

# Engagement in the overprescribing project

## Engagement Assurance Committee

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# This paper will cover

• What overprescribing is	<b>Slides 3-6</b>
• What problem we are trying to solve	<b>Slides 7-14</b>
• Reasons for overprescribing, SEL plan to tackle them and why patients/ public should be involved	<b>Slides 15-17</b>
• How we are engaging with patients and public	<b>Slides 18-20</b>
• Emerging themes from the engagement	<b>Slides 21-30</b>
• How engagement will inform the project and next steps	<b>Slides 31-33</b>

# What is Overprescribing?

The use of a medicine ...

## 1. Where there is a better non-medicine alternative

*Ways to Prevent High Blood Pressure*



Healthy diet



Physical activity



Avoiding tobacco



Avoiding harmful use of alcohol



Managing stress

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### Combat loneliness with 'social prescribing', says Theresa May

Doctors will be encouraged to refer patients to art groups, cookery classes and other activities



## 2. Where the use is not best suited for the individual patient's circumstances and wishes

- patient does not need or want to take
- medicine appropriate for condition but not the individual patient
- patient's condition or circumstances change and medicine no longer appropriate or required
- potential harm is greater than the benefits to person



..... **NOT** about stopping people's medicines where they are effective for them

# Example of overprescribing: medicines not working for Mr Anon

- Medicines disrupting lifestyle
- Doesn't think he has diabetes, not sure what medicines are for
- Not sure medicines work, too many bad effects, prefers herbs
- Patient not willing to take more than 5 medicines



# Example of overprescribing: Misinformation and medicines not suitable for Mrs Weald

- Won't take bone medicine Alendronic acid –stomach upset
- Forgetful, dry eyes
- Medicines causing fatigue limiting going outdoors



# Example of overprescribing- non-drug options for Mr Fort

- 52-year old man, shift worker, slightly overweight
- High blood pressure- prescribed 2 tablets but BP remains high
- Patient not attending appointments, not engaging by phone, text messages
- High suspicion that not taking BP tablets



## Hypertension

### Treatment options

#### Lifestyle interventions to reduce blood pressure

##### Walking

4/2mmHg reduction with 150 minutes of moderate intensity walking a week.

[More](#)

##### Aerobic exercise

5/3mmHg reduction with 30-60 minutes aerobic exercise 3 x a week.

[More](#)

##### Weight loss

4/3mmHg reduction with weight loss of about 4 kilos.

[More](#)

##### Alcohol intake reduction

3/2mmHg reduction with lowering alcohol intake by two-thirds (from a baseline of 3-6 units per day).

[More](#)

##### Salt intake reduction

5/3mmHg reduction with lowering salt intake by 4.4g/day

[More](#)

# What problem are we trying to solve?

## National Overprescribing Review report September 2021

- 1 out of 10 prescriptions may not be necessary
- Leads to adverse outcomes for patients, waste hospitalisation, inequalities
- Overprescribing is a **complex** problem
- The **whole system and the public** need to work together to address it
- Work with **patients and local communities** to understand it better
- 20 recommendations



# Negative impact of overprescribing on patients

## Medicines bring huge benefits to many people who take them, however

- Taking more medicines increase chances of side effects and interactions between them.
- Taking many medicines → burden to take and manage (ordering, collection) → can't take all or stop taking them completely
- Older people are extra sensitive to adverse medicines effects → negatively affect their function, enjoyment e.g falls, confusion, drowsiness, constipation → may need to stop or a dose reduction.

- ☹️ **A person taking 10 or more medicines is 300% more likely to be admitted to hospital because of medicines adverse effect**
- ☹️ **About 6.5% of hospital admissions are caused by adverse effects of medicines.**
- ☹️ **And increases to up to 20% in over 65 years**
- ☹️ **Two thirds of medicines-related hospital admissions are considered preventable**
- ☹️ **Some prescribed medicines have a high risk of dependency- can be difficult to stop taking**



# Negative impact of overprescribing on the NHS resources (including staff)

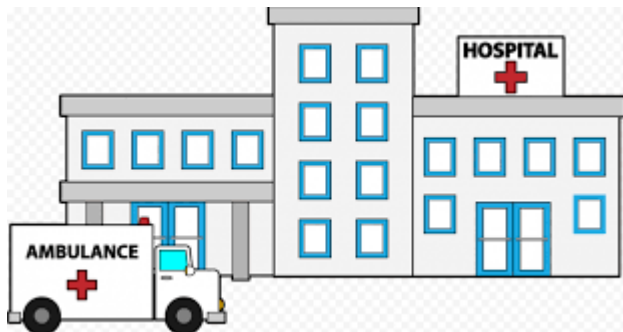
Cost of medicines wasted from patients not taking & expired medicines



Manufacture of the wasted medicines increases greenhouse gas emissions & climate change



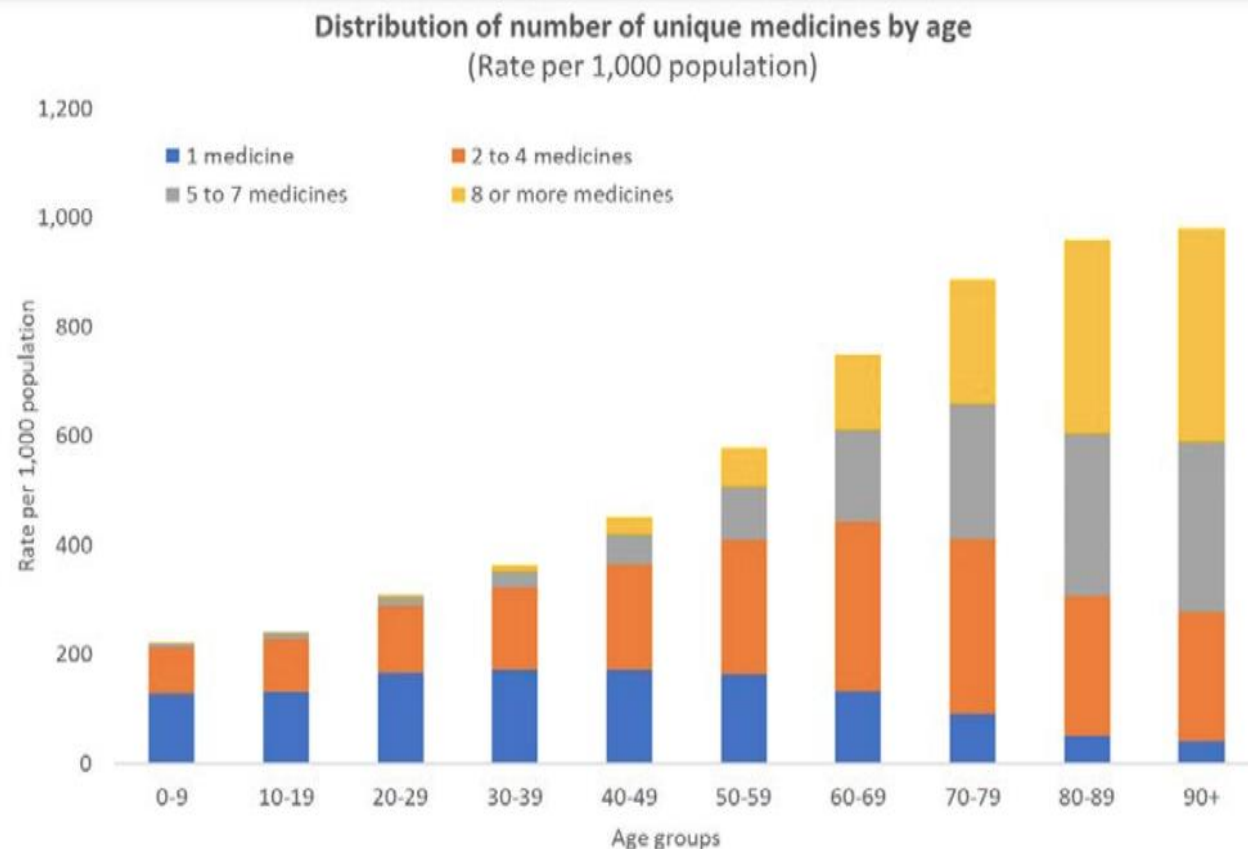
Cost of avoidable hospital admissions and other services



NHS staff and carer resources to prescribe, dispense, administer medicines not needed



# Health inequalities : Age (National data)



Reference : [National Overprescribing Review report September 2021](#)

Figure 2: Distribution of number of unique medicines by age (rate per 1,000 population)

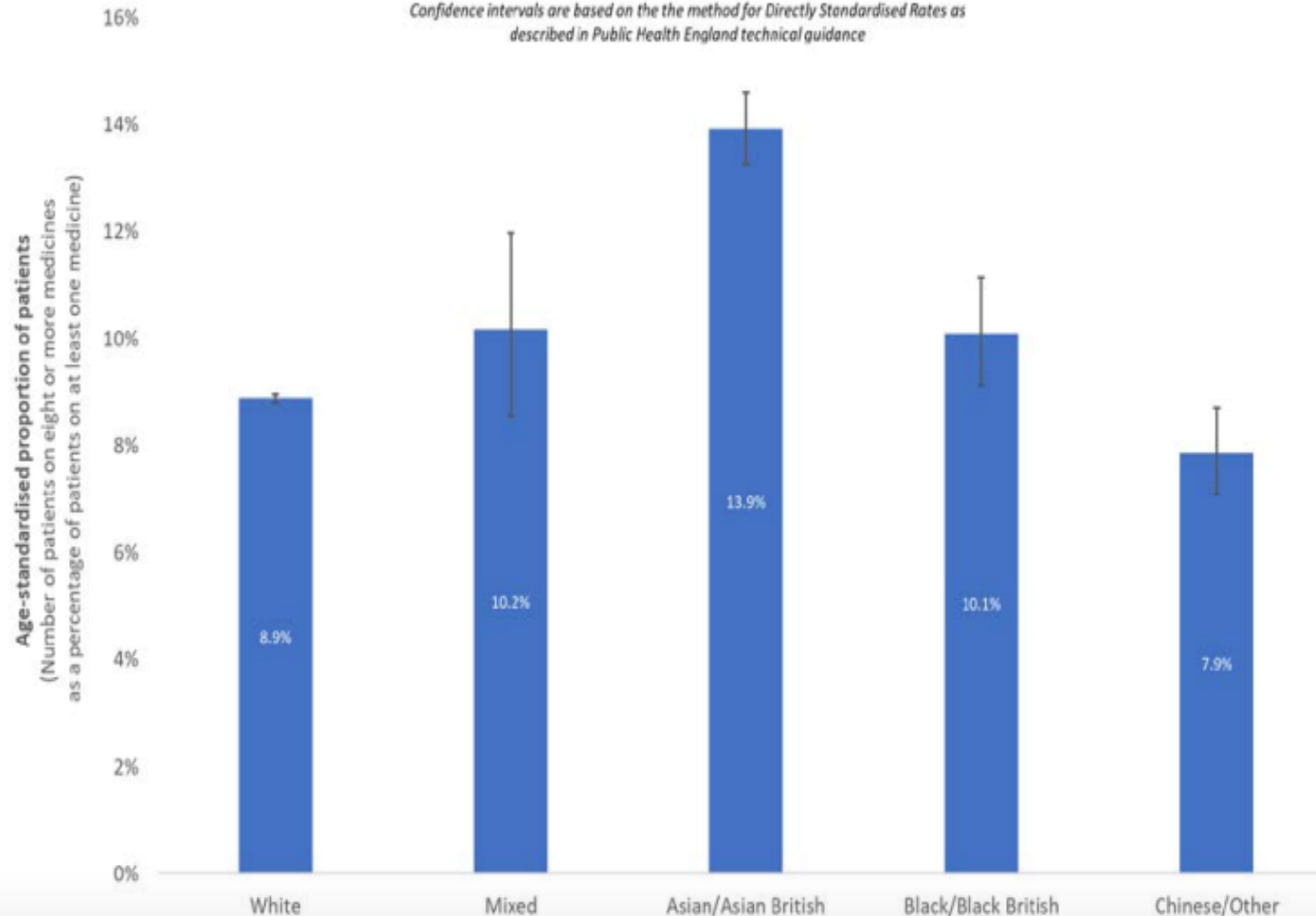
- The number of medicines prescribed increases by age
- Older people are more likely to be prescribed 8 or more medicines

# Health inequalities : Ethnicity (National data)

## Proportion of patients on 8 or more medicines

Age-standardised proportion of patients on eight or more medicines, by ethnicity  
(Source: Clinical Practice Research Database (CPRD). Sample size = 1.1m)

Confidence intervals are based on the the method for Directly Standardised Rates as described in Public Health England technical guidance



People from certain ethnicities are more likely to be prescribed 8 or more medicines

- Asian/Asian British
- Black British
- Mixed

Reference : [National Overprescribing Review report September 2021](#)

# Health inequalities : Deprivation (National data)

## Proportion of patients on 8 medicines by deprivation status

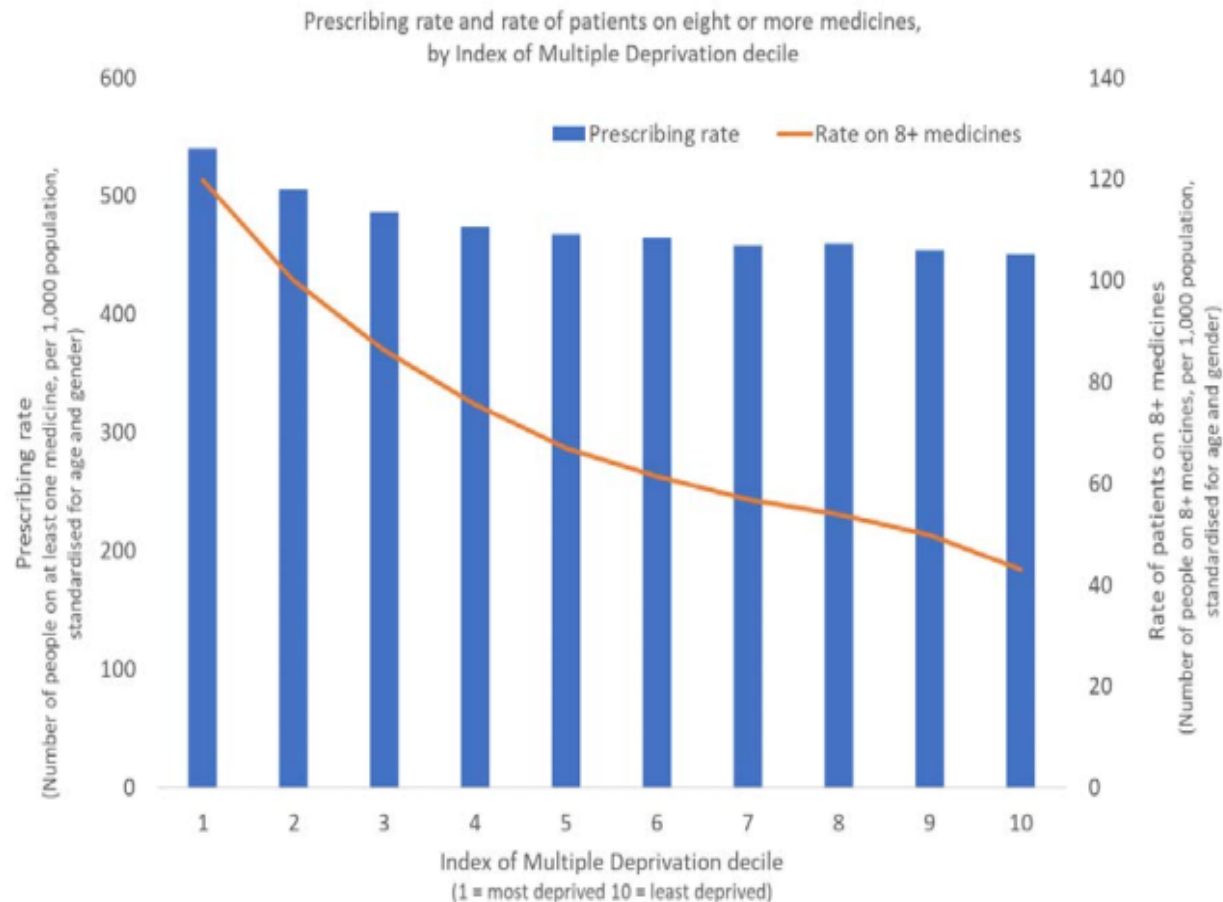


Figure 3: Prescribing rate and rate of patients on eight or more medicines by IMD decile, standardised by age and gender.

### People living in most deprived areas are

- 3 times more likely to be prescribed 8 medicines than those in least deprived
- More likely to be taking 10 or more medicines 10-15 years earlier than those in least deprived

Reference : [National Overprescribing Review report September 2021](#)

# Cost of prescribed medicines and waste (local and national data)

- Quantity and Costs of medicines increasing in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark (South East London, SEL)
- About **2million medicines** were written by GPs and other prescribers in SEL in 2022-23
- Cost **£16.5million**
- Quantity and cost of medicines have steadily increased in the last 2 years in SEL
- **Up to half** of medicines prescribed in **England** are not taken by patients
- Waste medicines cost the NHS up to **£300million** in 2009



# Percentage of people prescribed 10 or more medicines in year 2022-2023 by age

Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark

Total 436,125 (6%)



**45-54 years**



**3%**

**55-64 years**



**6%**

**65 years & over**



**9%**

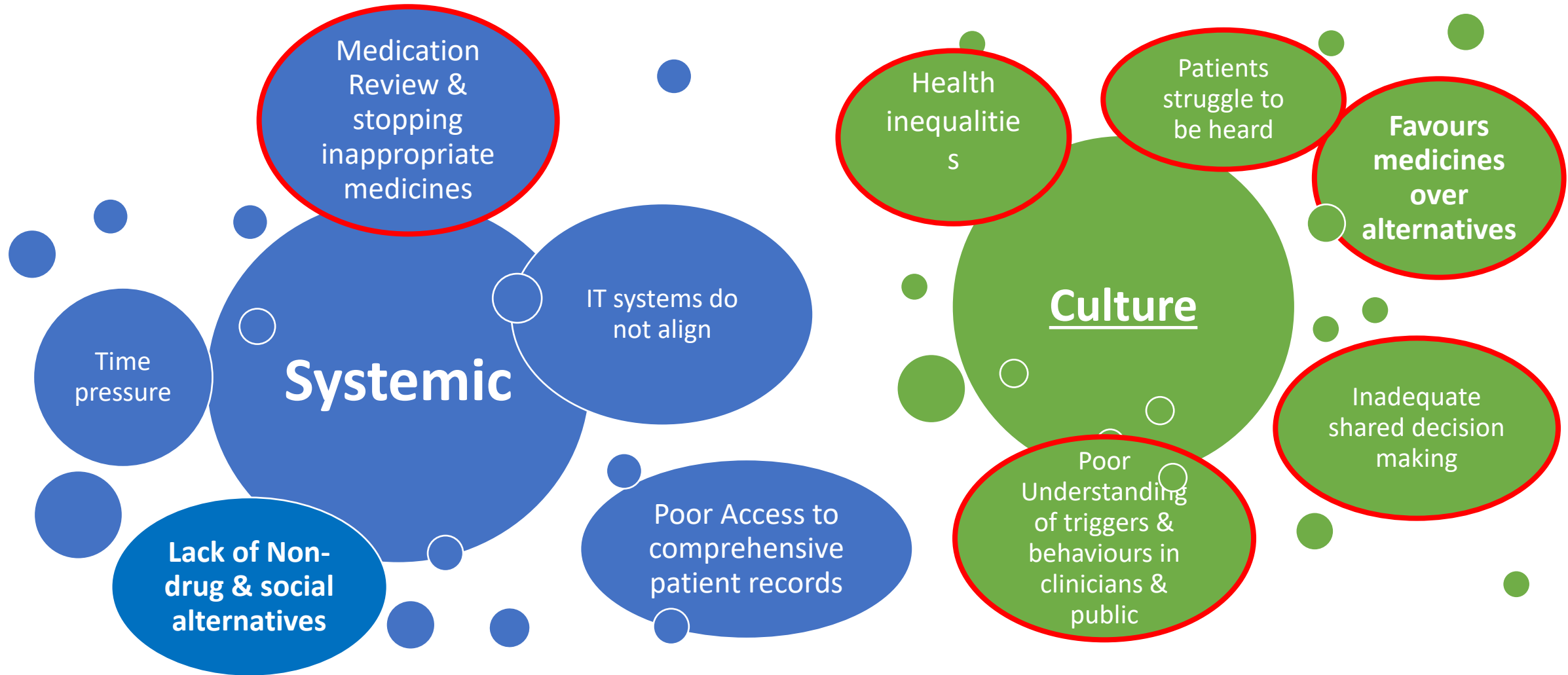
**85 years & over**



**11%**

# Causes and drivers of overprescribing

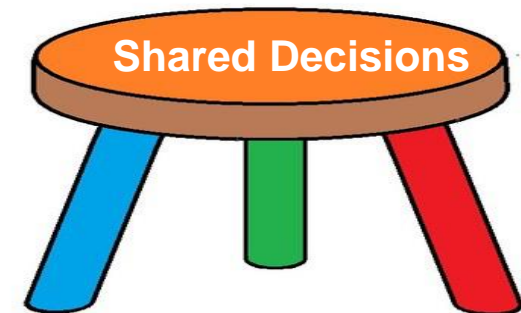
Involve systems, cultures and individuals (patients and clinicians)



# To tackle overprescribing effectively, we need the **patient**, the **clinician** and **research evidence** (guidelines)



✓ **Patient's goals, values & wishes**

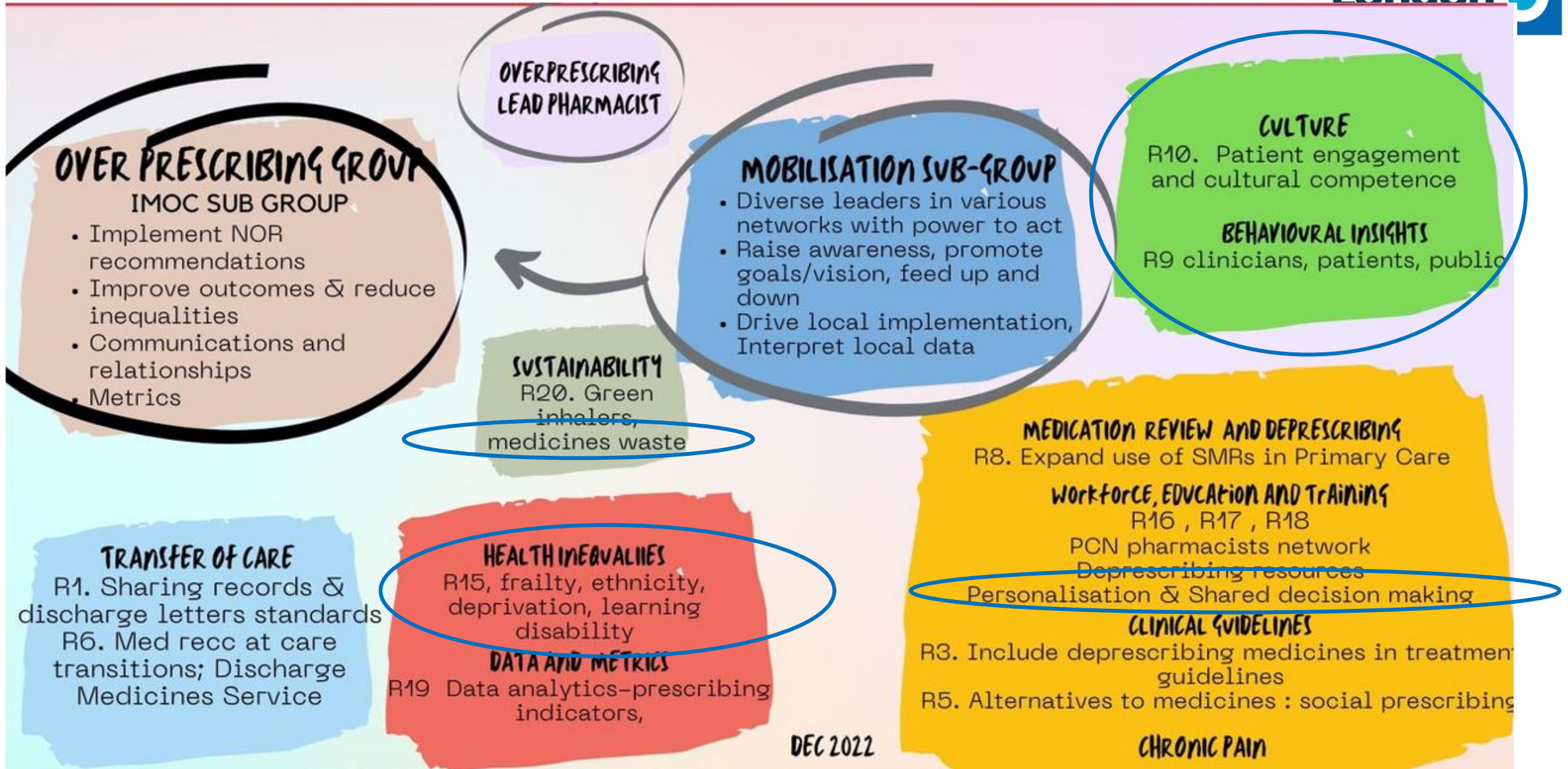


✓ **Practitioner's clinical judgement**

✓ **Best available research**



# SEL leadership & implementation plan



# Aims and objectives of engagement (1/2)

- The overall aim of project is to reduce overprescribing so that people in SEL are only prescribed medicines when there are no alternative treatments and the medicines are best suited for their individual circumstances and wishes.
- Engage with patients and communities about how we jointly tackle overprescribing to implement relevant recommendations in the national overprescribing report
  - To raise public awareness about overprescribing
  - To gain insights on people's understanding, perspectives, attitudes towards overprescribing
  - To promote changes in behaviour
  - To transform how we care for patients - ensure a culture where patients' voices are heard and decisions are shared in discussions about their medicines
  - To develop culturally competent information
- SEL patient engagement started (11/10/22) and approved by working group (17/1/23)
- Took into account the diversity of our population to get a broad perspective
- The Final project report will be 31<sup>st</sup> March 2024

# Aims and objectives of engagement (2/2)

- To gain insight to the experience of local people and clinicians, the triggers and behaviours that encourage or lead to overprescribing to develop culturally and meaningful approaches/solutions as well as reduce medicines wastage.
- To ensure that people and their clinicians can access patient records at the times they need it after hospital discharge, to get the information to make decisions to stop taking medicines that are not right for them or continue taking the necessary medicines.
- To ensure that when people's medicines are reviewed (e.g during a structured medication review (SMR), they are involved as equal partners in discussions and decision-making process about their medicines, so that their perspectives and what matters most to them are considered.
- To ensure that clinicians are skilled and confident to engage in discussions to stop medicines where the current evidence, guidelines, person's circumstances, and complexities make it difficult to determine with certainty the risks and benefits of the medicines.

# Engagement: What we did / are doing

- Published a project page on Let's talk health and care online platform - [Tell us about your experience of taking many](#)

- 636 visits to the page, 113 people who have clicked on a link, watched a video or downloaded a document
- Survey published on the project page – 74 survey responses. Survey still open.
- Chat forum published on the project page

## Hosted two online webinars

- Wednesday 12 July – evening – 20 people booked / 5 people attended
- Friday 14 July – daytime – 48 people booked / 17 people attended

## Outreach

- Southwark Carers 25 August - 14 people attended
- Bromley Asian Cultural Association 29 August – over 40 people attended
- Southwark Pensioners Centre 15 September - 14 attended
- Further outreach is planned between now and November 2023

The screenshot shows the project website with a header image of pills and a video player. The main content area includes a title, introductory text, a video player, and a 'Forum discussion' button. The right sidebar contains a 'Webinars' section with links to presentation slides and a 'National overprescribing review report' section with a link to a PDF document. Below these are 'Who's Listening' profiles for Lilly Osh and Jenny McFarlane.

# Insight and emerging themes from webinars

These are the themes that were received from the webinar discussions:

## Recognising that medicines are needed sometimes to manage long term conditions

- Balancing risks and benefits of taking many medicines.

“I had a fall in January and it was due to my blood pressure falling. As a result, I was in hospital for a long time. They took me off my blood pressure tablets but then the last time I had my diabetes check, my blood pressure got quite high again.”  
*Webinar participant*”

- Concerns about drugs interacting with each other (prescribed medicines and those brought over the counter like Cod liver oil)

“I always worry about the interaction of the drugs I'm on because I think some of them probably knock out the effective of other drugs and could be doing me more harm than good.”  
*Webinar participant*”

“Not knowing which of the many medicines is causing side effects.”  
*Webinar participant*”

## The importance of communicating and engaging with patients about their medicines and sharing decisions

- Patients knowing the risks and benefits helps to choose what is best for them.



“... because we (GP) tried other things I was determined that I would try the injection, but only after a lot of research. We had lots of chats and talked and researched etc. That's fine but I had awful side effects to start with, but because nothing else was working, he was very good. He phoned me and said how are you getting on with it? I just said I'm determined I will persevere, but it was the nausea and that was the worst one for me. But I did persevere.

... that thing about making sure you know why you're on the medicine helps all those different clinicians involved in your care know why you're on the medicine because as much as your GP holds it, you probably see lots of specialists around the system.”

“It's brilliant that you feel in charge of what you're on and why.”

“The main issue for me is knowing exactly what I'm being prescribed, why and side effects. Does not always happen.”

*Webinar participant*



# Insight and emerging themes from webinars

## Patients having control and empowered

- Knowing who to ask about medicines information



“I take things like vitamin D and you know, what do you call it Cod liver oil etc all those sort of things. Do they work with medications as well and there's no real way of checking with that?

I don't know if a local pharmacist in your chemist would be able to tell you that.”

*Webinar participant*



- Access to specialist support ie. medical and pharmacy consultants / advice / information for carers and for general practice teams who are not specialists to resolve complex issues.
- Recognising that some patients may not be enabled to take control of taking / using their medicines and need others to support ie. carers.
- Keeping definitions simple so everyone can engage.



“When I reflect on the sort of definition piece in terms of having conversations with me or others and perhaps people who aren't capable of managing their own care, wouldn't it be simpler to call it 'appropriate prescribing' which is a simpler way of talking about under, over all of this kind of thing because the more complicated you make something, the harder it is for people to engage, and the less likely they are to engage.”

*Webinar participant*



## Failure in communication and information about patient's medicines particularly when they are prescribed from different parts of the system ie. urgent care, hospital / GP

- Failure to transfer information between clinicians can lead to overprescribing, confusion and adverse outcomes

“I had a heart attack, soon after that I had swelling in my legs, went to urgent care centre. Really painful legs and by the doctor, though I was put onto steroids but the urgent care centre xxx doesn't inform your practice that they've done it and that's really a big failing is, which I', sure you'll agree with, ... I knew that I should be weaned off them at the time, I didn't think I've just was given this does to take this many days, so I rang my practice and said what do I do about weaning myself off? Cause I know I have to do that and they said we 'don't even know you're on steroids' '.

*Webinar participant* ”

- Value of having a GP / clinician who knows you well that you can trust

“If I can get to see 'my own' GP it is helpful'. I've been very lucky I live in Bexley and I must admit that I get very, very good care and he knows me very well that's another important thing if you can see your own GP because they know you, he's got such excellent memory and says sometimes no, you can't be on that because of this you've got or forgotten about. He's is so good I do value that very, very much.”

*Webinar participant* ”



## **Burden of having multiple appointments for various tests to monitor the effects of medicines on body and how the system remembers what tests are needed**

- Balancing monitoring being done vs it being duplicated.

## **Role of carers is critical (for those who are not enabled to manage their own medicines on body and how the system remembers what tests are needed)**

- How do we engage with and support them to manage medicines for those they care for.
- The need to use culturally competent resources.

## **Patient engagement – ways to ensure ongoing engagement**

- Offer consultations / workshops i.e. with pharmacists where patients can discuss issues, concerns etc in an informal atmosphere talking to groups i.e. at festivals, patient groups – people are more likely to engage in informal discussions about medicines.

## Support for patients to help take their medicines as prescribed

- Packaging / drug delivery systems – practicalities of opening

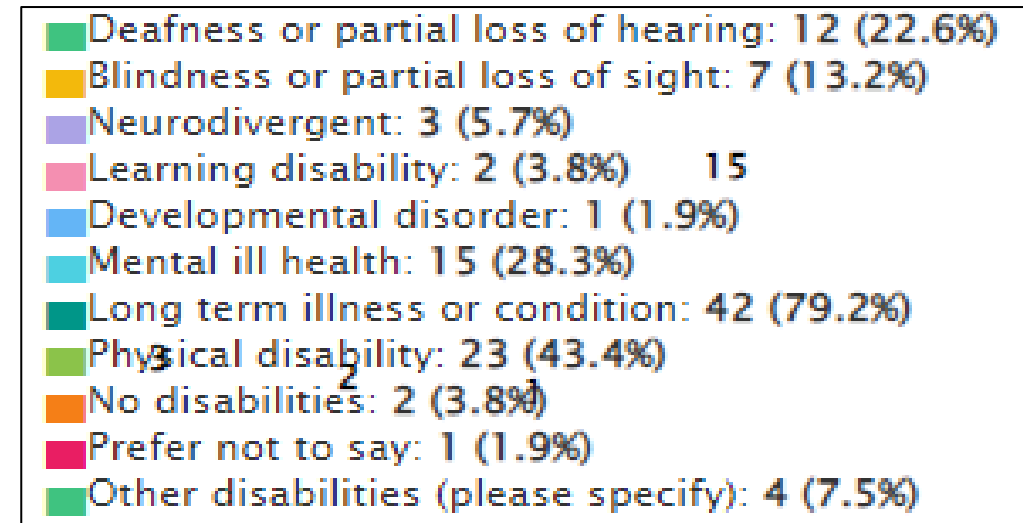
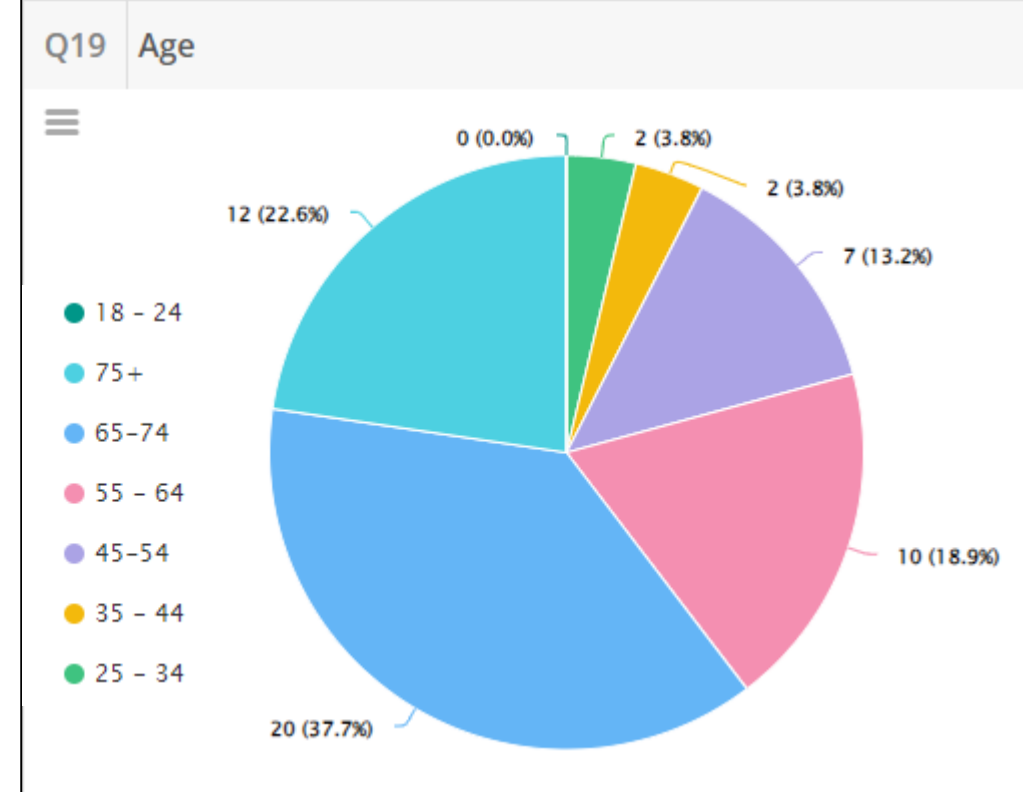
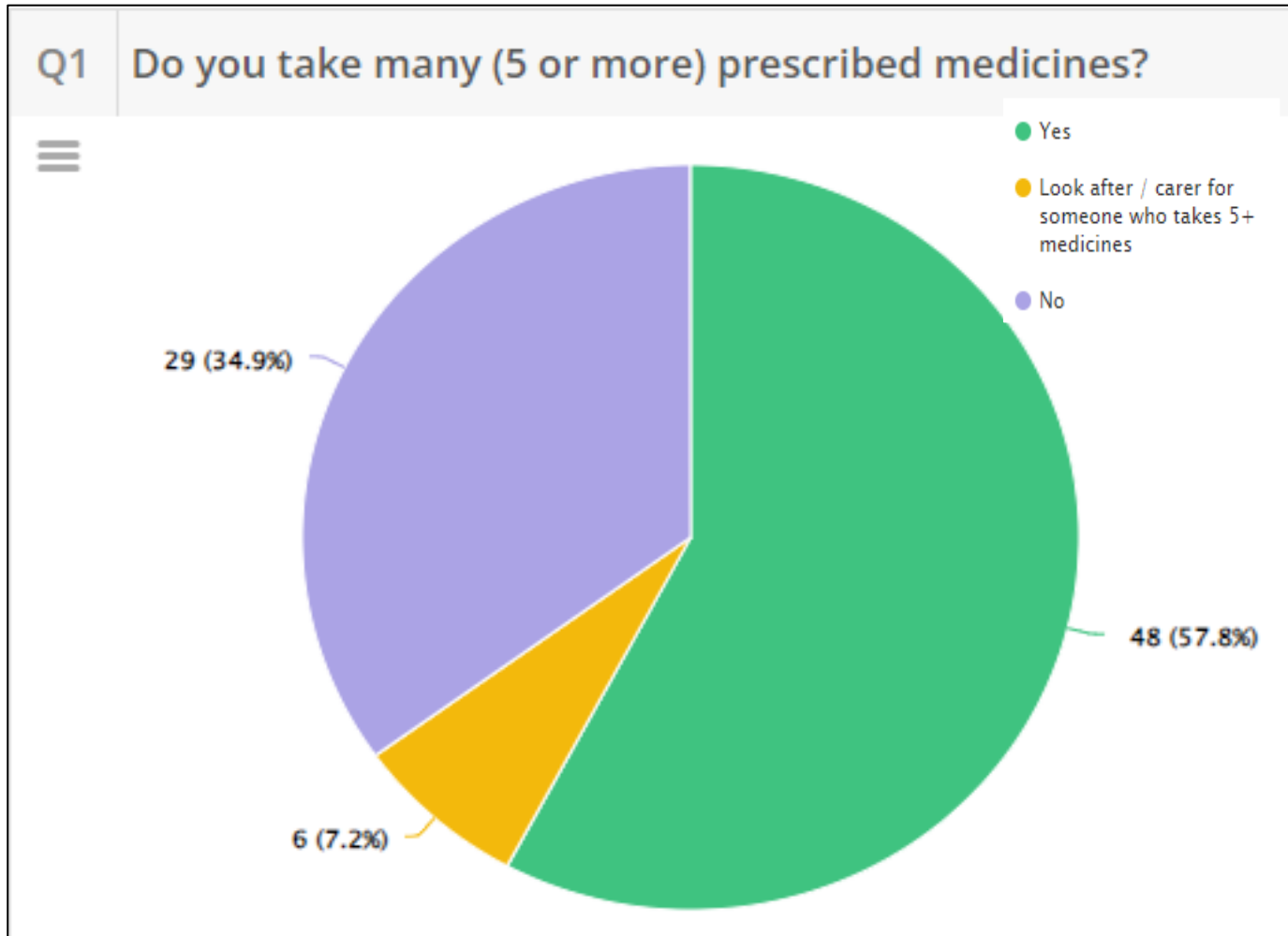
“Aspirin 75 comes in tiny little tablets and some of the blister packs I can't open. I'm using a sharp knife at risk of injury to myself to try and get them out so that could put people off. They're also very tiny to hold. Bring back the old plastic bottles that were much easier.”

*Webinar participant*

- Access to Compliance aids Blister packs, aids to help manage eye drops.
- Encourage use of digital solutions ie. Medisafe App on to remind people to take their medication.
- Range of options should be easily accessible, tailored to the patient's needs and preferences.
- Having the option of dispensed medicines in bottles would be ideal and patients could return them for refilling (plastic or glass).
- Noted that some childproof lids are really difficult to get off with arthritic fingers too.
- If packaging is not resolved there will be a lot of money wasted because people are unable to use the medicines and benefit from them.

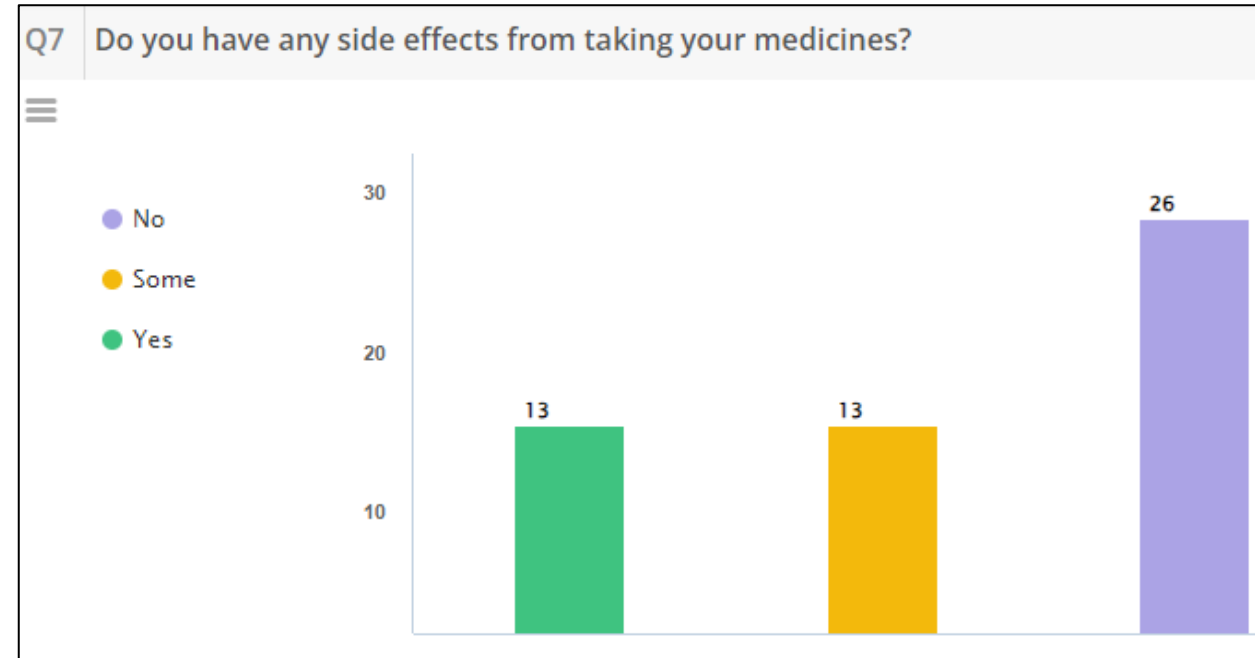
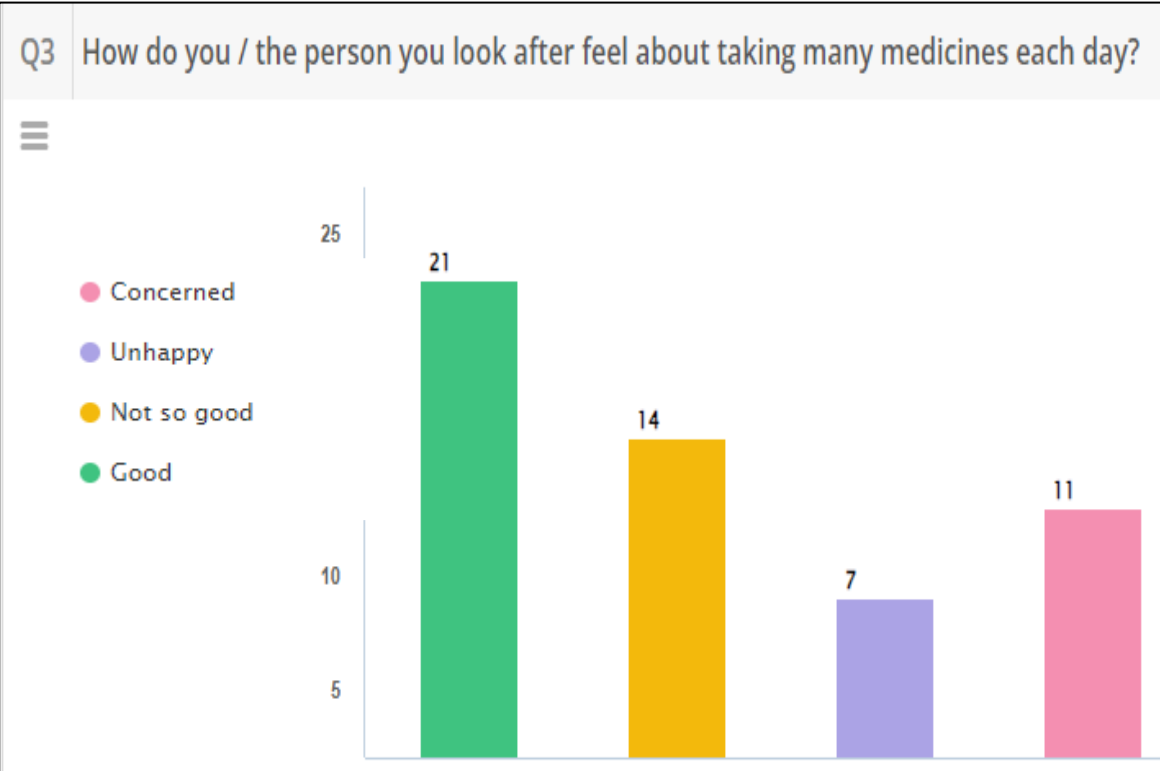
# Preliminary results from patient survey

## Who completed the survey?



# Preliminary results from patient survey

## Impact of taking many medicines



# Preliminary results from patient survey

## What matters most and non-drug options

Q10 What is most important to you when you take medicines?

This question has 54 text responses

Anonymous 6/22/2023 08:03 PM	Minimising side effects and getting better
Anonymous 6/22/2023 09:05 PM	That it deals with the issue
Anonymous 6/22/2023 09:53 PM	Principally that they control my pain sufficiently for me to at least partially carry out daily activities. Also to keep me alive!
Anonymous 6/22/2023 11:27 PM	Prevent illness, reduce pain

Q12 Aside from medicines prescribed on the NHS, what else helps you to manage your conditions?

This question has 54 text responses

Anonymous 6/22/2023 08:03 PM	Avoiding triggering situations
Anonymous 6/22/2023 09:05 PM	An app, Facebook groups
Anonymous 6/22/2023 09:53 PM	Vitamin D Cream for legs ( cellulitis with lymphoedema)
Anonymous 6/22/2023 11:27 PM	Heat therapy (heat pad), exercise
Anonymous	Google -knowledge on interactions, side effects, necessary tests and timing of

# Emerging themes from the outreach visits (x3)

- Difficulties accessing GP for non-urgent appointments (e.g medication review and discussions)
- More understanding/information about prescribed medicines & side effects
- Concerns about interactions with other medicines
- Poor awareness of what support is available re medicines e.g medication review
- Burden of managing and co-ordinating complexities of medicines management (carers)
- Willingness to discuss stopping unwanted or unused medicines (carers and patients)
- Need for advocacy to help navigate complexities in medicines processes (carers)
- Common use of herbal, supplements
- Barriers - language
- Value informal outreach to engage and talk about what matters



# How insights will inform the project

The feedback and findings from this engagement will be used to improve

- how we care for you e.g. inform how we train clinicians to have better conversations with you about your medicines
- the services we provide so you are prescribed medicines that give outcomes that are most important to you

## Timescales

Outreach visits completed	<b>November 2023</b>
Publish summary of insights on webpage	<b>January 2024</b>
Feedback to groups	<b>January to February 2024</b>
Patient Survey closed	<b>Early December 2023</b>
Publish summary of survey results on webpage	<b>January 2024</b>
Patient engagement write up with recommendations published in full report	<b>March 2024</b>

# Examples of training targeted at staff involved with medicines

South East London Integrated Care System **NHS** South East London

## Tackling Overprescribing 2: Better conversations and shared decision making when initiating reviewing or discontinuing medicines.

Lelly Oboh  
Overprescribing Lead Pharmacist  
South East London ICS  
6<sup>th</sup> July 2023

### Learning objectives

- Apply a patient centred approach which includes shared decision making to reduce overprescribing
- Apply various communication strategies and tools to have better conversations with patients
- Elicit what matters most to the patient
- Explain risks, benefits and uncertainties to facilitate an informed choice

## Bexley GP trainees, Overprescribing session (feedback)

Q6 What actions will you take, personally or in your practice, as a result of what you have learned today?

Answered: 20 Skipped: 4

7	Regular review of medications to avoid over prescribing
8	Try to reduce the medication burden in my patients
9	As above, to be brave when de-prescribing
10	Be aware of medication indications, reviewing need and deprescribing. Shared decision making for investigations and consequences of findings.
11	Consider the side effects of medications and making sure to convey them to the patient.
12	As above
13	Holistic approach to polypharmacy patients in the elderly
14	Discuss with my supervisor
15	Identifying patients for deprescribing. More shared decision making



# Other patient engagement work

- Waste amnesty project with Lambeth public health
- Patient Experience co-design project for chronic pain with Health Innovation Network
- Medicines Public campaign on behaviour change with Health Innovation Network (Oct 2024)
- Patient shared decision-making survey mini-pilot with Station Road Practice, Bromley



**"Are your medicines working for you?"** is an initiative designed to support more open conversations between patients and healthcare professionals about whether or not long-term medicines should continue to be prescribed

**Does living with persistent (chronic) pain impact your health and wellbeing?**

**Are you based in South East London and feel any of the following:**

- isolated or lonely?
- you want support with every aspect of wellbeing?
- you want support with navigating the daily challenges of living with pain?

**We understand...**

Persistent (chronic) pain can affect every aspect of health and well-being. Social prescribing link workers work with people aged 18+ years living with long term conditions. They work with you to find out what areas of your life you need support with.

**What can social prescribing link workers help with?**

- finding an activity, club or group
- support around a disability
- staying independent
- support with housing, debt, benefits and employment
- stress, worries and low mood
- healthy eating and lifestyle advice

**You can get in touch with a social prescribing link worker by speaking to a member of staff at your GP practice**

**Scan this QR code or click this link to find out about support available in your area:**

**Contact Details**  
Health Innovation Network  
@SELondon  
health@seclondon.com



# Thank you for listening

## Reflections, Questions and Discussion