypharmacy.

The College acknowledges that care for patients with multimorbidity can often be overly complex, involving multiple healthcare professionals and lacking a patient-centred approach. These factors contribute to inappropriate polypharmacy. Identifying cases where the risks of certain medications outweigh their benefits is key to improving patient outcomes and reducing the environmental impact of prescribing.

We note the findings of the iSYMPATHY study, which reported that approximately 18% of unplanned hospital admissions in Europe are linked to medication-related harm. Addressing

inappropriate polypharmacy through timely identification and intervention can therefore enhance patient safety and ease pressure on the wider healthcare system.

RCGP Scotland supports the recommendations for patients with polypharmacy and those prescribed high-risk medicines, recognising the importance of reducing harm, improving outcomes, and promoting environmentally sustainable prescribing. In March 2025, RCGP published [Towards Greener Prescribing in General Practice](#), which explored the sustainability challenges in prescribing and outlined practical steps to reduce carbon emissions in primary care.

We endorse the guidance's recommendations on which patients should be prioritised for polypharmacy reviews and support the use of the 7-step medication review. This approach is not only valuable for addressing inappropriate prescribing but also for initiating new treatments, preventing future issues, and supporting patients during transitions of care.

We welcome that there has been recent progress in conceptualising how patients with problematic polypharmacy can be [targeted for intervention in primary care settings](#). We believe that polypharmacy reviews should, where possible, be carried out by clinicians who have previously known the patient.

We would also highlight a gap in section 4.5 covering interventions, or section 4.9 which deals with deprescribing as part of a person-centred approach. We highlight [recent fieldwork in general practice](#) that concludes that "Problematic polypharmacy is not just a technical problem but a relational challenge" and "Medication review is not a 'one-off' activity, but an ongoing collaborative process characterised by small, incremental changes."

However, general practice in Scotland is currently under unprecedented pressure following years of underinvestment. GPs are being asked to deliver more with fewer resources. We believe that meaningful investment in general practice, alongside a long-term, sustainable workforce strategy, would help alleviate workload pressures. This would enable longer consultations, particularly benefiting patients with multimorbidity and polypharmacy, and ultimately help reduce inappropriate prescribing.

With reference to new models of care in general practice, we also highlight [the benefits of providing protected time](#) for GPs and pharmacists to work together to deliver whole-patient care.

Medication reviews for those receiving care at homes and in care homes

Question 2a

Do you agree or disagree with the recommendations for people receiving care at home and in care homes?

Agree

Neither agree nor disagree
Disagree
Not sure

Question 2b

Please provide any further comments about our recommendations.

RCGP Scotland welcomes the recommendations for medication reviews for those receiving care at homes and in care homes. There are however significant gaps in the evidence base that must be addressed to support medication reviews for these groups of patients.

Falls

Question 3a

Do you agree or disagree with the recommendations for reviewing people at risk of falls, or who have fallen?

Agree
Neither agree nor disagree
Disagree
Not sure

Question 3b

Do you agree or disagree with the recommendations for reviews to reduce the risk of falls?

Agree
Neither agree nor disagree
Disagree
Not sure

Question 3c

Please provide further comments about our recommendations.

RCGP Scotland supports the recommendations for reviewing individuals at risk of falls or who have already experienced a fall. We welcome the robust, evidence-based approach taken to develop the falls section of the guidance.

Certain medications can significantly increase the risk of falling, particularly among older adults. We believe that any medication review for those at risk of falls - or who have fallen - must be person-centred, taking into account the patient's preferences, expectations, and overall context.

We note the importance of continuity of care in conducting medication reviews. These reviews should, where possible, be carried out by a clinician who knows the patient well. There is strong evidence that continuity of care delivers better outcomes, reduces reattendance, prevents avoidable hospital admissions, and crucially improves adherence to advice on medications.

RCGP Scotland also welcomes the emphasis on multidisciplinary team working within the falls section of the polypharmacy guidance. GPs are well-placed to manage risk in community settings, and improved collaboration, particularly through better integration of GP and pharmacy IT systems, would enhance informational continuity and patient safety.

We agree with the recommendation to conduct medication reviews upon admission or following a fall. However, any changes to medication must be considered within the broader clinical context. For example, if a patient's antihypertensive medication is stopped after a fall, a follow-up review should be scheduled once the acute episode has resolved, to reassess the risks and benefits of restarting treatment. All decisions regarding medication changes must be clearly communicated to the patient and, where appropriate, their family or carers.

Managing frailty

Question 4a

Do you agree or disagree with the recommendations for managing frailty?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 4b

Please provide any further comments about our recommendations.

RCGP Scotland agrees with the recommendations for managing frailty and recognises that preventing and reversing frailty will be an increasingly important endeavour as Scotland's population continues to age. We acknowledge that people living with frailty are more likely to suffer adverse effects from medications, and indeed that polypharmacy can be an indicator for frailty or pre-frailty.

We welcome the recommendation for when frailty should be assessed while again noting the significant workforce and workload pressures GPs are working under. Ideally, frailty should always be assessed when interacting with someone over the age of 65, when a patient presents taking 10 or more medications, or has two long term conditions - but this may not be feasible during the current length of a standard GP consultation.

We support efforts to use electronic tools for assessing frailty - such as Clinical Frailty Score (Rockwood) and the Electronic Frailty Index (eFI). There is an appeal about eFI's ambition to make use of routinely collected data in GP records to identify individuals who are at greater risk of problems, although the eFI tool was only validated for an English population and not utilised in Scotland in the same way. Version 2 of eFI is a refinement, but not currently available in Scotland.

Managing frailty in patients with depression presents certain challenges. While reducing the number of medications may be beneficial, some patients may have been on antidepressants for a long time and experienced positive effects. In such cases, prescribers should adopt a patient-centred approach to carefully balance the risks and benefits.

Anticholinergic burden

Question 5a

Do you agree or disagree with the recommendations for managing medicines with anticholinergic burden?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 5b

Please provide any further comments about our recommendations.

We welcome the recommendations for managing medicines associated with anticholinergic burden, as well as the strong evidence base underpinning them. Reducing the use of such medicines could be supported by ensuring access to high-quality nursing environments, where well-trained staff who know their patients well are equipped to manage behavioural changes effectively.

The Anticholinergic Risk Scale (ARS) is a valuable tool for assessing the risks associated with anticholinergic medications. It can help identify high-risk drugs and support efforts to minimise potential harm. We particularly welcome Table 18, especially the inclusion of alternative medications and their potential side effects, which will be highly useful in busy general practice settings.

We note that the previously strong collaboration between geriatricians and GPs has diminished. Reinvigorating this partnership could bring significant benefits to patients prescribed medications with anticholinergic burden. Regular GP visits to care homes can also enhance continuity of care and support optimal medication reviews for these patients.

Long-term conditions: Chronic pain, Diabetes

Question 6a

Do you agree or disagree with the recommendations for management of chronic pain.

Agree

Neither agree nor disagree

Disagree

Not sure

Question 6b

Please provide any further comments about our recommendations.

RCGP Scotland welcomes the recommendations for management of chronic pain. We will be responding separately to the Scottish Government's consultation [Quality prescribing for chronic pain 2026-2029](#). RCGP Scotland welcome the focus of the chronic pain 'hot topic' section on opiate use given Scotland's ongoing drug death crisis.

Question 6c

Do you agree or disagree with the recommendations for management of type 2 diabetes?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 6d

Please provide any further comments about our recommendations.

We welcome the recommendations for management of type 2 diabetes and the recognition that some patients with diabetes and health inequalities will require additional support due to poor medication adherence and complications associated with diabetes. In the management of chronic conditions like type 2 diabetes, GPs can deliver continuity of care which enhances outcomes and adherence to medication. Unfortunately, owing to growing pressures on general practice continuity of care is being put at risk. Patients with type 2 diabetes would benefit significantly from more consistent continuity of care from their GP and wider practice team.

Parkinson's Disease, Dementia

Question 7a

Do you agree or disagree with the recommendations for management of Parkinson's disease?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 7b

Please provide any further comments about our recommendations.

RCGP Scotland agrees with the recommendations for the management of Parkinson's disease and welcomes the recognition in the guidance that transitions of care can lead to poor outcomes for individuals. We continue to believe that every Health Board should have a mandatory interface group that is fully resourced to tackle issues at interfaces of care to improve outcomes and reduce risks when transitioning between primary and secondary care.

Question 7c

Do you agree or disagree with the recommendations for management of dementia.

Agree

Neither agree nor disagree

Disagree

Not sure

Question 7d

Please provide any further comments about our recommendations.

RCGP Scotland agrees with the recommendations for management of dementia, in particular the recognition that non-pharmacological treatments can be of use to improve quality of life in all types of dementia.

We welcome the guidance's considered response on supporting people who do not or cannot stop or reduce their medication for the treatment of dementia, including the expressed wishes of the person with dementia, where their views were articulated before loss of cognitive function, and that of family and carers. We believe The Choice and Medication website Handy Chart is a useful resource that can be easily used to compare medicines for dementia.

Mental health drug: Antidepressants, Benzodiazepines, Antipsychotics

Question 8a

Do you agree or disagree with the recommendations for antidepressants?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 8b

Please provide any further comments about our recommendations.

We welcome the recommendations antidepressants, benzodiazepines and antipsychotic medications and the evidence base that underpins them. RCGP Scotland welcomes the inclusion of patient resources in the guidelines which could be used by GPs to signpost patients.

It is RCGP Scotland's view that non-pharmacological approaches to managing depression and anxiety must be expanded, including social prescribing, and that patients would benefit from this. Currently, GPs are struggling to review patients with depression and anxiety owing to high demand for new appointments, and therefore consideration must be given to which patients with anxiety and/or depression should be prioritised given the workload and workforces crises.

We are disappointed that some third sector organisations have now closed that would have previously supported patients with anxiety and depression. This has resulted on patients re-presenting to an already overstretched general practice.

Question 8c

Do you agree or disagree with the recommendations for benzodiazepines?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 8d

Please provide any further comments about our recommendations.

Please refer to answer 8b.

Question 8e

Do you agree or disagree with the recommendations for antipsychotics?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 8f

Please provide any further comments about our recommendations.

Please refer to answer 8b.

Antibiotics and penicillin allergy

Question 9a

Do you agree or disagree with the recommendations for antibiotic use at the end of life?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 9b

Please provide any further comments about our recommendations.

RCGP Scotland welcomes the recommendations for antibiotic use at the end of life and the recognition that the majority of antibiotic prescribing occurs in primary care settings. The growing threat of antimicrobial resistance makes medication reviews for patients being prescribed antibiotics essential.

We welcome the guidance's decision support tools, including the four steps to anticipatory care planning resource from Healthcare Improvement Scotland's Future Care Planning Toolkit.

Question 9c

Do you agree or disagree with the recommendations for managing penicillin allergies?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 9d

Please provide any further comments about our recommendations.

We welcome the recommendations for managing penicillin allergies noting that many people whose records indicate an allergy may not be allergic. However, we would emphasise that penicillin allergy de-labelling (PADL) oral challenge may be difficult to deliver across Scotland. For example, NHS Highland do not have an allergy service to refer patients to, whereas NHS Tayside provides a [detailed protocol](#) for staff wishing to deliver PADL to patients. Given the benefits that penicillin offers to patients being treated for some bacterial infections, PADL testing should be available in every health board.

High-risk combinations and Medication Sick Day Guidance

Question 10a

Do you agree or disagree with the recommendations for management of high-risk combinations of medicines?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 10b

Please provide any further comments about our recommendations.

We welcome guidance's recommendations for the management of high-risk combinations of medicines. We support the guidance's recommendations around selective serotonin re-uptake inhibitors, noting that some patients can benefit from augmentation with non-pharmacological approaches, and the referencing of NHS Inform's Get help with your mental health and wellbeing page.

We note the unusual approach of the deliberate use of the phrase "blood thinners" which is not terminology that is in use in the British National Formulary, Scottish Medicines Committee. The quick reference guide for SIGN guideline 129 on antithrombotics notes that this terminology may be confusing.

Question 10c

Do you agree or disagree with the recommendations in the medication sick day guidance?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 10d

Please provide any further comments about our recommendations.

We welcome the high-risk combinations and medication sick day guidance recommendations and the signposting of the Medication Sick Day Guidance online resource that can be personalised with medicine names and an electronic or printed copy given to patients.

Constipation

Question 11a

Do you agree or disagree with the recommendations for management of constipation?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 11b

Please provide any further comments about our recommendations.

RCGP Scotland agrees with the recommendations for the management of constipation and note the useful table that describes in detail a 7-step medication review for an example patient with constipation.

We note that Pharmacy First now deals with patients with constipation as a first port of call. We would support the guidance including recommendations around health lifestyles as a first step for treating constipations such as increasing fibre intake and regular exercise.

Osteoporosis

Question 12a

Do you agree or disagree with the recommendations for management of osteoporosis?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 12b

Please provide any further comments about our recommendations.

RCGP Scotland agrees with the recommendations for management of osteoporosis, and we welcome the guidance's specific medication safety issues section, including a dental check before patients commence anti-resorptive therapies.

Deprescribing in palliative care

Question 13a

Do you agree or disagree with the recommendations for deprescribing in palliative care?

Agree

Neither agree nor disagree

Disagree

Not sure

Question 13b

Please provide any further comments about our recommendations.

RCGP Scotland agrees with the recommendations for deprescribing in palliative care - noting that the guidance is person-centred and recognises the importance of language, shared expectations and decisions between the individual and practitioner.