

Reducing overprescribing in care homes – pharmacy technician led interventions

Collaborating organisations: SEL ICS, Orpington Primary Care Network (Bromley), Bromleag Care Practice (Bromley)

Description

The purpose of this mini-pilot was to test the use of a pathway which utilises a pharmacy technician to identify and have shared decision-making conversations about the inappropriate prescribing of specified ‘when required’ (PRN) medicines (paracetamol and the laxatives senna and macrogol). The pharmacy technician then works closely with the GP and members of the primary care and pharmacy care home teams to facilitate deprescribing.

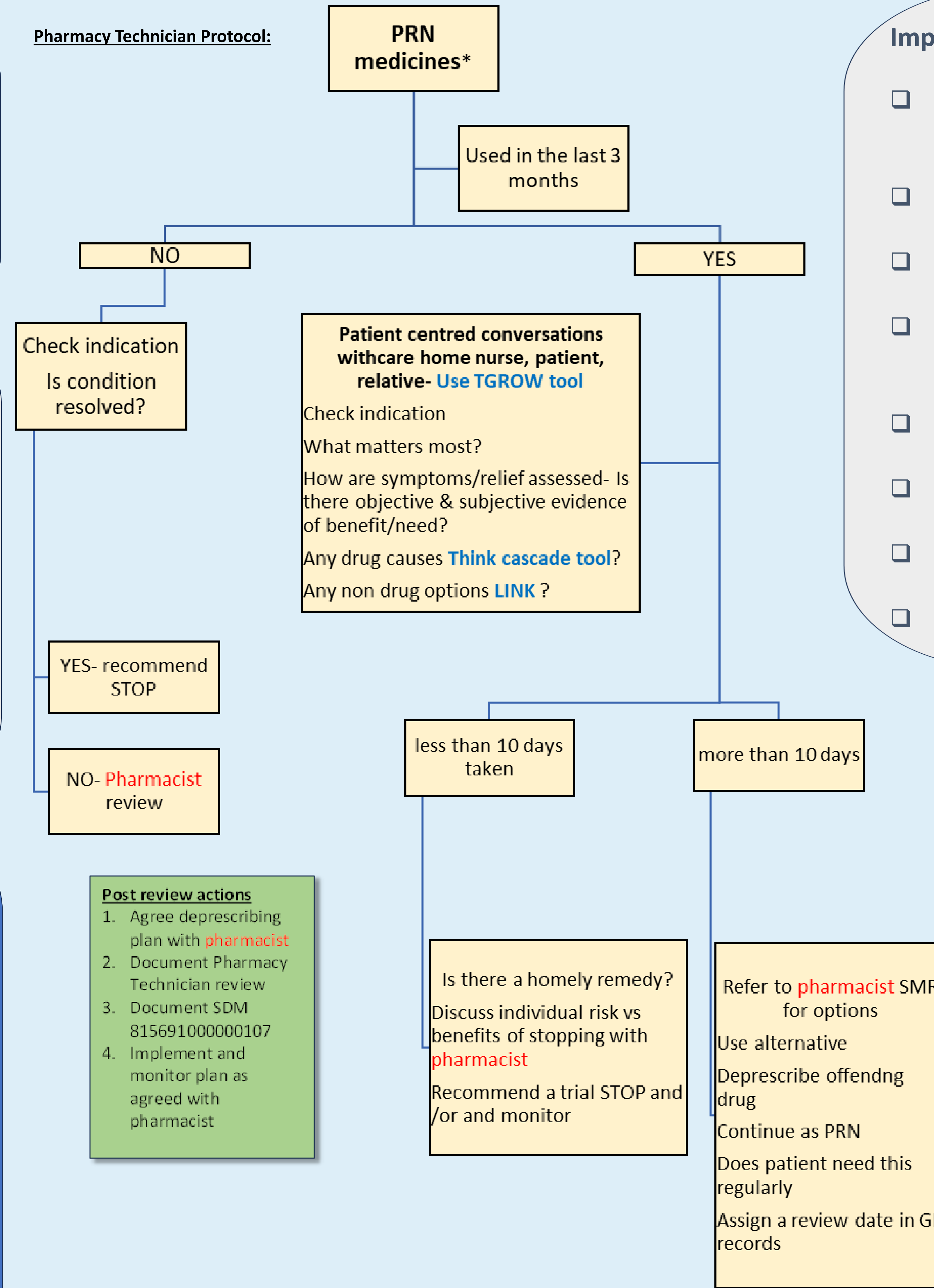
What problem is it trying to solve to tackle overprescribing?

- ❑ The identification and prioritisation of people who would benefit most from a SMR is currently inconsistent and not routine practice.
- ❑ The opportunity to review medicines and deprescribe is not consistently built into repeat prescribing, which can lead to overprescribing and medicines waste.
- ❑ The full potential of pharmacy technicians to support the prioritisation of patients for Structured Medication Reviews (SMRs) is not always recognised or utilised.

Intended outcomes

- ❑ To reduce the overprescribing of specified medicines ‘when required’ (PRN) paracetamol, senna and macrogol in care home patients.
- ❑ To reduce health inequalities in a patient group that has been linked to high levels of overprescribing (elderly, frail, multi-morbidities)
- ❑ To establish a pharmacy technician led process for reducing overprescribing that incorporates an appropriate referral pathway and access to specialist support.
- ❑ To support a pharmacy technician to become confident and competent to identify and have shared decision-making conversations about inappropriate prescribing of specified medicines.

Pharmacy Technician Protocol:



I sent you the second care home audit today – this one proved a lot easier as I was more aware of what needed to be done and how to do it!
Pharmacy technician feedback

Implementation

- ❑ The care homes that were to take part in the mini-pilot were identified and agreement was sought from the relevant practices. A meeting took place with the care homes and the mini-pilot was presented to the wider care homes forum.
- ❑ An agreement was reached on which medicines the mini-pilot would focus on, and a protocol was developed for the pharmacy technician to use.
- ❑ Patients were identified using searches at the GP practices and screening of MAR charts at the care homes.
- ❑ The pharmacy technician and PCN pharmacist were briefed on how to take a patient-centred approach, and an initial trial of the protocol was undertaken with the SEL ICS Overprescribing Lead pharmacist.
- ❑ The pharmacy technician subsequently followed the protocol, undertaking shared decision-making conversations and drafting recommendations for each patient.
- ❑ The recommendations were reviewed and agreed by the GP and care home pharmacist.
- ❑ Initial findings were analysed and evaluated, including general recommendations for the care homes and their processes.
- ❑ Use of the protocol was extended to other floors of the care homes.

Outcomes

- ❑ The protocol was successfully tested across two care homes with 80 medicines reviewed by the pharmacy technician, which were then analysed.
- ❑ 60 of the 80 recommendations made by the pharmacy technician were upheld (75%). Common reasons for not upholding the recommendation included a change in patient’s clinical status, palliative care and other changes to the patient’s medicines.
- ❑ 30% of the medicines reviewed were stopped (paracetamol 36%, laxatives 23%) and 20% were switched to being prescribing regularly (paracetamol 20%, laxatives 20%). 3 medicines were stopped and then restarted due to a change in the patient’s clinical status or reasons relating to a hospital admission.

Top Tips:

- ❑ Discuss and agree the review protocol with the pharmacy technician
- ❑ Ensure there is engagement with the care home – explain what the work is about and how they will benefit, and agree that the patient’s perspective will be discussed
- ❑ Start with one floor of the home and learn and adapt to build the confidence of the pharmacy technician