Medicines Optimisation – An integrated approach in Lewisham

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Its been a journey…

• Joint policy for assessment of medication support needs in older people
• Re-skilling domiciliary care providers: domiciliary care workers for original packs
• GPs switched away from 7 day prescriptions
• Pharmacy LES: MAR, Blister packs

Medication waste.....opportunity lost
LIMOS Team
(part of CHS)
• 4 specialist pharmacists & 2 technicians
• Senior Pharmacist
• New Care Home Team; 2 pharmacists & 2 techs

Pathway – Referral of patients with medicines related problems for assessment, support & follow up across health & social care, & 1^0 and 2^0 care
LIMOS model of care

Hospital-Secondary Care

 INTERFACE

 Community-Primary Care

Transfer of Care- High risk patients

Social Services & Care Agencies

GPs
Community Pharmacist (MUR/NMS-mobile patients)

LIMOS

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

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

www.lewishamandgreenwich.nhs.uk
Demonstrated outcomes (12 month data)

- Cases seen (n=469, 947 interventions)
- Reduction social services support (139 visits)
- Medicines stopped (238)
- Admissions avoidance (peer reviewed)
  150 A&E attends & 30 admissions avoided
- Direct / indirect savings £600K

For every one £1 invested into delivering the service, £2 saved across the health & social care environment
Measuring outcomes

• Challenge of measuring impact of what MO services prevent
  – Adapted NPSA tool (Consequence vs Likelihood)
  – Cost of admission avoidance calculated: interventions rated ‘high and very high risk’
  – Sample risk-rated by independent panel
  – Data suggests cost avoidance may be underestimated by approach
  – Research to validate tool / approach underway
Additional outcomes

Is it all about the money?

VALUE = product of Cost & Quality
Additional Outcomes

“This project demonstrated clear clinical benefit and substantial financial benefits. It really shows what can be done in truly integrated care.”
Additional Outcomes: Commissioned Patient Experience Survey

• “15 steps challenge” – 13 patient / carer interviews: High levels of satisfaction with LIMOS:
  • “If everyone who are involved – doctors, nurses, social services were as good as [pharmacist] it would have been a lot easier for me”
• Impact of LIMOS was highly valued by patients / carers. One respondent….. “I couldn’t fault her.”
• Involving – All respondents reported being involved in the process of reviewing their medicines related care plan.
• Communication - All participants said they were able to understand what was being explained
Additional Outcomes:

**Evaluation of impact of full Data-sharing between LIMOS & GP practices**

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<thead>
<tr>
<th>Positive Improvement Reported</th>
<th>MO Team</th>
<th>GP</th>
<th>Patient</th>
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<tbody>
<tr>
<td>Helps identify / reduce risk of errors</td>
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<tr>
<td>Better caseload management / information flow in MO team</td>
<td>✓</td>
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<td>Improved joined up care</td>
<td>✓</td>
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<td>Can see &amp; F/U urgent cases more quickly</td>
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<td>More efficient pathway - reduced &quot;hasstle&quot;</td>
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<td>Supports performance / outcome reporting</td>
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<td>Improved IG - reduced paper</td>
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<td>Improved clinical recommendations</td>
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Summary

LIMOS aims to deliver a system wide co-ordinated care model which promotes medication optimisation in the local population underpinned by:

- Partnership working across health & social care
- Joint medicines policy
- Interface pharmacy team integrated across 1⁰ & 2⁰ care
- Shared access to information / GP records facilitating a patient centred approach
- Demonstrated outcomes: quantitative & qualitative
Thank you, any questions?