MEDICINES MANAGEMENT DOMICILIARY VISITS & SUPPORT PACESETTER

(Upper Valleys, Neath & Afan Clusters)

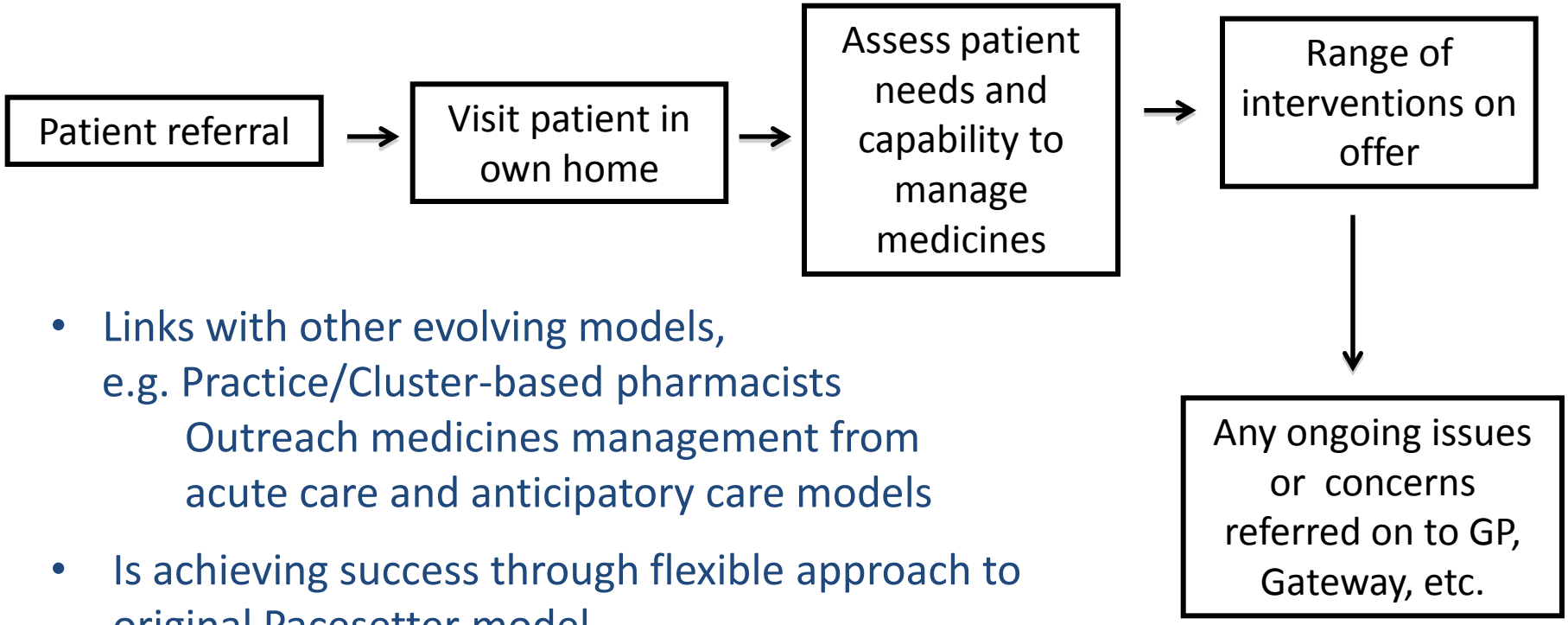
Formerly: Community Pharmacy Pathfinder for Domiciliary Visits & Support Enhanced Service (Upper Valleys)

ABMU Health Board

Ellie Daniels & Donna Jones

Summary of Project

- Aim is to support housebound patients to manage their medicines at home
- Focus on patients without a package of care
- Multidisciplinary approach across 3 clusters
- Extends scope of existing Medicines Management Domiciliary Care Service



- Links with other evolving models,
  e.g. Practice/Cluster-based pharmacists
  Outreach medicines management from acute care and anticipatory care models
- Is achieving success through flexible approach to original Pacesetter model

Why was it chosen

Housebound older patients in Neath Port Talbot:

- Are vulnerable
- Often take a large number of medicines
- Have reduced access to support services e.g. medication reviews
- Have no alternative service provision if no formal package of care
- Known by existing teams to have support needs for medicines management
- Level of demand unknown

Our service aims to target these individuals, assess their needs and enable them to take their medicines safely through a range of interventions/tools

What would Success look like?

- ✓Increased access to Medicines Management support for housebound patients
- ✓Reduced risk of harm and admissions
- ✓Improved multidisciplinary working

What are your Process Measures?

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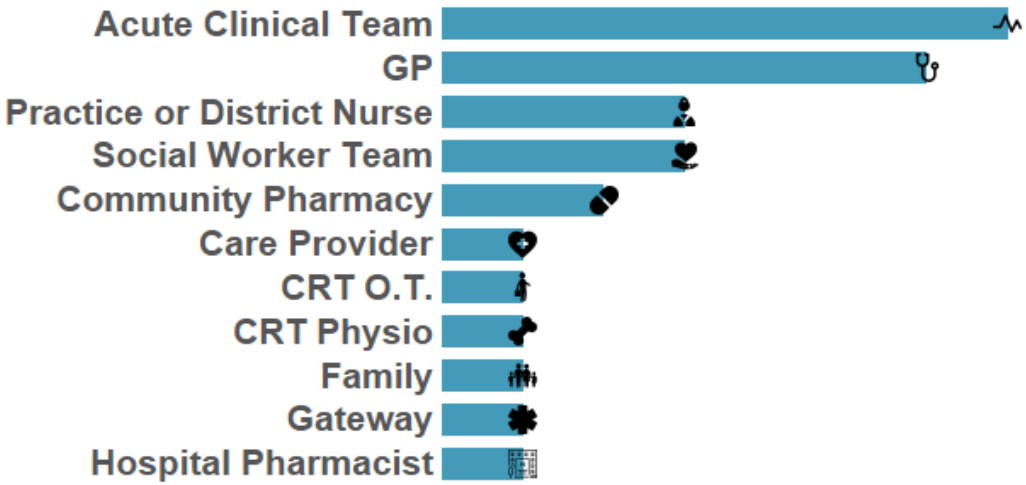
Number of patients referred

(Closed cases from 1st Jan-31st July 2016)

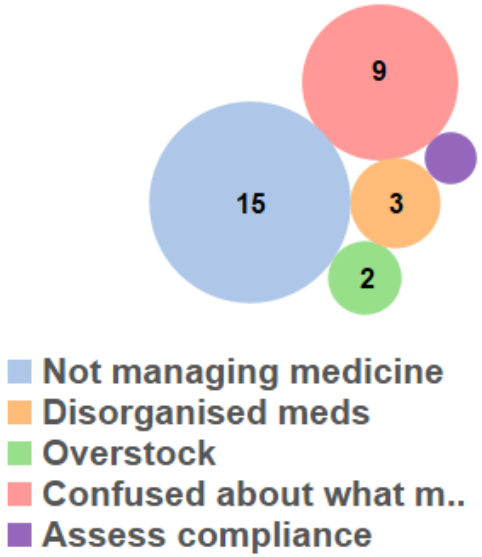
27

9 open cases from 1st-18th August not included in data

Types of Referrer



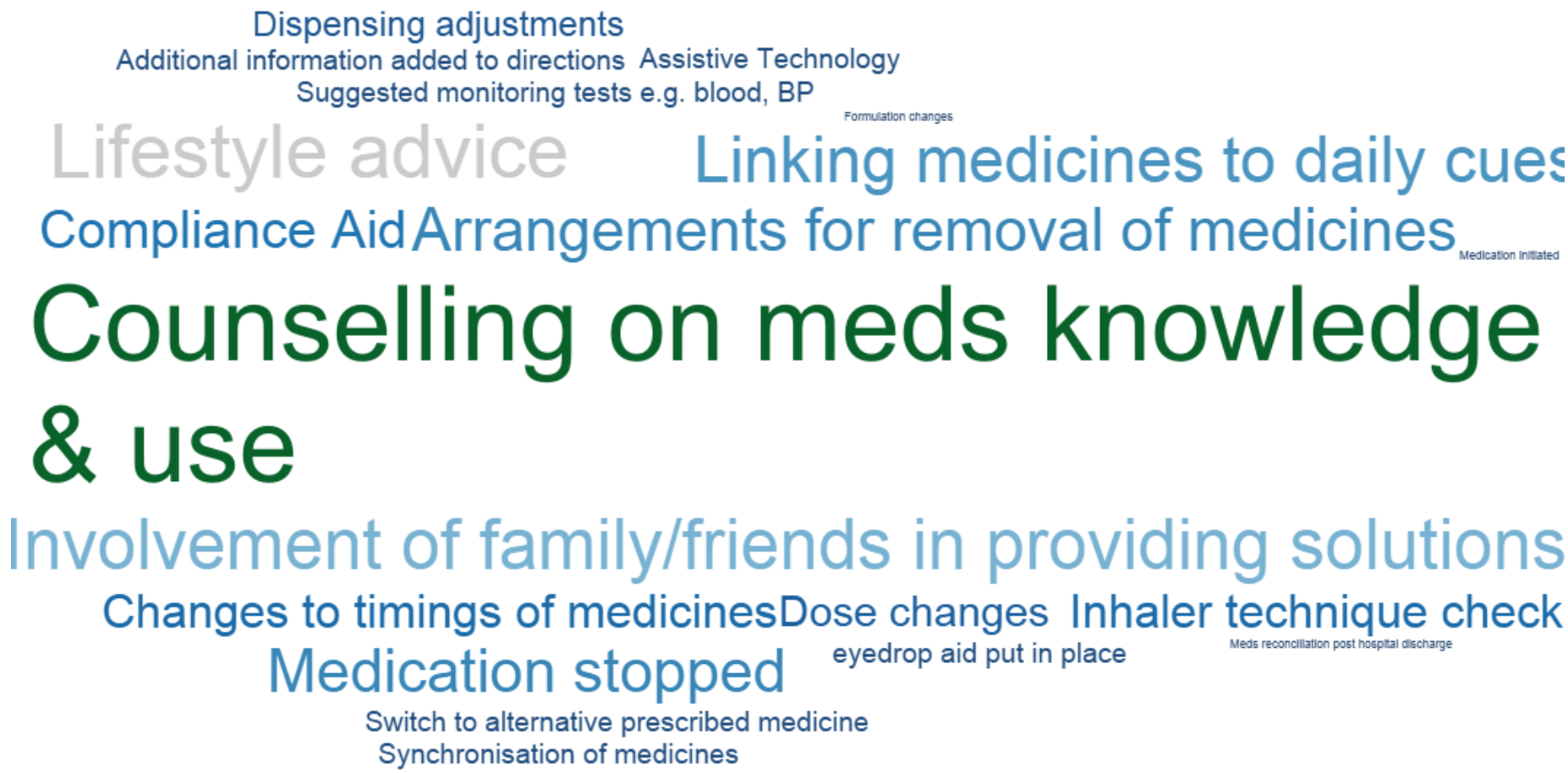
Reasons for Referral



Issues Identified

Cognitive issues	16
Medicines not being used as prescribed	13
Medicines storage	12
Over-ordering/hoarding	10
High risk drugs	8
Physical difficulties	7
Inappropriate use of OTC	4
Monitoring tests required	3
Polypharmacy issues identified	3
Possible clinically relevant interaction	1
Possible Side effects identified	1
Treatment needs identified	1

Types of Interventions



What will be your Outcome Measures?

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Ability to Take Medicines Following Intervention

Patient Able to Manage Medicines

17

Planned follow up 6 months

Patient Unable to Manage Medicines

10

Likelihood of Intervention(s) Avoiding Unplanned Care

Likely

13

Possible

9

Unlikely

5

Medicines Waste Identified/Cleared

3

2

Medicines Cost Avoidance (est p.a) £1,128

Outcomes qualitative – Case Study

- Mr P referred by DNs who administer insulin once daily – not managing other medicines due to short term memory issues
- Other medications prescribed four times a day - family had already tried reminder charts, alarm clocks etc.
- Liaised with practice pharmacist to simplify medicines regime to once daily when DNs visit and can prompt
- In the 6 months prior to intervention – hospital admissions x 2 (likely related to poor medicines management)
- In 6 months following intervention – no further admissions

Will you have any Balancing measures?

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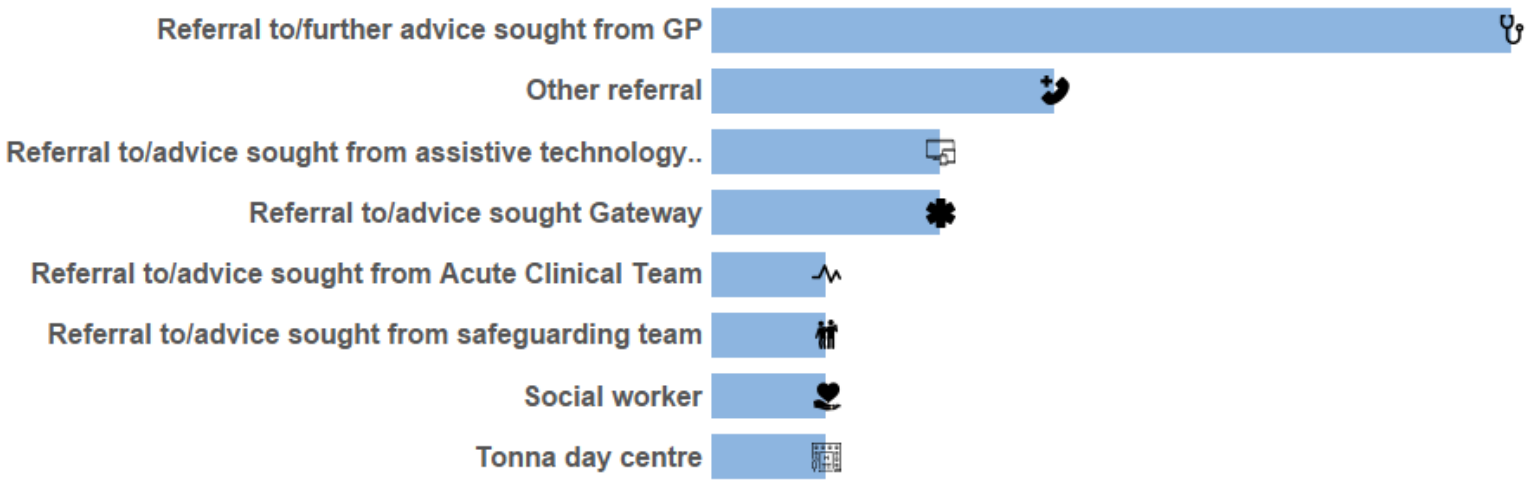
Referral Where Further Need Identified (18)



Likelihood of Intervention(s) Avoiding Unplanned Care

Likely	Possible	Unlikely
13	9	5

Benefits and Barriers

Early benefits:

- 63 % of patients able to manage medicines following visit and initial intervention
- 81% reduction in likely/possible unplanned care following initial intervention
- 67% referred on for further discussion/support (often not medicines related)

Barriers:

- Logistical difficulties for service delivery via community pharmacies led to limited progress and re-modelling of pathfinder
- Recruitment delays including ability of hospital to release appointed post holder
- Estates – office space, telephone lines etc.

What did you Learn ?

- Each Local Authority area may have different care arrangements, but there is significant scope for aiding more patients to manage their medicines at home if a multidisciplinary approach is taken
- Resources for patient assessment available for sharing
- To ensure success a dedicated team is recommended.
  NPT model – additional band 5 pharmacy technician (0.8 WTE) to support extended scope of existing Medicines Management Domiciliary Care Team (2 x technicians; 2 x medicines management nurses)
- Fits with National moves to support patients closer to their own homes, tackle problematic polypharmacy, reduce unscheduled care, admissions etc.
- Review of pharmacy contract to support cluster working would be beneficial

Ministerial Priorities

Meets the following original aims:

- ✓**Improving access** – to medicines management support in domiciliary settings
- ✓**Moving services out of hospitals into community settings** – aims to support patients to manage better in their own homes, reduce admissions etc.

Next Steps

- Step up project when capacity increases in September 2016 with additional staff member joining team e.g. link with evolving anticipatory care models and early dementia services
- Introduce qualitative evaluation through patient and stakeholder questionnaires
- 6 month follow up recently introduced to evaluate whether interventions work in the longer term and how useful regular review might be
- Referrals increasing – need to capture unmet need/capacity issues if trend continues
- Increase range of balancing measures where data available e.g. admissions
- Anticipated that benefits of funding will continue and evolve to support more patients and reduce unplanned care

Discussion – 21st Sept 2016

- Extends Meds Management visits - previously only available to those housebound getting support from social services
- Initially involved community pharmacy but inflexibility of pharmacy contract was a barrier to releasing the pharmacist
- Mismatch between contractual arrangements and professional (responsible pharmacist) arrangements
- Good outcomes from the med reviews
- Captured data on preventing USC admissions – extrapolated from interventions for patients with significant clinical risk / frailty score / polypharmacy and assessed likelihood of admission
- Potential to roll-out across Wales, despite LAs having different arrangements for this cohort of patients
- Similar outcomes to other pharmacy schemes - set of common outcome measures would assist comparison
- Opportunities for alternative pathways through Gateway to LA, vol sector, etc - need to capture data