



**VALUE BASED
HEALTH & CARE**



**REALISTIC
MEDICINE**

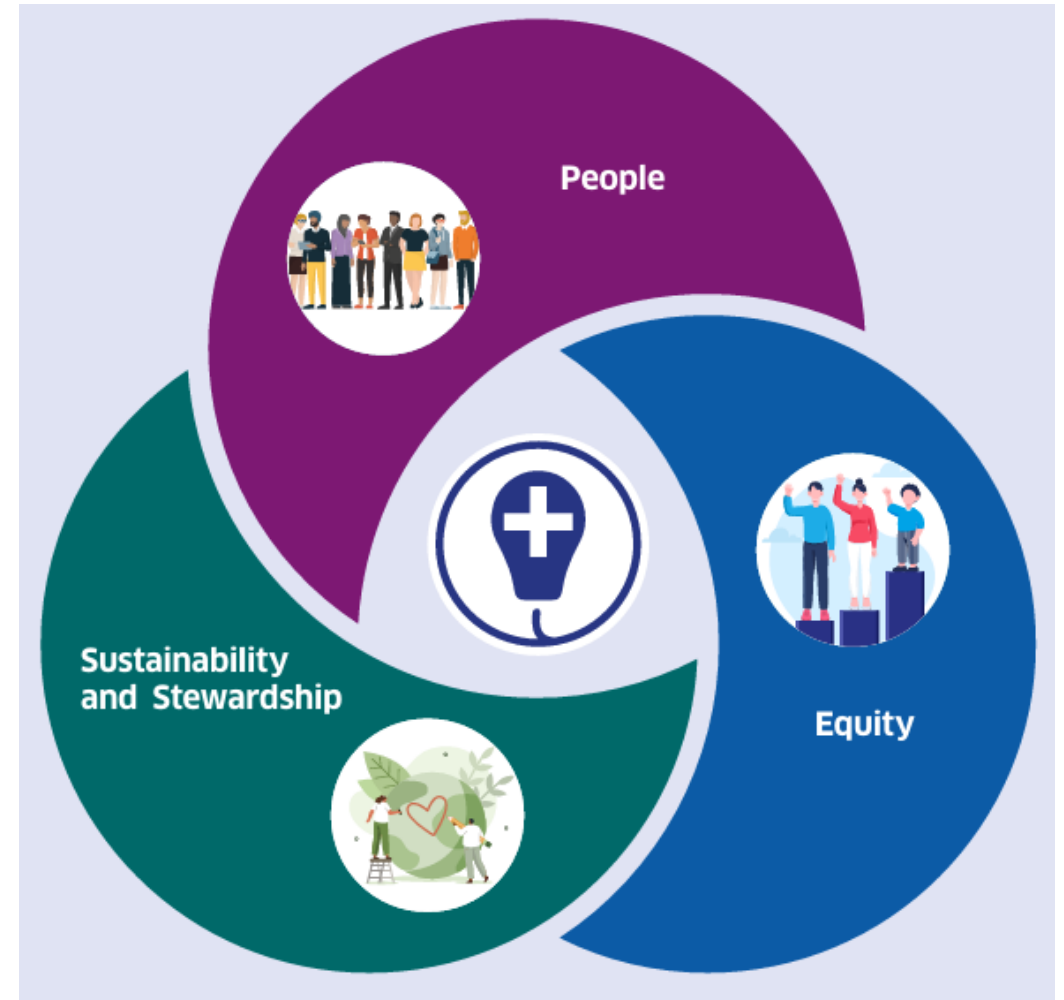
Prescription for Change

Tackling the Overprescribing Epidemic in Healthcare

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NHSGGC

Outline

- What is overprescribing and why is it a problem?
- What do we know about our public and prescribers?
- What are we doing about it?
 - Waste campaign
 - Overprescribing steering group
- How can you help?



Overprescribing – What is it?



Department
of Health &
Social Care

10%

Good for you, good for us, good for everybody

A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions

Published 22 September 2021

Patients have medicines that they do not need or want

Potential harm outweighs the benefit of the medication

Social or lifestyle interventions could have been used

Medicine is appropriate for a condition but not the individual patient

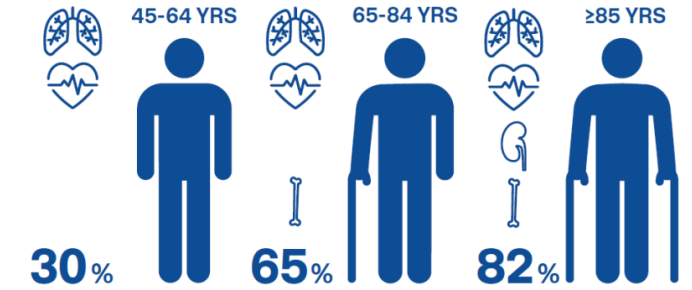
Condition changes and the medicine is no longer appropriate or required but is still prescribed

The scale of medicines use NHSGGC....

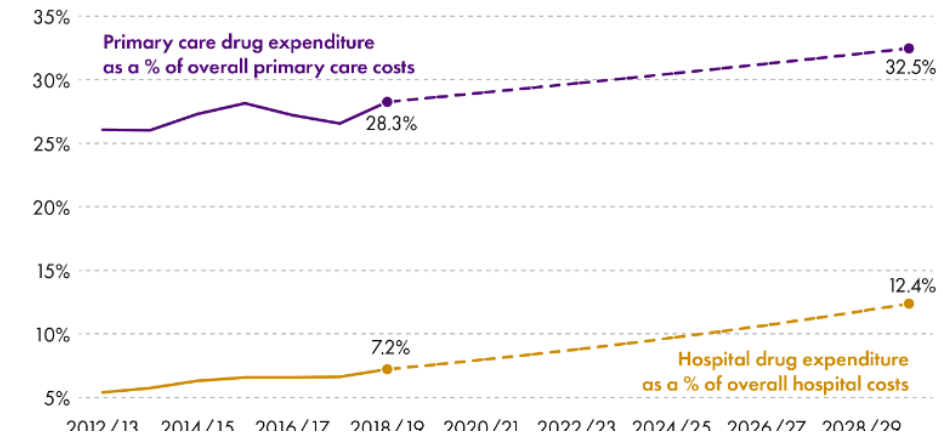
- 10 + medicines:
 - 10% of people on medicines (20% 75+; half care home residents)
 - Rate **↑19%** in 4 years
- £660 million direct spend on medicines
 - *20% increase in care homes last 3 years*
- ¼ tonne medicines waste incinerated daily

Multiple morbidity is common

MORE PEOPLE HAVE MULTIMORBIDITY THAN A SINGLE DISEASE

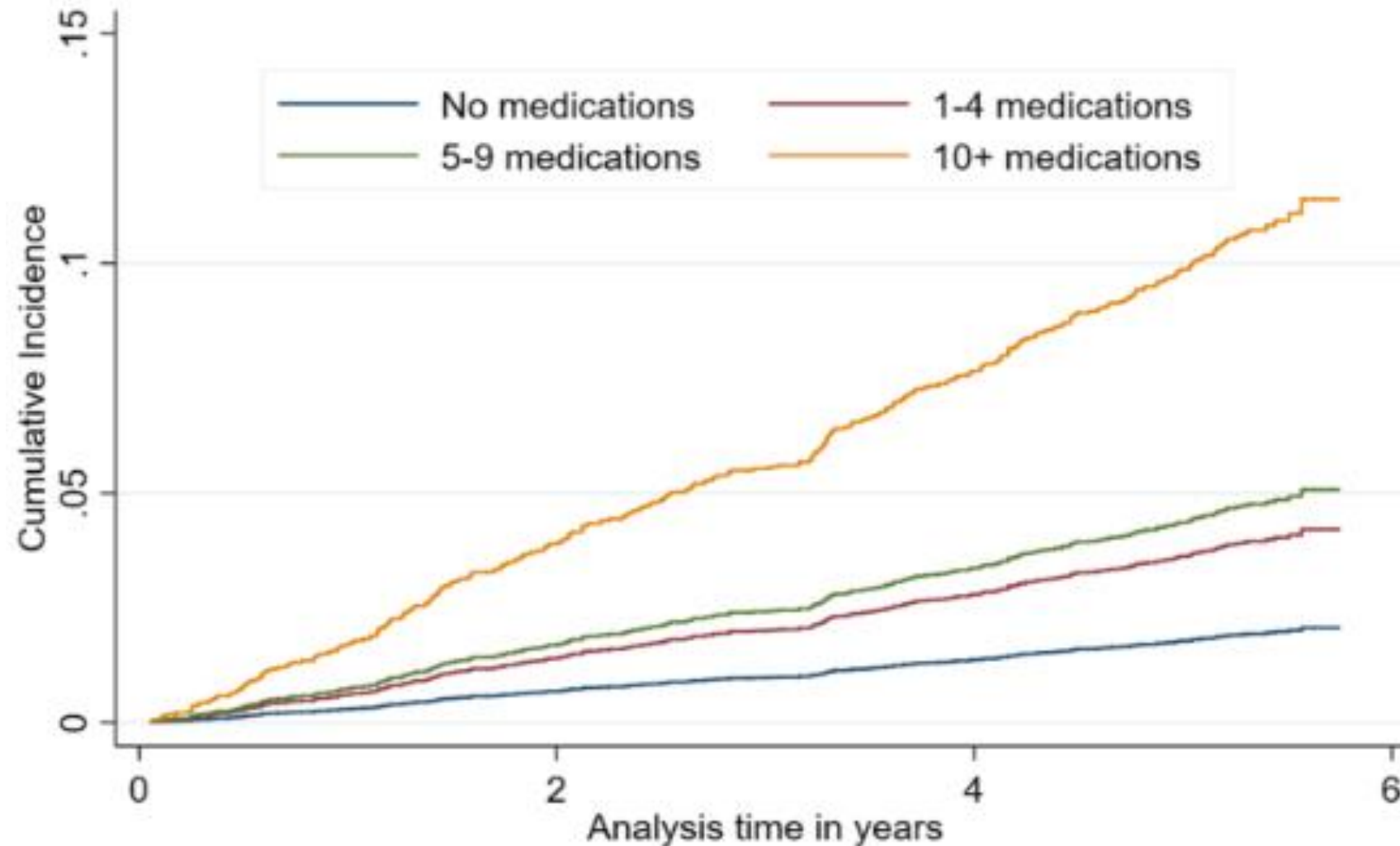


Projected drugs expenditure as a proportion of total primary care and hospital expenditure



Polypharmacy as a risk factor for hospitalisation due to falls (2012-2018)

Zaninotto, P., Huang, Y.T., Di Gessa, G. *et al.* Polypharmacy is a risk factor for hospital admission due to a fall: evidence from the English Longitudinal Study of Ageing. *BMC Public Health* 20, 1804 (2020). <https://doi.org/10.1186/s12889-020-09920-x>



All admissions

16% due to meds
(half avoidable)

Each med added
increases
admission risk 7 to
10%

GGC Public Opinion Survey 2023 (n=1259)

15% were unsure if the medicine(s) they were taking were required

43% hadn't been involved in review of their medicines last 12 months

Managing medicines rated 5/10

80% were concerned about environmental impact

Other survey low rates awareness realistic med/ shared decision

GGC Clinician Survey – Deprescribing (n=302)

a process of medication withdrawal, supervised by a health care professional, with the goal of managing polypharmacy and improving outcomes



Rated as v. importance –concerned about harm & hospital admission



Only moderately confident to deprescribe



Enablers

- Public awareness
- Prescriber education
- Access to advice and support
- Access to regular medication review



Barriers

- Time
- Specialist initiation
- Fear of negative outcome
- Lack of guidance
- Higher risk medicines
- Prescriber facilitated education toolkit

NHSGGC Medication Waste Campaign (launched 31st July 2024)

- [Medicines Waste - NHSGGC](#)
- <https://youtu.be/jjM9cGBrU6Y>
 - **Resist the urge to over-order medicines:** Check what medicines you have at home before you re-order, and only order what you really need when you need it
 - **Take control of your medication:** Speak to your GP, pharmacy team or nurse about reviewing your medication to make sure they are still right for you
 - **Know how to dispose of unused medicines:** If you have medicines at home that are out of date or no longer required, return them to your local pharmacy for safe disposal.



Pharmacy teams across NHSGGC are here to **help you with your medicines.**



8.6 million
unplanned hospital
admissions each year
across Europe due to
adverse drug reactions



50% of hospital
admissions due to
adverse drug reactions
are preventable

Over 9400
patients reviewed
• average age 72
• 53% female
• average 6
co-morbidities



average 22 interventions
per review e.g. education,
medicine reconciliation, drug
changes, monitoring

iSIMPATHY's methodology can be applied across healthcare systems.
An implementation pack and accredited online training is available.



"We have definitely made
significant changes to
medications as a direct result
of these reviews and advice."
(Consultant, Scotland)



Direct medicines cost savings per
review of £131 and potential total
of £1688 savings from avoided
healthcare resource usage



82% of interventions rated
clinically significant.
4% of interventions (968)
potentially prevented major organ
failure or adverse drug reactions
of similar clinical importance

Medication Review: 7-Steps to Appropriate Polypharmacy



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Appropriateness of medicine was
improved in 92% of reviews



Average reduction of 1 medicine:
12 to 11



Better understanding of medicines,
improved adherence and less harm reported
in Patient Reported Outcome Measures
(PROMs) and average 7.4 Quality-Adjusted
Life Years (QALY) gained per 100 patients.



"Before my medication review, I suffered
badly with heavy legs and wheezing...
after just a few small changes to my
tablets I'm now out walking for 30
minutes every morning." (Patient, Ireland)



Overprescribing Steering Group

Aim:

To facilitate identification, design and delivery of process and culture improvement which address overprescribing based on the [National Overprescribing Review Report](#) (NHS England)

Objectives:

- Provide a forum hosted by PMGPC for cross-system leadership to address overprescribing
- Create a NHSGGC three-year workplan
- Engage with key partners in HSCP prescribing structures to drive local change
- Develop a patient/ public advisory and community champion group to drive social change



Inappropriate polypharmacy : improve processes/review of repeat medicines and encourage patients to ask questions in all healthcare settings

Continuity of care: communication and care planning is optimised between sectors and person centred

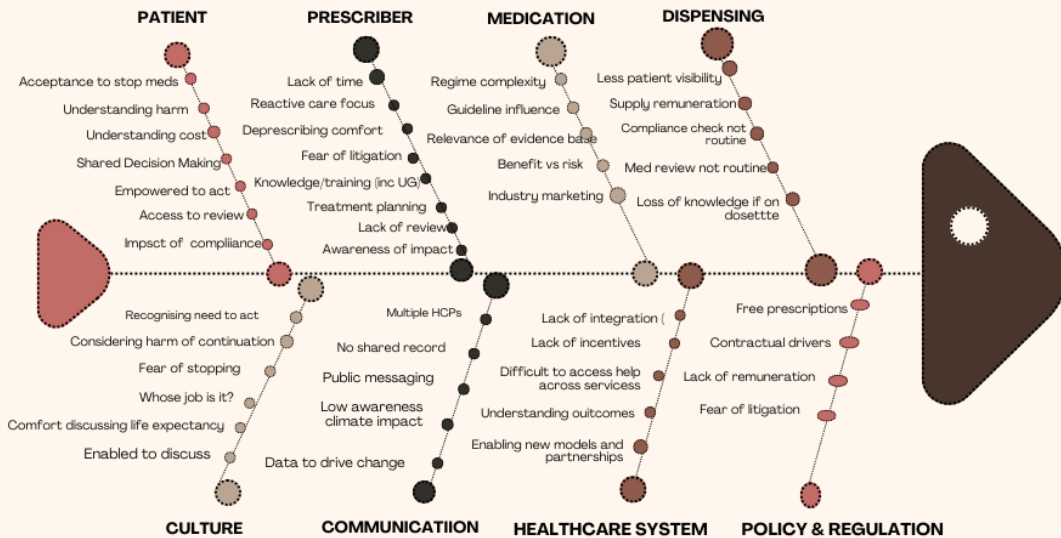
Digitally enabled: technology is optimised across the elements of prescribing, supply and review of medicines

Data informed: both public and clinical info is used to aid understanding and drive change

Alternatives to medicines: Embed the role of social prescribing/ other forms of care

Prioritising Patient and Prescriber

Causes of Inappropriate Polypharmacy



Reduction in inappropriate polypharmacy

Prescribing Practices

- Medication review
- Deprescribing protocols

Patient engagement & education

- Awareness med risks
- Shared decision making

Integrated Healthcare Processes

- HCP communication
- Shared e-records

Policy & System Support

- PP Guidelines
- Financial/ regulatory deprescribing incentives

- Access to deprescribing guidelines
- Training in PP risks
- Risk assessment tools to identify high priority patients
- Med review leaflet
- Education sessions benefit/risks reducing meds
- Motivational interviewing/ SDM
- Med review template in e-record
- MDT complex case review
- Clear documentation deprescribing plans
- Workflow/ proactive care processes
- Targets for PP reduction
- Integration deprescribing into QI frameworks
- Access to meds rec services at discharge/ care transitions

Summary of Actions (so far...)



Education and Awareness

Public Campaign (+ staff awareness raising)
Prescriber/patient PP and deprescribing education



Medication Review

10+ clinical indicators
Frailty referral pathway
Delivery model review
Shared decision-making training/
realistic convo



Waste

Care homes
Community Pharmacy
Repeat Prescribing LES

