Health Innovation Network
Local change, national impact

Polypharmacy: getting the balance right

NHS Caritas Medical Primary Care Network

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

Health Innovation Oxford & Thames Valley

Improving access to Structured Medication Reviews in seldom heard communities

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Opportunity for change

As people live longer with multiple long-term health conditions, polypharmacy increases, and may create significant burden and potential harm. Evidence links higher risks of polypharmacy to deprivation, disproportionately affecting minority ethnic populations. While Structured Medication Reviews (SMRs) are an effective intervention, many patients do not know what an SMR is or the value of having an SMR limiting their impact. In addition, engaging vulnerable populations in SMRs has been challenging, with high rates of missed appointments.

This project aimed to adopt a proactive approach, using digital risk stratification to identify high-risk patients and involve a multidisciplinary team (MDT) to provide support with contacting patients and their families. We also wanted to understand how pre-consultation leaflets could support SMRs and contribute to the consultation process.

We focused on high-deprivation areas, where elderly, multi-ethnic populations face challenges such as language barriers, low literacy, and limited healthcare access. By increasing consultation time, providing tailored resources, and leveraging MDT support, we sought to improve patient engagement, streamline the clinical process, and achieve better outcomes through medicines optimisation for both patients and clinicians.

Intervention

This project targeted high-risk polypharmacy patients over 75 (or over 65 in Ashburnham Road Surgery) in deprived areas (Lower Super Output Area 1 and 2) using the Eclipse risk stratification tool. The 20 highest-risk patients were invited for a SMR and received an invitation letter, a "Safely Stopping Your Medicines" leaflet, a patient checklist, and a symptom checker before their appointment. For nine patients English was there second language, and two had reading challenges due to dementia or poor eyesight.

To improve engagement, the care coordinators confirmed receipt of materials and ensured family or translators were available if needed. Clinicians had additional preparation time to review records, leading to more effective consultations. All 20 patients were contacted and had their consultations via telephone, with a post-consultation survey conducted.

Family support played a key role, proving more effective than formal translation services. The extra preparation time allowed for thorough medication reviews, necessary adjustments, and better patient-pharmacist interactions. Average consultations lasted 30-40 minutes, sometimes exceeding 60 minutes for complex cases.

Using care coordinators improved attendance rates, and patients found the leaflets helpful. This proactive approach enhanced patient engagement and clinical outcomes, demonstrating the value of integrating these elements into routine SMR practices.

The structured approach made the SMR feel like a dedicated event rather than a routine prescription renewal, leading to improved patient engagement.

Patients and care coordinator quotes about the review:

Patient 1: ***"This was Mum's first review, and the leaflet was straight forward, it helped us think about her medicines before the consultation."***

Patient 2: "The pharmacist explained everything really clearly for us which helped me explain the changes she suggested to my Dad."

Care Coordinator: "During follow-up for feedback, many patients shared positive comments about the leaflet, stating that it helped them understand the purpose of the appointment and supported them during the consultation."

Impact/Outcomes

The intervention resolved a number of safety issues, improved monitoring and optimised medication regimes. Overall:

- 26 medications were discontinued.
- Five patients had their Anticholinergic Burden (ACB) score reduced.
- Prescribed, but unissued medications were identified and dispensed.
- Three patients had their statins changed to atorvastatin.
- Medication dosing errors were corrected.
- Repeat prescriptions were synchronized.
- Outdated spacers were replaced.
- A MART plan was initiated.
- Additional interventions included a DEXA scan request, overdue blood tests arranged, a continence referral, and dose adjustments for declining renal function.

Patient engagement improved due to the pre-consultation leaflets and advance communication, resulting in 100% appointment utilisation. The survey (12/20 responses) showed:

- 11 respondents felt the leaflets helped prepare for discussion.
- 12 had meaningful conversations with their pharmacist.
- 8 recommended that all patients receive the leaflets.

Despite some logistical challenges, the involvement of family members in translation and medication management proved more effective than external translation services. Pharmacists found the additional preparation time beneficial, enabling a more focused and efficient consultation.

Conclusions/Lessons learned

Key lessons from this project include:

- Investing time in pre-consultation preparation benefits both patients and clinicians.
- Pre-consultation leaflets and direct patient contact enhance engagement and attendance.
- Involving family members in translation and medication management improves the effectiveness of SMRs.
- Digital risk stratification tools enable targeted outreach to high-risk populations.
- Administrative teams play a crucial role in supporting patient engagement but require adequate time and resources.
- Despite available information, language barriers remained a challenge, as materials were not always provided in patients' preferred languages.
- Implementing process changes across practices can be challenging due to workload pressures, but small-scale pilots can demonstrate feasibility and impact.

Future work

We plan to share this project and the outcomes with other local surgery teams and at a Health Innovation Oxford and Thames Valley learning event. We will also explore extending key elements of this process and adopting to other patient cohorts.