Health Innovation Network
Local change, national impact

Polypharmacy: getting the balance right

North Oxfordshire Rural Alliance – branching out to deliver great care

NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

Health Innovation Oxford & Thames Valley

Primary Care Network Antidepressant Reduction (ADR) project.

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Opportunity for change

The NHS has identified inappropriate antidepressant prescribing as a key area for medicines optimisation[1]. NICE guideline NG222 includes recommendations on stopping antidepressant medication[2]. Inspired by a successful secondary care-led initiative in South Yorkshire[3], we explored whether similar results could be achieved by clinical pharmacists in primary care networks (PCNs).

Intervention

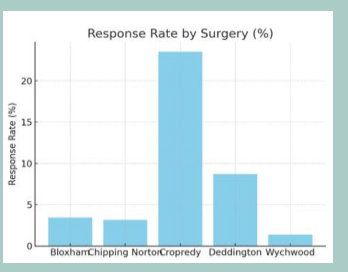
Following polypharmacy training, we identified an opportunity to support patients on long-term first-line antidepressants (≥2 years) in reducing or stopping their medication where clinically appropriate. Our structured intervention targeted a 48,000-patient population using EMIS searches to identify eligible individuals. Invitations were sent via AccuRx, with some practices utilising a self-booking feature to facilitate access.

Patients attended a 15-minute initial review, with follow-ups scheduled at 1–2 weeks, 4–6 weeks, and 8–12 weeks. Safety netting and alternative mental health support, such as psychotherapy and CBT, were emphasised throughout.

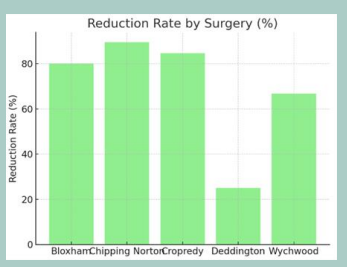
Impact/Outcomes

The intervention led to improvements in patient care:

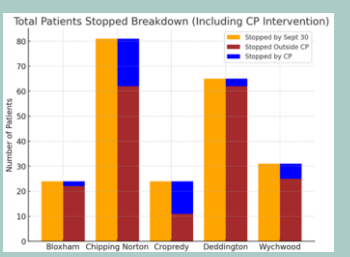
- **Patient Engagement**: 1,791 patients were invited; 124 (6.9%) responded—comparable to the South Yorkshire study (8.2%).



- **Antidepressant Reduction**: 14 patients (11.3%) stopped medication entirely, and 81 (65.3%) reduced their dosage.

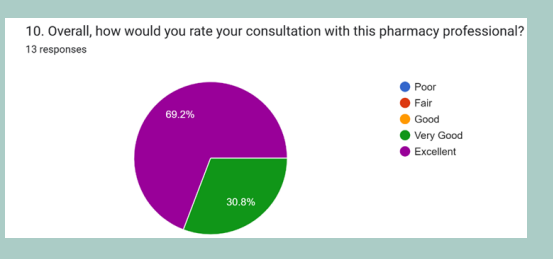


- **Wider Impact**: 182 additional patients stopped antidepressants independently during the study.



- **Process Insights**: Self-booking practices saw higher response rates, suggesting a more accessible appointment system improves engagement.

Patient feedback was overwhelmingly positive, emphasising the value of structured support in deprescribing decisions.



Patients quotes about the review:

Patient 1: ***"It was a good opportunity to have the guidance and help to look at the medication and if reducing it would be something that I could do."***

Patient 2: ***"Very helpful and supportive."***

Patient 3: ***"They were very reassuring about the medication review process and offered me support if needed while reducing the dose."***

Conclusion/Lessons learned

Key insights from the intervention include:

- **Reducing Access Barriers**: Self-booking links increased patient engagement compared to traditional phone-based appointment scheduling.
- **Clinician Experience Matters**: More experienced pharmacists achieved higher deprescribing rates, highlighting the need for additional support for junior clinicians.
- **Embedding Deprescribing Conversations**: Routine medication reviews now incorporate deprescribing discussions to align with best practices.

Future work

- A 6-month follow up review is planned to continue deprescribing efforts.
- Further projects will use self-booking to increase participation.
- Education sessions for clinicians will be delivered across member practices to reinforce updated NICE and RCPsych guidelines.

By refining processes and sharing learnings, we aim to expand deprescribing initiatives and improve patient-centered mental health care.

1 https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/#7-addressing-inappropriate-antidepressant-prescribing_2024/25
2.https://www.nice.org.uk/guidance/ng222/chapter/recommendations