

1 Introduction

I work within the frailty team within Team Up in Erewash. Care home residents are often frail, with complex care needs and a high pharmacy burden with increased risk of adverse side effects.

Alongside PCN pharmacists we wanted to look at ways to reduce polypharmacy and ensure care home residents are having appropriate timely structured medication reviews.

Aim: Reduce polypharmacy and ensure appropriate and safe prescribing in the care home population.

Objectives:

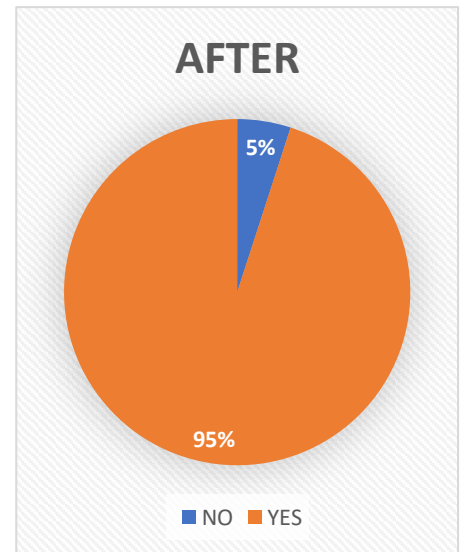
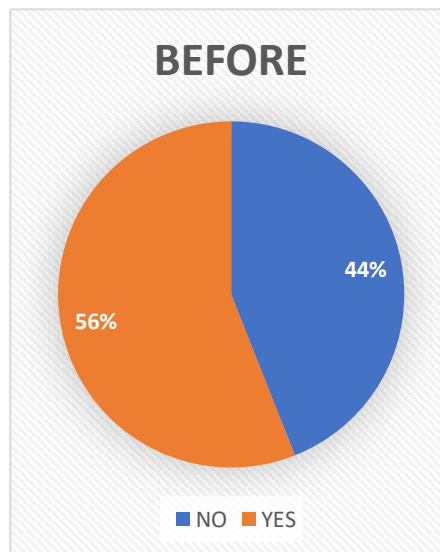
- I. Offer all care home residents regular structured medication reviews.
- II. Reduce pharmacy burden in the care home population.
- III. Have a pathway to raise medication queries to the PCN pharmacy team.

3 Results

Prior to implementation of PCN pharmacists and a review structure, 34 out of 61 residents within a care home in our PCN had had a medication review coded on SystemOne within the past 12 months.

6-months after implementation 60 out of 63 residents within the same care home had had a medication review coded within SystemOne within the past 12 months.

Staff from the frailty team, pharmacists and care home nurses have all fed back how useful this exercise has been and how they have noticed a reduction in medications being administered.



2 Method

I reviewed how many residents within a care home had had a structured medication review within the past 12 months coded on SystemOne.

Following this, the team implemented a structure for PCN pharmacists to offer regular medication reviews to all care home residents in our PCN. I provided a supporting document outlining this structure and providing guidance on reviewing medications within the care home population.

The PCN pharmacy team also created an email pathway for the frailty team to raise medication concerns to the pharmacy team.

Following the implementation of the above I re-audited the same care home to review how many residents had had a structured medication review.

4 Impact and benefits

Setting up a structure for medication reviews to happen regularly within our care homes has resulted in more residents having timely reviews. This has likely had further benefits which have not been specifically measured including:

- Reduced polypharmacy and resultant complications.
- Reduced burden on care home staff in administering medications.
- Reduced hospital admissions secondary to medication adverse effects.
- Cost saving through cessation of unnecessary medications.
- Improving QOL for patients by reducing tablet burden.

Moving forward this is something we aim to maintain as in care homes there are new residents moving in regularly. This is something that could be mirrored in other PCNs who have a pharmacy team working regularly with care home residents.

5 Conclusion

This project has resulted in a greater number of care home residents having a timely review of their medications by an appropriate healthcare professional.

I believe this project has resulted in improved patient care within the local care home population. Reducing polypharmacy has the potential for other benefits in addition to improved patient care, including reduced cost and reduced workload for care home staff.

Engaging various stakeholders has helped the implementation of regular structured medication reviews. The PCN pharmacists have been involved throughout the process and have fed back that they now feel better supported and utilised in their role within the frailty team.