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PHARMACY
the Heart of our Community

PHARMACY REABLEMENT SERVICE

Your health challenge

- Between 30-70% of patients have either an error or unintentional change to their medicines when their care is transferred[1]
- Unintended discrepancies in patients' medicines after discharge from hospital affect up to 87% of patients[2]
- Medicines-related problems after hospital discharge are associated with potential and actual adverse health consequences, many of which are preventable[2]

How can community pharmacies help?

Patients recently discharged from hospital to their homes are at high risk of readmission[3] therefore services should be targeted to support patients following discharge.

A pharmacy reablement service provides this group of patients with expert advice and support with their medicines regimen from a pharmacist in the comfort of the patient's own home.

A pharmacy reablement service on the Isle of Wight, which supported 254 high risk patients over a two year period showed:

- 37% reduction in patients re-admitted to hospital;
- 63% reduction in total number of admissions;
- 48% reduction in average length of stay;
- 8,850 bed days were saved;
- £1,885,050 saved in excess bed days; and
- only 17% of the total number of patients were readmitted within 28 days.[3]

This service was recognised in Healthwatch England's report *Safely home: What happens when people leave hospital and care settings?* It was also shortlisted for the *Health Service Journal* Primary Care Innovation Award 2015.

1. NPSA and NICE Technical safety solutions, medicines reconciliation
2. Alam MF et al. Evaluation of the discharge medicines review service (March 2014)

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What the patients and carers say

"So, I've been doing it [the medicines] for quite a long time haven't I, but it was helpful for somebody to come and say to me, if you've got any problems give me a ring or come and see me. I know that there's backup there if I ever needed it."[4]
Patient

"Every month now, they [pharmacy] deliver the prescription. But I must mention to be honest about it, give credit where it's due. That they are really, really wonderful."[4]
Patient

"It was very difficult then. But now it is much easier and she's taking less tablets."[4]
Patient's carer

3. Enhanced reablement report (April 2013)
4. Preventing hospital admissions with an innovative reablement service presentation 2015

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Potential benefits of a community pharmacy reablement service

1. Helps avoid unnecessary hospital admissions

The service supports patients in the community, keeping them well and avoiding many "unnecessary" hospital admissions, which also saves money for the NHS. Many hospital admissions are medicine-related and such admissions, with the correct support, are completely avoidable.

2. Available to patients in their own home

This service allows community pharmacists to visit patients in their own home, which ensures the service is available to patients who are housebound. It may also mean the patient feels more relaxed as the service is not being carried out in a clinical environment and may feel more able to ask questions about their medicines.

3. Opportunity to identify further support needs

This service provides the pharmacist with the opportunity to see what further support they can offer the patient to help them manage their medicines. This may be, for example, large print labels for those that are partially sighted, non-child resistant tops on medicines bottles for those with dexterity issues or compliance aids for those who get confused or forget to take their medicines.

4. Encourages self care

Educating patients (and their carers) about their medicines and providing further support services encourages patients to self care for their long-term condition.

How might your local service work?

While in hospital, vulnerable patients (those that are considered high risk of being readmitted to hospital within 30 days of discharge) could be identified by the reablement team. These patients would then be referred to the hospital pharmacy team to assess their ability to manage their medicines.

The assessment report could be referred to a coordinator for the service who could contact a community pharmacy. Ideally, the patient's usual pharmacy would be contacted but if they do not offer the service the referral would be passed to another pharmacy within the locality.

The pharmacist would be sent the referral (fax or secure email) and would then contact the patient and decide to visit, ideally within seven days of discharge, to sit down with the patient (and their carer) and complete:

- a Medicines Use Review – a semi-structured interview with the patient to assess their understanding and answer any questions they may have about their medicines (covers both prescribed and non-prescribed medicines);
- a medicines cabinet check – to confirm the patient has enough medicines to last until their next GP appointment;
- the removal of any medicines that have been discontinued - this prevents patients reverting to their previous medicines' regimen;
- synchronisation of the patient's medicines;
- provision of a medicines compliance chart – to assist the patient in remembering to take their medicines at the appropriate times; and
- a full capability assessment.

A discussion around how the patient will manage their medicines going forward could also be undertaken and the pharmacist would then be able to suggest support services such as home delivery, use of the repeat dispensing service, compliance aids, large print labels and easy open tops on bottles.

Follow up visits could be part of the service, for example, one month later and three months later to ensure the patient has adopted their new medicines regimen and that there are no issues affecting adherence.

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