Moving Beyond Traditional Medicines Optimisation?  
A Holistic Approach by a Dedicated And Integrated Pharmacy Care Home Team.  
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Background

Residents of care homes are entitled to the RIGHT MEDICINE at the RIGHT TIME and in the RIGHT WAY to maximize the benefits of their medication.

Too many care home residents are not getting the best outcomes from their medication as they are taking medicines that may do more harm than good therefore potentially reducing their quality of life. Addressing issues around frailty is as important as addressing other long term conditions.

South Worcestershire CCG has been commissioning level 3 medication reviews in care homes since 2014. Our team of pharmacists had already established relationships with care homes, their residents, carers and GP practices and we felt it was time to build on previous learning to deliver better outcomes for patients. The “Clinical Pharmacists in General Practice” pilot has enabled us to extend the scope of the work, to focus on medicines optimisation for high risk patients, whilst also improving cost effective prescribing and operational best practice.

SW Healthcare (South Worcestershire’s GP federation) worked with South Worcestershire CCG to develop a new service specification to allow our pharmacists to develop existing relationships further and focus on a more holistic approach.

How are we working?

We have a dedicated team of 4.5 FTE clinical pharmacists supported by a pharmacy technician, working within 66 care homes in South Worcestershire. We work closely with all 32 GP practices to look after approximately 2000 care home residents.

The pharmacists each have a group of care homes that they work with and are able to visit them approximately once every 3 weeks. This not only helps them to build better relationships, they can also better influence the care home teams with their clinical expertise. A vast improvement on their previous annual visit.

Each member of the team has remote access to patients NHS care record via EMIS Anywhere tablets. This clinical pharmacist led approach is supported by a medicines optimisation pharmacy technician who assists completion of the “N.I.C.E baseline assessment” audit that allows best practice to be reviewed and identified. Clinical support and professional advice extends to care home owners, their managers and care staff, to patients and their families, GP surgeries, community geriatrician and allied healthcare staff including (but not limited to) nurses, dieticians and community pharmacies. Routine medication review is now undertaken at point of transfer of care including admission, where a proactive, level 3 medication review – focusing on accurate medication reconciliation, inappropriate polypharmacy review, discussions of concordance and compliance with appropriate QIPP interventions made.

What are the benefits?

We have achieved a reduction in ineffective polypharmacy and inappropriate prescribing. Care home managers and caring staff are better educated and professionally supported.

Prescribing and medicine related care plans become patient centred adopting holistic principles that allow the patient to make informed decisions about their medication thus empowering patients to make their own healthcare choices including decisions about their medication improving concordance.

Benefit extends beyond the patients – our pharmacists will talk, support and educate families, carers, and other professionals.

The service is strongly aligned to both national and local QIPP agendas, adopts an innovative approach to improving the quality of care being delivered to care homes whilst making efficiency savings that can be reinvested into the NHS.

Integration of the Clinical Pharmacist specialising in care of the frail and elderly is supporting local work force pressures within GP Practice – identified as future opportunity for further integration.

Conclusion - What are we learning?

- Clinical Pharmacists working in care homes are supporting safe prescribing and improved outcomes for patients. Professional relationships are built that benefit the patient and the wider MDT.
- Regular visits that are seen as supportive by the care homes not as imposed. Medicine Management operational processes within care homes are improved.
- A holistic service that works across organisational and NHS initiatives and agendas.
- Use of NICE baseline assessment tool allows an individualised action plan for each care home to be established. This has been recognised by local CQC visits.
- Patient centred ‘medicine’ care is achieved by a ‘wrap around’ process to care to staff, patients and their families.
- The Clinical Pharmacist role has further opportunities to improve the knowledge base around medicines in care homes including education provision and audit.
- Medicine waste is reduced, procedures are streamlined, best practice is identified and shared.
- Consistent prescribing and medication review has reduced ineffective and inefficient polypharmacy - delivering on a number of agendas including QIPP, NHS 5 year forward view and General Practice workforce 10 point plan.
- A patient’s quality of life is improved and cost savings are made.
- Making it work needs determination and good project management led by a clinical pharmacist at a strategic level.

References -

1. Royal Pharmaceutical Society, England (2016) The right medicine - Improving care in Care Homes
2. Baseline Assessment tool "Managing medicines in care homes" N.I.C.E guidelines Managing medicines in care homes (March 2014)