

Collaborating organisations: SEL ICS, Bromley Education & Training Hub, Lambeth Education & Training Hub, SEL Workforce Development Hub, Bexley GP VTS & Training Hub, SEL PCN Pharmacy network, St Christophers Hospice, HIN South East London

### Description

This mini-pilot involved a series of practical training sessions (virtual and face to face) on overprescribing aimed at practitioners across SEL who partake in medicines related tasks including prescribing, reviewing, reconciling and administering medicines. Some sessions were recorded and uploaded on the SEL Workforce Development Training Hub

### Implementation

- Liaise with SEL/LCP training hubs and other E&T teams to incorporate overprescribing into training, and support upskilling of cross-interface posts and clinical placements
- Collaborate with HIN to identify local GPs and pharmacists to attend National Polypharmacy Action Learning Sets and Data Webinar
- Collate and evaluate feedback

### Intended outcomes

Update existing skills, training and development of primary care practitioners to reflect the growing understanding of overprescribing – its causes, consequences and remedies.

How to:

- Identify patients who would benefit from a Structured Medication Review (SMR)
- Conduct SMRs that focus on what matters most to patients
- Listen to patients, encourage and facilitate shared decision-making (SDM) and develop cultural competency
- Deprescribe including weigh, explain and discuss risks and benefits of medicines in complexities and uncertainties

### What problem is it trying to solve to tackle overprescribing?

- Practitioners are familiar with medicines management but find it challenging to manage dynamic changes, uncertainties and complexities when (de)prescribing for people living with multi-morbidities, polypharmacy and frailty
- Patient centred care and shared decision making (SDM) is key to reducing overprescribing, and healthcare practitioners do not do it well, even though they may think they do.

### Top Tips:

1. Liaise with professional networks for dissemination, and training hubs to include in training offer
2. Record sessions for future access
3. Liaise with leads to ensure primary care pharmacists can take time out to attend

### Outcomes

Over 500 practitioners attended or accessed sessions:

#### Tackling Overprescribing series (3 sessions)

- Introduction: What every practitioner in South East London (SEL) should know (23/6/23)
- Better conversations and shared decision making when initiating reviewing or discontinuing medicines.(6/7/23)
- People living with frailty, multiple long-term conditions and polypharmacy - case discussions (28/7/23)

#### PCN Pharmacy Network sessions

- Patient centred Structured Medication Reviews (SMR) (6/4/23)
- Role of personalisation care roles: collaborative working, pre and post SMR to reduce overprescribing (20/6/23)
- SMRs and templates - The Good, The Bad and the Ugly (20/7/23)
- Tackling over prescribing in General Practice (27/04/23)

#### VTE GP series

- Tackling over prescribing in General practice 29/3/23
- Safer Prescribing in Primary care (13/09/23)

#### Non-medical Prescribers Forum

- Tackling overprescribing of opioids in chronic pain: patient centred prescribing and deprescribing (19/04/23)
- Tackling overprescribing in primary care and community (20/04/23)

#### Lambeth Training Hub

- Tackling overprescribing and medicines waste (8/02/23)
- Tackling overprescribing of opioids in chronic pain: Using a personalised approach during SMRs (4/07/23)

#### St Christophers Hospice

- Frailty conversations: medicines optimisation, tackling overprescribing and polypharmacy (12/4/23)

#### Health Innovation Network (AHSN)

- National Polypharmacy Data webinar 18
- National Action Learning Sets 26
- HIN SEL Opioid QI Collaborative Masterclass 2 (10/12/22)

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

RESPONSES
Discuss more with patients re benefits of tests
I have already started evaluating my patient's medications & for multiple patients yesterday reduced or held their antihypertensives following falls
being reminded of the impact of over-diagnosing patients and exploring ways to avoid this. Also for deprescribing, very important with elderly patients
Use the stop frail prescribing tool Medication review in patients with poly pharmacy who may benefit from de prescribing
I will try to take more time to consider cases that relate to these concerns
Reflect to change our way of practice, not to do defensive practice.
Regular review of medications to avoid over prescribing
Try to reduce the medication burden in my patients
As above, to be brave when de-prescribing
Be aware of medication indications, reviewing need and deprescribing. Shared decision making for investigations and consequences of findings.
Consider the side effects of medications and making sure to convey them to the patient.



VTS GP sessions Mar and Sept 2023

RESPONSES
Consider social prescribing
I will access the decision aids available to help in my prescribing decisions
Careful medication reconciliation
Be mindful of de prescribing
I will try to use this knowledge into practice
Practice on reviewing polypharmacy
Use resources
Consider referring to pharmacist if identifying poly pharmacy.
Find out patients agenda first to get them to engage better
Ask more about which problems and meds are important to them
Stop fragility tool
Take time to look through patients medications and really think if they need them
Use of apps in consultations