

# Establishing polypharmacy communities of practice



Health Innovation North West Coast helped local clinicians to access national training and develop better resources to improve patient care

## Summary

Health Innovation North West Coast successfully established a community of practice in the region as part of the national Polypharmacy Programme. This community of practice is successfully embedded into 'business as usual' in Cheshire and Merseyside. A community of practice creates learning opportunities for clinicians with an interest in a particular subject.

## The challenge

The NHS primary care system dispenses more than one billion prescription items every year in England. As more people live longer with several long-term health conditions, the number of medicines they take often increases. This can create significant challenges for individuals trying to manage many medications, and in some cases it can cause harm.

Problematic polypharmacy also increases costs for the healthcare system and diminishes quality care for the patient.

Problematic polypharmacy is a particular challenge in the North West because it is associated with deprivation.

## Our actions

We established a multi-disciplinary community of practice in line with the national Getting the Balance Right programme. The programme addresses the question of problematic pharmacy through three principles: population health management, education and training, and public behaviour change. It focuses on individuals aged 74 or over who take 10 or more medicines.

The team worked with the ICBs in Cheshire and Merseyside and in Lancashire and South Cumbria. The ICB medicines optimisation leads helped us to identify topics for community of practice sessions to focus on, local experts to lead discussions, and helped publicise and share the events.

The national team and the Business Services Authority provided access to national data, analysable at individual practice level, for key polypharmacy indicators. This data allows clinicians at GP practice level to identify patients who would benefit from structured medication reviews (SMRs).

Over the three-year period we supported the programme we delivered five communities of practice and two masterclasses, as well as a launch event, which attracted a total of 509 attendees.

The national programme gave access to an action learning set (ALS) which recruited 111 members from the North West Coast. As part of the ALS, participants were trained in key interventions, including SMRs. Three people who completed the ALS went on to complete a 'train the trainer' programme delivered by the national team and continue to work with colleagues in continuing communities of practice to spread their learning.

Among those to complete the train the trainer programme was Dr Amy Hilton, a Liverpool city region GP partner. Dr Hilton completed a project to reduce the prescribing of controlled drugs, specifically anxiolytics and hypnotics, at her practice: her case study is [here](#).

The final pillar of the national programme was to improve communication with patients about problematic polypharmacy. Our contribution to this included our Public Involvement and Engagement Senate, which reviewed patient-facing polypharmacy materials and selected one of the options for local piloting and gave feedback on all options. The chosen option was piloted in several [Core20](#) GP practices and detailed feedback provided to the national team, who then redesigned and supported the relaunch of the tools which had been most successfully used as part of the pilots across England. The [Me and My Medicines](#) tool has now been widely adopted.

## The outcome

Health Innovation North West Coast successfully supported the implementation and adoption of new learning and tools to support the reduction in polypharmacy work into business as usual. This led to the upskilling of significant numbers of healthcare professionals, improved structured medication reviews, shared key learning on challenging topics, and a reduction in harm from over-medication and the associated costs of unnecessary medicines.

## Key findings

Among the lessons learned from the programme were:

- **Clear national, local and cluster programme leadership are essential**
- **Communities of practice and masterclasses benefit from co-design**
- **There should be a clear roadmap to embed the project as business as usual in the ICB**
- **Capacity in the system to engage with learning and then implement is very constrained**
- **All areas of primary care are very busy**
- **A stronger focus on QI learning from the beginning of a programme would reap benefits.**

## Stakeholder view

Nicola Cartwright, joint Lead for the NHS Cheshire and Merseyside Polypharmacy Programme, said:

**"Health Innovation North West Coast has supported us with the educational elements of the polypharmacy programme."**

**"The communities of practice and clinical masterclasses are an excellent way for clinicians to share best practice and their experiences with colleagues."**

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