









To improve safety and reduce prescribing burden in high-risk patients on multiple medications and where English is a second language

Delivered by Clinical Pharmacy Team across Reading Holybrook PCN

Opportunity for change

A cohort of patients was identified for this project focusing on patients with polypharmacy, aged over the age of 65 years, where English has been documented as a second language. Patients were also on medications that are deemed 'high risk', including controlled dugs and medications that increase the patient's risk of an Acute Kidney Injury (AKI).

The cohort was later refined to include the Frimley Insights Patient Segmentation data to focus on those patients in the highest risk groups.

This group of patients is historically hard to engage and frequently Did Not Attend (DNA) their appointments; however, the aim was to change this and improve access for this cohort by utilising the Health Innovation Network (HIN) polypharmacy resources, particularly the structured medication review (SMR) invitation letter available in multiple languages.

Intervention

Over 70 patients were contacted by a Care Coordinator via various means including:

- Telephone call (with the aid of an interpreter if needed).
- Text message, with link with attachment containing a patient invitation letter in the patient's first language.
- Posted invitation letter, with copies of all resources included.

Patients were invited to attend for an SMR, ideally face-to-face in the practice, however some patients preferred a telephone appointment due to travel costs and family or carer availability (approx. 50%).

From these points of contact, 52 appointments for SMRs were scheduled with the pharmacy team.

Impact/Outcomes

Over the course of the audit period for this project, 23 SMRs were completed by the clinical pharmacy team.

The HIN resources were well received, with the patient invitation letter, written in the patients first language (English, Bengali, Gujarati, Punjabi Gurmukhi, Punjabi Shahmukhi and Urdu), being the most well received by patients. This allowed patients to prepare for their appointment in advance and have a clear understanding of what the appointment entailed. Other resources such as videos were also utilised during and after the review.

Successes:

- **Improved access**: 23 patients we had not previously been able to engage with texts, calls, letters attended for this review with the support of the HIN polypharmacy materials.
- Reduction in polypharmacy: proton pump inhibitors and over the counter medications being the most commonly deprescribed medication in the cohort.
- **Reduction in side effects**: side effects of medications reduced, including medication that increase the risk of falls.
- Engaging and empowering a hard-to-reach cohort.

Barriers:

- Digital exclusion
- **High DNA rates** (35%), of these, 22 patients have had an appointment rescheduled.
- SMRs over the phone can be challenging with an interpreter.
- Difficult to assess frailty etc.



Clinicians quotes about the review:

Clinical Pharmacist 1:

"The HIN resources in multiple languages, allowed a cohort of patients, that was historically challenging to engage, to share what was important to them in a review, leading to improved patient safety and reduction in polypharmacy."

Clinical Pharmacist 2:

"These are patients we haven't seen in a long time, who are now accessing services through the practice"

Future work

To continue to use the HIN resources to encourage engagement and improve access for patients where English is a second language.

These resources will be shared in waiting rooms, on our website and paper copies will be held in reception to proactively look at opportunities to provide these to patients.

More information

Learnings from this project will be shared with the clinical team at the next Medicines Management meeting.

The teams will be looking at identifying medications suitable for deprescribing and will proactively looking at inviting patients for reviews using the HIN resources.