

*The***AHSN***Network*

Polypharmacy Programme Interim Evaluation

Executive Summary and Year 1 Impact

April 22 – March 23

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Background

In England, the NHS primary care system dispenses over one billion prescription items every year. As more people live longer with multiple long-term health conditions, the number of medicines they take often increases. This can create a significant burden for the person trying to manage multiple medicine regimes, and in some cases, it can cause harm. Problematic polypharmacy diminishes quality care for the patient – of which most is entirely preventable and adds a cost to the healthcare system.

Launched in April 2022, the AHSN National Polypharmacy Programme aims to support local systems and primary care to identify patients at potential risk of harm and support better conversations about medicines by promoting shared decision making.

The programme very closely aligns with:

- NHS England [National Overprescribing Review](#) ‘Good for you, good for us, good for everybody’ and is a delivery partner against the Review Recommendations.
- NHS [Long Term Workforce plan](#) for Pharmacy, which set out “In general practice and urgent care, pharmacists supported by pharmacy technicians, and working more closely with community pharmacy teams, will continue to use population health techniques to case-find and see patients who need structured medication reviews. As more care moves out of hospital settings, pharmacy professionals will work in teams with their specialist colleagues in secondary care to treat more complex cases.”
- The newly published [National medicines optimisation opportunities 2023/24 Integrated Care Boards \(ICBs\) Guidance](#), identifying problematic polypharmacy as one of the agreed 16 national medicines optimisation opportunities for the NHS to deliver on.

Eleven of out of the fifteen AHSNs across England delivered the programme in Year 1, based on three core principles:

1. **Population health management (Pillar 1)** - Using data (NHS Business Services Authority (NHSBSA) Polypharmacy Prescribing Comparators) to understand population health risks and support prioritisation of patients for a structured medication review.
2. **Education and training (Pillar 2)** - Running national Polypharmacy Action Learning Sets (ALS) to upskill the primary care workforce to be more confident about stopping unnecessary medicines and better equipped to deliver high quality structured medication reviews.
3. **Public behaviour change (Pillar 3)** - The testing and evaluation of public-facing materials to challenge and change public perceptions of prescribing and encourage patients to open up about medicines.

These three core principles are underpinned by the setting up of a **Polypharmacy Community of Practice** in each AHSN region, bringing together a multi-stakeholder, cross sector group of individuals with an interest in reducing problematic polypharmacy within their geographical area.

Interim Evaluation

The South London Health Innovation Network was commissioned by the AHSN Network to evaluate year 1 of the national polypharmacy programme. This is a mixed-methods evaluation using a range of survey, focus group and activity data. The interim evaluation aims to answer the following evaluation questions:

1. Pillar 1 (population health management)

- Did the webinars increase attendee awareness of the NHSBSA Polypharmacy Prescribing Comparators?
- What were attendees' experience of the webinars?
- Are more people accessing the NHS BSA polypharmacy Prescribing Comparators and requesting NHS numbers of patients from ePACT2 after attending the webinars?

2. Pillar 2 (education and training)

- How did delegates find attending the ALS?
- What did attendees do as a result of attending the ALS?
- Did the programme maintain the ALS outcomes as evidenced from the Southampton University published independent evaluation?
- Are more people requesting NHS numbers of patients from ePACT2 after attending the ALS?

3. Pillar 3 (public behaviour change)

- What are the key elements that make the patient-facing materials acceptable to patients?
- Do the materials lead to increased knowledge and confidence discussing medicines amongst patients?
- Are the materials acceptable to clinicians (impact on consultation length and improved conversations about medicines)?
- What factors would support future development of pillar 3?



Key findings and recommendations

Pillar 1: population health management

In total, **958 people attended one of eight webinars** run between March 2022 and March 2023. **A further 569 people registered and did not attend**, however the webinar recording was shared with everyone who registered.

There were 175 responses to the feedback survey, giving a response rate of 18%.

Out of 174 respondents, **75% stated that the webinar session met their expectations, and a further 20% that it exceeded their expectations**. Over half (54%) of attendees scored the quality of the presentation as 5 out of 5. Most respondents felt the online format worked well (99%), and that they had enough time to ask questions (97%). Some respondents had expected more information on the about recognising polypharmacy in patients and deprescribing, however this was not the purpose of the webinars, and is instead covered under the pillar 2 ALS.

- **Increased knowledge:** Before the webinars, 46% of attendees rated their knowledge of the functionality of the NHSBSA Polypharmacy Prescribing Comparators as 0, meaning they had no knowledge. Whereas following the training almost half (42%) rated their knowledge as 4, indicating they felt knowledgeable.
- **Use in practice:** 93% stated that they would be able to apply the information they received at the webinar into practice and some commented that they were already using the dashboard or would do so once registered.
- **Increase in registrations to the NHSBSA polypharmacy prescribing comparators:** Evidence of a small yet statistically significant impact on increased registrations, which were higher during the post-webinar period at 38.9 compared to 31.9 during the baseline period (unpaired 2-tailed t-test, $p < 0.05$). However, there was no change in the number of users requesting NHS numbers of patients following the webinars, and some attendees reported feeling that they needed more practice or training to feel confident using the dashboard in practice.

Recommendations for Pillar 1

- Signpost pillar 1 delegates to the Polypharmacy Action Learning Sets to address the clinical aspects of deprescribing.
 - Actioned: Since January 2023, webinar attendees receive information on forthcoming Polypharmacy Action Learning Sets
- Provide an 'FAQ' summary after the webinars as a reference resource (available Autumn 2023).
- Collect and analyse data on how attendees use the dashboard after the webinar to understand how it is used in practice and identify ways to increase usage.



Pillar 2: education and training

Background

Each ALS cohort consists of a series of three action learning sessions involving some taught content, group discussions and individual 'homework' tasks for participants to complete between sessions.

The learning objectives of the ALS were to get a better understanding of why medicines that are not clinically appropriate aren't always stopped and to provide support for GPs and pharmacists conducting polypharmacy medication reviews.

The aims of the ALS were to:

1. **Understand** from delegates the barriers (practical and cognitive) to systematically stopping medicines that are no longer warranted in older patients.
2. **Explore** with delegates how we can address some of these barriers within General Practice and support better medication reviews.
3. Provide a **deeper understanding** of shared decision making and how to incorporate this into all medication reviews (especially for older people with multimorbidity).
4. **Outline** some of the many **tools** available to help prescribers to conduct successful medication reviews and test if the eLearning for high-risk medicines is useful.

Findings

221 delegates attended the AHSN National Polypharmacy Action Learning Sets during the reporting period and our interim evaluation shows that outcomes evidenced from the [pilot study](#) were maintained through national scaling. **To date, over 600 delegates have completed Action Learning Set training.**

Delegate feedback was collected between July 22 – March 22 and completed on the last ALS session.

- Of 168 respondents, **82% of pharmacists and 86% GPs** said the Action Learning Sets **met or exceeded** their expectations. **97% of respondents would recommend** the Action Learning Sets to colleagues.
- **Respondents rated** the provision of specialist input, practical application of learning, space for open discussion with peers and the resources and information shared.
- **Increased confidence:** Most respondents self-reported an increase in confidence to conduct structured medication reviews, with evidence of a small self-reported increase in confidence to stop medicines.
- **Stopping medicines safely:** Respondents who made changes during the three Action Learning Set sessions shared the following activities to support stopping medicines in their workplace: Reducing medication prescriptions; Increasing the number of structured medication reviews and polypharmacy reviews conducted; Adapting the process of identifying patients for structured medication reviews; Rethinking approaches to pain control, such as avoiding prescribing opioids and NSAID and explore tools and resources to support deprescribing knowledge and practice. Of those that said they had made no changes, most indicated they intended to in the near future.
- **Shared decision making with patients:** out of 150 respondents, **83% of pharmacists, 88% of GPs, and 76% of nurses** noted they had made **at least one change to their practice** involving decision-making with patients (n150)
- **Decision making with colleagues:** out of 146 respondents, **93 indicated that they had made a change** to their practice around decision making with colleagues.



Delegate quotes:

“The learning action set was brilliant. The discussion groups were particularly useful for sharing experiences and learning. The provision of resources was also helpful. I feel more confident to apply my learning and champion deprescribing in polypharmacy.”

“I found the Action Learning Sets very useful, there really is nowhere else for GPs to get this kind of training. For me, it really highlighted the global issue around polypharmacy and the tools and resources that are available for GPs and their teams to get this right for our patients.”

“Wonderful interactive discussions around polypharmacy barriers and useful pointers for how to overcome in practice. Day 3 with the geriatricians was especially beneficial to provide insight to problems around pressure to work to targets in general practice.”

*“I found the group discussions where we discussed actual cases particularly helpful. Getting support on my own cases and also hearing how others have managed theirs.
[It was] also reassuring to know that many of the reasons I struggle with deprescribing are reflected by other prescribers.”*

Recommendations for Pillar 2




- Continue to evaluate the balance between practical group work and taught elements so delegates get enough practical examples of patient cases.
- Ensure that attendees understand that the purpose of the ALS is to develop skills in working with uncertainty and putting the patient at the heart of prescribing decision making, rather than providing prescriptive guidance about deprescribing.
- Continue to promote the NHSBSA Polypharmacy Prescribing Comparators dashboard and its uses to increase utilisation.
- Further follow-up with attendees would provide insight on longer-term outcomes/impact, and the sustainability of the ALS approach.



Pillar 3: public behaviour change

Background

Each AHSN ran a focus group in summer 2022 to pilot the range of materials with patients to inform selection of one for further testing. Testing of the chosen materials took place between October 2022 and January 2023, and involved using the materials with a suggested minimum of 50 patients (or their carers) taking more than five regular medications.

Three AHSNs tested:	Five AHSNs tested:	Three AHSNs tested:
<p>Are your medicines working for you?</p> 	<p>Me and My Medicines</p> 	<p>WHO 5 Moments for Medication Safety</p> 

Findings

188 patient feedback forms were received across the three materials: Patients reported:

- **Preparing for a medication review:** 71% of patients agreed that the leaflet helped them to think about the medicines they take and what they needed to discuss about their medicines with their GP or pharmacist.
- **Increased confidence:** 64% of patients felt more confident talking to their GP or pharmacist about their medicines after reading the leaflet.
- **Better conversations about medicines:** 86% of patients agreed that they were able to have meaningful conversations about their medicines with their GP or pharmacist.

40 clinicians completed a survey giving their views on using the materials in practice and reported:

- Over half (56%) agreed that the patient materials **prompted them to think about how to discuss changing or stopping medicines** with their patients, with 13% neither agreeing nor disagreeing and 31% disagreeing.
- 56% agreed that the materials **increased patients' confidence to discuss how they feel about medicines**, with 10% neither agreeing nor disagreeing and 33% disagreeing.
- Over half (57%) **recommend that all patients receive these materials** from their practice when having a review or conversation about medicines.
- When asked about the **impact of the materials on the length of medication reviews**, 54% said consultation length was longer, 32% said the materials had no impact on consultation length and 14% said it made the consultation shorter. Despite the perceived longer consultation length 61% said they would continue to use the materials with patients even if the consultation was longer as a result

The following section presents some of the **key insights from the patient focus groups** (n241) and relate to general feedback applicable to all three materials.

Patients felt materials lacked a patient-centred approach.	Patients value simplicity balanced with comprehensiveness.	Translations into other languages are required.
Clarity of language and meaning is important.	Materials that were too busy and with small fonts were disliked.	Patients do not want to feel patronised.
Materials should cater for patients who have carers/support workers.	Important to review for accessibility criteria linked to visual impairment.	Having space to write down notes – before, during and after reviews.
More attention to be paid to alternatives to drugs and social prescribing.	A one-size fits-all approach presents distinct challenges to patient engagement.	Clear visual representation that materials are endorsed by trusted bodies.
To have both online and offline versions of materials to increase accessibility and use.	Patients noted the importance of being given advanced notice of a review.	Some patients will require additional support to use materials effectively.

Recommendations for Pillar 3

A range of improvements needed to use the materials in practice were suggested by patients, clinicians and programme leads, these included:

- Developing accessible versions of materials (e.g., translated and easy-read and colourblind-friendly versions) to minimise the risk of excluding certain groups. Actioned: resources are now available in easy read, audio versions and translated into 8 languages.
- Materials to clearly state their purpose and provide clear questions for patients to use in conversations with their GP or pharmacist. Actioned: supporting resources are now available to help patients prepare for their structured medication review.
- Communicate the materials through various and accessible channels in advance of consultations to ensure consultations are not too long for the capacity available, e.g., through text message links, quick phone calls, posters in waiting rooms and translated materials. Actioned: resources available electronically and paper formats and a patient animation is in development, available September 2023.
- Materials to be endorsed to increase in trust and acceptability. Actioned: resources now available with NHS logo and branding and endorsed by Age UK
- To work closely with pre-existing networks, such as other AHSNs and PCNs, to engage GP practices and pharmacists as much as possible.



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 - Innovation Agency NWC
 - Kent Surrey Sussex
 - Northeast and North Cumbria
 - Oxford
 - UCL Partners
 - Wessex
 - West Midlands
 - West of England
 - Yorkshire & Humber
- The patients that helped to review and select the materials they felt would be most appropriate to trial in their regions and to feed back on the key elements needed for a strong set of materials to be used in structured medication reviews.
- The clinicians who have helped to test these materials in structured medication reviews and those who have fed back how they found using the materials.
- The patients that used the materials in their structured medication reviews and fed back on how these worked.

More information

The Polypharmacy Programme Final Programme Evaluation will be available May 2024. Several recommendations were made in the interim findings with most of these now addressed for Year 2 delivery (April 23 – March 24). To read the full interim report or for more information about the [AHSN Polypharmacy Programme](#) contact Amy Semple, National Programme Manager a.semple@nhs.net

