

Medicines Newsletter

April 2026

Welcome to our Medicines Newsletter

We are one of a network of 15 organisations across England supporting adoption and spread of proven, nationally recognised medicines optimisation programmes. We also work on locally determined projects to facilitate collaboration, share learning and improve quality. This edition we are focussing on three projects in particular.

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Preventing Problematic Polypharmacy: Getting the balance right in frail and older people

Following the successful East Midlands three-year Polypharmacy programme, from April 2026 an expanded version of the programme will be launched. The new *Preventing Problematic Polypharmacy: Getting the balance right in frail and older people programme* aims to support local systems and primary care to identify patients at potential risk of harm, and support better conversations about medicines by promoting shared decision making.

HIEM will be offering a five-pillar implementation model which supports the national frailty agenda and can help ICBs deliver against the Medium Service Framework Delivery Plan to address problematic polypharmacy using evidence-based approaches.

It launches with a series of on-line events, webinars, masterclasses and action learning sets (see below to register). You can find out more on our [website](#) and in our regular [LinkedIn](#) posts. If you want to be involved in the programme or wish to hear more please [get in touch](#).

When	Event title	What is it
7 th May (12 – 1:30pm)	Anticholinergic burden and the Medichech ACB Calculator Masterclass / Q&A	How the Medichech tool was created and how to use it to support better patient care.
12 th May (12 – 1:30pm)	NHSBSA Polypharmacy Prescribing Comparators Understanding the Data Webinar	Understand variation in prescribing of multiple medicines and identify patients more at risk.
13 th May (12-2pm)	National Polypharmacy Programme Launch Webinar	Hear about the programme and how it supports the National Frailty Agenda.
Starts 3 rd June (9:30am)	Action Learning Set Cluster Cohort 1 For primary care prescribers with at least 1 year experience.	Build confidence and understanding to stop inappropriate medicines safely.

Medicines safety improvement programme (MedSIP)

We are moving into our second year of the [Helping people with learning disability, at risk of behaviour that challenges, to avoid harm from psychotropic medicines](#) programme.

Locally, we are working with Leicester, Leicestershire and Rutland (LLR) ICS and with Northamptonshire ICS to take a 'whole system approach to change.' Following successfully mapping the services we are now in the stage of system action planning.

The local programme has co-produced a vision statement for the work:

- We help people with learning disabilities live safe and healthy lives
- We make sure individuals only take the medicines they really need
- We give kind and careful support
- We respect people's rights, dignity and choices
- We will make no decisions about individuals, without them.

If you work in these ICS areas and would like to be involved, please email healthinnovation-em@nottingham.ac.uk For more information visit our [website](#) or [NHS Futures](#).

Delivering specialist kidney care at scale in partnership with primary care - The LUCID Programme

The LUCID programme is now being scaled nationally via the Health Innovation Network. It is being led by Health Innovation East Midlands.

The LLR Chronic Kidney Disease Integrated Care Delivery Programme (LUCID) improves patient outcomes through early detection of CKD, early intervention and optimisation, and maximising productivity and value for money. It integrates condition management, bridging the gap between primary and secondary care.

It has four main principles:

- LUCID meetings to upskill the primary care workforce, including medicines optimisation.
- Case finding and risk stratification.
- Clinician upskilling and patient education/ self-management.
- Ongoing healthcare management.

Since 2023 LUCID has been part funded by AstraZeneca UK as part of a Joint Working Agreement with University Hospitals of Leicester NHS Trust.

HIEM funded evaluation of the initial pilot. The pilot was sustained post-evaluation, and impacts (up to 29 May 2025) were:

- 2816 clinical discussions about 1828 people with CKD
- 1358 (48.2%) MDT episodes led to medicines optimisation
- 296 (10.5%) and 228 (8.1%) expedited or avoided referrals, respectively.

To find out more and/or indicate your interest in being part of the programme, please [visit our website](#) or [contact us](#)