A Regional Medicines Optimisation Model for Older People in Care Homes

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8. Letter of recommendation
9. McKee
10. Other
11. Acute prescriptions
12. Timing of visits
13. ECR consent
14. PIL (REVIEW/ECR/DATA)
15. Community
17. Miller A. Regional Medicines Optimisation

Background
In 2012, the NHSCT implemented and evaluated a consultant pharmacist led outreach clinics for care home patients. This service resulted in a 14% reduction in A&E admissions together with improved prescribing and drug cost savings1.

The Model
The original model required the consultant pharmacist to conduct clinics either alone or in collaboration with a consultant geriatrician. Results from 2012-2014 indicated the consultant pharmacist working alone produced similar results as to when working together with the geriatrician; the decision was therefore made for the pharmacist to work alone and to refer more complex patients to the medical specialist when deemed necessary. Figure 2 shows the refined general model for medicines optimisation in care homes.

In the NHSCT all clinical interventions and recommendations identified are communicated to the GP via a letter. In August 2015 two Band 8a older people specialist pharmacists were recruited into the service. One 0.5 WTE equivalent pharmacist is working within the consultant pharmacist led service, whilst another 0.5WTE pharmacist is revisiting homes to establish how often care home patients need to be reviewed in order to maintain the desired clinical and economic outcomes.

The NHSCT recruited two similar 1.0 WTE pharmacists who have delivered the same model since September 2015. These pharmacists are also testing different GP communication models where clinical interventions may be actioned via letter, teleconference or direct access to the GP system (Figure 3).

Interim Results
Data collection started on 1st September 2015 and is ongoing. Interim results (February 2016) are presented here. The potential annual drug cost savings are estimated to be £753k to £832k across the two trusts representing an investment to save £1.51 - £2.12 per £1 invested in drug cost savings alone. An economic model for healthcare resource usage is being developed with the final data to be reported early 2017.

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References
1. Michelle R, Miller EFR, Cuthbertson J, Scullin C, Scott MG. Nursing Home Outreach Clinics show an improvement in patient safety and reduction in hospital admissions in residents with chronic conditions. Accepted for Publication on 14th June 2014 and in Press, European Journal for Person Centered Healthcare.