Lewisham Integrated Medicines Optimisation Service

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Seen this before?? - Hoarding & Wastage
The Story So Far.............

The Problem
- Increasing use of MDS - no assessments for appropriateness
- Increasing 7 day prescriptions
- Social Care Policies driving force

The Action
- Domiciliary care workers trained to administer medication with competency assessment
- Community Pharmacy Commissioned to provide MDS service with MAR charts
The Story So Far.............

The Gap

• Lack of support for care providers
• Housebound patients not assessed

The Solution-LIMOS

• 4 Specialist Pharmacists
• 1 Specialist Pharmacy Technician
• Hospital Consultant input, if required
LIMOS

• Integrated team based & rotate through both 1<sup>0</sup> and 2<sup>0</sup> care
• Pathway for referral & communication between
  – LIMOS hospital and community team
  – Community pharmacy &/or GP
  – Social Care / Domiciliary care workers
Solving Medicine Related Problems at Transfer of Care

**Hospital-Secondary Care**

- GP’s Community Pharmacist (MUR/NMS-mobile patients)

**Community-Primary Care**

- Prevention & Recovery Team
  - Age UK
  - Therapy assistant practitioner
  - Community Matrons
  - Admissions Avoidance
  - Neighbourhood MDT

**Transfer of Care- High risk patients**

- Social Services Care Agencies

**LIMOS**

- HAST (social care + MDT)
  - Supported Discharge
  - Ward Pharmacist
  - OT’s & Physiotherapist’s
Outcomes

• Cases seen (+ re-admissions)
• Interventions by type
• Medicines stopped (£)
• Visits prevented (medicines administration by social care)
• Medicines not supplied to care home (£)
• Admissions Avoidance – predicted (est. £)
• Review of blister packs (£)
Case 1- Transfer of care

Patient Mr. NB, 85 years old

**PC:** Confusion, incoherent speech, muscular aches

\(\Delta\): Hypoglycaemia, High Blood pressure (162/94mm/Hg), inappropriate dose of Rosuvastatin 60mg od

**PMH:** T2DM, HTN, Anaemia, Hyperchol, CKD3

Lives with his wife and managed his medicines by MDS prior to admission

Referred to Hospital LIMOS team prior to discharge
Case 1- Transfer of care

• Non-adherence identified
• Patient d/c despite concerns raised
• Patient referred to Community LIMOS team for urgent follow up.

Risks:
• Medical team had re-iterated the importance of taking all his medicines- Patient agreed
• Patient to take all 7 medicines altogether that can reduce BP
• High Risk of falls and hypotension
Case 1 - Transfer of care

What did LIMOS do?

• Team visited the patient as a priority.
• Patient was taking all his medicines as prescribed
• Arranged appointment with GP same day for BP/BM check
• Contacted GP to advise to re-titratre BP meds

Outcome

• Followed up within days to ensure that the patient was coping and no other issues
• Gp stopped most of his BP meds and started to re-titratre as per the HTN guidelines with regular BP/BM checks
• Communicated to Community Pharmacist
Case 2- Transfer of care

Patient Mr RU, 80 years old

**PC:** Red hot swollen leg (podiatry referral)

**Δ:** Cellulitis,

**PMH:** Dementia, Joint pain, OA, IHD, AF, LBBB

Care Home resident

Reflected to Hospital LIMOS team prior to discharge
## Case 2 - Transfer of care

### Medication on Discharge

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
<th>Duration</th>
<th>Supply</th>
<th>GP continue?</th>
<th>Pharmacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>aspirin</td>
<td>75mg</td>
<td>Each morning</td>
<td>Oral</td>
<td>14 days</td>
<td>POSH (Patient's Own Supply at Home)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>oxycodone</td>
<td>up to 4 times a day</td>
<td>oral</td>
<td>14 days</td>
<td>POSH (Patient's Own Supply at Home)</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>fortisip</td>
<td>200mg</td>
<td>Twice a day</td>
<td>Oral</td>
<td>14 days</td>
<td>Ward</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>senna tablets</td>
<td>2 tablets when required for constipation</td>
<td>oral</td>
<td>14 days</td>
<td>Pharmacy</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Movicol</td>
<td>1 sachet</td>
<td>Twice a day</td>
<td>Oral</td>
<td>14 days</td>
<td>Pharmacy</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

The patient should stop the following medicine:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
<th>Reason for Stopping</th>
</tr>
</thead>
<tbody>
<tr>
<td>ferrous sulphate</td>
<td>200mg</td>
<td>Twice a day</td>
<td>oral</td>
<td>stopped whilst inpatient</td>
</tr>
<tr>
<td>diclofenac gel</td>
<td>apply</td>
<td>three times a day</td>
<td>oral</td>
<td>stopped whilst inpatient</td>
</tr>
</tbody>
</table>
Case 3

Patient Mrs NL, 84 years old
Cannot speak English, or read Cantonese

**PC:** Confusion, not coping

△: CT head- small vessel disease

**PMH:** Metallic Valve, CCF, HTN, Difficulty walking, hypothyroid, AF

Lives alone, no formal carers, some help from family, unable to managed medicines prior to admission

**Referred to Hospital LIMOS team prior to discharge**
Case 3

- **Assessed by hospital LIMOS team** -
  - Medicines were rationalised to once a day in the morning
  - Trial of MDS on discharge
  - Community LIMOS to follow up post discharge
  - Sons to manage warfarin administration
  - POC initiated to help with personal care

- **Follow up**
  - Carers were administering patients' meds from MDS at patients' request
  - Family were struggling to manage the warfarin daily
Case 3

Outcome

• Communicated to Community pharmacy, Social Services & Care agency
  – Switch to LEVEL 3 medication support
  – Original packs and MAR chart
  – Remove MDS
  – Warfarin to be administered by DN until carer worker trained to administer by the LIMOS team.

• GP informed of the changes via letter
• Anticoagulant Pharmacist informed of plan
Future Developments

• Service Development
• EMIS community
• Medical peer review of interventions - admission risk
• Further collaborative work with community pharmacy – Transfer of care NMS
• Service Evaluation – Satisfaction survey (Referrers & service users)
Testimonial's

Social Worker, Adult First Response Team
“I have referred 3 clients to the services so far. On each occasion they were efficient, and visited the client within a day or so. They (LIMOS) could amend the medication regime to fit the current care package without needing to increase the calls and were able to address compliance issues with medication. In summary, it is very effective and useful service for both the clients and socials services.”

Wife and carer of patient seen by LIMOS
“The LIMOS team were very good and helped to sort out my husband’s medicines and made it safer. I would recommend the service to friends and family if they had problems with their medicines. My husband now takes his medication on a daily basis unlike before”
Any Questions??