Developing a sustainable model for a clinical pharmacist-led care home medication review service

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Summary of the Project

Key aims:

- to increase the capacity of the pharmacy team to undertake care home medication reviews
- to enhance the care home medication review skills of the pharmacy team
- to develop a structured approach for delivering and recording outcomes from a pharmacy care home medication review

Why was it chosen?

- Care home residents are at high risk of medication related problems
- Pharmacists have the key skills required to support GP practices to undertake care home medication reviews
- Increasing access to pharmacists could potentially improve quality of medicines management and enhance patient safety (medicines optimisation)
- Care home medication review by the pharmacy team currently unstructured and delivered on an ad-hoc basis

What would Success look like?

- Increase in the number of a care home medication reviews undertaken by pharmacists
- Enhancement of the care home medication review skills of the pharmacy team
- Care home medication reviews becoming a core role for the pharmacy team
- Availability of a practical and easy method for collecting data on pharmacy care home medication reviews

What will be your Outcome Measures?

Outcome	Value
Number of care home residents received pharmacy medication review since April 2016	170
% of care homes in Gwynedd/Ynys Mon received a visit from a clinical pharmacist since April 2016	16% (13/80)
Annual medication cost saving from interventions	£9672

What are your Process Measures?

Interventions undertaken by clinical pharmacists in care homes

Intervention	Number
Number medicines stopped	186
Number doses reduced	44
Number medicines changed (cost effective switch/more suitable alternative)	26
Number medicines started	7
Number doses optimised	3
Number medicines removed as patient no longer taking	39
Number of significant medication interventions	15

What are your Process Measures?

- Example significant interventions:
  - Reducing PPI prescribing
  - Optimising inhaler therapy
  - Polypharmacy reduction
  - De-prescribing in patient at high risk of aspiration
  - MAR chart safety issues, liaison with community pharmacy
  - Implementing UTI management protocol
  - Reducing prophylactic antibiotic use

Will you have any Balancing measures?

- Average pharmacy time per care home: 3.5 hours
- Average GP time per care home (to discuss any issues with pharmacy team etc): 20 minutes
- Feedback on service:
  - Positive feedback from both care home staff and GPs
  - Appreciated key medication skills of the pharmacy team
  - Improved multidisciplinary communication

What did you Learn ?

- Process of undertaking care home medication review is complex and takes a significant pharmacy time resource
- But, minimal time input required from GP, especially where pharmacist is an independent prescriber
- Pharmacy team members required support to develop skills → training session on care home medication review delivered during away day
- Care home medication review could become core role of pharmacy team releasing GP capacity whilst improving quality of medicines management

Ministerial Priorities

- *How do your results meet all/any of the 3 original aims:*
  - Not a specialist pharmacist role, all members of the team up-skilled to deliver the service to ensure sustainability
  - Improving access of care homes to pharmaceutical advice from a pharmacist

Next Steps

- Chief Pharmacist BCUHB has pledged that all care homes in BCUHB should have a named HB pharmacy contact
- Will continue to increase number of care homes receiving a pharmacy visit
- Continue to enhance medication review skills of pharmacy team
- Project that targets high risk population and in line with the prudent healthcare agenda

Discussion – 21st Sept 2016

- Focus on outcomes / impact, not activity, in evaluation
- Capturing data in automated way – using READ codes; can share across Wales
- Trying to ensure all care home residents get a medication review – need for increase in skills and capacity for MURs
- Outcomes - evidence of waste saved, medicines changed and stopped
- Evidence of reduced GP time required for care home reviews
- Support of pharmacist makes significant difference to Care Homes – high risk population; named contact
- Pharmacist helping to upskill the PC team with core skills - ensure sustainability
- Importance of confidence and assertiveness within PC team
- Also a number of significant incidents prevented
- Also:
  - Reduced PPI
  - Optimising inhaler therapy
  - Poly pharmacy reduction
  - De-prescribing in patients at risk of aspiration
  - MAR chart safety issues
  - UTI management protocol
  - Reducing prophylactic use of antibiotics
- Each care home to have a pharmacist to support meds management. Should we separate Care Home from practice pharmacists?
- Optimising medications provides whole system benefits e.g reduced risk of falls, improved quality of life - not just financial savings
- Potential to share similar projects across Wales
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