Shetland Isles Telepharmacy: Utilising Pharmacy Skills

Anthony McDavitt 1 (author), Amanda Robertson 2, Duncan Johnson 3, Lisa Robertson 2, Clare Saunders 2, John McAnaw 4

1. Pharmacy Department, NHS Shetland
2. Ishallshavn Care Centre, Social Care Services, Shetland Islands Council
3. Brae Community Pharmacy
4. Pharmacy Department, NHS 24

BACKGROUND

WHERE: Yell; one of the three large remote islands within the Shetland Island’s archipelago. Home to over 1000 residents and an aging population with complex morbidity and prescribing needs.

WHY: Access to Community Pharmacy (CP) Services and Pharmaceutical Care is limited out with the Shetland Mainland. As a consequence, Yell based Senior Social Care Workers (SSCW) have the significant responsibility to create and maintain Medication Administration Records (MARs) for social care recipients. Yell’s remote location is a barrier to providing adequate pharmaceutical care, with an ongoing need in the absence of a regular GP.

Creating and maintaining accurate MARs is a highly complex and inherently risky process, for both client and organisation. In order to create a MAR safely and effectively, information has to be drawn from a variety of sources and reconciled with appropriate communication and investigation between services. This process is made less resilient by a challenging recruitment and retention climate in Social Care and discontinuity in both Health and Social Care staff. Care recipients usually have complex health needs and complex medications, thus there is a need for regular medication review.

AIMS

• Utilise the expertise and skills of Community Pharmacy and Primary Care Pharmacy (PCP) Clinical Pharmacists to improve and ensure the quality and safety of medicines management processes.
• Improve the provision of Community Pharmacy and Pharmaceutical Care services to remote isles and care clients.
• Improve the integration of health (managed and contracted) and social care services.
• Provide services remotely to the community place of care using new technology – AttendAnywhere
• Set a precedent and evidence the need for CP access to Primary Care Record (PCR) and Emergency Care Summary (ECS) systems.
• Release Social Care Worker Time

METHODS

1. Identify initial population;
2. Stakeholder engagement;
3. Risk assess current process, and technology appraisal
4. Establish shared aims and work plan between services
5. Pilot the service and evaluate outcomes

THE NEW MEDICATION CYCLE

Improving the existing process

OUTCOMES & RESULTS

100% of residential care clients receive monthly clinical pharmacist medication review

The number of pharmaceutical care issues and incorrect medicine info reduces month on month

CONCLUSION

Medicines Reconciliation is a key component of good care in all settings. In its absence, services and their users are at increased risk of medicines administration errors and associated poor outcomes.

In care settings, where medicines are prescribed in advance (10-14 days), it is important that changes during the period of prescription to consumption, are reconciled in the documentation used to administer medicines and drafted new MARs.

From our work on adapting the process for a remote, rural care centre, we have demonstrated that a four weekly, 30 minute – 1 hour videoconference, using Attend Anywhere, can reduce the number of medicine inaccuracies significantly.

Facilitating the process with Clinical Pharmacists adds value in delivering Pharmaceutical Care to a remote location, to those with significant need. Care issues are identified and actioned between the Clinical Pharmacist and General Practice team, with changes communicated effectively with Care Providers.