



Description

This mini-pilot aimed to bring together local intelligence and expertise to identify local/national data, scope and agree an overprescribing dataset to: Reduce overprescribing /polypharmacy in identified population groups experiencing inequalities from higher risks of overprescribing Stratify identified populations, prioritise and increase Structured Medication Review (SMR) uptake at place Develop metrics to identify gaps, compare and monitor progress across ICS and place

What problem is it trying to solve to tackle overprescribing?

who will benefit most from SMR

Intended outcomes

- Data and metrics identified, agreed for identified populations
- Dataset developed, available and used (at place and ICS) to reduce overprescribing
- Explore new data and metrics to routinely identify overprescribing inequalities and facilitate improvement

Implementation

- Set up task & finish group
- Identify and agree metrics/data to monitor and delive relevant objectives and aims of the overprescribing workplan
- Outline communication, dissemination and implementation plan to make best use of metrics for case finding, targeting interventions and monitoring performance
- Reconvene to evaluate and learn from pilot and adjust as needed

Next steps

- Ensure system is in place to routinely and consistently share data with ALL practitioners at the coalface to drive change
- Use data to target PCNs with higher risks and offer support needed
- Follow through with NHSBSA team for inequalities metrics - deprivation and/or frailty



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

Overprescribing metrics and dashboard pilot

• Not routinely and consistently using available prescribing data to identify and prioritise populations where there is evidence of higher prevalence of overprescribing (e.g. older people, people living with frailty & multi-morbidities, those living in areas of higher deprivation)

	Outcome: inequalities, opioids
5	 Liaised with HIN to access CORE20 data and overlaid prese understand local needs and reduce overprescribing inequal Met with NHSBSA data team to test possibility of national Opioid prescribing- HIN monthly cascades of comparable and progress to all practices to drive change (MedSIp Imple)
	Polypharmacy Inequalities by deprivation
er	SEL PCNs over 65s on 10+ unique medicines Q1 2023/24 (NHSBSA E 18.00% 16.00% 14.00% 12.00% 6.00% 4.00% 2.00%
	 Top Tips: 1. Collaborate with Power BI team 2. Interpret and adapt national/existing where possible 3. Start small to avoid data fatigue 4. Ensure data is easily accessible to procomparable across the system to allow and to facilitate change

Collaborating organisations: SEL ICS Medicines Optimisation and Power BI teams, HIN South East London, NHSBSA ePACT2 team





