

Improving equity of access to multidisciplinary polypharmacy review for frail, elderly housebound patients

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Aims

To optimise medication for frail elderly housebound patients in South West Edinburgh by implementing annual multidisciplinary team (MDT) polypharmacy reviews.

Methods: identifying the problem and change ideas

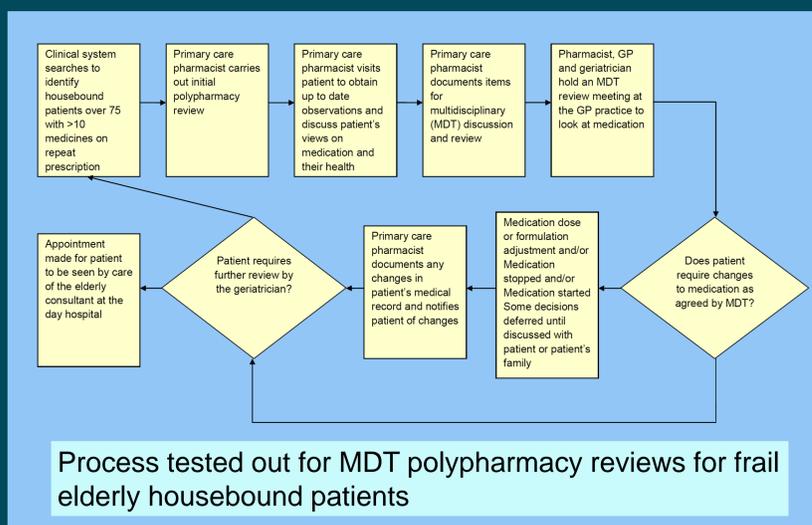


- Increasing challenge of caring for elderly patients with multi-morbidities and polypharmacy
- Housebound patients find it challenging to access services
- Potential to reduce harm from medicines and hospital admissions by optimising prescribing through timely and effective polypharmacy review



- Established MDT review process already in place for care home patients with GP, geriatrician and pharmacist
- Housebound are a vulnerable group that we also need to prioritise
- Address equity of access by adjusting MDT review process for elderly frail housebound patients

Methods: process improvements and data



- 7 GP practices participated
- Funding via a quality project bid to backfill time for MDT involvement
- Agreed a process for MDT review
- Established measures including medication started, stopped, altered for each patient and associated cost
- Follow up available for patients if need identified (geriatrician review at day hospital)

Outcomes/results

- ✓ **169** patients reviewed
- ✓ **162** medicines stopped
- ✓ **40%** of medications stopped were high-risk
- ✓ **113** dose formulation changes
- ✓ **20** medicines started
- ✓ **£163.28** per patient saved per year on average
- ✓ **£27,308** estimated total annual savings
- ✓ **6** patients followed up by Geriatrician

"It was an excellent opportunity to have protected time to properly review and rationalise medications from an evidence based perspective, with the expert help of the geriatrician and pharmacist. I'd be very happy to have further sessions as it will improve patient safety in the longer term." **GP**

"I've found this a really good project and I've really enjoyed getting out and meeting some of the pharmacists and GPs. I think it goes beyond polypharmacy in that it is bridging links between secondary and primary care." **Geriatrician**



Person-centred and holistic polypharmacy review

"Although my housebound review savings have worked out at £173.97 per patient per year I really feel that this figure doesn't matter; we have stopped some drugs that could cause harm and that is just not quantifiable. Also some visits have been really worthwhile just for an opportunity for the patients to discuss their medicines." **Primary care pharmacist**

Conclusions

This project established an effective MDT and person-centred process for polypharmacy reviews for frail, elderly housebound patients, with positive healthcare professional, patient and carer feedback. Future plans including monitoring the impact of this intervention on hospital admissions.

References

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