

Engagement in the overprescribing project

Engagement Assurance Committee

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19th March 2024

This paper will cover

• Recap on overprescribing project	Slide 3
• Patient engagement workstream- What we did	Slides 4-5
• How we did it	Slide 6
• Findings, outputs and outcomes <ul style="list-style-type: none"> ○ Patient Webinar ○ Patient Survey ○ Outreach visits ○ Waste outreach project ○ Community of practice 	Slide 7 Slides 8-11 Slides 12-16 Slides 17-18 Slide 19
• Celebrating Success	Slides 20-22
• How engagement work will inform the next steps post March 2024	Slide 23-24

RECAP: Overprescribing

National Overprescribing Review report September 2021 (NOR)

- The use of a medicine **where there is a better non-medicine alternative or where the use is not best suited for the individual patient's circumstances and wishes**
- Inequalities -More common with increasing age, certain ethnicities, higher deprivation, lower literacy and those taking many medicines (polypharmacy)

The problem with overprescribing

- 1 out of 10 prescriptions may not be necessary
- Leads to adverse outcomes for patients, waste hospitalisation, health inequalities
- A complex problem caused by weaknesses in our prescribing processes and cultures
- Requires the **whole system, including the public** to work together to tackle

SEL response to tackle overprescribing - Implementation plan

- Engage with patients and communities about how we jointly tackle overprescribing to implement NOR recommendations
- Patient engagement is a core workstream of the project implementation plan
- Patient centred care is running theme in other workstreams

Care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions

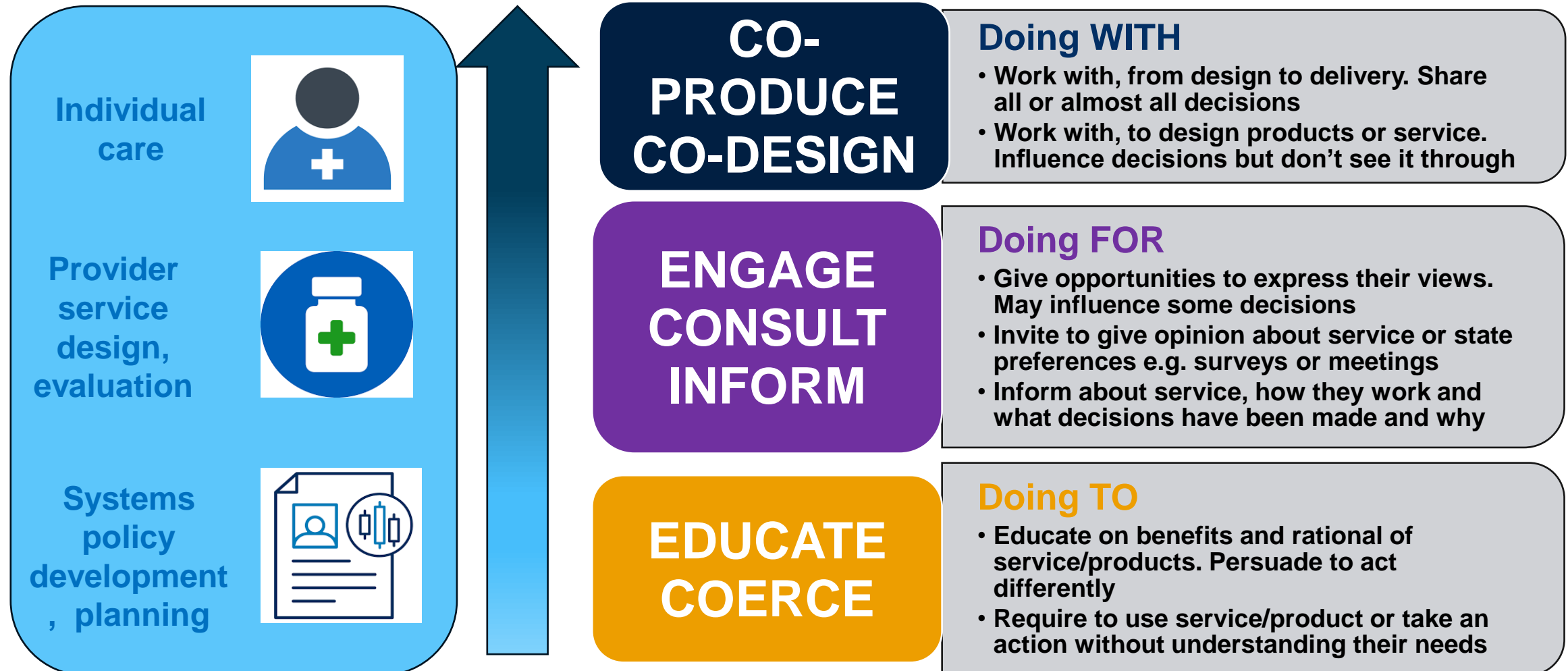
Institute of Medicine 2001

- Actively sought the VOICE of EXPERIENCE – people with lived experience of overprescribing (users, or affected by it) to give ground level context



Patient engagement approach

Encouragement of patients, carers and families to work with healthcare professionals, healthcare service providers, commissioners and policy makers to improve health and healthcare (NHSE 2016)



How we engaged with patients and communities

1. Engagement planning template

- To identify the aims and objectives in planning the engagement and involving the people
- We recognised that each group would be different so adopted various methods of engagement

2. Topic guide

- Outline, of key issues and areas of questioning used to guide a qualitative interview or group discussion

3. Let's Talk Health and Care website

[Tell us about your experience of taking many medicines | Let's Talk Health and Care South East London \(letstalkhealthandcareselondon.org\)](https://letstalkhealthandcareselondon.org)

4. Hosted 2 online webinars: July 2023

5. Hosted a patient survey & chat forum


6. Outreach Visits

(>200 participants)

- Contacted and worked collaboratively with various leads to identify specific groups / communities with higher risks of overprescribing
- SEL borough engagement leads, local community leads, voluntary groups
- Sessions facilitated maximum participation

- *Southwark Carers*
- *Bromley Asian Cultural Association (BACA)*
- *Southwark Pensioners Centre*
- *Bengali Women's Group, Greenwich*
- *Lewisham Irish Community Centre (LICC)*
- *Diamond Club, Lewisham*
- *Ajoda West and East African Group, Greenwich*
- *SEL Ethnic Mental Health Carers Forum*
- *Ageing Well Festival, Lambeth*
- *Glebe Court Care Home, Lewisham*





Feedback and learning from webinar



Tell us about your experience of taking many medicines and what is important to you right now

Home / Tell us about your experience of taking many medicines


Tell us about your experience of taking many medicines


The NHS South East London Integrated Care System (SEL ICS) overprescribing team are keen to hear from people and communities across south east London to help us jointly address this issue. Overprescribing is when people, such as people with multiple long term conditions, are taking medicines to manage their conditions that are not necessarily helpful or are not addressing what matters to them about their health.

The SEL ICS overprescribing project wants to hear from you to better understand your views and experience of taking many medicines and what is important to you right now. We are keen to hear from carers as well as people

Webinars summary insights

 [Overprescribing project - webinars summary key themes.pdf \(470 KB\) \(pdf\)](#)

SEL ICS Overprescribing project presentation slides - 12 and 14 July 2023

 [SEL ICS Overprescribing project presentation slides - 12 and 14 July 2023.pdf](#)

Patient Survey Context and Findings

- Survey hosted on the project page June - Nov 2023 (115 responses)
- 78 completed: 8 carers and 70 patients
- Age: 45-74 yrs (71%), 75+yrs (20%)
- Ethnicity: 74% white, 62% female
- Most people take medicines at night(1-3), and mornings (4-6)
- Common problems
 - Long Term Conditions- 87%
 - Physical disability 38%
 - Mental health conditions 26%
 - Hearing problem 18%

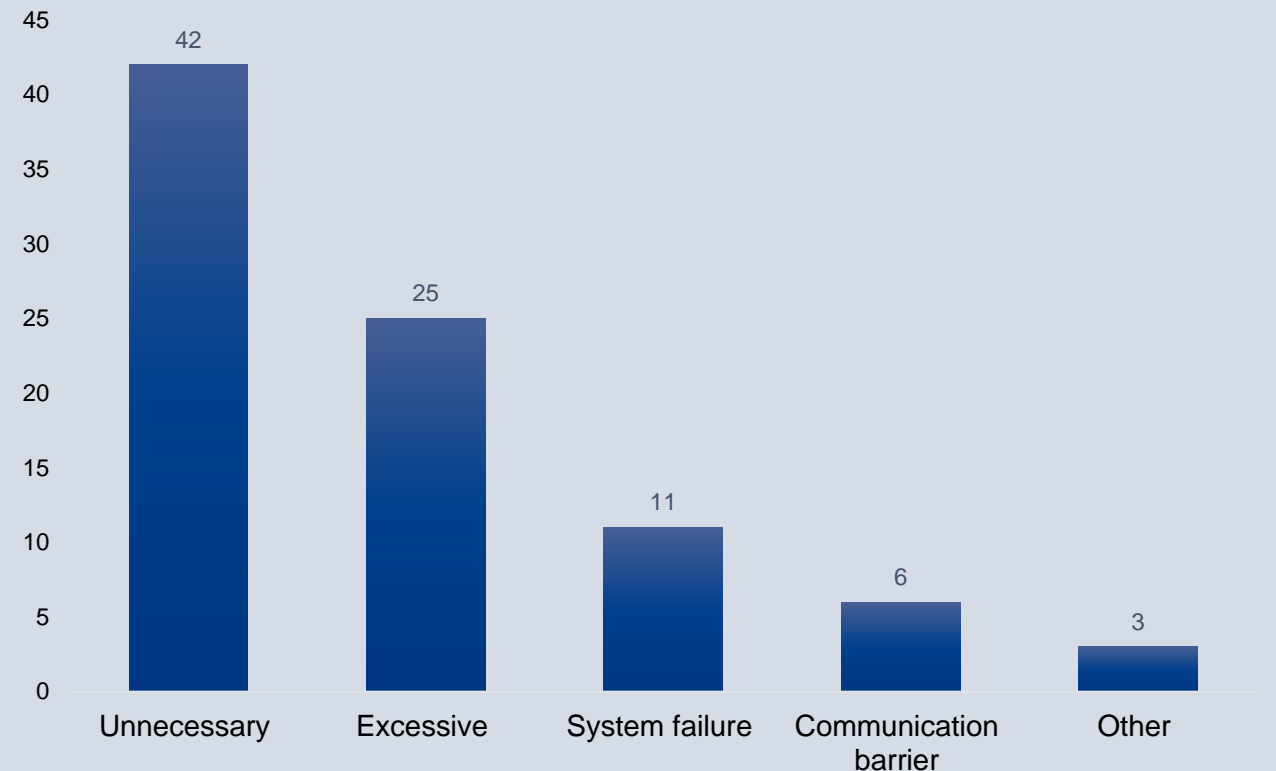
- 44% feel good about taking medicines vs 54% not so good/concerned
- 85% understand why they take medicines
- 71% say their medicines are necessary
- 71% say medicines have +ve impact on life
- 55% have side effects
- 90% have heard of 'overprescribing'
- 74% were given information to make decision about medicines
- 55% have unused medicines at home

Patient Survey Context and Findings

Most important to you

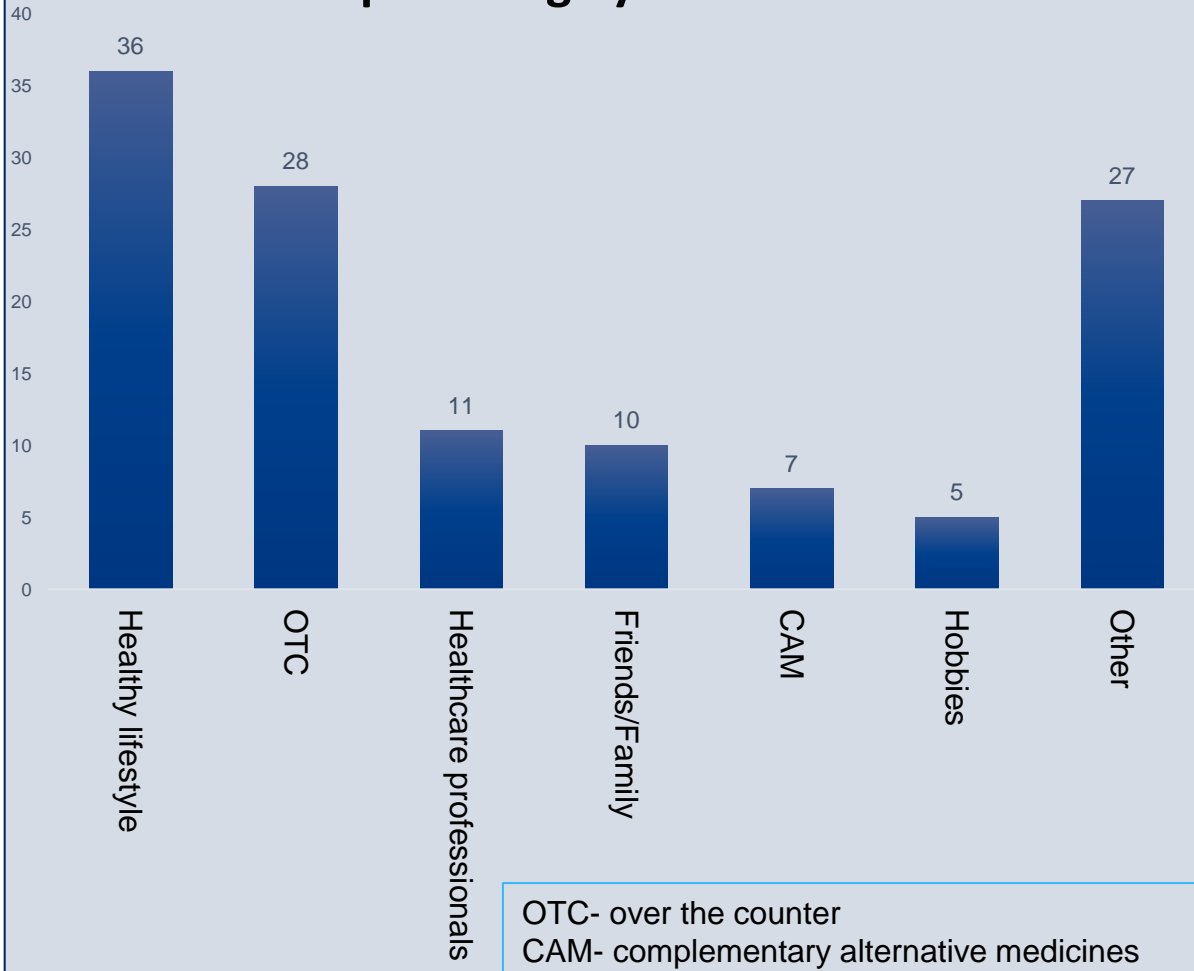
- No side effects
- Deals with issue/effective (pain relief)
- Makes life/function better
- Understand about medicines
- No interactions
- Get on time/adequate supply

What does 'overprescribing' mean to you (themes and frequency) ?

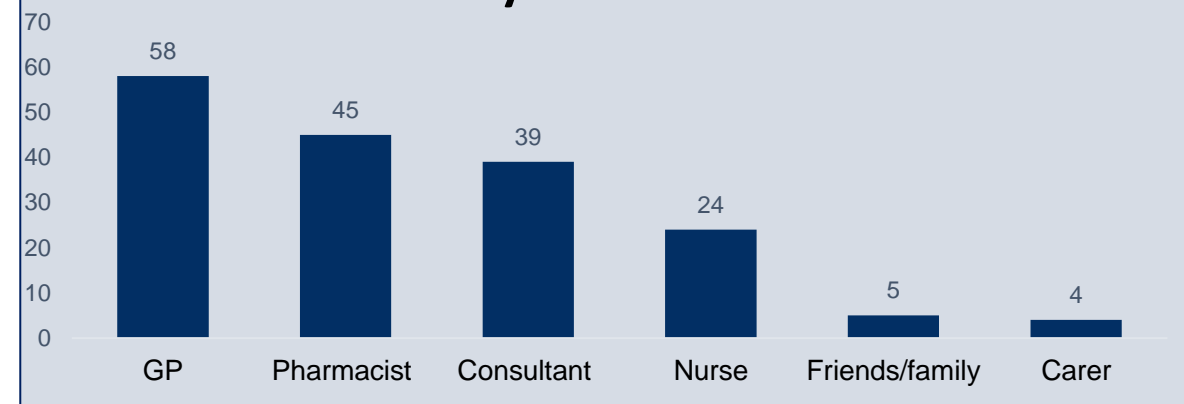


Patient Survey Context and Findings

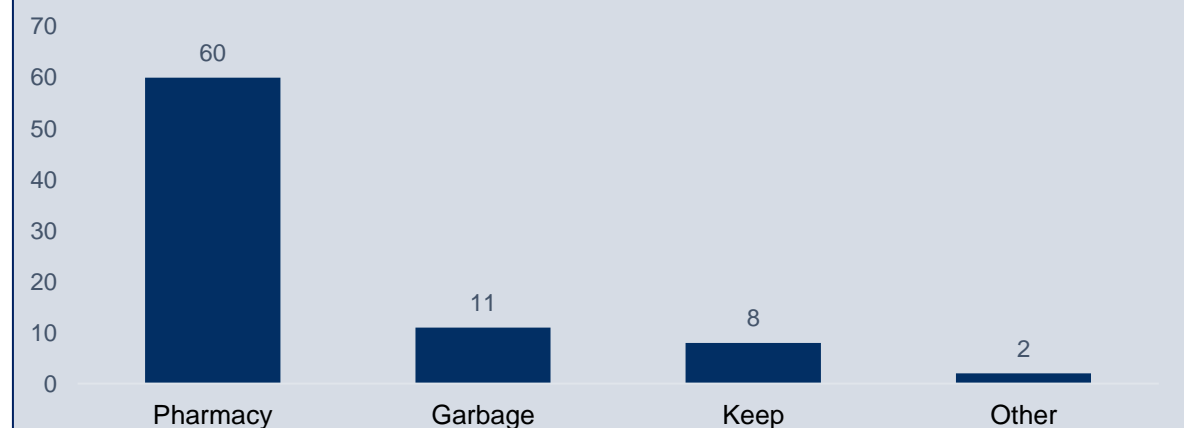
Aside from prescribed medicines, what helps manage your condition?



Who is the best person for you to talk to about your medicines?



What would you do with unwanted medicines?



Quotes from patient survey

On what helps aside from medicines...

Specialist physiotherapy and exercise programme. Please don't underestimate social interaction and activity in managing any long-term condition. Social prescribing is good at non- medical advice.

Not been able to access it but there's some treatment options including surgery and other clinical options that would likely help and reduce the need for as much medication. Also, non-clinical help would reduce the need, but I've experienced difficulty in obtaining the help needed. Holistic care including non- clinical practical help is needed for patients

I don't think I manage my conditions very well. In an ideal world I'd be able to speak to my consultant/s as and when I needed to and be able to ask questions, talk about how things feel and talk about my fears and concerns over my conditions as well as limitations and I'd have monthly appointments with my consultant and then a nurse to check in between. But I know how limited the NHS is at the moment so am aware that that sort of thing would be virtually impossible!

On side effects ...

- Quetiapine makes me walk unbalanced and unsteady*
- Water tablets affect social life and cared for person often avoids taking when due to socialise due to incontinence risks. Socialising is essential for mental well-being, so this is a difficult situation to navigate*
- Some lower my blood pressure, then others lower it further which cause me dizziness... then I get another medication to correct that*
- The pain killers make me tired and stupid, so I do not take them when I am working or driving*

On necessity of medicines...

Antidepressant is a need because my life abuses me. I get over one thing then the next hits before I can recover allergy tablets mean I can go out the house if I want to. pregabalin eases the anxiety but not the pain, ADHD meds mean I have a chance to do something productive quetiapine gives me sleep- I just wish there were less of them, when I need pain meds I struggle as I feel sick taking them all.

Outreach Visits Context and Findings

- >200 People (and carers) likely to experience health inequalities in overprescribing
- Generally positive about the visit and wanted us to come back
- Number of medicines: mostly 5-9 taken
- Age: mainly older people
- Ethnicity: diverse
- Common conditions: cardiovascular, pain, diabetes, depression
- Majority didn't know about 'overprescribing'
- Lack of clear information about medicines reviews

Impact of medicines & necessity

- Believe - too many, would like to stop some if discussed with GP
- Feel they have no choice
- Recognise-they need medicines to manage symptoms/remain alive

South East London Integrated Care System  South East London

Please join us for an informal conversation about taking many medicines

Do you know that many people take medicines that might not always be of benefit to them?

If you answer yes to the questions below, we want to hear about your experience of taking many medicines.

- Are you, or someone you care for taking many medicines?
- How do you feel about taking medicines?
- Can you share your experience with us?



Your contribution will help us learn more about your understanding and experience of taking medicines, and to identify the support that you might need to improve our services so that you and others are prescribed only with the medicines that are useful to you. If you are unable to attend but would like to share your experience / thoughts of taking many medicines, please complete our survey to share your experience of taking many medicines. To take part you will need to live in Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark. Link to survey: <https://letstalkhealthandcareselondon.org/overprescribing>

Main issues (themes)

- Side effects
- People frequently adjust medicines to suit their needs
- Burden of medicines related tasks

- Language and literacy barriers
- Challenge using IT/remote consultations, prefer F2F

- Holistic, non-drug options not readily available

- Getting appt to discuss medicines (several reasons)
- Limited appt time to ask Qs/discuss medicines
- Continuity- same GP (trust is important)

Most important to you?

- Speaking to GP/getting appointment
- 'My' opinion heard
- No Side effects or negative Impact on lifestyle, healthy life, no admissions and 'keep me alive'
- Understanding medicines- WHY

What helps?

- Groups- peer support
- OTC, traditional and herbal remedies, supplements
- Exercise, sleep, meditation, diet, yoga

Feedback (Carers) and learning from outreach visits

- Caring for people with disabilities, old, mental health, complex and multiple long-term conditions
- Keen to contribute/ be involved in overprescribing work
- Main issues (themes)
 - Burden of Medicines related tasks- ordering, collection, safe disposal
 - Communication breakdown between clinicians
 - Need advocates to help navigate system
 - Families and carers not always involved/listened to
 - Support needed for carers as they feel overwhelmed
 - Holistic, non-drug options needed
 - Language and literacy barriers
 - Use of herbal/traditional medicines ‘rubbished’
 - Lack of explanation about medicines to carers

Quotes from outreach visits

Thank you so much for the information. The session was amazing, to see the women open up and talk so freely.... Look forward to more engagement like this"

Community Engagement Lead, Greenwich

I decided to stop taking the diabetes medication as causing my legs to become hot, I couldn't comprehend why this was happening. The medication wasn't working and accessing the GP was an issue. So, I take only when I feel my sugar levels are high.

Member, Ajoda (Family history of diabetes and borderline, prescribed metformin 500mg morning & evening)

"Speaking from personal experience for the person that I care for a lot of the time when they are in hospital, they do need a certain amount of medication, trying to reduce the symptoms and get them right. However, when the person is back at home there is a lot of responsibility and the tiredness that is induced in the medication. Not conducive to the lifestyle that we live, and then must be reviewed again i.e. not a lot of activity or energy when in hospital, end up sleeping in the ward".

Carer, Ethnic Mental Health Forum, SEL

Can we teach GPs and pharmacists who prescribe medicines to listen to patients and what is important to them?"

Older person, Lewisham Irish Community Centre

'Sometimes I feel better, but I am scared to say that to my doctor as they will stop the prescription and I will not be getting again if I need.'

Participant, Bengali Women Group

Not knowing about your medicines is like playing Russian roulette, a total lottery regarding the patient's treatment"

Pensioner, Southwark

Blood pressure medicines made my ears boom, decided to reduce the dose.

Member, Diamond club

One Lewisham resident's journey to improve her health by engaging in conversations with her GP during a structured medication review after the SEL Overprescribing outreach visit

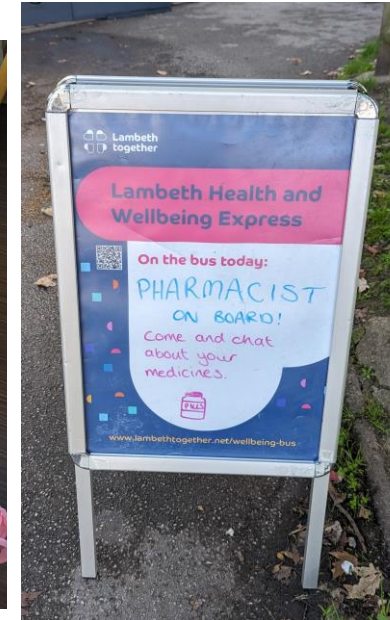


You can watch the video clip on our let's talk page at [Tell us about your experience of taking many medicines | Let's Talk Health and Care South East London \(letstalkhealthandcareselondon.org\)](https://letstalkhealthandcareselondon.org)

Feedback from waste project public outreach project

Collaborations: SEL ICS, Lambeth Local Authority, Public Health Lambeth, Kings College London, Black Prince Trust (Lambeth) Oxleas Community Health Service (Bromley), Waldrons Health Centre (Lewisham), Amersham Vale Training Practice, Clifton Rise Practice, Hurley Group Practice (Lewisham) and New Cross Pharmacy (Lewisham)

- Pharmacist outreach to 14 community sites & housebound patients
- Gained insights to drivers of medicines waste, attitudes and behaviours towards safe disposal and sustainability
- Opportunity to identify and develop local solutions to reduce waste that are responsive to the specific needs of our communities
- Identified need for pharmacy services to serve people in their own communities (90 documented interventions)



Waste project. Feedback from the Health and Wellbeing Project Lead, Black Prince Trust (Lambeth)

'... we did find the sessions extremely useful, and they were very well received by those who visited. Conversations and understanding did result in community members returning meds to the pharmacies. It was helpful that you followed up and advised where people had been turned away. Going the extra mile and contacting those pharmacies for us and getting a far more positive response than we did massively helps us join the dots. Understanding the technicalities and the service that should be available allows us to help community members with how to approach the pharmacy and be more likely to review their meds and return safely.

The most positive outcome for us though, is the number of people that came back and said how good it was to be listened to and be given explanations. The NHS is under immense strain, to have the luxury of offering an expert ear and their advice to our community is highly valued. Thank you. I think if we did this again, you have established a reputation of trust, care and explaining things in a comprehensible way.

The family with the child attending [hospital] are close to us, comprehending the treatment and drugs she is receiving is difficult for them, and I can't thank you enough for your engagement here. The mother spoke to one of your team on the phone at an earlier session, and [Pharmacist], you spoke with the aunt. The 7-year-old child is in her final days of life now, and the advice they received (not from you!) to go back to [hospital] with the drugs wasn't ideal, a train journey for them. Now that we understand, thanks to your team, the nature of the meds concerned, we've been able to engage with her care team and I believe one of the visiting doctors has collected.

We are also aware of the high risk of opioids being 'disposed of' around the estate, we're glad to have clear signposting for safe return/disposal '

Celebrating success: NHSE visit 19th Jan 2024

- **Sir Stephen Powis** (National Medical Director of NHS England) **David Webb** (Chief Pharmaceutical Officer for England, NHS England) and **Tony Avery** (National Clinical Director for Prescribing, NHS England) visited South East London ICB
- To share and promote good practice and highlight how pharmacy professionals working collaboratively in multi-disciplinary teams and with patients have achieved improvements tackling overprescribing across the system.
- Response from Sir Stephen Powis (NMD, NHSE) <https://vimeo.com/905940517/32a4039b03?share=copy>
- Photo footage- highlights from Northwood Group practice [NWGP Overprescribing V2 \(vimeo.com\)](#)
- Photo footage- highlights from the Workshop at Tooley street [Tooley Street Overprescribing V1 \(vimeo.com\)](#)



Celebrating Success : Highlights



Diamond Club, Lewisham



Age UK Festival, Lambeth



Lewisham Irish Community Centre



Southwark Carers



Fishbowl exercise, Tooley street



NHSE Leaders visit, Northwood Group Practice



Royal Pharmaceutical Society Annual Event

Posters showcased on SEL Overprescribing Webpage

Overprescribing - South East London ICS (selondonics.org)

Overprescribing Patient Engagement Project

South East London

Collaborating organisations: SEL ICS Pharmacy and Patient Engagement Team, various patient and community groups

Description
A project aimed at engaging with patients and communities to jointly tackle overprescribing

What problem is it trying to solve to tackle overprescribing?

- An unequal relationship between clinician and patient
- Lack of shared decision-making about medicines
- Overestimation of benefits and underestimation of harms of medicines over non-drug strategies
- Patients not feeling listened to about what matters most to them
- Patients' need for more trusted, culturally competent, and accessible information about their conditions
- Lack of culture of openness to challenge, especially when patients are anxious or upset, or language or cultural barriers exist.

Intended outcomes

- Raise public awareness about overprescribing and promote changes in behaviour
- Gain insights on people's understanding, perspectives and attitudes towards overprescribing
- Develop culturally competent information, improve service design, service delivery, and patient experience
- Develop a culture where patients' voices are heard, and decisions are shared in discussions about their medicines

Implementation

- Engagement planning template - Identify aims, objectives, people and partners.
- Topic guide - Outline key issues and areas of questioning to guide qualitative interviews or group discussions
- Let's Talk Health and Care website - Online community engagement platform for residents, to share their ideas, discuss important topics, provide feedback and get involved.
- Overprescribing public webinar
- Outreach visits - Collaboration with local community leads and voluntary groups to identify appropriate groups and deliver sessions that facilitate maximum participation
- Patient (carers) survey (25 medicines)

Top Tips

- Involve the ICS engagement team from the outset
- Involve community leads
- Be curious, open, flexible and listen to patients

Outcomes

>200 people with lived experience specific populations - older people, ethnically diverse, in areas of high deprivation, with multiple long-term conditions, incl. frailty & mental health Carers, Community groups

"Thank you so much for the information. The session was amazing, to see the women open up and talk so freely... Look forward to more engagement like this" Community Engagement Lead, Greenwich

"Not knowing about your medicines is like playing Russian roulette, a total lottery regarding the patient's treatment" Pensioner, Southwark

"Can we teach GPs and pharmacists who prescribe medicines to listen to patients and what is important to them?" Older person, Lewisham Irish Community Centre

"Speaking from personal experience for the person that care for a lot of the time when they are in hospital, they do need a certain amount of medication, trying to reduce the symptoms and get them right. However, when the person is back at home there is a lot of responsibility and the tiredness that is induced in the medication. Not conducive to the lifestyle that we live, and then must be reviewed again i.e. not a lot of activity or energy when in hospital, and up sleeping in the ward". Carer, Ethnic Mental Health Forum, SEL

Webinars summary insights

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

- Patients having the time and health skills to discuss what's best for them
- Not knowing how to get medicines and what's important to you right now
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Patient survey results: 115 responses 77 completed (incl. 6 carers)

Age	55-74yrs (57%)
	≥75yrs (20%)
Ethnicity	White (74%)
Gender	Female (62%)
Conditions	LTC (87%)
	Physical disability (38%)
	Mental health (26%)
	Hearing problems (18%)

Main issues (themes)?

- Side effects
- Burden of medicines related tasks - ordering, collection, safe disposal
- Need advocates to help navigate system
- Families and carers not always involved/listened to
- Support for carers as they feel overwhelmed
- Language and literacy barriers
- Lack of explanation about medicines to carers
- Holistic, non-drug options not readily available
- Use of herbal/traditional medicines 'suboptimal'
- Getting appt to discuss medicines (several reasons)
- Continuity - same GP (next is important)
- Challenge using IT and remote consultations, prefer face to face
- Limited appointment time to ask Co./discuss medicines
- Evidence of people adjusting medicines to suit their needs.

Most important to you?

- Speaking to GP/getting appointment
- "My opinion heard"
- No side effects or negative impact on lifestyle/healthy life
- Understanding medicines - WHY
- No admissions and 'keep me alive'

What helps?

- Groups - peer support
- OTC, traditional and herbal remedies, supplements
- Exercise, sleep, meditation, diet, yoga

Next Steps
Feedback and findings will be used to improve:

- Service delivery and care for patients e.g. train clinicians to have better conversations with patients about medicines
- Service design, so patients are prescribed medicines that give outcomes that are most important to them

Outcomes

Tell us about your experience of taking many medicines and what is important to you right now

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Survey Q7: Do you have any side effects from taking your medicines?

17 Yes, 16 No

"Pain killers make me tired and stupid"

"Difficult to get them all down without retching"

"I have yellow coded those that really affect me, others are manageable"

"Quetiapine makes me walk unbalanced and unsteady"

We are collaborative • We are caring • We are inclusive • We are innovative

SEL waste medicines with public engagement mini-pilot

South East London

Collaborating organisations: SEL ICS, Lambeth Local Authority, Public Health Lambeth, Kings College London, Black Prince Trust (Lambeth) Oxleas Community Health Service (Bromley), Waldrons Health Centre (Lewisham), Amersham Vale Training Practice, Clifton Rise Practice, Hurey Group Practice (Lewisham) and New Cross Pharmacy (Lewisham)

Description
This mini-pilot tested the feasibility and value of engaging with local communities/populations using non-traditional locations to:

- Raise awareness and access information relating to medicines waste medicines and safe disposal
- Signpost patients to local community pharmacies, personalised care roles (e.g. social prescribers) and general practice to access social and drug related interventions to reduce overprescribing
- Gain insights to drivers of waste and non-adherence from a patient perspective
- Feed into the wider overprescribing patient engagement work

Intended outcomes

- To gain a better understanding of the issues that contribute to medicines waste
- To feed the results and learning into the patient engagement work to enable a change in practice
- To signpost patients, facilitating the uptake of various existing interventions to reduce waste e.g. eRD, non-drug options and Structured Medication Reviews (SMRs)

Outcomes

There were 86 documented pharmacy interventions from Phases 1 & 2

Themes of these interventions included:

- Medicines information - side effects, dose, directions, benefits, polypharmacy
- Non-adherence and compliance aids
- Blood pressure measurement, advice and referral
- Minor ailments and other acute symptoms advice
- Lifestyle advice
- Referral for medication review
- Managing long term conditions (mainly chronic pain, diabetes, hypertension and cardiovascular conditions, including non-drug options)
- Navigating access to medicines interventions and services
- Signposting and referral to general practice, community pharmacies, other health and care practitioners, Lambeth council, health services, websites, Apps and other useful resources

Learning from Phases 1 & 2

- People have unused medicines, but few were brought in physically, as encounters were mainly one-off and opportunistic
- Advertisement and promotion of the visits and access to onsite disposal of returned medicines are important
- There was a wide range of queries, interventions and referrals on and off site

Next steps

- To use this learning to implement Phases 3 & 4 to improve medicines returns and data collected
- A detailed analysis of the data collected including medicines returned, problems identified and interventions, to better understand the drivers of medicines waste
- Use these results to improve practice and services to reduce medicines waste
- Collaborate with Local Authority partners to scale up

What problem is it trying to solve to tackle overprescribing?

- Lack of engagement to gain insight into drivers of waste from a patient perspective
- Non-adherence due to lack of patient engagement with groups who are at high risk of overprescribing
- Reduce misinformation and lack of awareness about medicines waste and safe disposal
- Missed opportunities to identify and develop local solutions to reduce waste that are responsive to the specific needs of our communities and patients

Implementation

- The target population, sites and community partners were identified
- A structure for conversations and prompts, and a data collection tool were developed
- A briefing pack for pharmacy interventions, referral, signposting and medicines disposal was assembled
- Analysis of the returned medicines and patient feedback took place
- The results were evaluated and learning reflected on
- Plans made to feed this learning into wider work, through recommendations and actions

Pharmacy outreach visits

Visit	No of visits
Phase 1 Lambeth Health and wellbeing bus visits, Lambeth Aug to Sep 2023	12 sites 15 visits
Phase 2, Black Prince Trust Community Centre visits, Lambeth, Oct 2023	1 site 5 visits
Phase 3, Housebound patient visit, Bromley, Nov to Dec 2023	Home visits 12 returns
Phase 4, Waldron Health Centre visit, Lewisham, Jan 2024	1 site 3 visits Returns t/f

Feedback from the Health and Wellbeing Project Lead, Black Prince Trust (Lambeth)

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Outcomes

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"Quetiapine makes me walk unbalanced and unsteady"

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How insights will inform the project

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

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

Timescales

Outreach visits completed	November 2023
Patient Survey closed	Early December 2023
Publish summary of insights on webpage	January 2024
Feedback to groups	January to February 2024 Post March 2024
Feedback to EAC	March 2024
Patient engagement analysis with learning and recommendations published on the SEL webpage	March 2024 Post March 2024

Overprescribing project plan post March 2024: START, STOP, CONTINUE

START	STOP	CONTINUE	STOP@ICS CONTINUE @ place
<i>What should we start doing?</i>	<i>What should we stop doing?</i>	<i>What should we continue doing (focus at ICS)?</i>	<i>What should we continue doing? (adjust & focus on implementation/spread at place)</i>
<p>7. Waste-Community pharmacy not to dispense project* (Comm pharmacy lead/sustainability fellow)</p> <p>8. Repeat Prescribing toolkit implementation -build on overprescribing work for clinical aspects, facilitate training for practice staff for tech and admin aspects (SEL education hub)</p> <p>9. Implementing change re feedback from patient engagement work incl digital solutions (comms team, patient engagement teams, training hub)</p> <p>10. Overprescribing implementation group - to lead/facilitate/promote various pieces of work in their organisations or circle of influence</p> <p>11. Dissemination of best practice website completion* and maintainance (comms and engagement team)</p>	<p>1. SDM patient survey-practices/PCNs to take forward</p> <p>2. Current SEL Overprescribing working group</p>	<p>1. Reducing opiates in chronic pain. (MSK program, HIN and Lambeth together)</p> <p>2. SMR- expanding in primary care (addressing inequalities) including SEL wide MOS indicator & training (KCL/HIN).</p> <p>3. Guidelines/pathways fit to tackle overprescribing- mulimorbidity, osteoporosis, depression (IMOC, Acute and MH Trust leads, geriatricians, Psych), Antimicrobial stewardship (Paul Wade, DS, SEL)</p> <p>4. Patient and community engagement and patient empowerment for SMR (CoP, community groups, HIN)</p> <ul style="list-style-type: none"> Waste (community pharmacy, public health and LA) Non drug alternatives – pathway and referrals Population health management Disseminate existing dashboard data to drive reduction in overprescribing health inequalities at place Incorporate and capture cost efficiencies in dashboard (Power BI, NHSBSA, LDA team) 	<p>1. Expand complex SMR with specialists support</p> <p>2. LD&A, frailty, chronic pain, care homes, depression, ??multimorbidity <75)</p> <p>3. CORE 20 PCN SMR work (led by CCPL overRx)</p> <p>4. Increase DMS referrals (community pharmacy, acute/MH/community Trusts)</p> <p>5. Ongoing training – dedicated training to reflect emerging practice/research to tackle overprescribing & incorporating overprescribing principles (SDM, patientcentred care) in other training involving medicines use (SEL training hub)</p> <p>6. ToC standards (acute, MH, community Trusts)</p> <p>7. SDM patient survey</p>

Response from Sir Stephen Powis (National Medical Director NHS in England)



<https://vimeo.com/905940517/32a4039b03?share=copy>

**Thank you for listening
Reflections, Questions and Discussion**