

## FOCAL POINTS

- 237 one-off clinical medication reviews were completed in 8 care homes on patients registered in 7 GP practices.
- Each review took on average 1 hour 20 minutes at a cost of £38.50 per patient (based on pharmacist's time), involved a variety of interventions and resulted in an average annual cost savings of £94 per patient (based only on medication costs).
- The data provides evidence for the impact both upon the improved quality of prescribing and cost reduction which a suitably trained pharmacist can have in providing clinical medication reviews for patients in care homes.

## INTRODUCTION

- There is no consensus on the most effective method of undertaking clinical medication reviews in care homes<sup>1</sup>.
- The Care Home Use of Medicines Study Report<sup>2</sup> recommends that pharmacists should clinically review all care home residents and their medications for appropriateness on at least 6 monthly intervals.
- A primary care pharmacist was employed by the local GP commissioning group to undertake clinical medication reviews in care homes. The aim was to achieve quality medication reviews, not necessarily cost savings.

## METHODS

Medication reviews were carried out by the pharmacist according to an agreed protocol and included assessing the need for continuing therapy, ensuring appropriate monitoring, screening for drug interactions and adverse effects. Recommendations and changes were discussed and agreed with GPs, then actioned, recorded and communicated by the pharmacist. A record of interventions including the relevant cost savings at the time was recorded for the purpose of evaluating the project at year-end. Several criteria were recorded to determine the quality of the reviews, including the type of recommendation made; number of recommendations agreed for action by the GP; reduction in number of repeat prescription items; and cost savings. In some practices, the number of unmet Quality and Outcome Framework (QOF) targets which were met during the medication review was also recorded. Ethics committee approval was not required.

## RESULTS

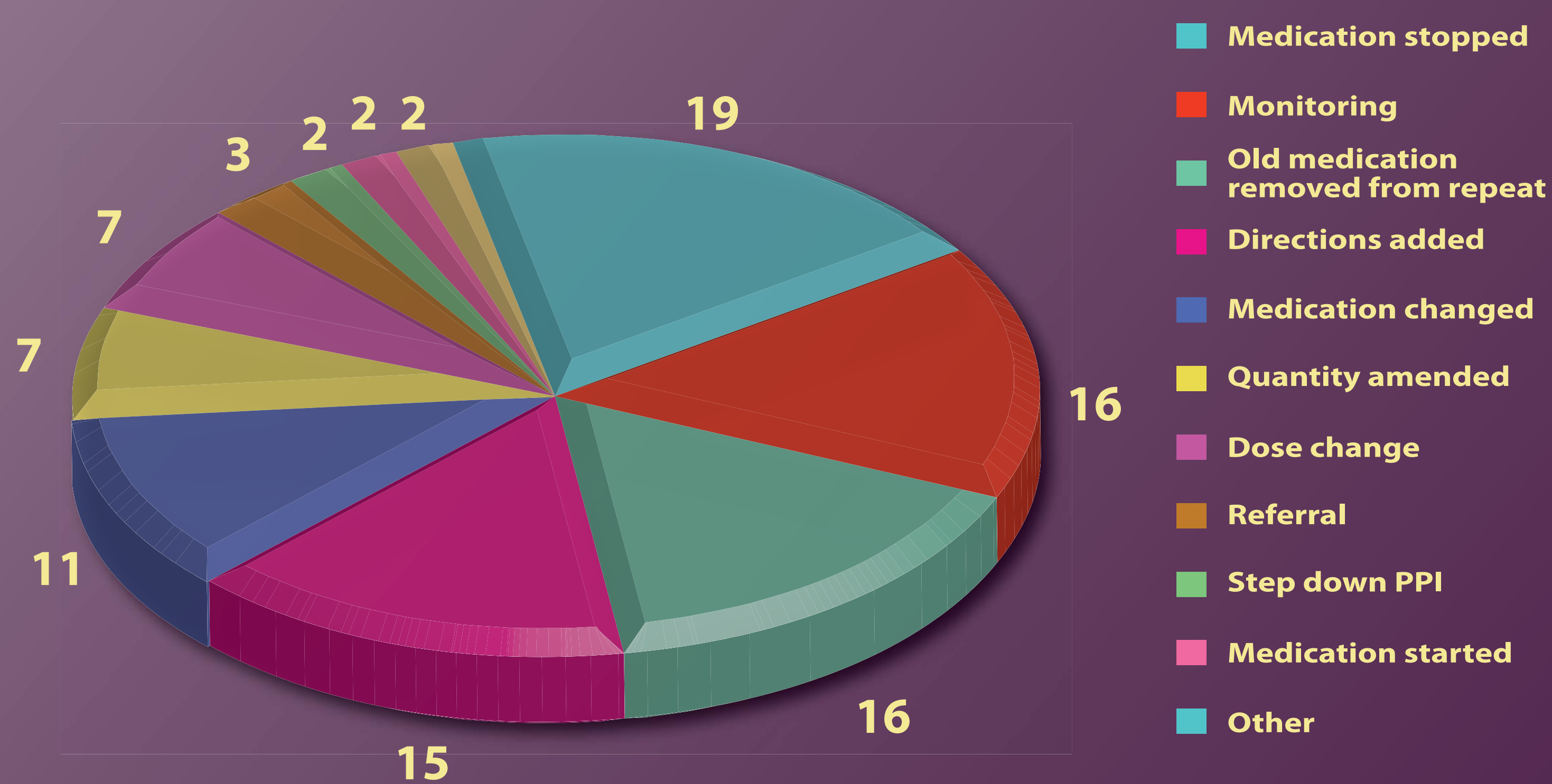


Figure 1. % Breakdown of Agreed Recommendations n=717

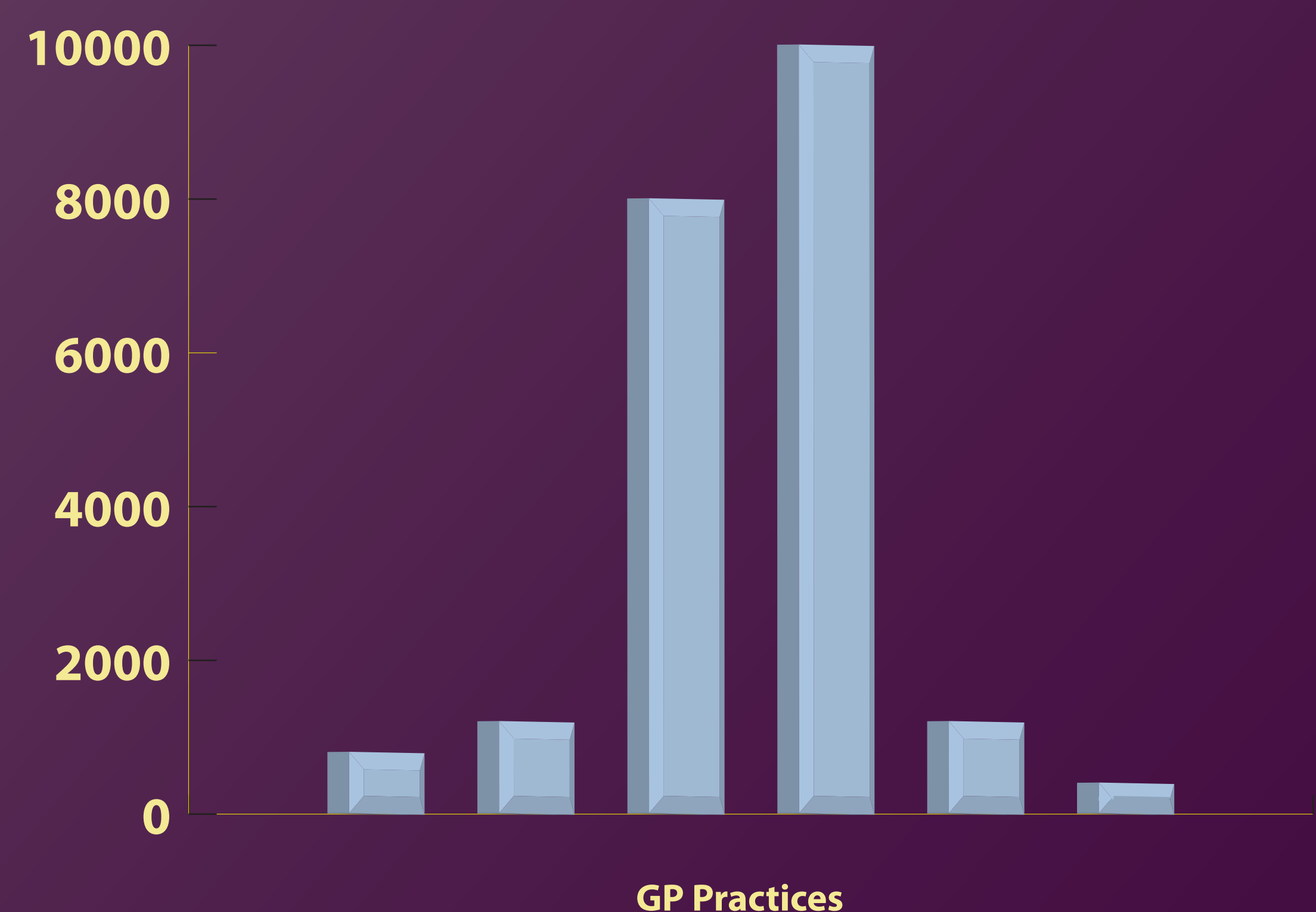


Figure 2. Estimated Annual Cost Savings £s Per Practice

- 237 medication reviews were completed in 8 care homes, both nursing and residential, taking 326.5 hours at a cost of approximately £9,320 (based on rate of £28/hour).
- The average reduction in number of repeat items ranged from 0 to 15 items, depending on the home and the GP practice.
- Of the 780 recommendations made, 717 (92%) were agreed by the GPs, suggesting a high level of satisfaction with the service. Table 1 lists the breakdown of intervention type. (Figure 1)
- The estimated annual savings in terms of medication costs (medication stopped, amended, switched) totalled £22,300, resulting in an annual net saving of almost £13,000. (Figure 2)

## DISCUSSION

The evaluation demonstrates that the service of a suitably qualified and experienced pharmacist may be a cost effective way of undertaking clinical medication reviews in care homes. These findings add to the relatively small published evidence base for the effectiveness of primary care pharmacists in undertaking this type of work, which is of significance against the current background of re-structuring in primary care.

## REFERENCES

1. Loganathan M., Singh S., Dean Franklin B., Bottle A., Majeed A. (2011) Interventions to optimise prescribing in care homes: systematic review. *Age and Ageing* 40, 150-162.
2. Barber N.D., Alldred D.P., Raynor D.K., et al. (2009) Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people. *Quality & Safety in Health Care* 18, 341-346.