Background
We had identified that within East Lothian, our 4600 patient practice, was consistently one of the three top highest prescribing practices for anxiolytics and hypnotic medication. We wanted to inform and empower patients regarding long-term risks associated and help them reduce their use.

Aim
Identify all patients on regular long-term anxiolytic and hypnotics with the aim of reducing overall prescriptions for individual patients in Primary Care by April 2018.

Methods
• Baseline data on current prescribing levels obtained from pharmacy team
• Patients on regular Anxiolytics and Hypnotics medications were sent letter for a medication review
• Structured review undertaken by GP with the patient
• System reminder added to complete opportunistic reviews on non-attenders.

Inclusion criteria:
• Regular six months prescription medication for either Anxiolytics, Hypnotics, Anxiolytics and Hypnotic medications.

Exclusion criteria:
• One-off prescription for acute episodes.

Tests of change
• Baseline data on how many patients are on repeat prescription for these medications
• Patients on long term (more than six months) of Anxiolytics, Hypnotics, Anxiolytics and Hypnotic medications were sent letter for a medication review
• Change in structure of consultation review of repeat medication for patients on Anxiolytics and Hypnotics

Outcomes and results
A search of 4,600 patients for those on anxiolytic and hypnotic medication was conducted over six months. GPs selected patient group based on exclusion and inclusion criteria. 87 letters were sent to appropriate patients with a further 44 letters one year later for patients who had not stopped their medications or had a medical review. Overall, 51 patients responded to the letter and initiated a medical consultation review with their GPs and 35 patients had reduced or stopped taking their medication. There has been an increased awareness of taking these long-term medications in patients and reduction in cost to repeat medications. There was no increase in traffic in telephone calls or GP appointment that would have hindered their daily workload.

Lessons learned
• Patient-centred personalised letter to patients captured their attention
• Pop-up notice in VISION acts as a trigger as GP is unable to access casenotes till the pop-up is closed
• Structured GP consultations to medication review enable GPs to be efficient during their consultations
• Time and cost had to be factored in when pulling out data and sending letters to patients.

Further steps
• Collect patient experience on their journey and if there were any referrals to non-medication therapy if their medication was reduced
• Developing patient information leaflet for patients who would not be able to access the internet
• Looking at hospital letters to see if patients had seen their consultants and had stopped medication.

Reference

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