

# Yorkshire: minimising the risks of multiple medications

## Summary

Training for GPs to provide the confidence, tools and skills to reduce the risks from multiple medications, or polypharmacy, through de-prescribing where appropriate. For people with multiple conditions there are medication reviews and medicines are stopped where there is a justifiable clinical reason.



Yorkshire  
& Humber  
AHSN

## Main points

- Yorkshire and Humber Academic Health Science Network Improvement Academy, one of 15 such networks set up to promote innovation in the NHS, partnered with Harrogate and Rural District CCG
- Training workshops offered to local GPs – staff from 12 practices take part
- GP practices supported to carry out medicine reviews, using STOPP/START tool to identify patients who needed to be prioritised
- Medicines were successfully reduced in Harrogate. Mass project now underway with South Yorkshire and Bassetlaw Integrated Care System expected to work with nearly 200 GP practices
- Other AHSNs across the country are following Yorkshire and Humber's lead and applying the learning from Harrogate



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GARDEN NOW, I'M NOT DIZZY ANYMORE"*

*– PERSON WHO BENEFITED FROM  
MEDICATION REVIEW*

## Context

The ageing population has led to increasing numbers of people living with frailty. Approximately 10% people over the age of 65 have frailty. That increases to up to half of people over the age of 85.

Alongside frailty, these people often have a range of other long-term conditions and, as a result, take many medications. This is known as polypharmacy.

Research suggests around a fifth of medication being taken by older people outside of hospital is considered inappropriate because it is either ineffective or puts people at risk because of complications with other medications they take. This increases the risk of adverse drug reactions and hospital admissions. Individualised medication reviews are therefore important.

## What was done?

Harrogate and Rural District CCG contains 17 GP practices and serves a population of around 160,000 people. Many are older people - 22% are aged over 65, which is higher than the national average.

In 2017 Harrogate and Rural District CCG medicines management team worked in partnership with Yorkshire and Humber AHSN's Improvement Academy, a team of improvement scientists, patient safety experts and clinicians funded by the Health Foundation, to look at how GPs could be encouraged to carry out medicine reviews on those patients who were taking multiple medications. Invitations were sent out to local GP practices to take part in the project – and 12 practices agreed to take part.

Members of the GP practice staff took part in four workshops run by staff from the Improvement Academy. These covered talks from a pharmacist and geriatrician about the importance of medicine reviews and how to go about them along with videos and presentations by patients.

The workshops also covered the NHS Scotland polypharmacy guidelines, which detail in what circumstances commonly prescribed medicines may not be effective and how different drugs can interact with others.

*"THERE IS GROWING CONCERN ABOUT INAPPROPRIATE POLYPHARMACY, BUT WE KNOW GPs DO NOT ALWAYS FEEL CONFIDENT TO BE ABLE TO ADDRESS IT...*

*THIS PROJECT AIMED TO PROVIDE THE GPs WITH THE RESOURCES, SUPPORT AND TOOLS TO ENABLE THEM TO MANAGE THIS WITHIN THEIR PRACTICE"*

*- KHALIDA RAHMAN, YORKSHIRE AND HUMBER AHSN PROGRAMME MANAGER*

In between the workshops the project team spent time with each practice to help identify patients who should be prioritised for a medicines review.

The target population was the over 85s who were on at least 15 medications and had severe frailty. The data was extracted using searches of the GP clinical records using the STOPP/START software. This enabled the GP practices to carry out scores of reviews over the course of 24 weeks.

Yorkshire and Humber AHSN programme manager Khalida Rahman said: "There is growing concern about inappropriate polypharmacy, but GPs reported that they did not feel confident to have conversations with patients around stopping medicines and feared the consequences of doing so.

"Polypharmacy is now a national priority, but many long serving GPs may not have received training in this during their early careers as a GP. This project aimed to provide the GPs with the resources, support and tools needed to commence conversations around stopping medicine within their practice."



## What has been achieved?

The practices saw a 6% reduction in the number of medicines being prescribed during the project. The research showed an average of 1.05 medicines were stopped per review, providing an annual average saving of £69.

The evidence suggested medicines were being stopped for justifiable clinical reasons, including duplication, ineffectiveness and safety.

Patients reported they had seen a significant impact. One said: "I feel so much better, I can garden now, I'm not dizzy anymore." While a wife of one patient said: "You've hit the sweet spot... I've got my husband back."

Dr Jackie Aitken, one of the GPs who took part, said their initial concerns about the idea of de-prescribing were soon allayed.

"When we started we didn't think we would have the knowledge or language to explain to the patient why we were offering to stop certain medications, particularly when they may have been prescribed initially by a consultant. I'm a GP. I didn't think it was my place. But when we got started the patients seemed eager. It was more simple than we thought it would be."



*"I'M A GP. I DIDN'T THINK IT WAS MY PLACE. BUT WHEN WE GOT STARTED THE PATIENTS SEEMED EAGER. IT WAS MORE SIMPLE THAN WE THOUGHT IT WOULD BE"*

– DR JACKIE AITKEN, GP

## What lessons have been learned?

The design of the programme involved significant investments of time on all sides. While 16 GP practices started the workshops, only 12 remained involved all the way through.

Ms Rahman said: "Due to work constraints, GPs are under pressure and may find it difficult to take time out of practice to participate in additional projects therefore it is important to get the right balance between providing them with the necessary support and tools to manage polypharmacy without making it too time-consuming to put them off participating.

"You also need to think carefully about how you engage patients around the topic of polypharmacy and the associated risks. It is one thing getting GPs on board, but if patients are not willing to consider reducing the number of high-risk medications they take then it is not going to have the positive impact it could have.

"Engagement with patients who have been identified as a higher risk group is being built in to our communication strategies."

## What is happening now?

Following on from the success of the project in Harrogate, Wessex AHSN, which covers Dorset, Wiltshire, Hampshire and the Isle of Wight, ran a similar exercise for its GPs.

Meanwhile, in the Yorkshire and Humber region South Yorkshire and Bassetlaw Integrated Care System has been identified as the next area to focus on. But the project – due to start in October 2019 – will be on a larger scale.

It will involve nearly 200 practices and will, therefore, be run differently. This time Yorkshire and Humber AHSN plan to run one large workshop with a follow up later on.

The lead prescribers across the region will also receive training in de-prescribing and encouraged to cascade that knowledge across their colleagues.

Yorkshire and Humber AHSN medicines optimisation programme lead Gareth Durling said: "We are looking at a whole health economy this time. That will be a challenge as it is quite different from the more intensive, relatively small-scale work we did previously.

"But it will be vital to see how it works. As we move to integrated care systems in the NHS we need to see how we can encourage and support large-scale change."

## Contact details

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