Kent Surrey Sussex Academic Health Science Network

Living Well For Longer

Polypharmacy – a person-centred approach

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In August 2016, KSS AHSN launched a six-month pilot in Brighton and Hove to reduce levels of problematic polypharmacy in people aged 65 and over, supported by an engaged multispecialty project board.

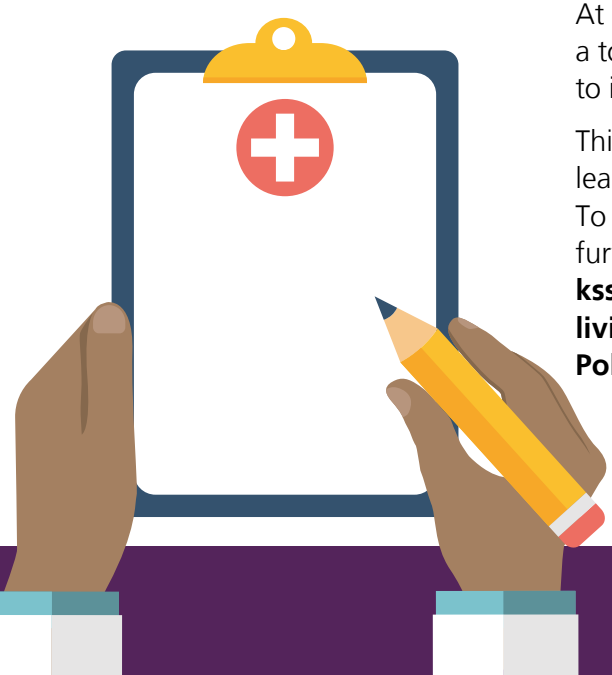
The project funded a pharmacist and pharmacy technician to perform Level 3 (holistic face-to-face) medication reviews for patients at risk of medication-related harm in care homes and their own homes.

It showed that this approach can prevent hospital admissions, offers savings to Clinical Commissioning Group (CCG) prescribing budgets, and is well received by patients and carers.

We are now using the findings to inform Phase 2, which will support similar work in a different locality.

At the end of Phase 2 we'll produce a toolkit that organisations can use to implement similar projects locally.

This report contains top-line learnings from the Phase 1 work. To see the full evaluation and further details visit **http://www.kssahsn.net/what-we-do/living-well-for-longer/Pages/Polypharmacy.aspx**



The importance of cross-sector working

The project worked across a range of sectors from GP practices, hospitals, care homes and community pharmacies. Sharing and accessing data across multiple settings proved problematic and the Information Governance processes around sharing clinical information between multiple organisations should not be underestimated.

We had to manage getting consent for people who lacked capacity but also encountered some unexpected issues in this process for other patients.

By agreeing to work under our substantive organisations' governance structures and using their IT we were able to resolve some of these problems.

“Very comforting going through and having a detailed consultation… who else would help us?”

Taking the time to listen

Major changes to a patient’s medications, including deprescribing, can only be made at a Level 3 medication review with the patient and we found that this approach offered the maximum benefit.

Patient and relative reactions were overwhelmingly positive, with many valuing the time taken to listen and learn about their situation. Health professionals also reported that detailed, holistic reviews enabled them to influence positive change.

Having a pharmacist experienced in elderly care leading the reviews helped hospitals feel confident about discharging patients with more complex medication requirements.

Time v Money

Level 3 reviews were well received by, and shown to benefit, patients. People did however often go back for ongoing support, presenting a capacity issue for their long term management.

We anticipated lower cash releasing savings from the project in comparison to undertaking level 2 reviews, which do not require a face-to-face meeting with the patient, but savings were still lower than expected.

It would be interesting to see the longer term benefits of these reviews for these people and whether they have ongoing positive effects on patient outcomes.

2.5 hours

Average time per review, including preparation and follow up

77 38

Number of recommendations actioned by the GP

Out of a total of 115 recommendations, 38 were declined by GPs

£112.54

Average costs saved per medication review

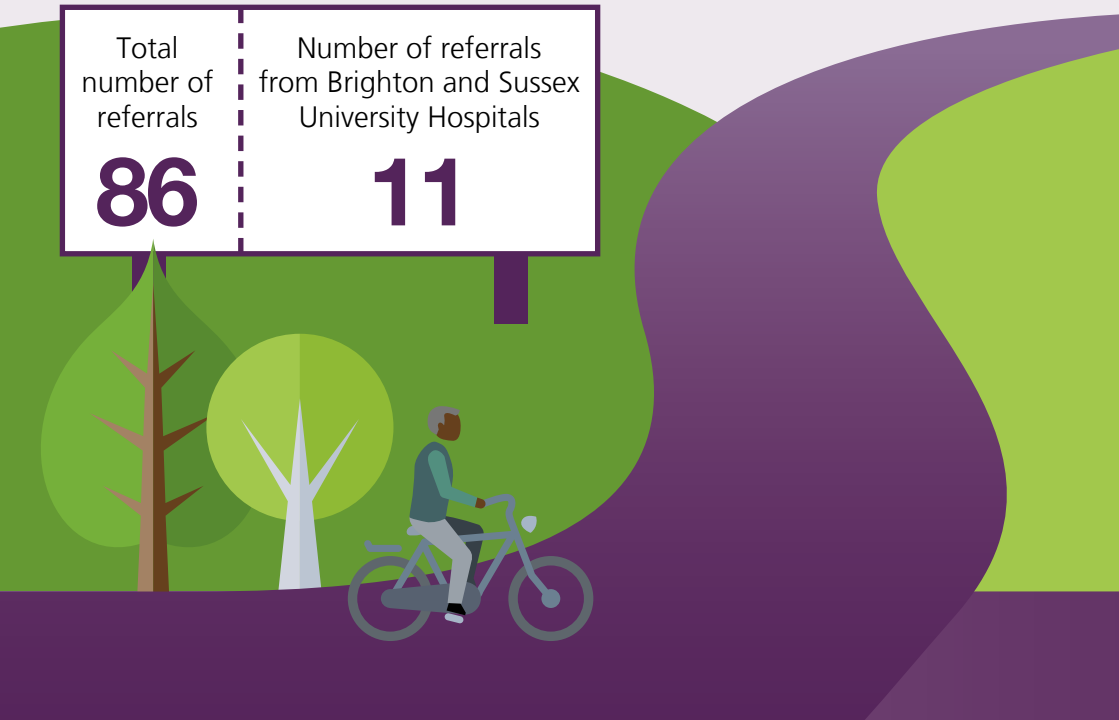
Potential, if all recommendations were followed, £172.06

Building key relationships

There are significant gaps in the patient pathway around sharing accurate and detailed information in a timely fashion with other care settings. Along with a lack of clarity around who should be/is carrying out medication reviews, patients are lacking significant support. An area of potential future growth is working more closely with community pharmacy.

Strong, effective inter-professional working relationships are key to addressing these issues, but it takes time and commitment to change to build these.

There were issues with supporting the hospital discharge process as much as we would have liked, which was due to a number of reasons. We acknowledge that the project's pilot status may have been a contributing factor.

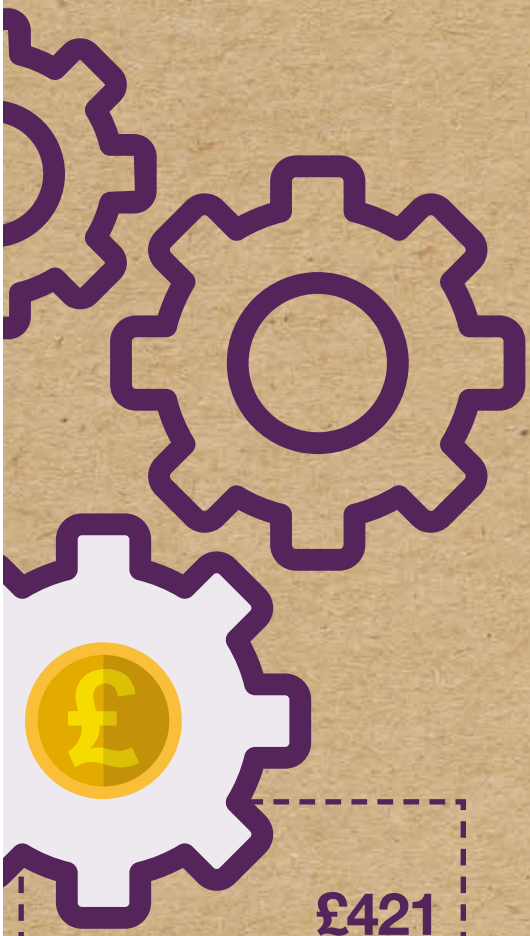


The power of partnership working

The project's success was down to good, open working relationships with a range of organisations across a number of sectors, shaping the service to suit the patient cohort and collectively addressing obstacles in the system.

Cross sector working gave a perspective on the project from different parts of the system and helped to break down barriers.

Linking in with Age UK Brighton and Hove allowed carers to contact us directly via their Crisis Service team manager to prompt a review. Working with the third sector was especially beneficial, and provided a patient advocate voice.



£421

Costs associated with potential hospital admissions avoided per review

Project group members/ stakeholders involved

CCG, acute trust representation, primary care, Age UK, community pharmacy, academia, KSS AHSN

KSS AHSN's role and influence

The AHSN opened up lines of communication, provided leadership and supported integration and collaboration.

In addition to allowing exploration of pathways and learning that might not be possible otherwise, the team also provided valuable project management, communications and information governance support.

0300 303 8660 www.kssahsn.net enquiries@ahsn.net