

# Addressing Problematic Polypharmacy In the West Midlands

A Case Study showcasing Health Innovation West Midlands local delivery of the HIN National Polypharmacy Programme.

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## Background

The HIN Polypharmacy Programme supported local systems and primary care in identifying patients at risk of medication-related harm. It promoted shared decision-making to encourage meaningful conversations about medicines, helping clinicians and patients work together to align treatments with health goals and quality of life.

Health Innovation West Midlands effectively leveraged the National Polypharmacy Programme, tailoring local implementation around the established three-pillar strategy.

## Local Strategy for the 3-Pillar Approach



### Pillar 1: Population Health Management

Data from NHSBSA Polypharmacy Comparators was used to assess PCN risk and prioritise patients for structured medication reviews (SMRs).

#### Bespoke Data Packs for GP Practices

In collaboration with the East Midlands Analytics Service, the team created a West Midlands-wide dashboard covering all practices and PCNs across six ICBs. This enabled the publication of tailored data packs for each practice, highlighting 25 key data points. Example data types are listed below:

- Average number of unique medicines per patient
- Multiple prescribing of anticoagulants and antiplatelet medicine
- Percentage of patients concurrently prescribed 5 or more analgesic medicines
- Percentage of patients prescribed 10,15, 20 or more unique medicines

Each data pack broke down key indicators by patient age group, helping clinicians identify high-risk populations. Equivalent to running 25 ePACT2 searches, the packs saved time by eliminating the need for manual system queries. These packs supported Pillar 1 by pinpointing at-risk groups and were also covered in detail during virtual Polypharmacy Workshops under Pillar 2.



### Pillar 2: Education & Training

Investing in clinical leaders—Polypharmacy Clinical Leads, expert Trainers, and local training—to upskill primary care in safely stopping unnecessary medicines.

#### Virtual Polypharmacy Workshops (Locally developed training)

From Sept 2023 to Mar 2025, 171 clinicians across 10 cohorts participated in HIWM-developed virtual workshops, led by Pharmacy Educators. Aimed at improving Structured Medication Reviews (SMRs), each cohort completed three 3-hour interactive sessions featuring group work, polls, and discussions.

Clinicians were also supported to develop optional Quality Improvement (QI) projects using provided tools and templates. The workshops focused on building confidence in safe deprescribing through practical guidance and peer learning. The session breakdown is as follows:

- **Session 1** - Introduction to polypharmacy, identifying SMR patients, and using data to prioritise workload; begin creating a bespoke action plan.
- **Session 2** - Explore challenges, barriers, safe deprescribing, and tools; start reflective CPD and access the polypharmacy toolkit.
- **Session 3** - Learn effective medication reviews, use patient packs, and develop detailed Quality Improvement/Implementation plan.

All delegates were given a bespoke practice specific data-pack prior to session 1. The sessions taught how best this data pack can be used to identify patients in addition to allowing at most risk and then utilising the 'Resources to support patients having a Structured Medication Review' package to invite and conduct SMRs. Additionally, the session explored the medicolegal advice, along with Scottish and Canadian deprescribing guidelines. Furthermore the use of risk-stratification software was also discussed to help aid decision making. **See stats below:**

#### Testimonials from the sessions:

"I am more confident in discussing deprescribing and doing it where as before I would have been tempted to avoid it." – **Pharmacist in Birmingham**

"I have found some of the resources and reference websites really useful. It was reassuring to see the time constraints and some other practical issues are shared by other colleagues too." – **Pharmacist in Worcester**

"Think more holistically about the patient during medication reviews and ensure they are empowered to ask any questions about their medicines/conditions." – **Pharmacist in Stoke-on-Trent**

Workshop has made me aware of the plethora of resources and networks available to support reviews of patients' medication, especially medications I am unfamiliar with. The workshops have also given me some ideas of how to identify patients who may benefit from a review of their medication within the context of a mental health team. I will be sharing these ideas with colleagues and managers. – **Pharmacist in Coventry**

90%

Of respondents plan to use at least one of the materials from the NHS 'Prepping for a medication review' patient pack (Resources to support patients having a Structured Medication Review) and 62% plan to use two or more.

90%

Of attendees reported improved knowledge, skills, and confidence in conducting SMRs and deprescribing. Over 90% felt able to reflect on personal challenges and identify learning needs, with medicolegal guidance easing concerns about deprescribing for over two-thirds.

91%

Of delegates reported that the workshop increased their understanding of shared decision making. Resulting in more personalised care, improved patient engagement, and increased confidence in deprescribing decisions.

Figures gathered from an analysis report developed by the East Midlands Analytics Service with selected figures gathered from in-session and post session surveys.

## West Midlands Polypharmacy Community of Practice (CoP)

The Health Innovation West Midlands Polypharmacy Community of Practice brought together healthcare professionals from primary care, secondary care, and academia to share best practices and drive change in thinking around deprescribing and medicines management.

HIWM ran 9 Community of Practice sessions from 2022 to 2025, with a mailing list of around 300 members. Held as 1-hour lunchtime events, the sessions featured guest speakers from clinical and academic backgrounds covering topics such as:

- Discussing Pill Burden and look at the results of a large-scale NIHR Research Project studying medication management in older people on polypharmacy living in their own homes.
- A Multidisciplinary Team Approach looking at how Pharmacists and Technicians can work together to tackle problematic polypharmacy.
- Consultation models and shared decision-making.



### Pillar 3: Public Behaviour Change

Local testing and evaluation of initiatives to shift public perceptions of prescribing and encourage open conversations about medicine concerns and expectations.

As a part of the 3<sup>rd</sup> Pillar HIWM cascaded links to [the Resources to support patients having a Structured Medication Review](#). These were received by stakeholders in a mailing list comprising of over 300 individuals. Furthermore the materials were extensively covered and promoted during the local training.

The local programme team also ran a separate piece of local work involving PCN's in deprived areas utilising the materials to improve their SMR service and communication with local communities around the harms of medicines mismanagement. A separate case study is available for this piece of work, please contact the team for more information.



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Polypharmacy:  
getting the balance right