

## DOMICILIARY MEDICINES USE REVIEW SERVICE

### Your health challenge

- Prevalence of both physical and psychiatric morbidities is markedly higher in the housebound older population than older people in general<sup>1</sup>
- Yet access to services which may be of particular benefit to older people with multi-morbidities may be limited for those unable to leave their own homes without assistance<sup>1</sup>



### How can community pharmacies help?

A domiciliary Medicines Use Review (MUR) service consists of counselling on prescribed medicines, compliance review, appropriate provision of multi-compartment compliance aids, medication review and responding to patient queries.<sup>2</sup>

This service is commissioned locally in certain areas of the country and the various services have all shown that the pharmacists involved are making significant interventions.

An evaluation<sup>3</sup> of the Community Pharmacist Domiciliary Visit service in Cornwall has shown that the service offers significant benefits to patients and the NHS:

- 30.5% of people are likely to have avoided an unplanned admission to hospital – 60.5% of these were associated with high-risk medicines and 46.5% with analgesics;
- 67.4% of those using inhalers had an associated intervention;
- 43% of people had accumulated waste medicines;
- 86.3% of visits resulted in a cost saving impact to the GP prescribing budget; and
- consultations decreased by £34% for GPs, 38% for out of hours visits, 40% for A&E attendance and 88% for hospital admissions.

Total NHS costs saved from this service: **£123,489**.<sup>3</sup>

1. Qiu WQ et al. Physical and Mental Health of Homebound Older Adults: An Overlooked Population. *Journal of the American Geriatrics Society* (2010)

2. D. Wright. A rapid review of evidence regarding clinical services commissioned from community pharmacies (2016)

## CHOOSEPHARMACY

### What the experts say

Due a host of factors including: an expanding patient list size, aging population, high workload and concern about delivering effective and safe prescribing, we fully support integrating more closely with community pharmacists. Having medication reviews performed by pharmacists and linking this with our prescribing processes would help tremendously with all aspects patient care and safety. As prescribing lead within the surgery, I praise and embrace this modernisation in working pattern, I look forward to the further developments and discussion."<sup>3</sup>

#### Prescribing Lead GP

"I saw many patients who still kept expired medicines from 10 years ago – if taken, some of these could have posed serious risks to their health. The amount of unused medicines collected from patients' homes were worth thousands of pounds. Patients felt they really benefited from the service."<sup>4</sup>

#### Boots UK Pharmacist, Croydon

3. POPPIES: A Community Pharmacist Domiciliary Visit Pilot (2016)

4. Croydon CCG - Service Level Agreement for a Service for the Provision of Domiciliary Medicines Use Reviews (2013)

# THINKPHARMACY

## Potential benefits of a domiciliary Medicines Use Review service

### 1. Accessible for housebound patients

This service ensures patients who are housebound and unable to attend the pharmacy are able to access the service. Many housebound patients are vulnerable patients who may go long periods of time without seeing a healthcare professional. This service ensures that these patients have the opportunity to learn about their medicines and ask any questions they may have or discuss any concerns.

### 2. Home environment

This service takes place at a patient's home, a non-clinical and comfortable environment, in which patients may feel secure and at ease to discuss any problems they may be experiencing.

### 3. Assessment of medicine quantity and storage

Since pharmacists are visiting patients in their own homes, they can ask to see all the patient's medicines. This helps them assess whether there has been any excessive over-ordering of medicines or appliances and whether a patient has a supply of all the medicines they should currently be taking. They can also check if medicines are being stored appropriately, for example, some medicines will need to be stored in the fridge.

### 4. Removal of unwanted medicines

The pharmacist can also offer to remove any medicines which are no longer being used to ensure they are disposed of correctly in the pharmacy. This also removes the risk of a patient accidentally taking medicines that are no longer required reducing the risk of potential harm.

### 5. Reduction in hospital admissions

Domiciliary MUR services have been shown to prevent patients being admitted to hospital.<sup>3,4</sup>

## Case study: Croydon's domiciliary MUR service

Since 2011, housebound patients in the Croydon area have benefited from a domiciliary MUR service. The service, which is commissioned by Croydon Clinical Commissioning Group (CCG), sees community pharmacists in the area visiting vulnerable housebound patients in their own homes.

Patients can be recruited into the service by their community pharmacist, but also by GPs, the community nursing team or by the local hospital upon discharge.

The service includes an MUR, as well as a waste medicines element where the pharmacist asks to see all supplies of medicines and to proactively question any apparent over-ordering of medicines. This may include, for example, inhalers ordered monthly, excess quantities of external preparations, dressings and 'when required' medicines to check whether these items are being used. The pharmacist can also offer to dispose of any unwanted medicines for the patient.

A carer communication form is available so if the patient has a carer who was not able to sit in on the MUR, issues and interventions can be fed back, along with contact details for the pharmacist in case of any queries.<sup>4</sup>

# CHOOSEPHARMACY

Eligible patients can also receive an NHS flu vaccination in their homes, as part of the NHS Community Pharmacy Flu Vaccination Advanced Service.

To assist with being able to show outcomes, the patient's NHS number is obtained either from the patient directly or from the GP practice to enable Croydon CCG to track any emergency admissions subsequent to the patient having received the domiciliary MUR service.

Pharmacists have also been trained to use a scoring system based on RiO, which classifies the intervention according to the likely effect the intervention has on preventing a hospital admission to again measure the impact the service is having.

Feedback from a 2013/14 review of the service showed:

- 328 domiciliary MURs had taken place;
- an estimated 84 emergency admissions (RiO) had been avoided; and
- an estimated NHS cost avoidance of **£235,200**.<sup>4</sup>

For contact details of your LPC please visit [ipc-online.org.uk](http://ipc-online.org.uk)