BEST PRACTICE DAY 2026

DRIVING SUSTAINABLE PHARMACY SERVICES AND CLINICAL EXCELLENCE IN CARE HOMES AND COMMUNITY SETTINGS THROUGH INNOVATION, PRACTICAL RESOURCES, AND TARGETED TRAINING.

Liz Hallett – Lead Pharmacist for Care Homes and Prisons

Kayleigh Poulsom – Complex and Long-Term Care Pharmacist

Session Plan:

1. LET'S TALK MEDICATION REVIEWS

2. BEVAN EXEMPLAR PROJECT

- PHARMACIST LED CARE HOME MEDICATION REVIEWS CHALLENGES
- OVERCOMING CHALLENGES
- PDSA CYCLES
- IMPACT AND COST SAVING
- OUTCOMES
- FEEDBACK
- PATIENT STORY

3. INTERACTIVE CASE STUDY

4. QUESTIONS

LET'S TALK MEDICATION REVIEWS

Instructions

Go to
www.menti.com
Enter the code
4875 5109

Or use QR code

What challenges do you face when completing a care home medication review?

In your opinion, what are the biggest medicines-related challenges in care homes today?

What positive impact have you seen from medication reviews in care homes?

What should pharmacists and technicians focus their effort on for care home reviews?

Pharmacist-Led Medication Reviews in Care Homes

Improving Medication Safety, Patient Outcomes and Reducing Waste

GIG CYMRU NHS WALES | Aneurin Bevan University Health Board

BACKGROUND

- ABUHB supports **1,800** beds across **43** care homes.
- Residents are older, frailer and often have multiple comorbidities.
- **80%+** of people aged 75+ take at least one medicine.
- More than **one-third** take four or more medicines.
- Polypharmacy increases risks of falls, cognitive decline and hospital admissions.
- **6.5%** of acute hospital admissions are medicine-related.
- NICE recommends regular medication reviews.

AIM

- Improve medication safety.
- Improve patient outcomes.
- Reduce medicines waste.
- Structured pharmacist-led medication reviews.

PROJECT OBJECTIVES

1. **Detailed medication reviews**
   Deliver comprehensive reviews focusing on high-risk medicines, dose optimisation and deprescribing.
2. **Improve patient safety**
   Reduce adverse effects, improve ACB scores and reduce hospital admissions.
3. **Optimise prescribing and reduce waste**
   Undertake in-depth polypharmacy reviews to ensure appropriate prescribing and improve compliance.
4. **Reduce GP workload**
   Reduce GP appointments and care home visits.
5. **Stakeholder engagement and co-production**
   Engage stakeholders to co-produce and evaluate the project for continuous improvement.
6. **Develop a standardised toolkit**
   Create a consistent toolkit to support scalability across ABUHB and beyond.

EXPECTED IMPACT

- Safer care home residents
- Improved quality of life
- Fewer hospital admissions
- Reduced medicines waste
- More efficient GP workload
- Stronger stakeholder engagement
- Scalable model across ABUHB and beyond

KEY CHALLENGES ENCOUNTERED

What we've faced on the journey to deliver proactive medication review services across care homes.

1 STAKEHOLDER ENGAGEMENT

- Engaging multiple stakeholders across care homes, GP practices, pharmacy teams and health board services.
- Building understanding and support for a new way of working.
- Managing differing priorities and expectations.

2 IT SYSTEM ACCESS

- Delays in obtaining access to clinical systems.
- Variable digital infrastructure across settings.
- Limited visibility of patient information impacted efficiency and data collection.

3 IMPLEMENTING A NEW MODEL OF WORKING

- Transitioning from traditional reactive approaches to proactive, structured medication reviews.
- Defining roles, responsibilities and referral pathways.
- Embedding change into established workflows.

4 LARGE NUMBER OF CARE HOMES

- Multiple sites with differing needs and levels of support.
- Challenge of determining where to start and how to prioritise resources.
- Need to balance equity of service with available capacity.

5 MEASURING EFFICIENCY AND IMPACT

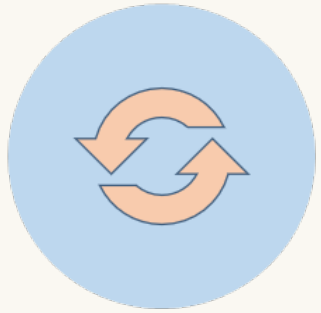
- How do we know we are working effectively?
- Need for meaningful measures beyond activity counts.
- Requirement to continually evaluate outcomes, processes and value.

These challenges are helping us learn, adapt and strengthen our approach to deliver the best possible outcomes for our patients and communities.

COLLABORATE | INNOVATE | IMPROVE | DELIVER VALUE

WHAT WE DID TO OVERCOME THESE CHALLENGES

Collaborative Co-design
Involved key stakeholders; GPs, practice pharmacists and care home staff

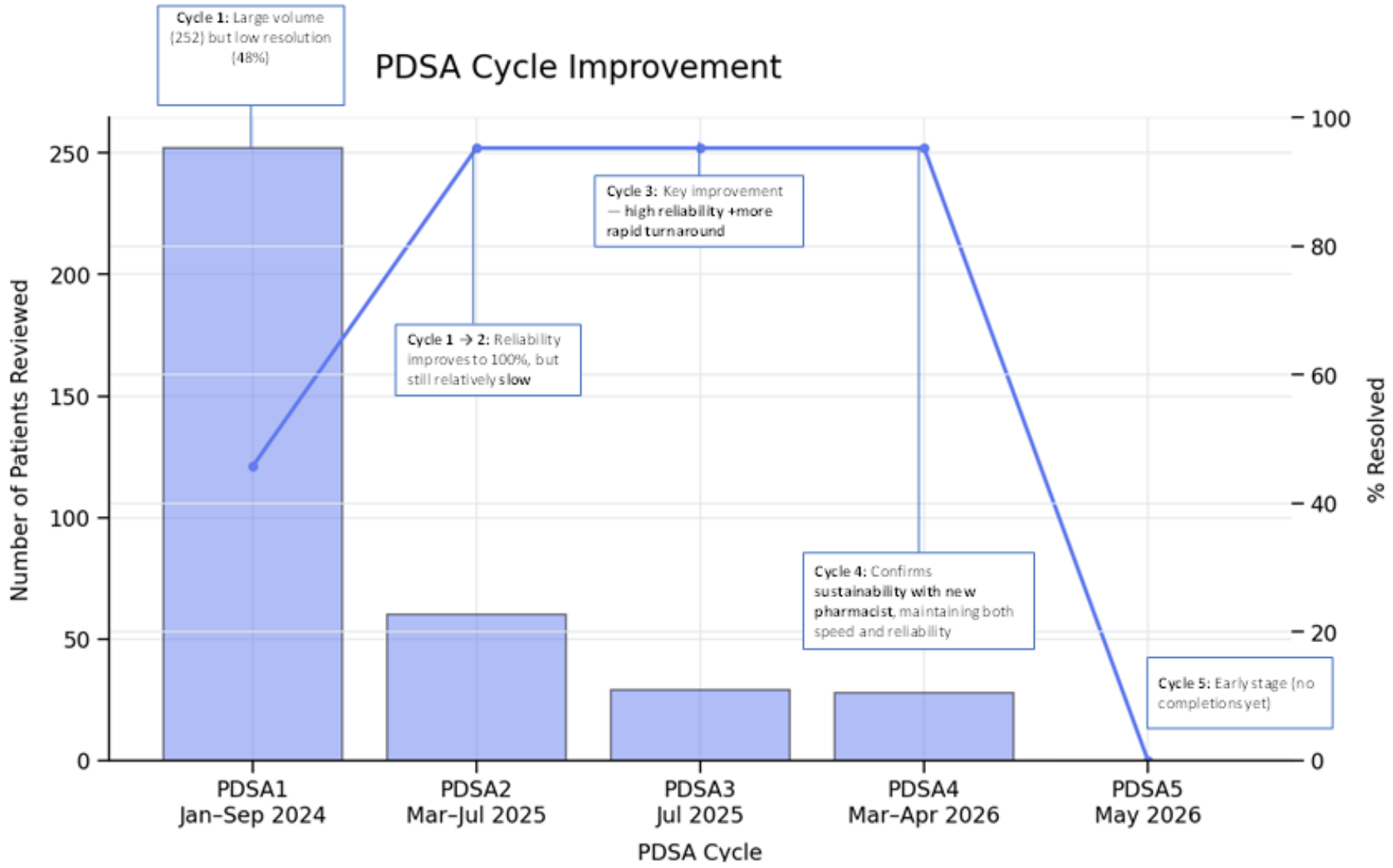


Iterative PDSA cycles
Delivery was structured in iterative PDSA cycles focusing on reviews, workflow refinement

Pharmacist-led Medication Reviews
Focusing on high-risk drugs, compliance, cost-effectiveness and reducing anticholinergic burden.

Mixed-methods Evaluation
Combined quantitative intervention data and qualitative feedback to refine and validate the service.

A quality improvement methodology using Plan-Do-Study-Act (PDSA) cycles was adopted.



Impact

Medication Safety

- High risk drug interventions
- Formulation adjustments to aid swallowing difficulties
- Up to date monitoring
- Falls risk reduction

Education

- Improved medicine management at care homes
- Regular pharmacy training sessions
- Raising awareness of high risk medicines and good administration practices
- Care home toolkit – for use by other HCPs and the FPUPP programme.
- Introduced new policies
- Reduction in unnecessary covert plans

Cost saving

- Stopping of unnecessary medicines
- Reduction in nursing administration time
- 267 GP appointments saved

Environment

- Cycle alignments resulted in waste reduction
- Refinement of care home ordering processes – less medication being ordered and wasted

PDSA CYCLE 2 & 3

40 Medicines stopped

64 less administrations per day across 89 residents freeing up nursing time

34% of residents aligned to 28 day cycle to reduce waste

7 high risk drug interventions

12% formulation changes to aid compliance

51 PPIs reviewed

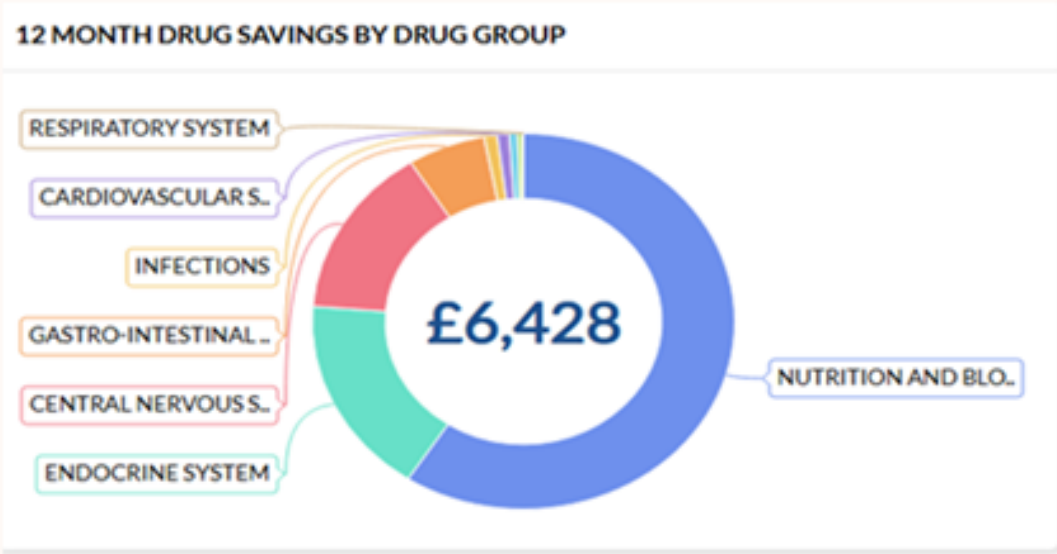
ACB score reduction of **10** across residents reviewed

Stopping 40 medicines (≈ 0.5 kg CO_2 per box) saved 20 kg of CO_2 — roughly the same as driving an average petrol car **100 km.**

267 GP appointments saved

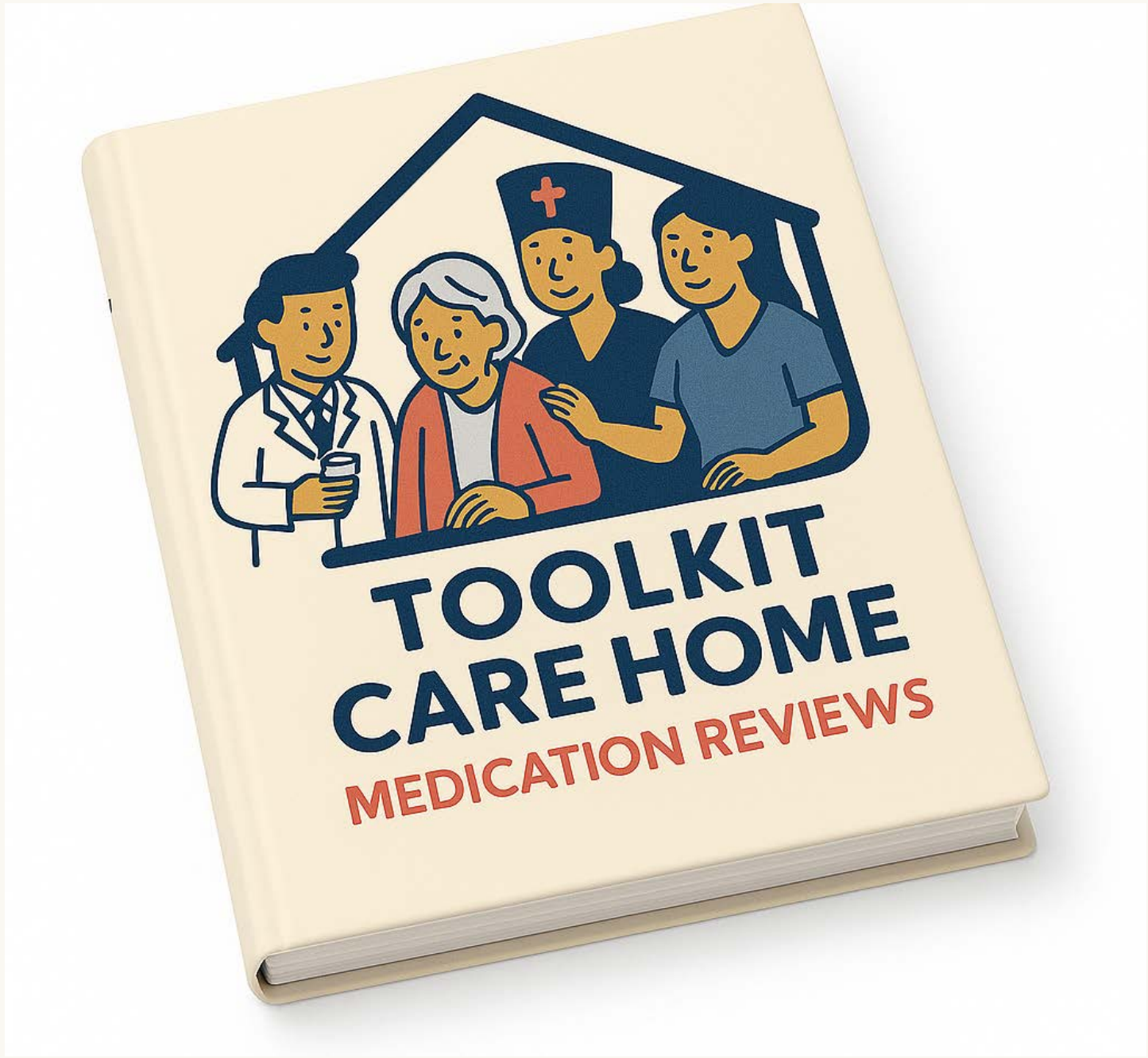
Rectified doses, ordering of up to date monitoring and specialist advice for high risk medicines

Resident previously chewing all tablets – now **compliant** with medication in a suitable form contributing to person centred care



PDSA CYCLE 1, 2 & 3

Residents reviewed **341**
Potential ACB score reduction: 55 across residents contributing **falls reduction risk**



OUTCOMES FROM THE PROJECT

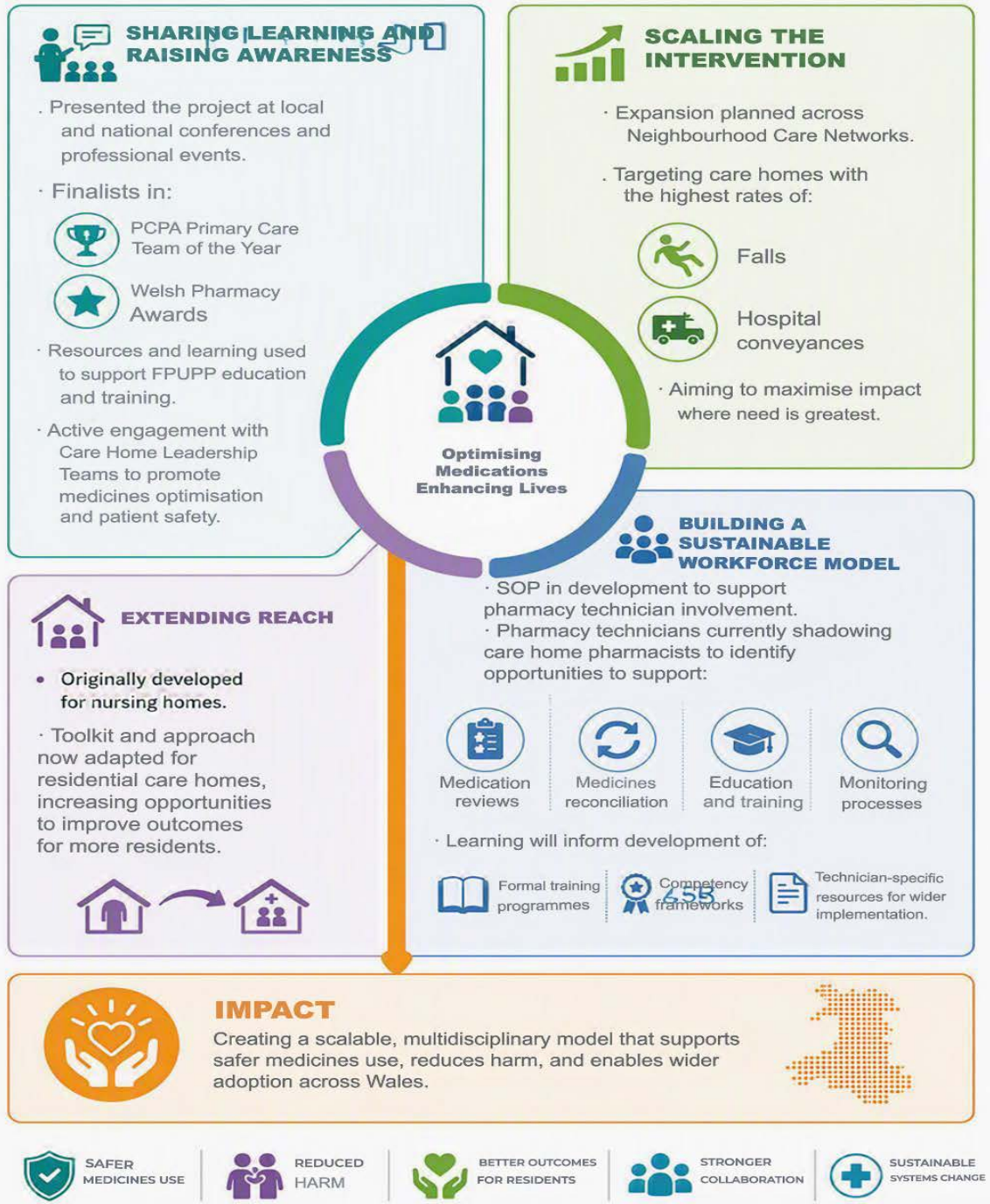
Spread and Scale

MEDICATION REVIEW TOOLKIT –THE CARE HOME EDITION WHAT'S INCLUDED

- Details of the medication review process and what is needed
- Consent form for Care Home
- Consent form for GP
- Proposed scope of practice/ List of approved actions by GP
- Medication review proforma
- Tips for using the medication review proforma
- Suggested medication **review documentation** template
- The review – key areas to consider for **a care** home resident
- Suggested resources
- Over the Counter Medicines Policy
- PRN Protocol Template
- Care Home Pharmacist Job Description
- Care Home Medication Review Toolkit Feedback

Comisiwn Bevan Commission

Clinical Pharmacy Congress 15 YEARS
The Home of Clinical Pharmacy



FINALIST Welsh Pharmacy Awards 2025

PCPA AWARDS 2025

PCPA Excellence in GP Pharmacy Awards 2025

Feedback from stakeholders

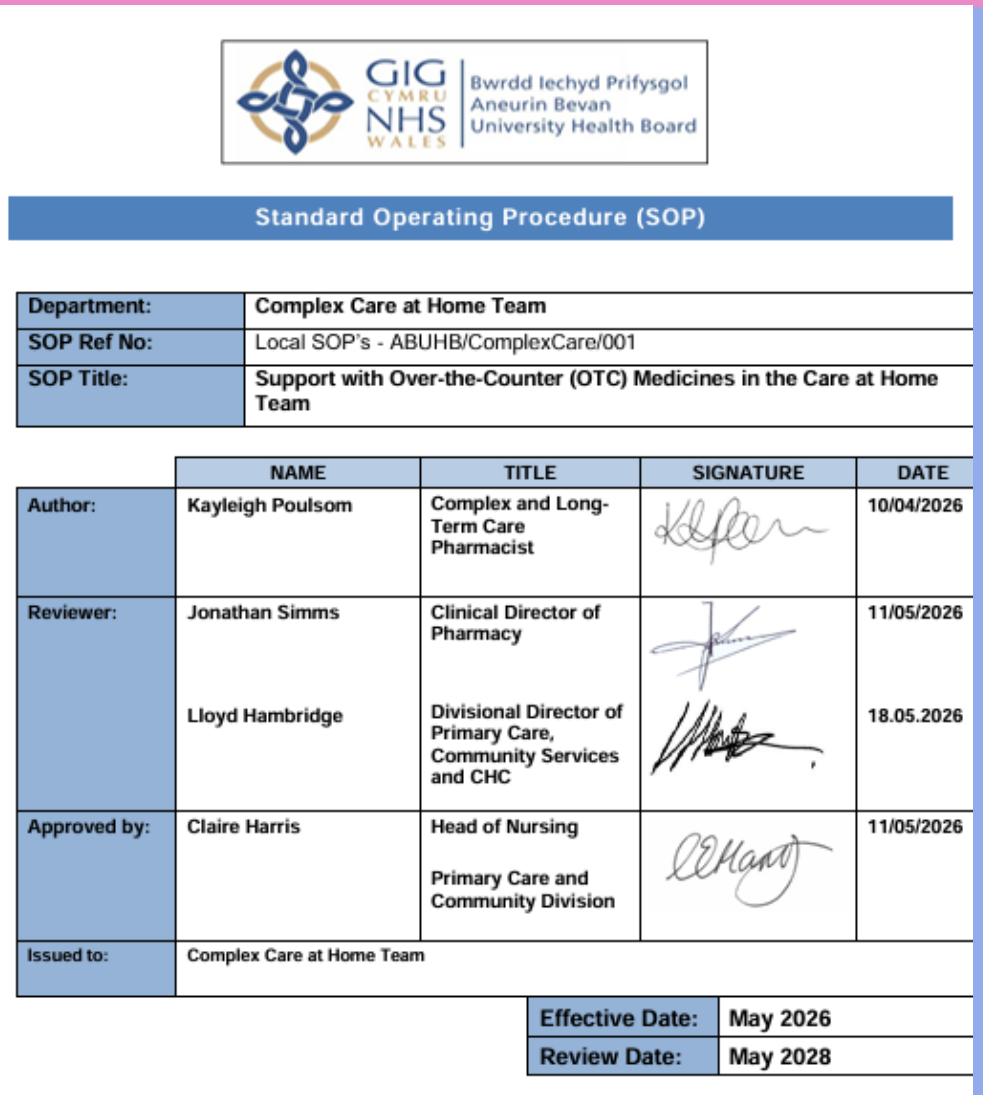
I'M INCREDIBLY SUPPORTIVE OF THIS, KAYLEIGH WAS REALLY BENEFICIAL TO THE SURGERY DURING HER TIME SUPPORTING MEDICATION REVIEWS TO CARE HOME RESIDENTS.

THE MEDICATION REVIEW ALLOWED AN IN-DEPTH REVIEW OF RESIDENTS ON MULTIPLE ITEMS ENSURING APPROPRIATE SWITCHES, DEPRESCRIBING AND INITIATION WERE IDENTIFIED AND HIGHLIGHTED THE GP FOR REVIEW. THIS METHOD ALLOWED THE GP ADDITIONAL CAPACITY.

THIS REVIEW HAS HELPED SOME RESIDENTS TO HAVE INDEPENDENCE OVER THE WAY THEY TAKE THEIR MEDICATION AS SOME OF THEM HAD MEDICATIONS ADMINISTERED COVERTLY. THIS REVIEW HAS MADE IT POSSIBLE TO HAVE OTHER MEDICATIONS FORMS AVAILABLE AND THIS CAN BE ADMINISTERED OVERTLY

I WOULD LIKE THIS REVIEW TO BE FREQUENT SO THAT WE CAN HAVE THE CHANCE TO DISCUSS WITH THE PHARMACIST THE KIND OF PROBLEMS WE FACE IN THE HOMES REGARDING MEDICATION PREPARATION

PATIENT STORY



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Standard Operating Procedure (SOP)

Department:	**Complex Care at Home Team**
SOP Ref No:	Local SOP's - ABUHB/ComplexCare/001
SOP Title:	**Support with Over-the-Counter (OTC) Medicines in the Care at Home Team**

	NAME	TITLE	SIGNATURE	DATE
Author:	Kayleigh Poulsom	Complex and Long-Term Care Pharmacist		10/04/2026
Reviewer:	Jonathan Simms	Clinical Director of Pharmacy		11/05/2026
	Lloyd Hambridge	Divisional Director of Primary Care, Community Services and CHC		18.05.2026
Approved by:	Claire Harris	Head of Nursing Primary Care and Community Division		11/05/2026
Issued to:	Complex Care at Home Team			

Effective Date:	**May 2026**
Review Date:	**May 2028**

Quadriplegic, Non-verbal patient – communicating via eye glaze

Full capacity

Medication review requested by clinical lead nurse

Patient would like to request PRN medicines rather than be offered and would like the opportunity to have OTC medicines.

PRN protocols written to support healthcare support workers

OTC policy drafted to support patient

'Thank you for putting the work in'

CASE STUDY

PLEASE SCAN THE QR CODE

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BACKGROUND

YOU'RE WORKING IN A GP SURGERY AND ARE PRESENTED WITH THE FOLLOWING MEDICATION REVIEW OF A CARE HOME RESIDENT.

THE RESIDENT IS 89 YEARS OLD AND FEMALE

MEDICAL HISTORY

- DEMENTIA
- TYPE 2 DIABETES
- CHRONIC KIDNEY DISEASE (STAGE 3B)
- ATRIAL FIBRILLATION
- HEART FAILURE
- OSTEOARTHRITIS
- RECURRENT FALLS
- URINARY INCONTINENCE
- DEPRESSION
- ASTHMA
- PREVIOUS #NOF

THERE HAS BEEN NO BLOOD MONITORING FOR OVER A YEAR

Medicine	Indication
Apixaban 5mg BD	Atrial fibrillation
Ramipril 2.5mg OD	Heart failure / hypertension
Bisoprolol 2.5mg OD	Heart failure / atrial fibrillation
Furosemide 40mg OM	Heart failure
Atorvastatin 20mg OD	Cardiovascular prevention
Metformin 500mg BD	Type 2 diabetes
Gliclazide 40mg BD	Type 2 diabetes
Donepezil 10mg ON	Dementia
Sertraline 50mg OD	Depression
Amitriptyline 10mg ON	Neuropathic pain (historic)
Paracetamol 500mg –1g QDS PRN	Osteoarthritis pain
Co-codamol PRN	Breakthrough pain
Lansoprazole 15mg OD	Prescribed historically
Folic Acid 5mg OD	Indication unclear
Oxybutynin 2.5mg BD	Urinary incontinence
Zopiclone 3.75mg ON	Insomnia
Senna 7.5mg ON	Constipation
Lactulose 15ml BD	Constipation
Calceos ONE BD	Osteoporosis prevention`
Symbicort Turbohaler 100/6 TWO inhalations BD	Asthma

WHAT ELSE DO WE NEED TO KNOW?

Inhaler technique

Mobility

Up to date monitoring results

Indications for all medicines

CHA_2DS_2-VASc

Does the resident have capacity?

Weight, height, BP

Hasbled

Falls in last 12 months

ORBIT

Advanced care planning

Specialist involvement?

What is important to the resident?

Swallowing difficulties

Stool chart

Monitoring	Result
HbA1c	38
FBC	Satisfactory
Lipids	Satisfactory
Na	139
Potassium	3.9
Creatinine	77
Weight	55kg
BP	133/80
Height	151cm
Urine ACR	5.5
LFTs	Satisfactory
Crcl	38mlmin
Folate	>24

SUMMARY OF CASE AND OUTCOMES

Total number of medicines stopped 6

Medication Stopped:
Metformin – HbA1c – normal
Gliclazide - HbA1c – normal
Atorvastatin – risk vs benefit
Amitriptyline – trial w/o no clear indication – reduced ACB score
Co-codamol – reduced renal function, falls risk + not on PMR
Folic acid – folate normal

Medication changes:
Apixaban dose reduced to 2.5mg BD (based on age and weight)
Oxybutynin switched to Mirabegron to reduce ACB score by 3
Zopiclone – trial PRN use
Symbicort Turbohaler switched to Luforbec 100/6 PRN AIR therapy

Care home nurse reports no swallowing difficulties
No capacity
Reduced mobility – walks short distances with zimmer

Next steps:
Care home staff education provided (including inhaler technique)
Follow up with care home for resident outcomes
Safety netting advice on if the resident starts refusing medication

That's a Wrap!

Thank you for your time and attention.

Any Questions?

Thank you !

FOR ADDITIONAL INFORMATION ABOUT THE PROJECT PLEASE CONTACT:

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