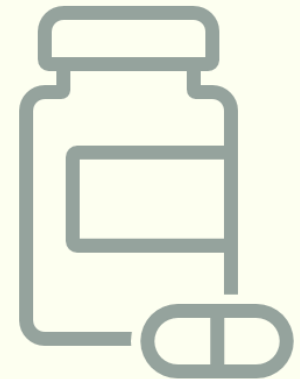


Role of Primary Care Pharmacy Team in Care Homes - Polypharmacy

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Poll

- *Are you aware of pharmacy teams within Primary care?*
- *Are you aware of the pharmacy team role within care homes in primary care?*
- *Have you had experience of working with primary care pharmacy teams in your role?*

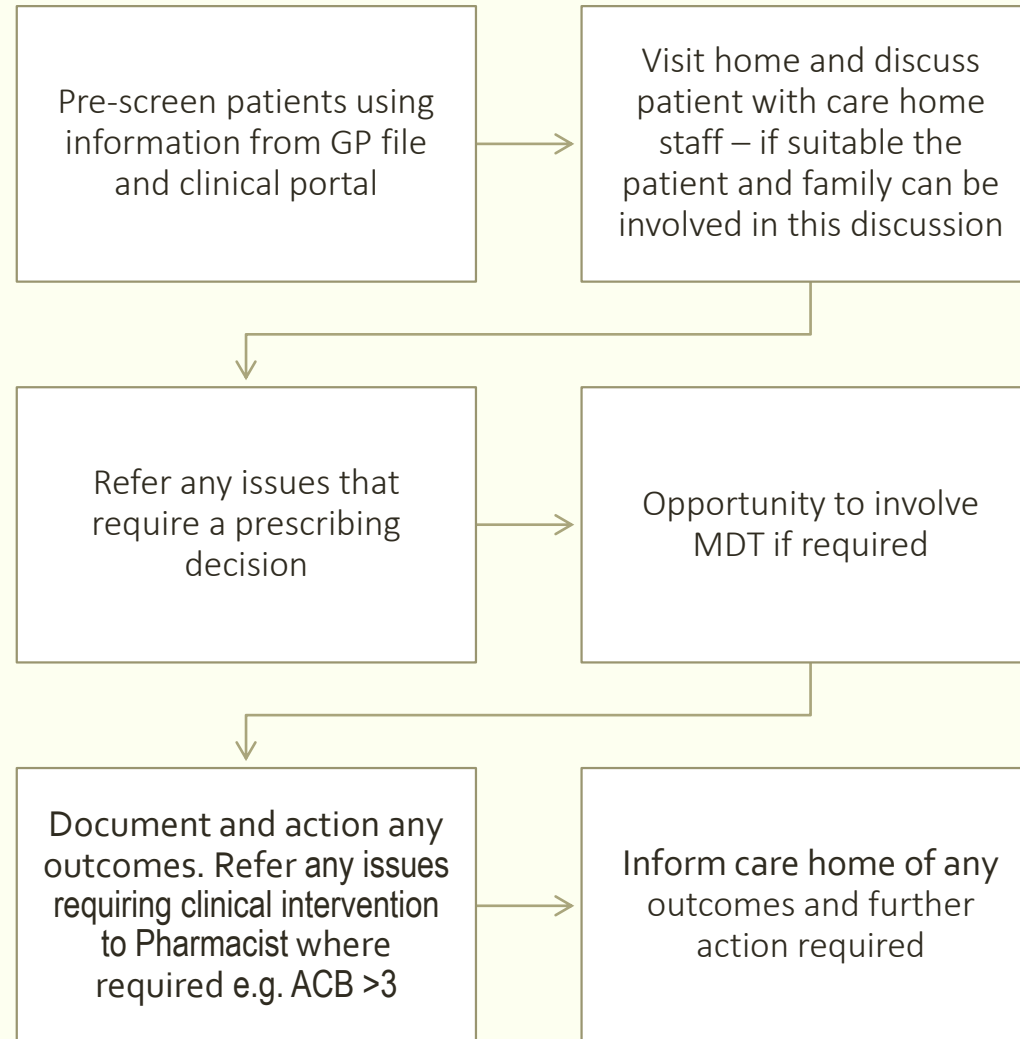


Team roles in primary care

- **Pharmacy Support Worker** – Carries out a variety of tasks including medication supply issues, prescription checks, can remove some things from medication files, care home staff training, cost saving activities in line with GGC guidance
- **Pharmacy Technician** – Registered with GPhC. Activities as above and carry out medication reviews within their scope, inhaler compliance checks, BP checks, can be trained as a phlebotomist, involved in MDT discussions
- **Pharmacist** – Registered with GPhC. Activities as above and can provide clinical advice, not usually an independent prescriber but will be working towards this
- **Advanced Pharmacist** – Registered with GPhC. As above and usually an Independent Prescriber, can make clinical decisions and prescribe and make changes to medications within their scope

This is not an exhaustive list of activities

Pharmacy Technician Led Polypharmacy reviews



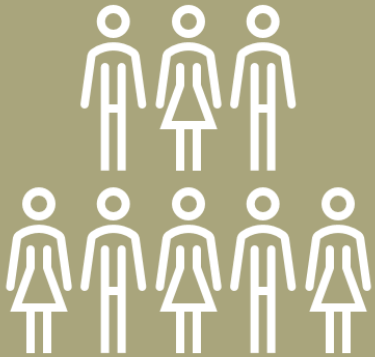
What is looked at in the review?

The following are the basis of the review. Any medication that is prescribed for these conditions are looked at in depth

- Mobility
- Falls
- Mood/stress/distress
- Daytime sedation
- Bowels
- Analgesia
- Dermatology
- ACB score
- Must score
- Medication compliance
- Swallowing difficulties
- Diet and fluid intake

Typically, pharmacy teams cannot refer to secondary care (there may be a few who have authorisation due to their Specialist roles)

Examples of MDT working with Pharmacy



- Able to refer to CHLN to assess if pt still required prescribed shampoo (had been using for 15 years!!) CHLN reviewed a patient and stopped current treatment as no longer indicated and prescribed an alternative
- Care home can refer to pharmacy team when they have concerns around medication
- CHLN able to contact pharmacy team to ensure patient received dressings in a timely manner
- Attending MDT meetings with CHLN, MHCHLN, Podiatry, Social Work, Care Home managers and Dieticians to discuss any issues and work together to

Examples of review outcomes

all of these were passed to a prescriber
as they are prescribing decisions

- Folic acid stopped as Folate bloods are >20 and diet good = *reduced tablet burden and cost savings*
- Thiamine stopped as patient no longer has alcohol intake and has good diet = *reduced tablet burden and cost savings*
- High dose PPI reduced = *reduced tablet burden, less side effects for patient, cost savings*
- Antihistamine stopped as no longer required after trial period without = *reduced tablet burden, less side effects for patient, cost savings*
- Ralvo plasters stopped as trial period showed no longer effective = *stopping of unnecessary treatment, cost savings*

In total since May 2023, WD pharmacy team have saved over £18,000 due to various activities involving polypharmacy in line with GGC formulary and guidelines

STATS



Ø 23% of residents in a WestDunbartonsire care home received a Pharmacy Technician medication review as of September 2023

Ø Approx 1.5 hours per patient for whole review (pre-screen, care home visit & write up/actions/referral)

Ø Total savings to date (September 2023) £2500 per year across 4 homes

Ø 50+ residents referred to Pharmacist for full polypharmacy review due to high ACB score or report of frequent falls from care home staff



QUESTIONS?



Thank You