11.10 – 12.10
Berkley

Domiciliary Medicine Review Service in Croydon

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Domiciliary Medicines Review Service in Croydon

Aims to:

- Share the background to setting up the services
  - Domiciliary visits
  - Special sheltered housing
  - Care homes
- Explain how we have changed the services in response to the learning from our early experiences
- Show how we collect and analyse the outcomes to demonstrate the value of the services in terms of reduced need for emergency care.
- Show how we linking with other local initiatives (CQUIN)

Reablement services

Background:

- It took a long time and lots of informal discussions/nagging……..
- The opportunity arose with the re-ablement funding schemes
- The relationships built up with Local Authority colleagues over prior years were key to success
- Support of the LPC has been crucial to maintain activity
- Measuring outcomes was essential to secure on-going funding
- Active management and developing links with other services/teams improve standards and raise awareness
- Review and adaptation are crucial

Reablement services

- PCT Commissioner for long term conditions and end of life also led on re-ablement for the PCT
- Medicines safety in care homes, sheltered housing and care homes was included as one of the re-ablement areas – led by manager of the Care Support Team (CST) in the Local Authority
- Initial intention was to employ a pharmacist within the CST
- Successfully changed this to community pharmacists- sustainability, activity levels, upskill our community pharmacists, with VW employed one day a week to develop and manage the service

Reablement services

There were 3 different services-

- Domiciliary medicines use review
- An “enhanced dispensing service” to care homes had been recently commissioned so was not included until the following year. It was based around the information supplied with the medicines and included an MUR type service which involved staff
- A similar “enhanced dispensing service” to special sheltered housing was developed

Reablement services

- Developed service specs and SLAs for pilot
- Liaised with the LPC re accreditation, payments (£70 per domiciliary visit + MUR payment or £25 per patient +MUR payment for enhanced dispensing service) and activity levels
- Developed bespoke training to cover service spec, consultation skills, evaluation of the intervention i.e. RiO scoring

Domiciliary Medicines [Use] Review Service

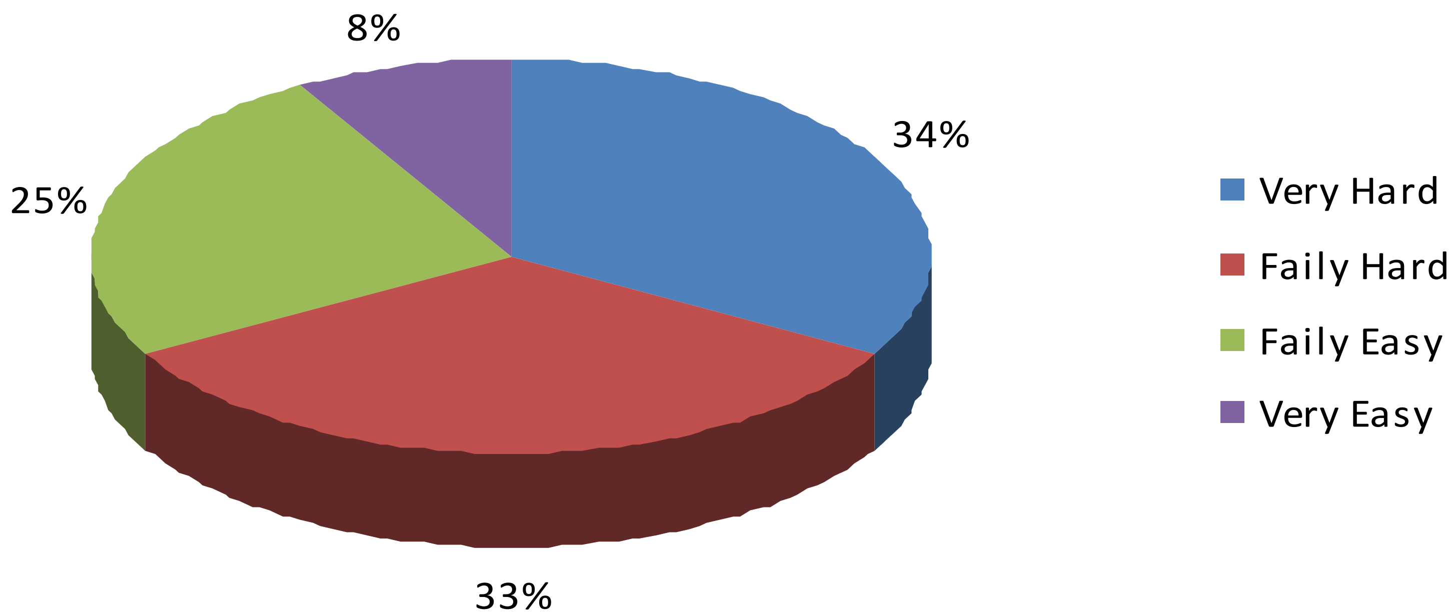
Pilot stage:

- Domiciliary MURS pilot funded from December 2011 to April 2012 from re-ablement money (LA)
- 35 community pharmacies initially signed the SLA
- 24 community pharmacies authorised to provide service
- 11 community pharmacies submitted completed domiciliary MURs
- 59 people received a domiciliary MUR during this period

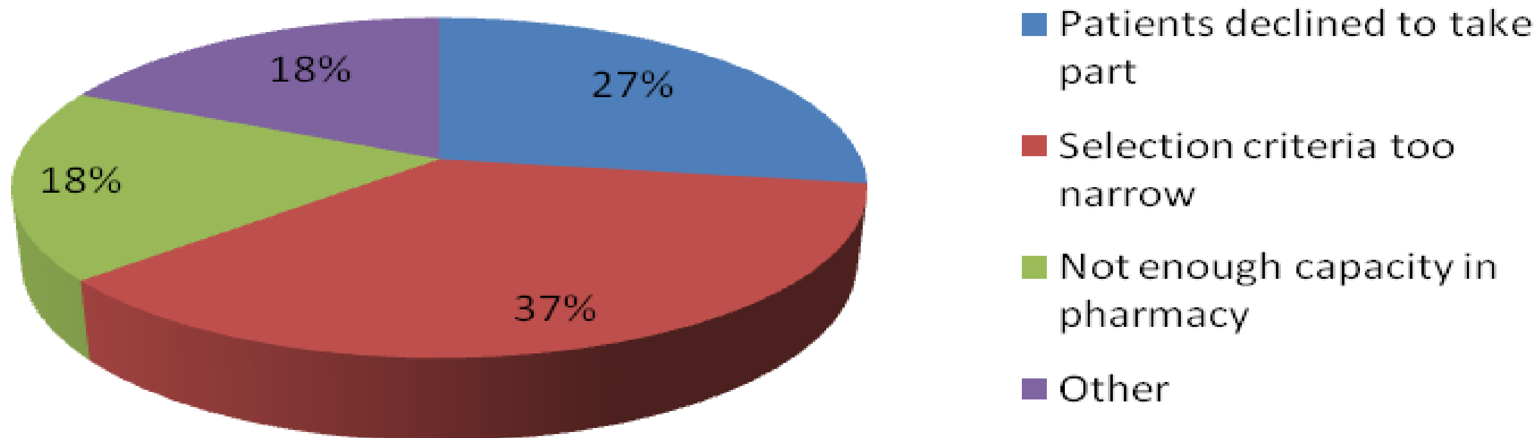
Domiciliary Medicines [Use] Review Service

Outcomes of pilot:

- RIO level one (no likelihood of avoiding emergency admission) = 131
- RIO level two (possible avoided emergency admission) = 131
- RIO level three (likely avoided admission) = 39
- Est Number of avoided admissions = 52.1
- Cost avoidance = £182,350 (£3.5k per admission, NB this cost has now reduced to £2.8k)


How easy did you find it to identify people to have a Domiciliary MUR
8%
34%
25%
33%
Very Hard
Faily Hard
Faily Easy
Very Easy

Domiciliary Medicines [Use] Review Service



Domiciliary Medicines [Use] Review Service

Main difficulties:

- Restricted by time- has had to get back to work
- Pts were keen to engage in lengthy conversations
- Trying not to get too deeply involved with the current problems
- Getting cover at pharmacy
- Completing paper work after the visit
- Selection criteria –(housebound with no formal carer)
- Keeping the patient focused on medication issues
- Communication issues with a stroke patient
- CRB check took a long time

Domiciliary Medicines [Use] Review Service

2012-13 review:

- Patients receiving support from domiciliary care agencies made eligible to receive the service
- Communication form for completion and to leave in patient's home when changes implemented to inform carers
- Referrals may be received from GPs, community nursing teams and Croydon University Hospital (CUH)
- Further training planned to include consultation skills

Domiciliary Medicines [Use] Review Service

Training -crucial for success

Aimed at:

- Keeping providers up to date with overall outcomes
- Improving skills, standards and consistency
- Improving activity rates
- Giving opportunity for peer review
- Demonstrating good examples and poor examples
- Highlighting missed opportunities

Domiciliary Medicines [Use] Review Service

On-going reviews of the service have resulted in the following changes:

- Separated from MURs-400 max was a barrier/CCG cannot authorise off-site MURs/ national paperwork did not give us useful information
- CPD relevant to service is part of the accreditation
- Expected interventions to be detailed
- At least one medicine related intervention per review
- Justification of the RiO score given

Domiciliary Medicines [Use] Review Service

On-going reviews of the service have resulted in the following changes:

- Patient Feedback form is included
- Summary of feedback forms to be submitted with invoice
- Minimum 75% positive responses
- Agree to sharing of information by pharmacy
- Recording and invoicing via web-based system to be developed
- Record patients NHS number to enable tracking of patient admissions post review

What about the special sheltered and care home "enhanced dispensing service"?

- Variable activity and performance-review led to additional training, increased payments (£55 per resident), identification of priority homes
- Largest dispenser for care homes did not deliver any activity
- Special sheltered had so many pharmacies providing medication that it was not possible to get consistency

After 2 years we decommissioned the services

Still considering how best to support these care settings........

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Domiciliary Medicines [Use] Review Service

What has made this sustainable in a changing world…..

Reablement Board reports – good outcome data has been essential in keeping the funding stream open. Currently Better Care Funding and in the future will be Outcome Based Commissioning for over 65 years

Recognition outside Croydon
2013 won the Pharmaceutical Services Negotiating Committee Evidence Award as voted for by the LPCs.
News feature in the Pharmaceutical Journal
Mentioned in the report of the Commission on Future Models of Care delivered through pharmacy, published by Royal Pharmaceutical Society, November 2013. As a result of this publicity and the enquiries generated, information has been shared with many CCGs across the country.

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Evaluating the outcomes

Data and outcomes

- Activity by pharmacy, by month
- Adapted RiO scoring
- Estimated cost avoidance
- Patient tracking via NHS number
- Actual emergency admissions and A&E attendances
- Patient feedback

Review of 13/14

37 pharmacies accredited (45 pharmacists)

328 reviews

Estimated 84 avoided emergency admission (RiO)

Estimated cost avoidance £235,200

Cost of service (reviews, administration, training) £32,460

Number of Domiciliary Reviews Completed by Month

70
60
50
40
30
20
10
0

Apr-13 Total
May-13 Total
Jun-13 Total
Jul-13 Total
Aug-13 Total
Sep-13 Total
Oct-13 Total
Nov-13 Total
Dec-13 Total
Jan-14 Total
Feb-14 Total
Mar-14 Total

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Number of Domiciliary Reviews Completed by Pharmacy

40
35
30
25
20
15
10
5
0

Pharmacy 1, Pharmacy 2, Pharmacy 3, Pharmacy 4, Pharmacy 5, Pharmacy 6, Pharmacy 7, Pharmacy 8, Pharmacy 9, Pharmacy 10, Pharmacy 11, Pharmacy 12, Pharmacy 13, Pharmacy 14, Pharmacy 15, Pharmacy 16, Pharmacy 17, Pharmacy 18, Pharmacy 19, Pharmacy 20, Pharmacy 21, Pharmacy 22, Pharmacy 23, Pharmacy24, Pharmacy 25, Pharmacy 26, Pharmacy 27, Pharmacy 28

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Patient tracking via NHS number

Count of number of emergency admissions for six months before and after each review

- April 2013 – January 2014 (10 months) - 238 patients
- Overall reduction of 7 emergency admission episodes
- Background increase in emergency admissions of 9% – additional 11 episodes expected
- Actual cost avoidance of £50,400 (18 x £2,800)
- Overall reduction of 215 bed days
- Actual cost avoidance £72,760 (215 x £338)

RiO estimate: 59 avoided admissions

Patients with no deterioration – potential cost avoidance not quantified

- 166 patients with no emergency admissions
- 21 patients with no change in emergency admissions

Patient feedback

"Pharmacist was very helpful and informative"

"Would recommend to anyone"

"This is the best service you could possibly want"

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Discharge CQUIN with Croydon University Hospital

Transfer of care for high risk patients

- Started in August 2013
- High risk patients identified by hospital pharmacy team and referred at discharge to CCG pharmacy team - CQUIN
- No specific referral criteria
  - Adherence concerns
  - Changes to medicines
- Possible actions
  - Clinical review by CCG pharmacist with GP
  - Liaison with community specialist teams
  - Referral to community pharmacist for a domiciliary review

Feedback / Development of service

Feedback

Croydon Hospital Pharmacy TEAM

CCG pharmacist

Community pharmacist

CCG pharmacist home visit

G.P Review

Community pharmacist home visit

NMS / MUR

Update/ recommendations

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Case study

- Hospital pharmacy technician identified a patient on the ward after he had been admitted with an infective exacerbation of Chronic Obstructive Pulmonary Disease (COPD).
- The patient lived with a lodger and had no family support.
- He could not recall what medicines he took, he seemed a little confused.
- He had last collected his repeat prescription five months ago.
- The pharmacy technician obtained consent from the patient to refer for pharmacy follow up in primary care after discharge to address the adherence concerns

- ✓ CCG pharmacist identified a medicine discrepancy with the dose of omeprazole on the discharge letter and clarified the correct dose with the hospital and amended the GP clinical system.
- ✓ The CCG pharmacist referred the patient to the community pharmacist for a domiciliary medicine review
- ✓ The community pharmacist discovered that the patient could not read and did not have a telephone. He also had limited mobility and found it difficult to attend appointments.
- ✓ He was swallowing tiotropium capsules that were intended to be used in a handihaler (he did not have one). He was not depressing his MDI salbutamol inhaler. He was prescribed blood pressure medication but had no supplies at home.
- ✓ The pharmacist designed a coloured picture chart to help the patient with his medicine taking.
- ✓ The pharmacist contacted the GP and arranged for an easibreathe inhaler that the patient could use and removed the tiotropium capsules for inhalation.
- ✓ The GP stopped the blood pressure medicines.
- ✓ At a follow up visit the pharmacist found the picture chart was working well and his inhaler technique had improved.

Data analysis

August 2013 – July 2014
216 patients referred
95 referred onward to community pharmacy domiciliary review

Patient tracking via NHS number
- Reduction of 155 emergency admissions: 35%
- Cost avoidance of £434,000
- Reduction of 968 bed days: 53%

Subset analysis of inhaler patients
45% reduction in emergency admissions

Summary

Demonstrate value
- estimated outcome data from RiO
- patient tracking of admissions
- case studies
- patient feedback

Improve outcomes
- integration with other initiatives -CQUIN, GP incentives
- cross sector working – hospital, CCG and community pharmacy teams
- targeted approach – e.g. inhaler patients, falls

Share the learning
- Domiciliary Medicine Review Service now adopted by several other CCGs in SW London and nationally

Questions?

#pharmanforum

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