

Enhancing the Structured Medication Review service at four West Midlands based Primary Care Networks to tackle Problematic Polypharmacy in areas of High Deprivation

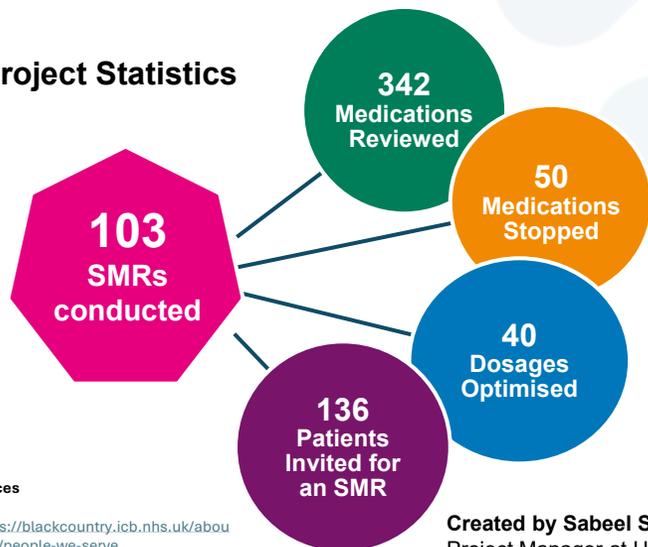
Background

In July 2024 the National Polypharmacy Programme issued a funding call looking to award £1,500 to 10 PCNs in the most deprived areas of the UK. Following this funding call the West Midlands had an overwhelming response from local Primary Care Networks (PCN) with 30+ applying for the funding.

Many districts in our region fall under the most deprived 20% of the population. West Midlands is also home to the Black Country ICB which is reported to be the 2nd most deprived ICB in the country (1).

With some of the applications being of excellent quality and within highly deprived areas the local Polypharmacy delivery team at HIWM decided to fund an additional four applications. The team selected those who shared detail on their local population, such as patients on 10+ meds and their age groups, and patients who do not speak English as their first language. Additionally, assessing the detail they provided as to how they would conduct their QI project. Furthermore, the team also checked the IMD scores within each of the applicants' practices to determine the shortlist.

Project Statistics



Intervention Approach

As a part of this funding the PCNs would need to undertake a Quality Improvement project targeting their Structured Medication Review (SMRs) service. SMRs are the best tested intervention for Problematic Polypharmacy (2). The medication review can help to identify any medicines that are no longer appropriate or any that may need a change in dose.

To improve their SMRs the Pharmacy teams at the 4 PCNs had to incorporate patient facing SMR resources developed by the National Polypharmacy Programme and its partners. These are designed to aid shared decision making between both patient and clinician. Allowing clarity throughout the whole process.

The patient group who would be trailing the new SMR approach would be over the age of 75 and on 10+ medicines. All the PCNs taking part have practices in areas where elderly residents do not speak English as their main language. The patient materials being available in several languages helped reach out to those patients.

The teams had to conduct a minimum of 20 SMRs identifying patients using their appropriate systems. The local team also shared their 'practice bespoke' data pack which identified the number of patients registered at their practice who are within the specified group. Patients would be invited using the patient resources in the appropriate language. The 20 SMRs had to be a minimum of 30 mins and to be completed within a 6–8-week period.

Outcomes & Impact

Among the 4 PCNs there were a total 103 SMRs conducted and 342 medicines reviewed. The Pharmacists were able to stop 50 medicines and optimise 40 dosages across the 103 SMRs. The patient resource packs were utilised effectively and allowed the teams to reach out to patients who did not speak English as their first language.

15 Pharmacists who took part in the project across the 4 PCNs. The confidence level of all was captured both before and after the project. Overwhelmingly all 15 pharmacists reported an increase in confidence in deprescribing once completing the project and implementing the processes into their future SMRs.

Conclusions

With this project there has been an overwhelmingly positive response from both patients and clinicians. The improvements to the SMRs processes have allowed Pharmacists to reach out to seldom heard communities and help them optimise their medicine dosages. In turn allowing patients to live a healthier life with less risk of hospital admissions due to adverse drug side-effects. It has also greatly benefitted 4 PCNs in a region where there are some of the highest levels of healthcare inequalities in England.

Meet the Primary Care Networks who took part:

Kingstanding, Erdington & Nechells PCN – Based across North and Central Birmingham with 7 Practices. Covering areas with where there are high levels of deprivation among its population. They are also a part of the wider West Midlands based Our Health Partnership group.

Washwood Heath PCN – Based in the Washwood Heath area of Birmingham the PCN has 9 practices and delivers primary care services to around 55,000 individuals in the area.

13 Ladywood PCN – Based in the Ladywood area of West Birmingham the PCN has 9 practices taking care of 74,000 residents across the district.

Health Vision Partnership PCN - Covering the Black Country the PCN has 7 practices. Serving the diverse population in the region of Sandwell.

“ Working with HIWM was a genuinely positive experience – the team was well-organised, supportive, and always approachable. The project ran seamlessly, and the materials provided played a key role in supporting our patients and enhancing our consultations, leading to improved outcomes and better shared care decision making. We especially valued that the resources were user-friendly, easily accessible, and available in multiple formats and languages. Given the success of the project, these resources are something we will continue to use moving forward.”

Mr. Javed Iqbal – Lead Pharmacist at 13 Ladywood PCN

“I prefer my children to talk on my behalf but it is nice to know I understand what your talking about”

“I knew what to expect from the appointment so had a chance to think about my medicines.”

Patients who had their SMR using the HIN patient resources at Kingstanding, Erdington and Nechells PCN

References

- <https://blackcountry.icb.nhs.uk/about-us/people-we-serve>
- <https://www.england.nhs.uk/primary-care/pharmacy/smr/>

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Polypharmacy: 
getting the balance right

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Local change, national impact



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