



# **National Polypharmacy Programme**

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# **Polypharmacy: the statistics**

- Studies have shown that that over 50% of older people are prescribed a medicine with more harm than benefit leading to avoidable morbidity, hospitalisation and mortality.
- Polypharmacy adds preventable cost to the healthcare system and diminishes quality care for the patient



In England in Feb 2022 there were **876,317 people on 10 or more medicines** and 349,653 were 75 or over



A person taking 10 or more medicines is **300% more likely** to be admitted to **hospital** 



Over a six-month period, over three quarters of people over the age of 70 will have an adverse drug reaction



There has been a **53% increase** in the **number of emergency hospital admissions** caused by adverse drug reactions



# The AHSN Polypharmacy Programme: core pillars

The core principle of **Polypharmacy** is to support local systems address problematic polypharmacy through:



### **Pillar 1: Population Health Management**

Using data (NHS BSA Polypharmacy Comparators) to understand PCN risks and identify patients for prioritisation for a Structured Medication Review

### **Pillar 2: Education & Training**

Running local **Polypharmacy** Action Learning Sets (ALSs) to upskill the primary care workforce to be more confident about stopping unnecessary medicines. ALS model originally developed and piloted by Wessex AHSN and supported by Health Education England (HEE)

### **Pillar 3: Public Behaviour Change**

A menu of public-facing campaigns to change public perceptions of a "pill for every ill" and encourage patients to open up about medicines. e.g., Me + My Medicines, Are Your Medicines Working For You?







\* Comparator Percentage of patients prescribed a NSAID and one or more other unique medicines likely to cause kidney injury (DAMN medicines) 🗾 🔻

\* Age Band All Ages

\* Period Aug-23

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\* Comparator Percentage of patients prescribed a NSAID and one or more other unique medicines likely to cause kidney injury (DAMN medicines) 🗾 🔻

\* Period Aug-23

\* Age Band Aged 65 and over

\* SICBL NHS BATH AND NORTH EAST SOMERSET, SWINDON AND WILTSHIRE I▼







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# **Available resources:**







# **Available resources continued:**

NHS

Me and My Medicines Charter Are Your Medicines Working Patient Leaflet and Symptom Tracker Patient feedback form

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Patient film 'Preparing for a Structured Medication Review'



### What is Me + My Medicines?

Me + My Medicines is a patient-created, patient-led and health professiona supported campaign to help patients get more benefit and greater value from their prescription medicines.

The Medicines Communication Charter encourages patients to ask, and clinicians to support people to ask about their medicines, to agree togeth a shared approach to overcoming any issues around their medicines.

### The Charter

L		I want to help us get the best from o that we need to work together.
	medicines. You are the expe	can help and advise you about your rt when it comes to your experience icines affect you and your daily life.
۶,		nderstanding and feelings towards erstand and appreciate your situation.
-	l will listen to you and respe esponsibility and work togethe	ct what you tell me so we can share to get the best from your medicines.
5	so that you feel confident t	n conversation about your medicines, hat the decision we reach together d is based on your circumstances.
This was shared with:		On:

# Q1:

Do you think your medicines are improving your health, or stopping your health from getting worse? If so, in what way are they working?

### **Q2**:

When was the last time you didn't take at least one of your medicines? Why was this?

### Q3:

Have you experienced any unwanted side effects from your medication? If so, what have you noticed?









# **Action Learning Set workshops**

## 9.30 - 12:15 on 24 January, 7 and 28 February 2024

The AHSN polypharmacy programme invites you to join our Action Learning Sets (ALS) to help build GP and prescribing health care professionals confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely. Delegates need to attend all three sessions.

The ALS will also help PCNs deliver the medicines optimisation elements of the new Directed Enhanced Services contract and contributes to QoF.

### Find out more and book now:

https://events.weahsn.net/PolypharmacyActionLearningSetCohort11

**Polypharmacy:** 





# Polypharmacy Programme – Community of Practice 6 7th December 2023 12:00-13:30

Local network of passionate and enthusiastic clinicians who all working to address the system-wide challenges of problematic polypharmacy in the West of England Region (BNSSG, BSW, Gloucestershire). Our Community of Practice is an opportunity you to come to find out about and share learning

Follow link to sign up: <u>https://events.weahsn.net/WestofEnglandPolypharmacy-</u> <u>CommunityofPractice6</u>

# The AHSN Network Polypharmacy:

### Contact

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### Find out more

https://www.weahsn.net/our-work/transforming-services-andsystems/polypharmacy/





# **Polypharmacy:**

### getting the balance right List of comparators for reference



Multiple prescribing of anticoagulants and antiplatelet medicine Percentage of patients prescribed 8 or more unique medicines Percentage of patients prescribed 10 or more unique medicines Percentage of patients prescribed 15 or more unique medicines Percentage of patients prescribed 20 or more unique medicines Percentage of patients prescribed a NSAID and one or more other unique medicines likely to cause kidney injury (DAMN medicines) Percentage of patients prescribed two or more unique medicines likely to cause kidney injury (DAMN medicines) Percentage of patients with an anticholinergic burden score of 6 or more Percentage of patients with an anticholinergic burden score of 9 or more Percentage of patients with an anticholinergic burden score of 12 or more Percentage of patients prescribed 2 medicines with moderate to high anticholinergic burden Percentage of patients prescribed 3 medicines with moderate to high anticholinergic burden Percentage of patients prescribed 4 or more medicines with moderate to high anticholinergic burden Percentage of patients prescribed 4 medicines with low to moderate anticholinergic burden Percentage of patients prescribed 5 medicines with low to moderate anticholinergic burden Percentage of patients prescribed 6 or more medicines with low to moderate anticholinergic burden Percentage of patients concurrently prescribed 5 or more analgesic medicines Percentage of patients prescribed 2 medicines that can have an unintended hypotensive effect Percentage of patients prescribed 3 medicines that can have an unintended hypotensive effect Percentage of patients prescribed 4 or more medicines that can have an unintended hypotensive effect Percentage of patients prescribed a SSRI or a SNRI concurrently with 2 other medicines known to increase the risk of bleeding Percentage of patients prescribed a SSRI or a SNRI concurrently with 3 other medicines known to increase the risk of bleeding Percentage of patients prescribed a SSRI or a SNRI concurrently with 4 or more other medicines known to increase the risk of bleeding