

# Optimising Medicines, Enhancing Lives: The Role of Clinical Pharmacist Reviews in Improving Outcomes and Reducing Waste in Nursing Homes



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## Background:

ABUHB supports 1,800 beds across 43 care homes, where residents are typically older, frailer, and living with multiple comorbidities. Over 80% of people aged 75+ take at least one medicine, and more than a third take four or more—figures even higher in care homes—raising risks of falls, cognitive decline, and hospital admissions.

Polypharmacy contributes to harm, with 6.5% of UK acute hospital admissions linked to medicines. NICE recommends regular medication reviews, but many residents miss timely reviews due to service pressures.

This project aimed to evaluate the impact of a clinical review of care home patients by a dedicated care home pharmacist.

## Aim:

Improve medication safety, patient outcomes, and reduce medicines waste in care homes through structured, pharmacist-led medication reviews.

## Objectives:

**Deliver** detailed medication reviews for care home residents, focusing on high-risk medicines, dose optimisation, and deprescribing.

**Measure** impact on patient safety (e.g., reduced adverse effects, improved ACB scores, fewer hospital admissions).

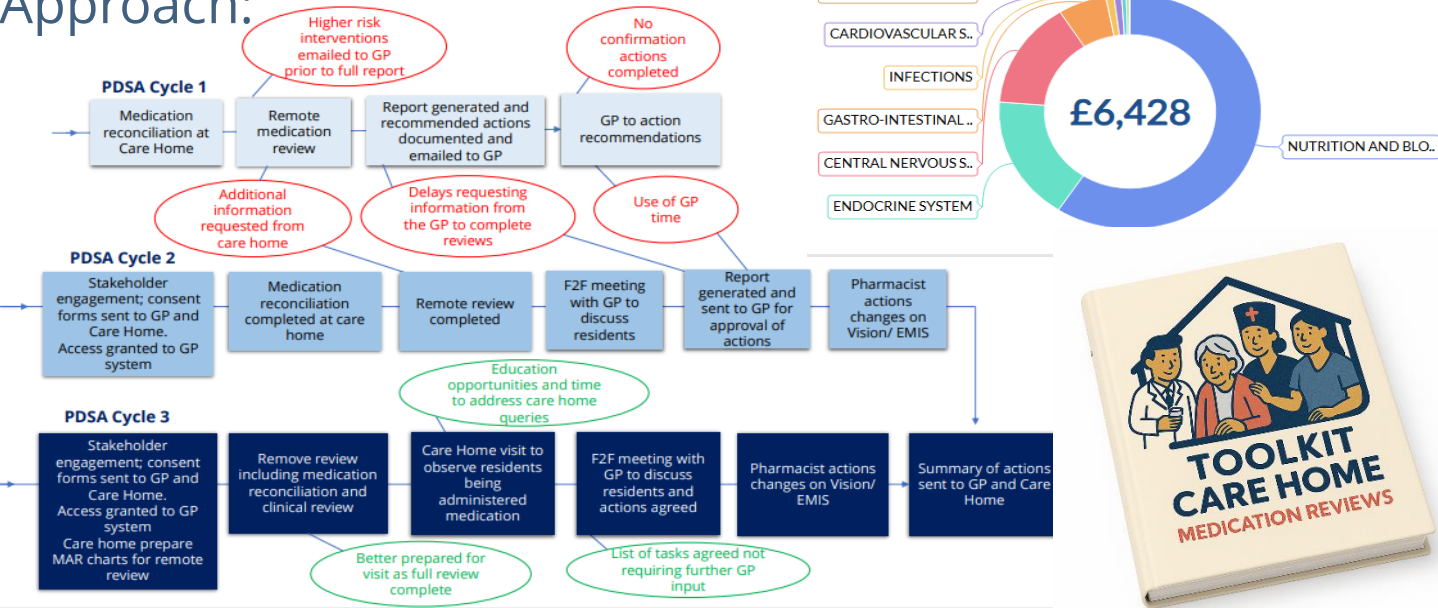
**Optimise** prescribing and reduce waste through in-depth polypharmacy reviews with appropriate and improved compliance.

**Assess** impact on GP workload by reducing appointments and care home visits.

**Engage** stakeholders to co-produce and evaluate the project for continuous improvement.

**Develop** a standardised toolkit to support consistency and scalability across ABUHB and beyond.

## Approach:



## Outcomes:

### New Clinical Service

Pharmacist-led medication reviews introduced for care home residents and Complex Care Team patients, delivering personalised pharmaceutical care closer to home.

### Structured Toolkit

A comprehensive implementation resource with guidance, templates, and training materials to support service spread and scale.

### Protocols & Policies

Developed PRN and OTC medication guidance, with educational materials to promote safe, autonomous medicine use.

## Impact:

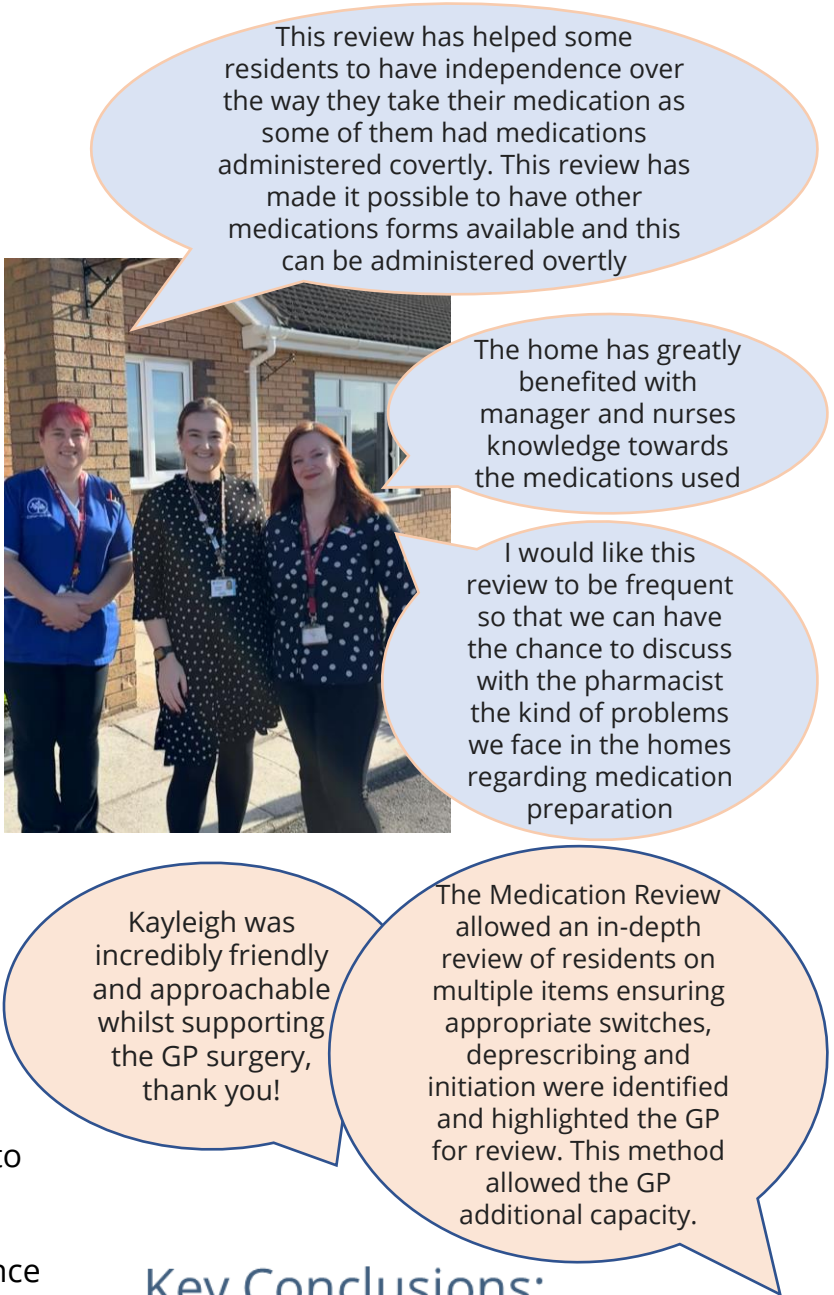
(PDSA cycle 1, 2 and 3)

Residents reviewed **341**

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

(PDSA cycle 2 and 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 ( $\approx 0.5$  kg CO<sub>2</sub> per box) saved 20 kg of CO<sub>2</sub> — 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



## Key Conclusions:

- Safer, personalised medication for residents
- GP time saved via pharmacist-led reviews
- Empowered care home staff through education
- Reduced medication waste and environmental impact
- Enhanced patient safety
- Care brought closer to home
- Developed a replicable toolkit for medication reviews

## Next Steps:

- Expand the role of pharmacy technicians in care home settings through formalised training and shadowing.
- Enhance the medication review toolkit to include technician-specific guidance and resources.
- Support wider adoption across NCNs and Health Boards, using the toolkit as a scalable model for structured medication reviews.
- Continue to use the toolkit as a teaching resource and imbed into undergraduate and foundation pharmacist placements.
- Become a key resource in a wider planned all Wales medication waste reduction campaign.

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