

Medicines Optimisation in Care Homes (MOCH)

Project Report
Jan 2019 to Dec 2020

The Black Country STP

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1. Background

In March 2018 NHS England announced the introduction of the Medicines Optimisation in Care Homes (MOCH) programme. The programme aims to focus on care home residents across all types of care homes and aims to provide care home residents with equity of access to a clinical pharmacist prescriber as a member of the multidisciplinary team, with the supporting infrastructure for achieving medicines optimisation according to need and provide care homes with access to pharmacy technicians who will ensure the efficient supply and management of medicines within the care home, supporting care home staff and residents to achieve the best outcomes from medicines.¹

The programme has been funded by the Pharmacy Integration Fund (PhIF), the purpose of which is to develop schemes which integrate pharmacists and pharmacy technicians into the wider primary care workforce. This will improve access for patients, relieve the pressure on GPs and accident and emergency departments, ensure best use of medicines, drive better value, and improve patient outcomes^{1,2}.

“The Medicines Optimisation in Care Homes programme will see pharmacists and pharmacy technicians trained to support older frailer people and other people living in care homes, to get the best from medicines and by doing so, reduce risk of harm, improve quality and save NHS and care home resources”.

Wasim Baqir - National Pharmacy Lead, Medicines Optimisation Care Homes Scheme²

Health Education England (HEE) has commissioned CPPE to deliver the training pathway for medicines optimisation in care homes programme. The 18-month Medicines Optimisation in Care Homes training pathway for pharmacy professionals has been developed to equip pharmacists and pharmacy technicians with the knowledge and skills necessary to meet the objectives of the NHS England Medicines Optimisation in Care Homes programme².

2. Introduction

Midlands and Lancashire Commissioning Support Unit (MLCSU) have been commissioned to deliver the NHSE MOCH programme across The Black Country STP. The team included pharmacists and a pharmacy technician, funded 75% by NHS England and 25% by the Black Country STP, to deliver the programme across Dudley CCG, Sandwell & West Birmingham CCG, Walsall CCG and Wolverhampton CCG.

The pharmacists worked as part of a multidisciplinary team to provide leadership on person centred medicines optimisation through structured medication reviews (SMR) to proactively manage individual patient need improving their quality of life.

To support care homes our Pharmacy Technician used a robust medicines management system template, based on good practice and NICE guidance (SC1). The pharmacy technician led ‘Medicines-related Quality and Safety Inspection Service’ reviewed 18 different areas related to safer use of medicines in care homes, providing assurance and identifying improvements from ordering, storage, administration, recording and disposal of medicines. The care home benefits further as this service helps to address elements of the Care Quality Commission (CQC) key lines of enquiry (KLOE).

3. Aims and Objectives

The MOCH team aim to integrate themselves as part of the multi-disciplinary team (MDT) so work with GP practices (and latterly their Primary Care Networks), CCG quality improvement teams, CCG safeguarding teams, care home staff, community pharmacists and social care supporting implementation of the Enhanced Health in Care Homes (EHCH) framework.

Through medicines optimisation, pharmacists will improve residents' health outcomes. The pharmacy technician will provide guidance and training on medicines processes and systems to support wider management of medicines in care homes.

As agreed with the commissioner, pharmacists will strive to deliver patient centred care through level 3 structured medication reviews, where appropriate, by implementing consultation and clinical skills taught throughout the CPPE 18-month MOCH training pathway. Specifically targeting those with unnecessary polypharmacy to help reduce the risk of medication errors and adverse drug reactions, potentially avoiding unplanned hospital admissions, aiming to improve both patient and carer understanding of confidence in and compliance with their medicines.

The pharmacy technician will implement skills taught throughout the CPPE training pathway supported by MLCSU to review medicine management policies and carrying out practical observations in the care home. The audit will include reviewing PRN (when required) medication, ensure appropriate use of covert administration of medicines, check medication records are up to date, ensure medicines are stored safely and securely including controlled drugs, conduct stock checks, ensure allergy information for residents are recorded accurately and review ordering and receipt of medicine processes. A report will be generated to outline the review with recommendations on how to improve systems within the care home. The pharmacy technician will also conduct audits to identify avoidable medicines waste generated by the care home. Medicines waste audits can identify patients that require urgent medication reviews, supporting patients to be prioritised for SMR by the MOCH pharmacist.

4. Results

Overall Project Summary (January 2019 to December 2020)

Total number of Reviews (commenced from 01/07/2019)	1491
Number of interventions	2527
Number of high-risk drug interventions	233
Total number of concordance and compliance queries	80
Total number of cost-effective drug switches	212
Total number of drugs stopped	1283
Total number of drugs requiring formulation changes	216
Total number of drugs started as a preventative or for symptomatic patients	92
Total number of drug dose optimisations	706
Number of care home systems review visits and reports***	21
Number of care home waste audits	11
Total number of GP appointments saved	1491

GP time saved (mins)*	13,747
Cost Savings	
Cost savings associated with medication reviews	£149,359
Cost savings associated with GP time saved**	£42,195
Cost savings associated with medicines waste audits	£1,222
Drug cost savings per patient	£100

*Calculation based on one GP consultation duration is equivalent to 9.22 minutes for 2019³.

**Calculation based on £28.30 which is the reference GP consultation cost for 2019³.

***Overall, nineteen care homes were initially reviewed with two follow up system review reports.

Initially, governance processes were agreed with CCGs, care homes and GP practices (later to include newly formed Primary Care Networks). Between July 2019 and December 2020 this service delivered on average around 1.7 accepted interventions per patient reviewed, with drug cost efficiencies per patient averaging £100, excluding potential hospital admissions avoidance. Pharmacist structured medication reviews saved GP practices, 1491 GP appointments plus time saved processing 100 outpatient and 49 discharge letters.

These outcomes were achieved by our pharmacists undertaking 30-minute, in-depth, reviews following these up with GPs, practice nurses, CCG medicine management teams and care home staff. Over 7% [108/1491] of patients were able to participate in face-to-face reviews, whilst others were unable because either they did not have the cognitive ability to participate as noted by care home staff or on GP clinical systems; some patients or carers would not consent for a face-to-face pharmacist review. The COVID-19 pandemic prevented further face-to-face SMR due to patient and staff safety in 2020.

Throughout, the MOCH service did not receive any complaints. GP practices and care home staff including patients reviewed face to face where provided with a survey to feedback their thoughts, supporting potential service improvement. Once a patient's medication was completed all information was recorded on a review template in the GP clinical system which was updated once recommendations had been approved by a clinician. All changes were communicated to the patient, care home and community pharmacist, as appropriate. These points also serve to provide commissioner assurance and support continuous improvement so maintaining 100% of the service Key Performance Indicators as noted below:

- Medication review template in place for 100% of patients reviewed by the service
- 100% of care homes and GP practices through the service were given a Practice & Patient Satisfaction / Experience Questionnaire to Complete
- Complaints, and compliments arising from report and Provider complaints audit would be acted upon, and an action plan developed and shared with the commissioner

The MOCH pharmacy technician was requested to complete medicines waste audits in care homes, completing 11 and identifying over £1,222 of avoidable waste. This figure excluded any medications that were due to deprescribing, formulation change, patients admitted to hospital or deceased. The waste audit highlighted gaps in care home staff understanding of managing medicines, specifically identifying training and support for their repeat management processes. The audit also provided an overview of patient adherence and possible misinterpretation of patients' medication regimens as noted on the GP clinical system, prioritising patients for review by the MOCH pharmacist. The pharmacy technician provided training to improve repeat management processes within care homes to staff; supporting communication between care homes, GP practices and community pharmacy to embed the new way of working. Training was provided to improve understanding on the 28-day medication cycle so not all drugs needed disposing but carried forward; an expiry date guidance document and good practice on disposal of medicines resolved other gaps in knowledge.

The care home system review identified 84% [16/19] of care homes needed improvement in more than 55% of areas examined related to safer use of medicines, and 100% [19/19] were deficient in at least 35% of these areas, overall. Where more than 70% of care homes reviewed were deficient in the same area (not rated green) they were classed as a priority theme. 55% [11/20] of the system review areas were classed as priority themes requiring urgent improvement in self-administration, staff training, ordering and receipt of medicines, safe storage of medicines and medication alerts and adverse reaction, with 100% of care homes deficient in the areas of medicine policy and medical records. A summary can be found in Appendix 9.3.

Overall, to understand how well this service had been received responses from GP practices, care homes and patients to our satisfaction survey provided their reflections. Of the 20% [22/108] patient survey returns (Jul 2019 to Nov 2020):

- 100% found their review useful (45% very useful and 36% extremely useful)
- 100% found the pharmacist listened to them and 100% were happy with the outcome of their medication review (very happy 55% and 23% extremely happy)
- 100% would recommend this service to other residents (50% likely and 45% very likely)

Of the 37 GP practice and care home staff survey returns (Jul 2019 to Nov 2020):

- 100% would recommend the MOCH service to others (84% very likely)
- 97% found this service had made a difference to their patients (62% very positive)
- 97% found the service had made a difference to their practice/care home (70% very positive)

To read the full feedback from GP practices, care home staff and patients please refer to Appendix 9.1 and for testimonials Appendix 9.2.

5. Impact of COVID-19

The COVID-19 pandemic had an impact on service delivery as governance processes had to change and ultimately MOCH, which was aimed at supporting QIPP targets, was paused in March 2020, later restarted in July 2020 responding to 'NHS England's – Call to Action Letter'⁴.

The country went into lockdown and care homes stopped access to visitors including the MOCH team ahead of government advice mid-March 2020. CCG priorities changed and MLCSU redeployed MOCH staff to proactively support the Black Country STP COVID-19 response.

Whilst MOCH delivery was paused MLCSU MOCH staff delivered on alternate urgent workstreams to meet commissioner need on the following:

- Electronic Prescribing Service (EPS) project to support implementation, increasing the number of EPS nominations to reduce footfall in GP practices. The MOCH team scoped out resource and capacity requirements and organised for specific software to be installed onto the EMIS system whilst training was scheduled for all staff involved and relevant access from the GP practices was obtained. The Lead MOCH Pharmacist and Senior Pharmacy Technician developed a Standard Operating Procedure (SOP) for staff to follow and created a data recording platform to generate regular client progress reports.
- From April 2020 the MOCH pharmacy technician was redeployed to provide aseptic technical support to a local hospital.

From May 2020 NHS England and Improvement released a 'Call to Action' Letter for collaborative working within the wider multi-disciplinary team to support care homes through the pandemic. The MOCH team were able to

respond quickly due to an established working relationship with the Black Country STP Head of Medicines Optimisation for each CCG, Primary Care Network (PCN) Pharmacists, Practice Based Pharmacists (PBP) and CCG Prescribing Support Teams to prioritise support for care home patients which included:

- Walsall PCN practices had requested urgent support from the MOCH team to deliver care home medication reviews. The Walsall Head of Medicines Optimisation was made aware of these requests and encouraged the work. The MOCH team were included in regular meetings and provided updates to Walsall CCG pharmacy cell team.
- Walsall CCG had a request for a care home system review where the home needed improvement in handling of medicines to reduce potential harm to patients in their care. The pharmacy technician streamlined the ordering and receipt of medicines process and was the conduit for communication between the care home, GP practice and community pharmacy.
- For Wolverhampton CCG, the MOCH pharmacist provided support to the lead PCN pharmacist to deliver warfarin to DOAC switches, data collection, ensuring that correct paperwork is in place for sodium valproate prescribing in women of childbearing age.
- The MOCH pharmacy technician working closely with Wolverhampton CCG Prescribing Support Team to support registering care homes to the Online Proxy Ordering Service.
- The Lead MOCH Pharmacist provided ongoing support to Sandwell & West Birmingham CCG developing a standard operating procedure ahead of any anticipated medicines shortages. They also collaborated as part of a consultation group to develop supporting materials for the re-use of medicines scheme, and ensure processes were developed for rapid access to End of Life (EoL) medicines for care home patients, if needed.

6. Conclusion

The Medicines Optimisation Care Home (MOCH) pilot project generated actual drug cost efficiencies of over £149K, excluding cost improvement from potential hospital admissions avoidance, with a cost efficiency per patient reviewed of £100. The service created efficiencies by freeing up on average 62 GP appointments per month (figure does not exclude setup time or pause caused by COVID-19 pandemic), plus time not recorded for processing 100 outpatient and 46 discharge letters.

The MOCH pharmacists conducted 30-minute in-depth structured medication reviews and pharmacy technician delivered medicines waste audits and systems review to support medicines safety. To integrate themselves within the wider STP healthcare economy, MOCH staff proactively supported NHS teams through the COVID-19 pandemic response by redeploying their skills to priority commissioner workstreams. Throughout, the team gained vital practical experience by working with and supported by other healthcare professionals, and specific MOCH training through the 18-month CPPE pathway.

This pilot has proven, from work delivered by the MOCH pharmacy technician and pharmacists, there is huge demand for care home patient structured medication reviews, training for care home staff and review of their systems and processes. Development of pharmacists and pharmacy technicians can fulfil this gap in the current NHS system reducing pressures on GP practice resources to support patient outcomes.

The survey results from healthcare professionals and patients are encouraging as 100% would recommend this service to others, and 100% would recommend this service to other residents and were happy with the outcome of their medication reviews, respectively.

The pharmacy technician and four pharmacists who worked on this pilot project have been trained clinically, including upskilling in leadership and management, providing them with the platform to gain permanent work within the Black Country STP area, aligning with the commissioners' local primary care workforce strategy.

7. Recommendations

The following recommendations would support more than 9,500 care home patients currently residing in the Black Country STP region:

- Dedicated pharmacy technician to conduct systems reviews, medicines waste audits, level 1 medication reviews and care home staff training and policy development.
- A consistent integrated health and social care multi-disciplinary team approach to care homes management across the Black Country STP would reduce duplication and increase resource efficiencies, streamlining current systems.
- To support primary care efficiencies, empower clinical pharmacists' uptake, with senior support, for independent prescribing.

8. References

1. NHS England. *Medicines Optimisation in Care Homes programme overview*. March 2018
www.england.nhs.uk/wp-content/uploads/2018/03/medicines-optimisation-in-care-homes-programme-overview.pdf
2. CPPE, Medicines optimisation in care homes training pathway for pharmacy professionals Pathway and role progression handbook
<https://www.cppe.ac.uk/career/moch/pathway-handbooks>
3. University of Kent. Unit Cost of Health and Social Care 2019
<https://doi.org/10.22024/UniKent%2F01.02.79286>
4. NHSE letter re care homes
<https://www.sps.nhs.uk/articles/pharmacy-and-medicines-support-to-care-homes-urgent-system-wide-delivery-model/>

9. Appendix

9.1 Satisfaction Survey comments

GPs and GP Practice Staff

Always very helpful and knowledgeable and gets back to you quickly
Really helpful service to care homes
Really useful service for care homes

Patients

Very helpful. Good for those who can participate.
Pharmacist listened to my concerns
Friendly and listened to me
Listened to me
More time. Good if GP could come with pharmacist to make changes faster
Good if GP could come with pharmacist to make changes faster

Care Home Staff

Looking forward to being inspected again next year
I think this service is a superb idea
Just someone listening to us for a change
Pharmacy Technician explained clearly and helped to try and resolve issues
Hopefully, the change will be for the better
The service has made communication between GP'S more effective and decreased the time taken to do over the phone reviews with GP's.
Pharmacy technician has been very supportive at a challenging time for the care home. She found light when we could only see dark and despite finding several issues that needed addressing managed to make the audit a very positive experience, thank you.
Pharmacy technician enhanced our audit process. Person centred approach
Up-to-date information and knowledge. The system is right. Any errors are picked up and actions put in place

9.2 Testimonials

“Our care homes have benefited from the MOCH technician (Sonia Bigra), providing systems reviews and proactive support and training.”

Hemant Patel, Head of Medicines Optimisation – Wolverhampton CCG

“Sonia Bigra came over as a very professional and knowledgeable when discussing the areas, she has looked at during the MOCH teams time at the home. The staff at the home appreciated her input and they were genuinely happy with the outcome of the findings. Sonia’s passion and enthusiasm for her role is obvious.”

Annaka Keen, Senior Pharmacy Technician – Wolverhampton CCG Prescribing Support Team

“Dudley CCG has benefited from the additional resource of a MOCH pharmacist 2 days a week and a Pharmacy Technician 1 day per week for the last 2 years. They have fitted seamlessly into an existing Pharmacy Team undertaking medication reviews and providing medicine management support in our care homes. The training programme has supported the development of their skills and with the mentoring and peer review we have provided has enabled them to work productively and effectively with practices and clinicians to ensure medicines are used safely and effectively in care homes.”

Rachael Thornton, Older Persons Specialist Pharmacist – Dudley CCG

9.3 Overall System Review Summary

Name of Care Home (anonymised) & System Review Criteria	Home A (Dudley)	Home A (Dudley) - Visit 2	Home B (Dudley)	Home B (Dudley) - Visit 2	Home C (Dudley)	Home D (Sandwell)	Home E (Sandwell)	Home F (Sandwell)	Home G (Walsall)	Home H (Walsall)	Home I (Walsall)	Home J (Walsall)	Home K (Walsall)	Home L (Walsall)	Home M (Walsall)	Home N (Walsall)	Home O (Walsall)	Home P (Walsall)	Home R (Walsall)	Home S (Walsall)	Home T (Walsall)
Medicine Policy Medication Review	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Self-Administration Errors & Near Misses	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Audits	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Medical Information	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Staff Training	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Ordering & Receipt of Medicines	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Safe Storage of Medicines	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Administration of Medicines	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Medical Records	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Oxygen	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Controlled Drugs	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Warfarin	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Insulin	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Medication Alerts & Adverse Reactions	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Covert Administration	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Home/Remedies	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Information Sharing & Transfer	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN
Disposal of Medicines	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN	GREEN



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