

NHS Cheshire and Merseyside (C&M) ICB

Polypharmacy Strategy 2023-2028



Cheshire and Merseyside

Executive Summary

The national overprescribing review, [Good for you, Good for us, Good for everybody](#) was published in September 2021. The review identified that overprescribing is a serious problem that has grown over the last 25 years. The review makes recommendations on how to reduce overprescribing in order to improve patient care, support the NHS and reduce carbon emissions. NHS C&M ICB pledges to reduce overprescribing and inappropriate polypharmacy as a priority by involving the whole system, using data to inform our work and working with patients and clinicians to ensure a holistic approach to multi-morbidity and medicine burden. NHS C&M ICB is the 2nd highest (out of 42 ICBs) for the average number of unique medicines per patient 22/23.

Vision

- To ensure patients are involved in all prescribing and deprescribing decisions, are on the most appropriate medication for their needs, are fully informed about the benefits and risks and are being reviewed in line with best practice and [adherence](#) is considered at all stages.
- Clinicians are skilled in shared decision making, have access to reliable and robust resources to support them including materials to use with their patients.
- Decisions are evidence based and consider the impact on their patient’s overall medicine burden, cost-effectiveness, safety, carbon footprint and health inequalities.

Delivery across three priority areas



PATIENTS - SHARED DECISION MAKING and RAISING AWARENESS

Patients will be involved in all prescribing decisions and their views will be actively sought at every opportunity.

What matters to a patient will be paramount.

Patients will be aware of what a medication review is, why it is done and will play an active role in the process.

Reducing health inequalities will be a priority.

Patients will have co-designed any materials that we use with them to support the review process.



DATA & TECHNOLOGY - IDENTIFICATION, ACCESS, EFFICIENCY, PROGRESS & OUTCOMES

The wealth of data available across C&M will be triangulated and collated for clinicians, commissioners and other stakeholders to access to benchmark and identify outliers.

Clinical systems & technology will be used to target, risk stratify and search for priority patients that we can have the greatest impact with.

Patient selection will be key to getting this right locally, using resources cost effectively.

We will use data to monitor our progress with regards to reducing the average number of unique medicines per patient and other national polypharmacy metrics.



SKILLS, EDUCATION AND TRAINING – CLINICAL and NON-CLINICAL

Our clinicians will be skilled in shared decision making to ensure reviews are patient centred.

Clinical training and education will be designed and delivered locally to ensure we have the right skills to prescribe and deprescribe for our population.

We will have a capable, highly skilled, sustainable, flexible workforce across all sectors.

Training and education will be delivered with the support of evidenced based tools and resources and through local clinical champions and experts.

Training for non-clinical staff will also be a focus to ensure we make every contact.

Tackling problematic pharmacy is everyone’s responsibility

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PROBLEMATIC POLYPHARMACY MAP

STRATEGIC DIRECTION AND PRIORITIES

National Influences & National Drivers - Reduction in emergency admissions, national overprescribing review, national polypharmacy programme including improving outcomes, integrated working, reducing risks of opioids/drugs of dependence, contractual levers and requirements, waste reduction, reducing prescribing spend and influence of target driven prescribing

Overarching ICB strategy and action plan Place Strategy and individual organisational strategies & action plans

DELIVERY PROGRAMMES

Patient awareness and engagement

- Shared decision making.
- Healthwatch and patient groups.
- Communications Teams.
- Patient sessions/ forums (targeted or general).
- Patient materials including easy read.
- Changing our conversations.
- English not first language and seldom heard populations

Governance and Workforce

- Primary care & secondary care processes.
- Community pharmacy requirements/processes.
- Workforce required to complete reviews.
- Competing priorities & target driven approach.
- Single speciality clinics versus general multidisciplinary approach.
- Capacity and recruitment.

Use of Technology & Clinical Systems

- Consistent clinical searches & risk stratification tools across C&M.
- Templates for Clinical systems – used across setting to capture same information.
- Priority Cohorts.
- Use of technology and systems to support clinicians e.g. DynAIRx system in development.

Patient Identification & Data

Identify priority cohorts to ensure highest impact & demonstrate value of medication review:

- Over 10 medicines.
- Opioids & medicines of dependence
- National STOMP/STAMP agenda.
- Learning disability.
- Long term antibiotics.
- High risk medicines.
- High anticholinergic burden.
- Care Homes/Social Care
- Moderate to severe frailty
- Compliance aids
- Seldom heard patients
- Housebound patients

Clinical & Non-clinical education

- Action Learning Sets & train the trainer.
- C&M wide programme of learning with shared decision making as a focus.
- Patient stories.
- Tools & resources.
- Clinical Champions.
- Local experts & masterclasses.
- Community of Practice.
- Practice staff.
- Medicines Managers/ coordinators.
- Social Care & Local Authority Staff.

Reducing Health Inequalities

- Core20 Plus 5 agenda.
- Place strategy and priorities.
- Health literacy and digital exclusion.
- Seldom heard populations.
- Patient populations to target in a different way.

ENABLERS

Community Pharmacy - Existing services, potential for new services - Referral/identification/follow up after review, use of prescribing skills, support with medicines taking pre-review/assessment. Integrated approach with secondary care – rehab wards, long stay patients – structured medication review and deprescribing, could support packages of care on discharge .

Supporting Pharmacy sectors – Integration of primary care staff, secondary care, mental health and community trusts, health and justice system, community pharmacy including independent prescriber pathfinder sites.

Resources: EMIS, SystemOne, Epact2, PresQIPP, IMPACT, NHSBSA data, national recommendations, guidelines, NICE, medication review tools

What does good look like?

- Reduction in the unique number of items per patient at ICB level
- Reduction in the level of falls linked to medicines
- Reduction in the anticholinergic burden scores across the ICB
- Patient resources available that address the literacy needs of the population to compliment good quality medication reviews and deprescribing supported by a structured awareness programme
- An easy access ICB structured educational programme for health professionals
- Creation of a specialist resource to support decision making with regards to complex polypharmacy and deprescribing across all settings

Tackling problematic pharmacy is everyone's responsibility