



**ROYAL
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Sustainability & Transformation Partnerships

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Dear STP lead

- Pharmacists working in care homes across the UK could save the NHS an estimated £135 million, related to pharmacist led medicines interventions and emergency hospital admissions. This is roughly £3 million per STP.
- Your STP will be considering how to mitigate the current workforce challenges. Pharmacists can be a significant part of the solution to these.
- Pharmacists are the third biggest healthcare profession and are experts in the use of medicines, the most common health care intervention in every STP.
- Supporting the better use of medicines reduces costs and improves quality of care and pharmacists are key to this.
- The NHS Medicines Optimisation in Care Homes programme is giving funding to every STP to support the utilisation of pharmacists and pharmacy technicians to deliver improved quality of care through the better use of medicines, leading to improved outcomes for residents.

Evidence has shown that pharmacists working with care homes and their residents results in improvements in quality of care and reduced risk of harm from medicines.

Better utilisation of pharmacists' skills and expertise in care homes can bring significant benefits to care home residents, care home providers and the NHS as a whole.

There are over 400,000 elderly people in care homes and the average age of care home residents is 85.¹ The average number of medicines taken by a care home resident is 8. These residents are generally frail; 76% of residents require assistance with mobility or are immobile and 78% have at least one form of mental impairment.² Due to an aging population and policies to encourage elderly people to stay in their homes longer, the population of people in care homes is older, frailer and with more complex health needs than in previous years. The majority of people living in care homes are also suffering from dementia.

It has been demonstrated that pharmacists undertaking a medicines review with individual care home residents has a positive impact:

- Patients and / or their family members or carers have a better understanding of the medicines they are taking and why they are taking them. This leads to improved adherence
- Generally reduces the number of medicines prescribed per resident, deprescribing rates are between 12% and 20%
- Reduces the amount of medicines wasted
- Reduces staff time in administration of medicines
- Reduces the number of emergency hospital admissions

Research undertaken in 2009 estimated that medicines wastage in England cost £300 million each year. Of this, £24 million is medicines that are disposed of unused by care homes.³ Pharmacists and pharmacy teams in care homes can help reduce the amount of medicines wasted by ensuring safe and effective medicines policies are in place.

The extent of problems with medicines management in care homes has been known since a wide ranging study in 2009 that looked at the prevalence of medication errors received by 256 patients in 55 homes. Patients were prescribed an average of 8 medicines each and 69.5% of patients had at least one error.⁴ None of the improvements needed are, of themselves, difficult to achieve but require a new approach by all professionals involved in care at a local level. Professional leadership by pharmacists, as part of a multidisciplinary team, is the catalyst that is needed to make change happen.

Medicines Optimisation in Care Homes (MOCH) programme

NHS England has recently announced plans to support the introduction of pharmacy professionals into care homes via the MOCH programme.⁵ Every STP in England will be offered funding to deploy pharmacists and pharmacy technicians to work across the system, to support care homes and their residents to get the best from their medicines. This programme builds on learning from local services and Vanguards to scale and spread medicines optimisation in care homes. The programme is closely aligned to the Framework for Enhanced Health in Care Homes encouraging new pharmacy teams to work better with the wider health and social care team.

Operational planning

For your STP to realise the benefits that better utilisation of pharmacists can bring i.e. improve medicines optimisation, it is important for pharmacists to be brought into the development of implementation plans and working groups.

Many STPs have medicines optimisation workstreams and we would encourage that new pharmacy teams and services in care homes are part of a wider strategy of improving medicines use. An integrated, agile pharmacy workforce can help your system improve care with medicines. You may already be involved in the MOCH programme, where you are not yet involved, we would ask you, as STP leads, to assess the value that the MOCH programme will deliver locally and encourage adoption of the scheme across the whole system.

We would also encourage STPs to engage with the entire pharmacy workforce across secondary, primary and community care.

The RPS have recently appointed four regional liaison pharmacists and if you would like to get in contact them then please email Heidi Wright at heidi.wright@rpharms.com

Yours sincerely



Robbie Turner
Director of Pharmacy and Member Experience

A crucial part of creating a sustainable NHS is to ensure that resources and professionals are being used to optimum capacity and in ways that have the greatest impact on patients.

Here are some examples of what pharmacists are already doing within care homes and more models and examples developed as part of the NHS England programme.

1

Improve medicines safety by ensuring only appropriate usage of antipsychotics in care homes

What is the challenge?

People living in care homes are 3.5 times more likely to be receiving an antipsychotic than people living in their own homes. In 2009⁶ it was estimated that 25% of residents of care homes for the elderly were prescribed antipsychotics. One study showed antipsychotic dispensing increased from 8.2% before a person enters a care home to 18.6% after entering.⁷ In an audit and review of care home residents receiving antipsychotic medication, 26% did not need the medication and, in 58%, the risks of taking the medication were felt to outweigh the benefits.⁸

What can be done?

A pharmacy-led programme where pharmacists review the medicines of residents who are taking antipsychotics.

What are the results?

Pharmacist interventions within GP surgeries in Medway led to withdrawal or dose reduction of psychotropic drugs in 61% of cases.

2

Reducing admissions and readmissions by supporting people in care homes

What is the challenge?

Residents of UK care homes for the elderly fall on average two to six times per year.⁹ 35% of falls result in serious injury and 8% of falls result in fractures. Increased risk of falls has been linked to taking multiple medicines, also known as polypharmacy.¹⁰

What can be done?

A project undertaken in Northumbria demonstrated the benefit of pharmacist interventions in care homes. Using pharmacist prescribers employed by the local NHS Trust to carry out medicine reviews with residents and their families, the results showed that 1.7 medicines could be stopped for every resident reviewed.

What are the results?

Net annualised savings of £184 per person could be achieved and, for every £1 invested in the intervention, £2.38 could be released from the medicines budget.¹¹

Other information

Many of the Enhanced Care in Care Home vanguards are utilising the skills and knowledge of pharmacists. An example of this in practice can be found at <https://www.pcc-cic.org.uk/article/meds-optimisation-pilot-wins-widespread-backing-bucks>. Brighton and Hove CCG contracted an independent organisation to undertake medicine reviews for 2,000 care home residents working closely with all GP surgeries. The scheme was well received by GPs, care homes and residents. Savings due to medicines stopped were over £300K in a single year with about the same again estimated as savings from avoided hospital admissions.¹² Pharmacist led medicine reviews have been shown to lead to a reduction in the number of falls.¹³

3

Supporting end of life care so residents can die at the care home and not in hospital

What is the challenge?

Around 30% of people ordinarily resident in a care home do not die in the care home.¹⁴ Nationally, almost 70% of people are admitted to hospital in the last 90 days of their life.

What can be done?

In 2013, the Argyle Care Home Service was commissioned by Ealing CCG to provide medical and pharmaceutical care to patients across 19 nursing homes. The multidisciplinary team consisted of GPs, an independent prescribing practice nurse, and full skill mix of clinical and prescribing pharmacists and pharmacy technicians.

What are the results?

More than 40% reduction in end of life hospital admissions, 88% of patients now die at home which is an increase from 40%. Alongside this there has also been a 20% reduction in hospital admissions and ambulance calls, a 35% reduction in inappropriate A&E attendances, a 66% reduction in the prescribing of antipsychotics in dementia and an 11% reduction in the number of items prescribed.

4

Reduce medicine risk by supporting patients when they transfer between different care settings

What is the challenge?

There is a substantial body of evidence that shows when patients move between care providers the risk of miscommunication and unintended changes to medicines remains a significant problem. More than 90% of elderly medical patients will have a change to their medicines during an admission to hospital. It has been reported that between 30% and 70% of patients have either an error or an unintentional change to their medicines when their care is transferred.

What can be done?

When community pharmacists are included as part of the referral pathway then they provide a pharmaceutical consultation and counselling post-discharge to ensure changes to a person's medicines are known and acted upon in order to improve medicines safety and efficacy when they return to their home.

What are the results?

Those patients who received a community pharmacist follow-up consultation had statistically significant lower rates of readmissions and shorter hospital stays than those patients without a follow-up consultation.

Other information

East Lancashire Hospitals NHS Trust have also developed a scheme and more information can be found at www.elht.nhs.uk/refer. This scheme is also showing promising results with a reduction of 1% in readmissions.

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