

# Yorkshire

In Yorkshire a new approach to reduce the risks from multiple medications identifies people with multiple conditions and frailty for medication reviews by pharmacists. Recommendations are made to GP practices about which medications can be stopped, along with resources, training and tools from the Yorkshire and Humber Academic Health Science Network (AHSN). A successful pilot of this approach in Harrogate was detailed as a [case study](#) in the 2019 Multiple Conditions Guidebook.

In Autumn 2020 we spoke to Yorkshire and Humber AHSN's Clinical Advisor, Caroline Dixon, to find what had been learnt from the follow-up project, ending in March 2020, to rollout the approach across the South Yorkshire and Bassetlaw Integrated Care System. Whilst this is pre-pandemic it is interesting to see how relevant some of their learning has proven to be.



**Can you remind us about the approach taken to reducing multiple medications and the scale of the new project?**

To start, a particular cohort of people is identified. In the case of South Yorkshire and Bassetlaw it was people with multiple conditions and frailty, but it could be others, for example people with learning difficulties, or on a particular group of medications. Identified individuals are invited for a medication review with a pharmacist and the findings are then reported back to their GP to implement. However this is not as straightforward as it sounds so the pharmacists and GPs are given training and new tools to support the process along the way. In Harrogate we piloted the approach with 12 GP practices. For the rollout project across South Yorkshire and Bassetlaw, nearly 200 practices were involved across five clinical commissioning groups.



### What support, training and tools did you provide?

In the pilot project we worked with individual GP practices and held small group workshops on different topics. Given the scale of the new project we instead ran one large workshop for GP practices and focused our training capacity on the practice pharmacists. Our aim was not only to upskill them in the latest technical knowledge about deprescribing but also to give them the confidence and tools to act as the lead professional and cascade knowledge themselves in primary care. Practice pharmacists have an important role to play but often do not get practical training about how to explain their expert recommendations about how to reduce polypharmacy, the clinical term used to describe the prescribing of multiple medications, to GPs and other healthcare professionals. This can be difficult to get right. We provided training but it was the chance to practise and role play different scenarios that really made the difference.

We also noticed a difference in uptake of the project across South Yorkshire and Bassetlaw. We are currently working to try and understand what encouraged participation in some areas and how we can use this learning to help encourage a change in practice at scale.

### Are there things you would do differently next time?

One thing that we did not really pick up on from the pilot was the length of time needed to go through the process from start to finish. In some cases, for example, new drugs are recommended to replace multiple other medications or it can take a while to see the effects. In these instances rather than the 2-4 months we would recommend allowing 6-8 months to complete the process.

### What do you think the implications are for this approach given COVID?

Medication reviews should be done regularly by GP practices, but it is time consuming and with everything being behind because of COVID-19 it could easily be seen as a luxury or less urgent. But in terms of multiple conditions, regular medication reviews are key to ensuring people have the best quality of life they possibly can. And reducing unnecessary polypharmacy is really the holy grail of a project in health. It improves quality of life for individuals whilst also directly reducing costs for the NHS. For this reason we think it really should remain as a priority.

Luckily for us, at its core is the use of digital technology so in many ways COVID-19 should not affect this approach for medication reviews. Thinking more generally, and about the eight ingredients identified in the original Guidebook, especially the focus on mental health, COVID-19 probably makes them even more important for people with multiple conditions. But they are also undoubtedly harder to achieve. For example, we used to have a patient focus group that met but this now cannot happen. It is also harder for peers to get together. And whilst online video platforms and other technology is helpful, it can be difficult to make things happen on Zoom, particularly with the elderly.

### What does the future hold?

At the moment, with everything going on we are currently reviewing the strategic priorities of the Yorkshire and Humber AHSN. There are other Integrated Care Systems in the region that are potentially interested in this new approach to reducing polypharmacy. We continue to work with partners to determine next steps but very much hope that others can learn from our work.



In the pilot phase, because of the frail condition of many of the individuals involved, the pharmacist would often have to go to their house to conduct the review. But people would not always answer the door so it was recommended that the rollout use digital technology, with help upfront from a carer or other individual to set it up. What we did not know at that time was how much more normal this way of working would become.

### Is there anything that could increase the impact even more?

There has been an issue in recent years, and even more so now with the COVID-19 restrictions, with low take-up of medication reviews offered by GP practices. The date of an annual medication review is normally written on repeat prescriptions but increasingly people order their repeat prescriptions online. Whilst these electronic prescriptions are a good thing, and have been incredibly helpful during 2020, they do mean that annual reviews can easily get missed. Community pharmacists have an important role in this, but with COVID-19 and increased use of delivery drivers people are not physically coming into pharmacies as much. Obviously some people with multiple conditions are very engaged and on top of what they need to do and when, but for others it is less easy. Campaigns like [Me and My Medicines](#) are helpful but there is probably more that we could do to increase public awareness, on social media for example.