SOUTHERN AREA INTEGRATED PARTNERSHIP BOARD

More than Medicines

Enhanced primary care medication reviews for older people living with frailty

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NI Frailty Network

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Southern Health and Social Care Trust
TOGETHER, IMPROVING CARE, TRANSFORMING LIVES
Health and Social Care
Comhairle Ceantair an Iúir, Mhúrn agus an Dúin Newry, Mourne and Down District Council
Comhairle Ceantair Lár Uladh Mid Ulster District Council
Armagh City Banbridge & Craigavon Borough Council

Project Overview

Enhanced, person-centred medication reviews conducted across across four GP practices.

- Electronic Frailty Index used to risk stratify patients
- Trained prescribers combined medicines optimisation with a wider health and wellbeing focus.
- Evaluation points to significant patient and system level outcomes



172

Medication reviews conducted

February–April 2026

Southern Area Integrated Partnership Board

A local partnership to support prevention, early intervention and reduced inequalities

Chaired by Southern Trust Chief Executive, Steve Spoerry, there are 3 areas of focus:

- Mental Health
- Heart Failure
- Frailty

SAIPB Frailty Task and Finish Group Membership

PEOPLE AND COMMUNITIES

- Service users and carers
- Community and voluntary organisations
- Local councils

PRIMARY CARE

- General practice
- Practice based pharmacy
- Community pharmacy

HEALTH AND SOCIAL CARE SYSTEM

- Southern Trust Clinical and operational partners
- SPPG

Pilot Delivery and Resource

Four practices

Arbor Family Practice

Lurgan Medical Practice

Kilkeel Medical Practice

Mullaghbawn GP Surgery

Two independent practices and two Trust managed practices

5

prescribers

4 Practice-based Pharmacists

1 Advanced Nurse Practitioner

105

review sessions

20

training sessions

Training: iSIMPATHY + Frailty Tiers 1–3

£21,525 actual spend from SPPG slippage

Case Finding Using the Electronic Frailty Index

Case finding using the eFi tool

- The eFI draws on 36 health deficits already coded in GP records.
- Diagnoses, symptoms, disabilities and abnormal test results help identify groups at greater risk.
- Clinical judgement and record checks confirm whether the result fits the person.

698 Aged over 65 and recorded as moderately frail

563 Also taking 5+ medicines, including a high-risk medicine

172 Completed an enhanced review

563 people = 1.8% of combined practice lists

Telephone invitations, usually one week ahead. Non-attendance: 3%.

Why Medication Reviews Matter in Frailty

01

Side effects can contribute

Dizziness, sedation, confusion and low blood pressure can contribute to falls, hospital care and loss of independence.

02

Changing treatment needs

The balance of benefit and harm can change as health, function and the person's priorities change.

03

Earlier intervention

A detailed review can address prescribing risks and identify monitoring, Trust care or community support needs.

The aim: early review that supports patient safety, wellbeing and independence

The iSIMPATHY 7-Steps

A regional policy directive

March 2026

The Department of Health adopted the 7-Steps as the preferred approach to medication review across HSC settings in Northern Ireland.

01	**Aim**	What matters to the person?
02	**Need**	Which medicines are essential?
03	**Need**	Is any treatment unnecessary?
04	**Effectiveness**	Are treatment goals being achieved?
05	**Safety**	Is treatment causing harm or unacceptable risk?
06	**Sustainability**	Is therapy cost-effective and environmentally sustainable?
07	**Person-centred plan**	Can the person take treatment as intended?

More than a medicine review: a holistic assessment, looking at wider health and wellbeing needs

The Medication Review Pathway

01

Prepare

Review clinical notes and prepare the medicine review.

02

Listen

EQ-5D-5L on arrival opens a conversation about health and wellbeing.

03

Review

Use the 7-Steps to discuss symptoms, medicines, risks and patient priorities.

04

Agree

Agree changes, monitoring and GP, Trust or community follow-up.

Average Time Taken per Medication Review:

21.1 min preparation **40.1 min** consultation **61.2 min total**

Template for Action

Recording and Reporting

Pathway

Standard operating procedure

eFI search guide

iSIMPATHY and frailty training

Prescriber template

Patient profile and medicine changes

FRIDs, ACB and Eadon interventions

Time, follow-up and referrals

Evaluation

Patient and prescriber feedback

Care Opinion and later surveys

Clinical and economic analysis

Provides a starting pack for trained prescribers

EVALUATION

Profile of Patients Reviewed

172
people reviewed

8.5
average recorded comorbidities

58% women

42% men

MEDICINE PROFILE

- 98.8% prescribed 5+ medicines
- 97.1% had a high-risk medicine

PREVIOUS 12 MONTHS

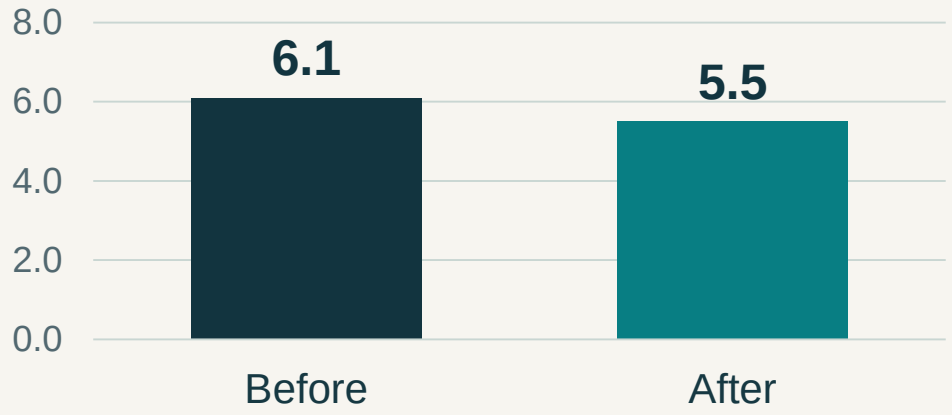
- 30 had emergency or out-of-hours care
- 11 had an unplanned admission

CLINICAL OUTCOMES

Reduced Clinical Risk Indicators

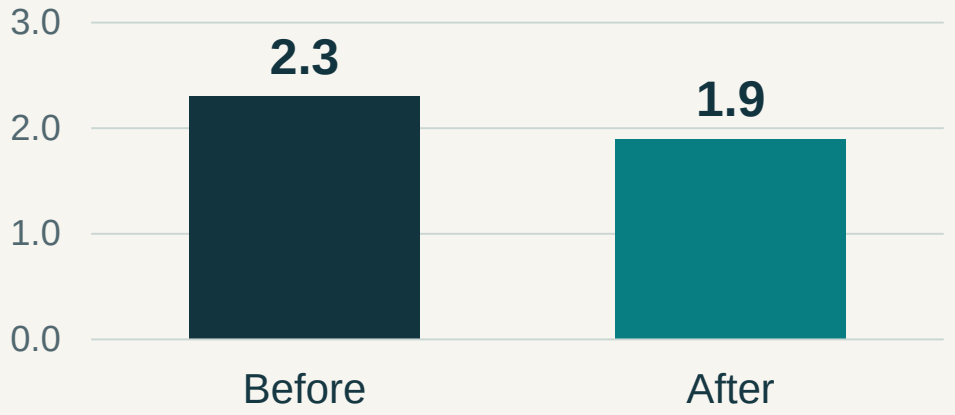
FRIDs: falls-risk-increasing drugs

9.8% reduction



Anticholinergic Burden

17.4% reduction

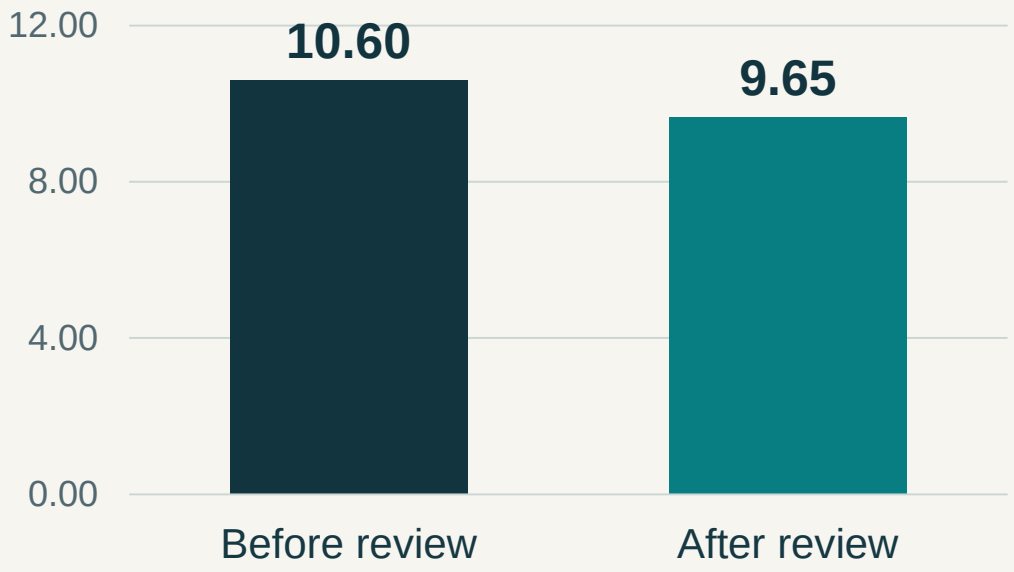


Lower prescribing-risk scores do not establish a measured reduction in falls or cognitive problems.

CLINICAL OUTCOMES

Changes to Prescribed Medicines

Average medicines per patient



181 stopped

9 started

172 net reduction

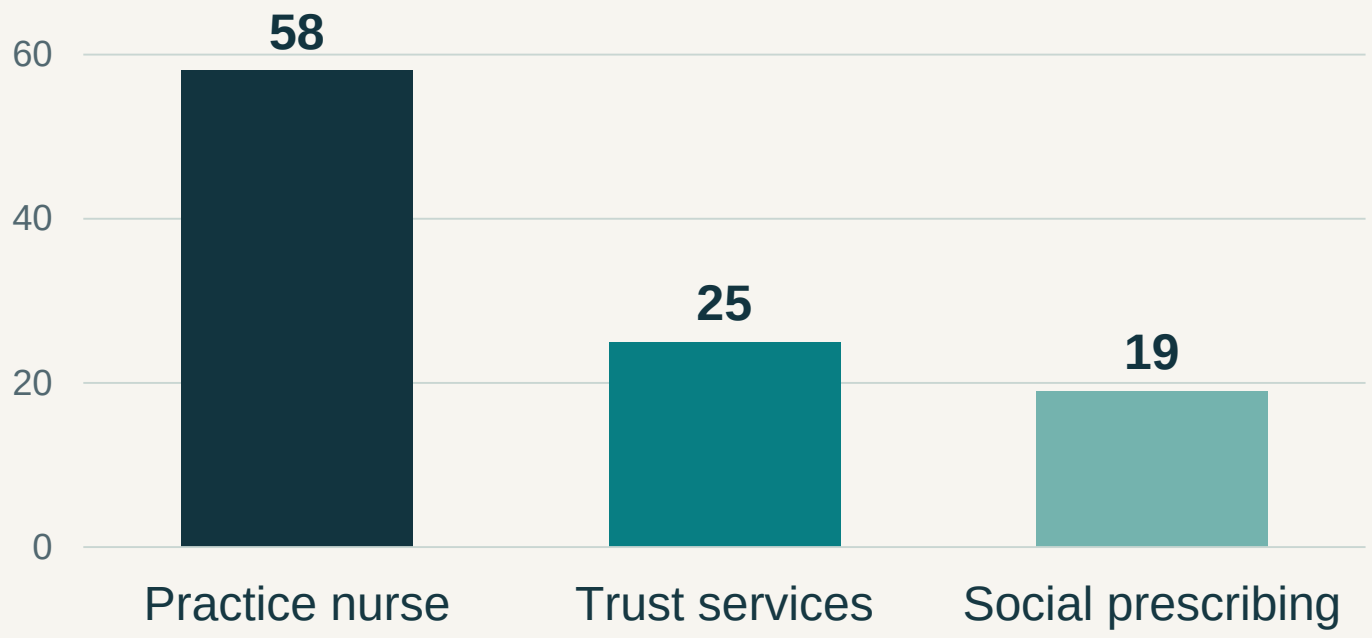
- 94 patients had at least one medicine stopped
- 78 had no net change in medicine count



***Dose reductions are not included**

****80% of patients in follow up survey reported 1 or more medications stopped or reduced**

Wider Needs and Onward Care



PRACTICE NURSE

Often for blood tests and monitoring

TRUST SERVICES

Including 17 physiotherapy or occupational therapy referrals

SOCIAL PRESCRIBING

Community and voluntary support

Referral recording covered 111 patients.

Patient Observations and Reflections

100% had enough time and felt involved in decisions

95% felt the review was worthwhile

90% felt more confident managing their medicines post review

Among survey respondents, 95% had not previously had a review covering all their medicines.

"I really wish I could have had this conversation earlier as I really did struggle at times"

"I've never had a one-to-one chat before or been able to ask questions about my medication"

Care Opinion
What's your story?

ECONOMIC EVALUATION

Direct Medicine Savings

£21,525

actual pilot delivery spend

£22,278.84

estimated annual direct savings

Costing basis

Average over-65 ingredient costs in the Southern Trust area, plus dispensing and coding costs.
Assumes one prescription per month for each net medicine stopped.

Note: Omeprazole/ lansoprazole, montelukast and gabapentin were most commonly depresribed

Prescriber Interventions

796

Eadon-graded interventions

95.2%

Grade 4: significantly improved
the standard of care

Table 29: Summary of QALY loss and healthcare costs associated with Eadon scores

Eadon score description	ScHARR QALY			ScHARR Cost[3]		
	min	max	average	min	max	average
1. Detrimental to patient[1]						
2. No significance to patient[2]	0	0	0	£0	£7 (€8)	£4 (€5)
3. Significant: does not improve patient care[2]	0	0	0	£0	£7 (€8)	£4 (€5)
4. Significant: improves patient care	0.001	0.008	0.0045	£80 (€94)	£184 (€213)	£132 (€155)
5. Very significant: prevents a major organ failure or adverse reaction of similar importance	0.061	0.09	0.0755	£877 (€1,027)	£1,824 (€2,135)	£1,350 (€1580)
6. Potentially lifesaving	1	4.41	2.705	£1,334 (€ 1,562)	£2,606 (€3,051)	£1,970 (€2,306)

[1]Eadon 1 not costed and no QALY loss level given in ScHARR (2014)

[2]no QALY loss estimates estimated for Eadon 2 and Eadon 3 – set to 0 here

[3]ScHARR (2014) cost estimates inflated to 2022 prices using ONS CPI Health Deflators

ECONOMIC EVALUATION

Potential Wider Cost Avoidance

ScHARR estimates the healthcare use that an intervention may avoid by preventing medicine-related harm.

£61,517	**£101,554**	£141,555
lower estimate	**central estimate**	upper estimate

Avoided care may include

GP appointments, ED attendances, admissions, bed-days and further treatment.

- Modelled resource avoidance, not released cash. 2022 cost values.
- Modelled health gain: 3.49 QALYs across the cohort.

Implications for Primary Care

Follow-up required	Patients
Same-day GP / urgent action	**1.7%**
Planned GP appointment	**11.0%**
Further prescriber review	**14.5%**

Earlier action may prevent some later contacts

Most medicine changes were managed directly by the pharmacist and ANP prescribers.

- Urgent GP escalation was uncommon; planned follow-up still needed capacity.
- Prescribers valued the consistent approach
- Complexity, time and recording provided some challenge.

Conclusion and Next Steps

01
Complete the pilot

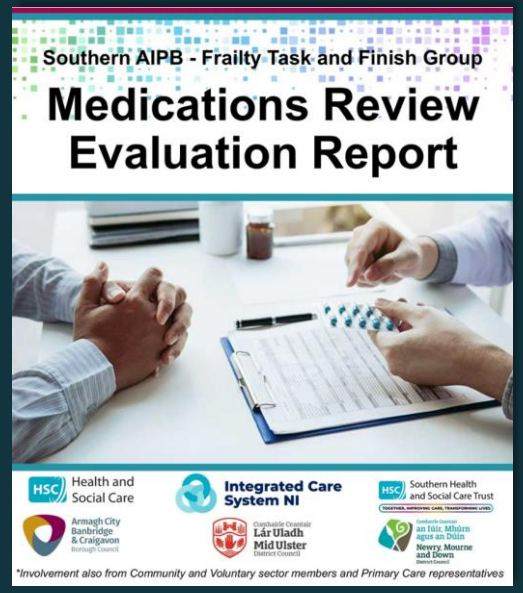
Pursue funding for remaining reviews across Trust managed GP practices.

02
Follow the outcomes

Track lasting medicine changes, patient experience and healthcare use.

03
Support system decisions

Continue communicating patient and system-level benefits to system leaders.



Project Evaluation