**Show me your meds please?**

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**Summary: This way of working is about changing prescribing practice across a system, leading to cost saving benefits, improving personalized care and reducing environmental impact of medicines. It uses a simple screening question, “Show me your meds, please”, during routine home visits by community staff.**

**CASE STUDY**

**What was the problem?**

Currently medicines account for 25% of CO2 emissions within the NHS in England each year, and £300 million pounds is wasted on medicines that are thrown away or stockpiled.

The role of the Complex Care GP in South Somerset is to perform holistic assessments of patients’ needs within their homes. These patients include people who have recently been discharged from hospital, had frequent admissions to hospital and/or are involved with multiple services. During our assessments, we identified many patients not adhering to their medication as prescribed. This leads to wastage of large amounts of medication. This was only apparent from asking to see their medication; it would not have been identified otherwise.

In our first pilot we identified 40 patients not adhering to their prescribed medication regime, this accounted for 1 in 4 of people assessed. Viewing medication is not part of the normal medication review. However, if we perform this simple task we identify a cohort who are at increased risk from adverse events from erratically taking medication, poor optimisation of long term conditions and missed diagnosis (e.g. dementia).

**What was the solution?**

The solution was a simple screening question asked on routine visits by community staff:

*“Show me your meds, please?”*

After simply viewing patient’s medications, staff reported if they had any concerns that the medications were not being taken properly. Everyone was encouraged to report this, includig the complex care team, health coaches, district nurses, community physios, adult social care etc.

The information was then fed back to primary care via regular huddles, which are Multidisciplinary team (MDT) meetings. During the MDT it was decided which staff member was most appropriate to follow up the patient. Follow up ranged from a phone call to a comprehensive assessment aligned to patient goals. The Primary Care Network (PCN) pharmacist, pharmacy technician, complex care team (which includes GP, nurse and support worker) and primary care team have all had a role in follow up patient contact.

**What were the challenges?**

There needs to be a sensitivity to the psychological impact of removing or stopping medication in case people feel their medical care is being withdrawn. There is a potential challenge of increased clinical workload, which was addressed by the enthusiastic involvement of our PCN pharmacist and pharmacy technician who have been invaluable in helping with assessments and also liaising with community pharmacists around communication and altering medication regimes.

Two potential methods of addressing the workload involved in this impactful intervention in this group are to:

1. Fund extra pharmacy support required through financial savings (initial impact assessment has suggested this would significantly exceed the costs).
2. Reallocation of resources away from an emphasis on routine, high volume but low impact medication reviews.

**What were the results/Impact?**

The first pilot over a 3-month period identified 40 patients not adhering to their medication as prescribed.

* 1049 individual months of unused prescription items were identified.
* Wasted medication was valued at £10866
* It is estimated that every pound spent on pharmaceuticals generates greenhouse gas emissions of 0.1558kg CO2 per pound (£), representing avoidable CO2 emissions of 1693 Kg
* 39 medications were stopped providing predicted cost saving over the next 12 months of £3529 and 549 Kg CO2 emissions prevented
* Medication regimes were simplified in more than 50% of cases
* Social prescribing was initiated in 30% of cases
* New cognitive impairment was identified in 35% of cases

**What were the learning points?**

* It is necessary to physically look at people’s medication at home to identify non-adherence for some patients.
* This screening question can be performed on routine visits by community staff and could be extended to carers and relatives.
* It is important to recognise that poor adherence to medication is an indicator to screen for dementia.
* The medication review should not be considered an isolated intervention but rather one piece of the jigsaw of a holistic patient assessment.
* This simple screening question can save resources for the NHS, has a positive impact for the environment, and can reduce risk to patients from taking medication incorrectly.
* The success of the project has come from good communication with community teams who share the same ethos around person centred care.

**Next steps**

This study has demonstrated the positive impact for patients, the environment and the NHS from asking a simple screening question by community staff on routine visits. This is a small descriptive study and scaled up this could have an enormous impact on wellbeing for patients and the environment.

**Want to know more?**

For more information about this project, please contact:

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