



Evaluation of home-based medicines reviews for elderly patients no longer able to self manage their medicines

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There is little published UK evidence on home-based medicines reviews provided by community pharmacists for patients who are no longer able to self manage their medicines¹.

Introduction:

A Medicines Management Service (MMS) has been provided to people in Barnsley since 2008. This service was ahead of the times being a cross-sectional, multidisciplinary service involving community pharmacists and social care workers to improve medicines use, safety and outcomes for people with long-term conditions taking multiple medicines. The aim of this project was to describe and quantify the medicines support needs identified and provided for service users of the MMS.

The evaluation was supported by Barnsley Local Pharmaceutical Committee, Barnsley Clinical Commissioning Group and the Local Professional Network.

Method:

Mixed methods were employed with retrospective analysis of data from two sources:

- Routinely collected service data recorded by community pharmacists on the PharmOutcomes® system (quantitative and qualitative) over 7 months in 2014. Data was entered after patients had their initial Medicines Use Review (MUR).
 - Retrospective audit of 30 follow-up MURs at 12 weeks by a single community pharmacy. The analysis was to generate a picture of a patient cohort at service entry and a detailed picture for a sub-sample of patients at service follow up.
- All data was collected or extracted by community pharmacy service providers and provided in anonymised form to the evaluation team.

Results:

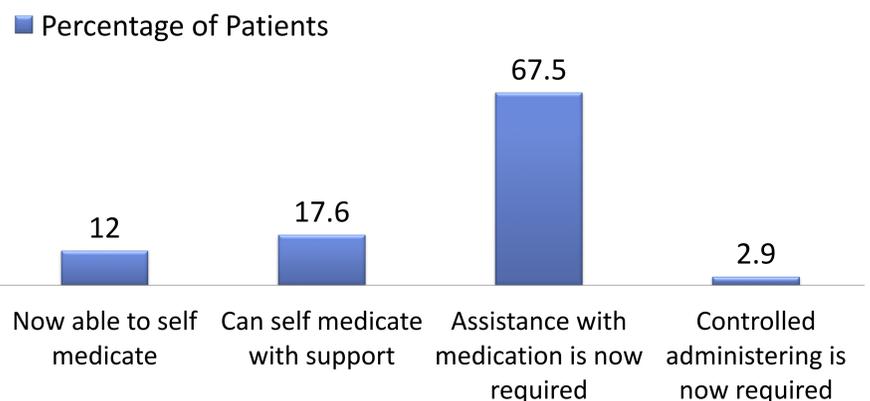
The 818 patients' mean age was 80.27 years (range 21-101 years); 67.1% were female. At service entry the median number of medicines was 8, and 511 (62.5%) patients needed to take medicines at least three times daily. Thirty four patients (4.1%) had 'controlled administration' of one or more medicines necessitating multiple nursing visits. Almost three quarters of patients required support with their medicine taking, the remainder were assessed as able to take their medicines without assistance.

Following the pharmacist review and actioning of recommendations 29.6% (242) of patients were able to self-medicate, 64.5% (528) required some assistance and 2.9% (24) required controlled administration. Unused medicines were recorded and collected. Audit data indicated reductions in the median number of medicines and frequency of daily dosage times.

Summary of Medicines Support required:

Nature of Administration Support Required	Percentage of Patients (%)
Assist with Medication	72.7
Controlled Administration	3.1
Assist + Controlled Administration	1.0
None (Self administration)	23%

Service User Medication Status(N=818):



Conclusion:

The profile of patients referred to the MMS demonstrates their complex medicines regimens with considerable risk of medicines misadventure and potential harm. The MMS provides support to patients in their medicines taking, and home visits identified potential for reducing medicines waste. There is some evidence of a reduction in the number of nurse visits needed for controlled administration. The service data provided some but not all of the information necessary to assess the impact of MMS on patients' medicines and support needs over time. The limited routinely collected service data precluded assessment of recommendations made to prescribers or changes in medicines made as a result, therefore economic analysis relating to harm prevented and effects on nursing visits was not possible. Further evaluation is recommended to explore the medicines optimisation benefits of this service.

References:

- Easthall L, Scrimshaw P, Wright D, Bhattacharya D. Can a domiciliary medicines support service reduce the risk of medicines related harm in an elderly population? IJPP 2014;22(2):4-22