

NORTH EAST HAMPSHIRE AND FARNHAM CCG CASE STUDY

USE OF THE POLYPHARMACY PRESCRIBING COMPARATORS

This document summarises the experience of North East Hampshire and Farnham CCG in using the Polypharmacy Prescribing Comparators. It showcases the value of working collectively and in teams to achieve real impact e.g. a GP and full-time care homes pharmacist and GP Practice pharmacists, and what additional resources can be developed to help individuals address polypharmacy challenges. Briefly, this case study also demonstrates the impact of work that has been going on in the environment and its legacy effect.

Background

Since April 2017, the CCG has had a full-time Care Homes Pharmacist (CHP) undertaking face to face medication reviews with residents and/or their carers in conjunction with General Practitioners (GPs).

Often, the Care Homes Pharmacist accompanies the GPs on their visits to homes. To date, the CHP has undertaken over 250 reviews and made over 800 interventions. As a result;

- The average number of medicines per patient has reduced from 9.4 to 7.6
- The average anticholinergic burden score has reduced from 1.39 to 1.00

The approach works well in that discussions can be had during the visit and changes made straight away.

In 2017/18, the CCG Medicines Optimisation Programme included the improvement of the use of medicines in patients at increased risk of Acute Kidney Injury (AKI). Practices were incentivised to identify those patients who may be at higher risk of an AKI due to age and co-prescription of commonly prescribed renally toxic medications and to review these patients and follow up with a plan to mitigate the risk of AKI. All GPs were also asked to complete the RCGP e-learning module on the management of AKI in primary care. Many GPs reported back that they found this initiative very educational and worthwhile. It appears that this piece of work undertaken last year has had a legacy effect as the percentage of patients prescribed two or more unique medicines likely to cause kidney injury (DAMN medicines) decreased from 31.12 to 30.9.

The reduction of inappropriate polypharmacy and improved safety of medicines in the elderly is in the CCG Medicines Optimisation Programme for 18/19. All practices have been incentivised to undertake a full structured medication review in patients aged 75 years and over taking 15 or more unique medicines and, also in patients with an anticholinergic burden score of 6 or more aged 75 years and over.

The CCG Medicines Management team used the NHS BSA Polypharmacy Prescribing comparators (developed in Wessex on behalf of the ANSH Network) to identify patients who may be at risk of harm from inappropriate polypharmacy.

A three-pronged approach has been used to help achieve this aim namely; training, resource development and engaging other stakeholders. The activities within each category are explained in more detail below. This is work done thus far and is not intended to be exhaustive.

1. TRAINING

- The role of the CHP has assisted the CCG in addressing this need by presenting a session on how to do a full structured medication review and sharing case studies during a CCG TARGET session (an educational session to GPs and non-medical prescribers) and at the bi-monthly Prescribing Forum.

2. RESOURCES

- A medication review resource pack has been developed and provided to each GP Prescribing lead/practice. This was also presented at the Prescribing Leads Forum in July 18. The pack includes;
 - A medication review template
 - A local CCG STOPP/START toolkit
 - A list of drugs with significant anticholinergic burden,
 - A de-prescribing algorithm that has been developed to assist stopping medication.
- The Medicines Management team has written a standard email request for practices to use to request the NHS numbers of patients from NHS Business Services Authority identified from the NHS BSA polypharmacy prescribing comparators available via ePACT2

3. ENGAGING OTHER STAKEHOLDERS

- The Medicines Management team engaged the GP Clinical Pharmacists to undertake some of the structured medication reviews to support their practices and the Care Homes Pharmacist involved care homes staff in the medication reviews.