NHS
Ipswich and East Suffolk
Clinical Commissioning Group

Clinical Pharmacist's role in the Care Home

A key responsibility for pharmacists in the Care Home is **medicines optimisation**. Medicines optimisation encompasses all aspects of the safe and effective use of medication. It is the pharmacist's responsibility, as specialists in medicines, to ensure treatments are appropriate for the individual patient and that prescribing guidelines are being adhered to.

One way in which medication safety is achieved is through **medicines reconciliation** (MR). The aim of the MR is to minimise errors in prescribing and ensure continuity in treatment based on the patient's history. Errors in medication are of particular concern and this was highlighted by the Royal Pharmaceutical Society. The following statistics are taken from their 2013 guidance "Medicines Optimisation: Helping patients to make the most of medicines".

- A study conducted in care homes found that over two thirds of residents were exposed to one or more medication errors.
- Over half a million medication incidents were reported to the NPSA between 2005 and 2010. 16% of them involved actual patient harm.

Medicines Reconciliation: Key areas

What does the pharmacist look for?

- **<u>Clinical check</u>**
    - *Allergies* – the allergy status of the patient should be documented so that this medicine can be avoided in future treatment. It is also important to establish the nature and severity of the reaction to help guide future treatment options
    - *Dosage* – a dose may be higher or lower than the usual recommended dose and the pharmacist can establish if this is appropriate. The pharmacist will also check if dose adjustment is needed based on the age of the patient, any renal/hepatic impairment or other disease
    - *Interactions* – the pharmacist will identify and take action to avoid potentially serious interactions occurring. Interactions may be:
        - Drug-drug (e.g. clarithromycin and simvastatin)
        - Drug-food (e.g. warfarin and cranberry juice)
        - Drug-disease (e.g. beta-blockers and asthma)
    - *Side-effects* – the pharmacist will identify where medicines are actually causing illness in a patient and work to resolve this. Dose adjustments, alternatives or stopping treatment may be suggested
    - *Falls risk* – the pharmacist will assess the patient's medication and identify if any of the medicines pose a falls risk to the patient. These can then be highlighted to the prescriber for review
    - *Antipsychotic use in the elderly* – nationally healthcare professionals are working to reduce the number of patients prescribed antipsychotics for behavioural and psychological symptoms of dementia (BPSD). It is the pharmacist's responsibility to

question antipsychotic prescribing in this population to reduce risk of harm to these patients

- **Monitoring** – certain medicines require additional monitoring to be carried out. The pharmacist will check these tests have been performed and ensure action is taken when troublesome results occur. Monitoring may be of:
    - Serum levels (e.g. Lithium)
    - Blood counts (e.g. Methotrexate)
    - Urea and electrolytes (e.g. Digoxin)
    - Renal/hepatic function (e.g. ACE inhibitors)
    - INR (e.g. Warfarin)
- **Prescribing guidance** – there are several sources of guidance available for prescribers and the pharmacist will check that guidelines are being adhered to. Guidance may be:
    - National (e.g. NICE guidelines, SIGN guidelines, BTS guidelines)
    - Local (e.g. Medication formularies, shared care agreements)
- **Medication switches** – First-line medication options for a condition may be changed from time to time to reflect changes in evidence of clinical benefit and/or cost effectiveness. The pharmacist can change a patient's medication to comply with such guidance.
- **Homely Remedies Policy** – the aim of this policy is to reduce any delay in patients getting treatment for minor ailments. The pharmacist will screen this section of the MAR chart to ensure no interactions with the patient's regular medicines are apparent

If there are any questions or queries with a patient's medicine or how to administer a medicine, **ask the pharmacist for advice**.

What are the outcomes of the MR?

- The pharmacist will use the information they have collected from their MR to amend a patient's treatment where appropriate
- The pharmacist will issue advice to prescribers and nurses on prescribing and administering medicines