

# Structured multidisciplinary reviews for care home residents reduce polypharmacy cost-effectively

L Bradburn<sup>1</sup>; S McNair<sup>1</sup>; L A Munang<sup>2</sup>

1. Integrated Care Pharmacist, West Lothian Health and Social Care Partnership 2. Consultant Geriatrician, St John's Hospital Livingston, NHS Lothian

## Background

West Lothian, Scotland, has a population of 185,580 with 881 residents living within 17 care homes. General Practitioners (GP) undertake annual review of all residents, including medication review, with variability between practitioners.

## Methods

Multidisciplinary team (MDT) working is the cornerstone of comprehensive geriatric assessment. We applied this principle to a 2-year project delivering structured medication reviews of care home residents.

The MDT consisted of:

- Consultant Geriatrician (0.5PA)
- Lead GP
- Integrated Care Pharmacist
- Care Home Nursing staff

Complex patients were discussed in monthly MDT meetings. Shared decisions were documented on primary care clinical notes and amendments made to prescriptions. Where necessary, further GP review assessed subsequent impact of medication changes.

## Results

### 11 MDT meetings Jan 2022-Nov 2023

Number of residents reviewed	67 residents from 16 care homes
Average age (Range)	83.3 years (64.9-101.3)
Female	63.4%

### Medication Changes

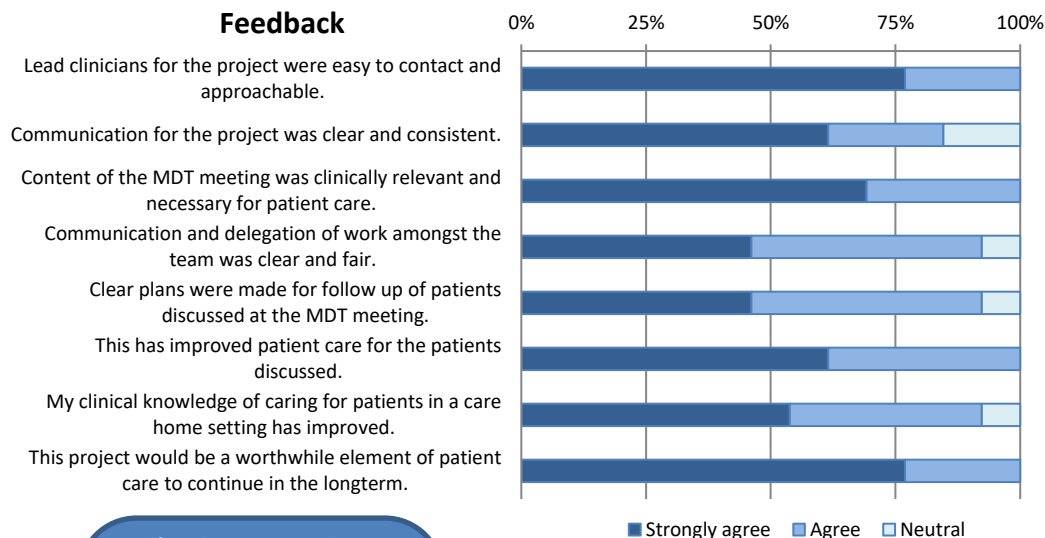
Started	Stopped	Dose increased	Dose decreased
8	130	8	56

**Total estimated annual savings £10,091**  
**Average £150 per resident**

## Conclusion

Structured MDT reviews ensured patients were on appropriate medications focusing on improving symptoms and quality of life, in keeping with principles of realistic medicine. The estimated annual savings exceeded the funding invested, making this intervention cost-effective. We plan to scale this up further in Year 2 of this project.

## Feedback



Myself as the practice pharmacist and the GP found the MDT meeting a hugely helpful and positive experience. Where we were able to come together to amend and review the patients pharmaceutical care. Feedback from the care was great - they felt heard. Overall, this project provided an opportunity for holistic care.

I found the experience extremely helpful. My pharmacist colleague and I discussed continuing on 3 monthly detailed reviews on our own for a small cohort of residents.

We made several medication changes and plans at the MDT. These were clearly communicated to the NH at the meeting and by the pharmacy team again after the meeting. However there were a high level of contacts from the NH about these changes in the weeks after so obviously communication within the NH team about the changes was not communicated effectively which led to a higher level of work and contact for our practice.

Consultant was so approachable and made you feel so at ease, no issues were irrelevant and she was super at getting everyone involved and having input into the patient

