health&care portsmouth

Enhanced Support to Care Homes

Multi-disciplinary Teams Delivery

Issue 2
January 2022

Welcome to the second edition of this newsletter for our Primary Care Networks. It will provide updates on the enhanced service to care homes. In this issue, we will review what the service has achieved since our last issue in June and introduce colleagues and their role in the enhanced service to care homes.

Recap of last 6 months

What we have delivered from July - December:

- Booked proactive MDTs conducted as part of the 5-week rolling plan = **134**
- In addition to the above, approximately **52** (2 per week) were reactive slots (full holistic assessment, Care Home team accompany GP)
- Roughly **630** residents discussed in the proactive MDTs
- Average of **5** residents discussed per MDT
- **27%** of residents discussed were new residents into the care home
- TEPs (Treatment Escalation Plan) completed = **98**
- Pharmacy/medication recommendations = **918** (an average of 1.5 recommendations per resident reviewed)

What is the impact?

- Reduced phone calls to the GP due to educating and supporting the care home staff to enhance their knowledge
- Reduced polypharmacy
- Enhanced quality of care - both mental and physical health
- Proactively working with the residents to work out what their needs are

A partnership between

Portsmouth City Council
Portsmouth Primary Care Alliance Ltd
NHS Solent NHS Trust
NHS Portsmouth Clinical Commissioning Group

Update from Dr Camilla Evans

I have been involved within the Care Home Team for almost 4 years. I still do several shifts a year as an Acute Visiting doctor for the Acute Visiting service in Portsmouth.

I am one of several GPs involved with the Care Home Team, our role is to support the nurses, who each have 'ownership' of several care homes, and attend a home's MDT on a 5 week rota.

Initially, the Care Home Team was set up to support 3-4 homes who were seen as particularly struggling, had failed CQC and needed increased support. Our team of one mental health nurse, one general nurse, a pharmacist and myself would visit weekly to support the staff improve the care of their residents and reduce the burden the homes can put onto the GP surgeries. Over the years the service has expanded significantly and now comprises of several more nurses, an OT and 25 homes over Portsmouth.

The last 18 months, as for everyone, has been a challenge. We have needed to perform MDTs remotely as homes have been keen to limit non urgent personal through their doors. Alongside the MDTs we have conducted many in person 'ward rounds' of residents in homes experiencing covid outbreaks. In the early part of 2021, I spent a large part of my time communicating with patients' relatives, acting in the patients' best interest by discussion and implementing future care plans and DNACPR. We hope this enabled patients to be cared for in the most appropriate place for them.

Over the past few months, the team finds itself moving back to tackling more of the problems seen prior to the pandemic. We have been, mostly, back into the homes doing face to face meetings, which enables me to see and examine patients if needed. The MDT allows a thorough review of a patient's medical care which has often become disjointed due to multiple acute admissions or other more pressing illnesses. We have time to review medication and make changes either in formulation or strength and can ensure covert policies are appropriately put in place. We also aim to communicate with the relatives to explain these changes or to discuss plans of action work.

Under the spotlight

Pam Macpherson and Morwenna Fenner - Pharmacy Technicians

We are Pharmacy Technicians working for the Medicines Optimisation Team at Portsmouth CCG.

Our Role

We provide support and advice to care homes within the city around medication queries and processes. We do this in a number of ways:

- Weekly calls to the care homes: Here we identify new residents who require a medicines reconciliation and medicines review. This involves contacting the home for a list of medication that is being administered and checking this against GP records, discharge summaries and other clinical letters. This will then be passed onto our pharmacists to carry out a full medication review as part of the MDT process.
- We assist the homes with medication queries and issues, including supply and administration of medication e.g. a resident may be struggling to swallow tablets or the home have had several failed attempts at obtaining medication.
- Reactive calls and emails from the care homes: We deal with reactive calls throughout the week which may come via telephone or email to our care homes inbox (**pccg.carehomesmedsteam@nhs.net**).
- Visits to care home to conduct medication audits: We aim to visit each care home once every 24 months to complete a medication audit. However, care homes can request a visit if they feel they need guidance around medication processes more urgently. The audit includes:
  - Administration of medication, including shadowing of medication rounds
  - Ensuring storage of medication is appropriate and meets current guidelines, including the storage of controlled drugs and items requiring refrigeration
  - Medication ordering processes
  - Medication policies including training, covert administration, homely remedies, self -administration, PRN administration and medication care plans
  - MAR chart audit
  - Disposal of medication with an aim to reduce waste within the care home

  Once the audit is complete, we will provide verbal and written feedback to the care home manager along with any best practice recommendations we may have.
- Online medication ordering: We have set up most of the care homes in Portsmouth with the ability to order medication via proxy ordering/GP online services (SystmOnline). We are continuing to support the care homes with any queries around this and to add or remove residents from the system as and when this is required.

Karen Ellins - Senior Occupational Therapist

My name is Karen Ellins and I am the Senior Occupational Therapist for the Care Home Team.

My Role

As an Occupational Therapist (OT), my role is predominantly to encourage independence. This is variable for residents in the later stages of life where mobility can be reduced, postural changes have occurred and often with cognitive decline. Residents with higher care needs often require support to manage their posture to enable them to continue with participation, socialisation, and basic functional tasks such as eating and drinking.

As an OT, I encourage therapeutic activity to prevent deterioration, improve general wellbeing in a proactive way.

I can provide advice and support for Manual and Handling issues, equipment purchases, environments and carry out individual assessments for specific concerns and issues.

I can also provide small training sessions on Manual and Handling, posture awareness and seating to assist homes to provide the best care for their residents and to enable them to recognise early signs to prevent deterioration and discomfort.

I believe to recognise potential and ability, we have to assess and manage risks which is an integral part of my intervention and OT ethos.

Future editions

In our next issue, we plan to focus on mental health, which is a big part of the work the care home team undertake.

We'd welcome your suggestions and thoughts to help shape this newsletter and ensure it is useful for you.

You can provide feedback to **pccg.commissioning@nhs.net**

Please do tell us what you would like to see included in these pdates.