Enhanced Reablement – progress report

Enhanced Reablement continues to be well received by patients, to date community pharmacists have engaged with 43 patients.

The reviews, when these have taken place have been well received by patients.

60 referrals have been received to date and these are now passed to a dedicated community pharmacy coordinator.

Headline outcomes to date:

Number of referrals	60
Number of referrals that were inappropriate (no medicines issues*)	9
Number of patients not contactable	4
Number of patients that had been readmitted at first contact attempt	4

Table 1

* Some patients identified by the reablement team had no medicines related issues. There were support needs but these were related to mobility or nursing support eg. change of dressings etc.

Support provided at first interaction:

Type of Support Provided	**Total**
Medicines Use Review	43
Medicines Cabinet Check	40
Medicines Synchronisation	32
Medicines Information Chart	32
Capability Assessment as per DDA	38
Assessment of Future Needs	41
Discontinued medicines removed instances	32

Table 2

Type of Intervention made to improve medicines compliance

Changes made	**Total**
Large print labels	2
Easy open caps	5
Medicines chart	14
Compliance aid	12
Managed repeat service	27
Future delivery service	26
Patient/Carer Education	43

Table 3

Number of Second Interventions carried out to date (5 weeks)– 24
Number of patients not compliant at second intervention -2
Number of Third Interventions carried out to date (90 days) – 10
Number readmitted at third intervention - 3

Summary of Findings.

Patients referred to community pharmacists for support that have medicines related needs have in general been very appreciative of this service. There are several notable examples of success where visits have identified those listed as carers as struggling with medicines management issues themselves. A good example of this was a patient visited in Sandown that had been the main carer for his wife, who had Parkinson's disease, but now due to his hospitalisation had been unable to manage his or her medicines. At the first visit, the pharmacist not only addressed the needs of the patient referred but also those of his wife with the introduction of a tailored care package that saw the initiation of monitored dosage packs for both, backed up with a managed repeat and home delivery service to ensure continuity of medicines supply.

Another example of positive feedback was provided by a Shanklin Pharmacist who had been able to support a patient discharged with COPD. Here interventions had seen contact with prescriber to inform of issues with excessive sputum that had been causing distress to the patient. Medicines initiated and explained to help with this resulted in a personal visit some weeks down the line to thank the pharmacist for his intervention that had a very positive impact on quality of life.

Patient and carer education has had a very positive impact with most being unaware prior to the community pharmacist visit, of levels of support that are possible from community pharmacies.

Issues that require resolution

There are still issues with patient identification at the start of this pathway with referrals passed through that are inappropriate. Patients have been referred for medicines support that are discharged with social care needs and when contacted are not taking any medicines at all. There have also been referrals received from the reablement team where patients have been discharged from hospital receiving palliative care. A recent referral saw a patient discharged requiring a syringe driver. This patient was returning home to die and when the pharmacist made contact within the seven day time frame the patient had passed away. This experience can be upsetting for relatives and Health Care Professional (HCP).

This inappropriate patient selection issue is an issue that has been highlighted from the start of this service, and the main problems still seem to persist with patients being referred for medicines support that are either not taking any medicines or do not require medicines support.

Patients are sometimes discharged to an intermediate care setting e.g. The Gouldings or Adelaide but the referral form does not detail this. This results in attempts to contact the patient that are not successful, as the patient has not returned home, and potentially the patient not receiving the intended support. If we can get this corrected, the pharmacist can liaise with the home to ensure a visit takes place either in that setting or when the patient returns home.

There are sometimes time delays that result in referrals received passed the seven day target.

Suggestions for service improvement

For those patients identified as requiring this level of support, a simple card could be handed to the patient at the point of discharge detailing what will happen next i.e. a visit from community pharmacist, OT, Physio. The card could also explain that the pharmacist that may visit will be a pharmacist from their locality but may not be their usual pharmacist, as not all provide this service. Sometimes contact from a community pharmacist that is not the regular pharmacist has caused initial confusion that has been quickly resolved, but informing the patient at the outset could easily address this issue, and a simple card approach will also act as a reminder for some of the more vulnerable patients returning home that have a degree of memory loss.

Conclusion

This service has the potential to impact on outcomes for patients that are high risk of hospital readmission. Many hospital admissions are medicines related and if these medicines issues are address very quickly after discharge such readmissions can be avoided. Pharmacists, both secondary care and primary care, are ideally situated to provide this education and support.

We need to address issues such as patient selection and onward referral to ensure the needs of the patients are met by appropriate HCP's and care workers.

The information coming through from the secondary care team has improved with significantly more patient referrals received with a medicines list on discharge.

There are still sometimes issues with incomplete and inaccurate information being provided, primarily these relate to patient destination on discharge, carer information and contact details missing from the referral form.