

Why should Integrated Care Boards (ICBs) prioritise tackling polypharmacy?

Medicines are the most frequently used intervention in the NHS. The NHS drug bill in England was £17.8 billion in 2021/22. Over-prescribing and problematic polypharmacy contribute to poor health outcomes and avoidable admissions to hospital.

Three reasons why ICBs need plans in place to tackle problematic polypharmacy:

- 1** Adverse Drug Reactions account for up to 16.5% of total medical admissions, over 40% of which are classed as “avoidable”. (1)
- 2** NHS England’s recently published ‘National Medicines Opportunities for ICBs’ highlights addressing problematic polypharmacy as a priority.
- 3** ICBs cannot afford *not* to address problematic polypharmacy in older people with multiple long-term conditions. 9.1 million people in England are projected to be living with major illness by 2040 - that is 1 in 5 people.

1. Adverse Drug Reactions

The recent study by Munir Pirmohammed demonstrated that admissions and mortality from adverse drug reactions (ADRs) is higher than previously reported and reducing inappropriate polypharmacy should be a major aim for preventing ADRs.

Adverse Drug Reactions accounted for 16.5% of total medical admissions, over 40% of which were classed as “avoidable”. Figures extrapolated from this study outline an annual cost to the NHS in England of **£2.21 billion**.



2. NHS England’s ‘National Medicines Opportunities for ICBs’

Building on the National Overprescribing Review, this publication states: “The focus of this opportunity is on identifying and reviewing patients with problematic polypharmacy supporting cultural and behavioural changes.

“Structured Medication Reviews (SMRs) can be used to review patients identified as having problematic polypharmacy. They provide a comprehensive and clinical review of a patient’s medicines and detailed aspects of their health and are facilitated by shared decision-making conversations with patients around whether medicines are safe, effective and personalised to their needs and current situation.



Continued on page 2.

“Appropriate advice and support around medicines issues will be offered to patients, including information on when and how to seek further help. Any decision to withdraw a medicine is based on the patient’s individual clinical conditions, the medicines they are taking and their values and preferences.

“SMRs are the best tested intervention for reducing problematic polypharmacy; estimates for the percentage reduction in the number of medicines a patient is taking range between 2.7% (Baqir et al, 2017) and 9.9% (Appendix D: Health Economics Analysis of Polypharmacy Reviews). In care homes, SMRs can reduce the number of medicines a person takes by around 19.5% (Baqir et al, 2017)”.

3. ICBs cannot afford not to address problematic polypharmacy in older people with multiple long-term conditions

In its recent publication, ‘Health in 2040’, the Health Foundation spells out the huge challenge presented by the number of people who will be living with major illness by 2040.

9.1 million people in England are projected to be living with major illness by 2040 - that is 1 in 5 people.

In 2019, people aged 70–74 years had an average of 2.7 diagnosed conditions. People aged 85 years and older had an average of 5.2 diagnosed conditions. By 2040, the number of people aged 85 years and older will increase but projections also suggest that they will have an average of 5.7 conditions – increasing the complexity of managing their health needs.

The number of people living with major illness is projected to increase by 2.5 million by 2040, more than a third. This implies a shift in the share of the adult population living with major illness, from almost 1 in 6 in 2019 (6.7 million) to almost 1 in 5 in 2040 (9.1 million). Most of the increase in people living with major illness is among those aged 70 years and older.

Patients aged 75 and over on 10 or more medicines are at increased risk of adverse drug reactions and admission to hospital.

AHSN Network Polypharmacy Programme

The AHSN Polypharmacy Programme is working with ICBs across England to address problematic polypharmacy. Visit our [website](#) or contact your [local AHSN](#) to find out more.

References

1. <https://bmjopen.bmj.com/content/bmjopen/12/7/e055551.full.pdf>
2. <https://www.england.nhs.uk/long-read/national-medicines-optimisation-opportunities-2023-24/>
3. <https://reader.health.org.uk/projected-patterns-of-illness-in-england/key-findings>
4. <https://www.gov.uk/government/publications/national-overprescribing-review-report>
5. <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>
6. <https://www.gov.uk/government/publications/major-conditions-strategy-case-for-change-and-our-strategic-framework/summary-of-strategic-framework>

