

# Overprescribing Patient Engagement Project

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 (≥5medicines)**

- Top Tips**
1. Involve the ICB engagement team from the outset
  2. Involve community leads
  3. Be curious, open, flexible and listen to patients

>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 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

- 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

- 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 'rubbished'
  - Getting appt to discuss medicines (several reasons)
  - Continuity - same GP (trust is important)
  - Challenge using IT and remote consultations, prefer face to face
  - Limited appointment time to ask Qs/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

**Webinars summary insights**  
Overprescribing project - webinars summary key themes.pdf (470 KB) (pdf)

**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.*

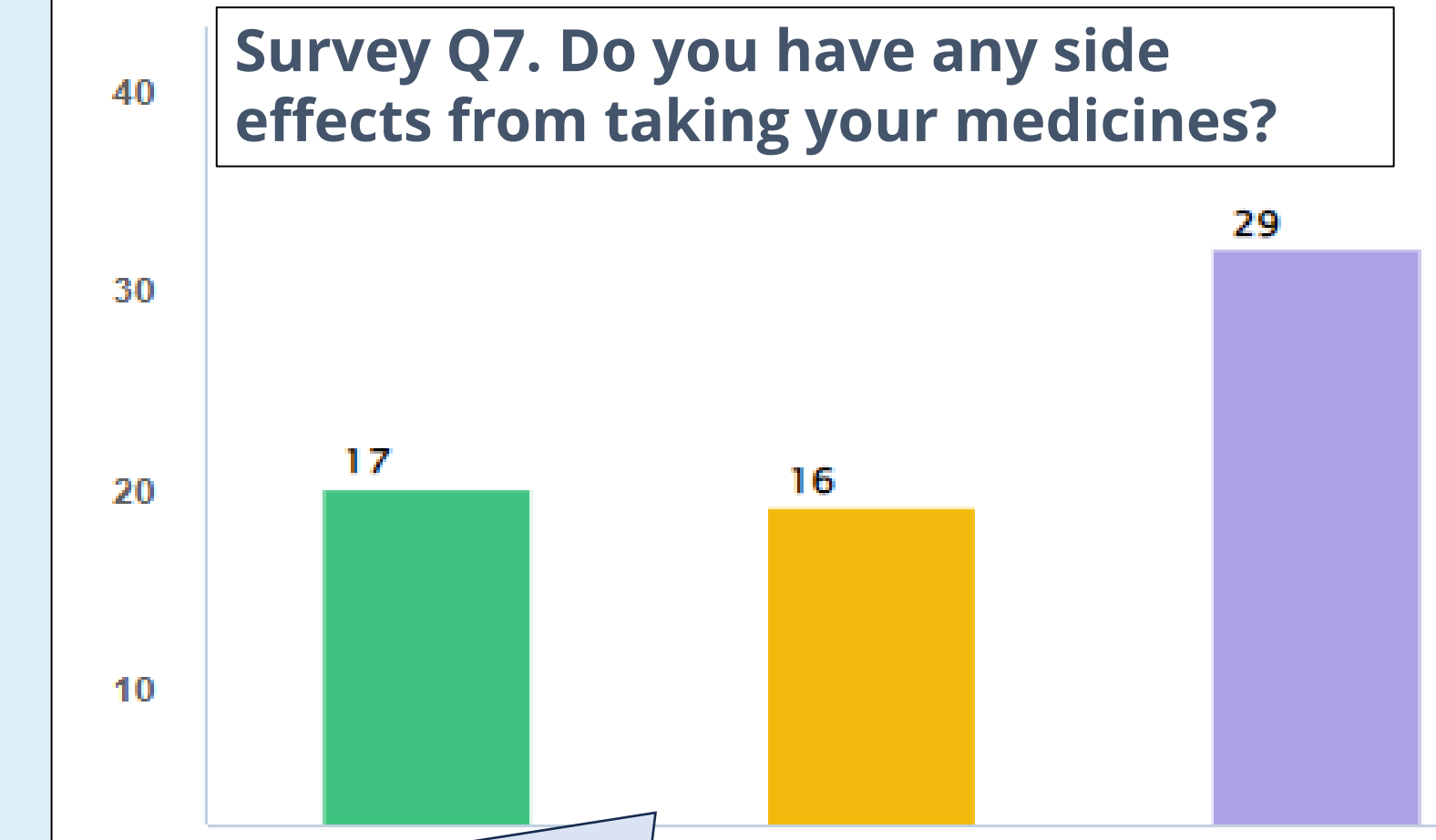
*... that thing about making sure you know why you're on the medicine helps all those different clinicians involved in your care know why you're on the medicine because as much as your GP holds it, you probably see lots of specialists around the system."*

*"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."*

**Patient survey results : 115 responses**  
77 completed (incl. 8 carers)

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



*"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"*