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## **Important Information regarding *REABLEMENT SERVICE***

26<sup>th</sup> June 2011

Dear Colleague

### **Community Pharmacy Reablement Service**

Over the last two months community pharmacists across the Island have become involved with this very worthwhile service. There does however still appear to be some confusion from some contractors regarding their responsibilities and regarding how this service works.

This fax sets out the service, how it works, what your responsibilities are, and how to claim payment for your visits.

### **What is Reablement and why has this service been set up?**

One of the primary objectives in healthcare is to keep people well. There is a massive cost burden to the NHS attached to unnecessary hospital admissions and keeping people in hospital once they have been admitted. If we can support patients in our communities and keep them well, we can avoid many "unnecessary" hospital admissions, and also save money. We know that many hospital admissions are medicine related and such admissions, with the correct support, are completely avoidable.

The *REABLEMENT SERVICE* was introduced in April this year, and this has been set up to help provide support to vulnerable patients following their discharge from hospital. The purpose of this support is to keep them well and to help prevent further admission to hospital following their return home. These patients are identified by the reablement team whilst in hospital and a support package is planned for them following their discharge. Patients identified may have issues with self-care and require support from social services, but many have problems with quite complex drug regimes following discharge and require the support of their local community pharmacist to help ensure compliance with their medicines on their return home. Following discharge from hospital, many patients take medicines that are preventative e.g. statins prescribed for prevention of TIA or stroke, or medicines to treat other Long Term Conditions (LTC). There is no obvious perception of benefit to the patient when they start taking these medicines and it is often the case that the medicine actually makes them feel worse, with muscle pain and gastric upset as common side effects. Patients often stop taking these medicines as a result of side effects, issues with belief, or because they cannot manage their prescribed medicines in the form it has been prescribed. The decision to stop taking medicines characteristically happens 10 to 14 days after initiation. A consequence of this poor compliance may well be that the patient suffers a further episode that results in another hospital admission that is both traumatic for them and costly for the NHS. Interventions by community pharmacists to provide patient education and support to ensure compliance will help reduce the numbers of such admissions and improve the quality of life for many vulnerable patients in our communities.

An expression of interest was sent out to all pharmacies when this service commenced and all were given the opportunity to be part of the service. This enabled us to develop a “pool” of pharmacists that could carry out service provision in each locality and make the service sustainable irrespective of pharmacist migration through changes in circumstance. Sustainability of service provision will be very important moving forward in the “New” NHS.

**How does this service work and why is it good for community pharmacy?** (see SOP at end of this document – appendix 1)

Whilst in hospital, vulnerable patients will be identified by the reablement team. These patients are those that are considered high risk of being readmitted to hospital within 30 days of their discharge. Before discharge these patients will be referred to, and assessed by the hospital pharmacy team regarding their ability to manage their medicines. A copy of the assessment carried out by the hospital team will then be forwarded to our service co-ordinator who is Pamela Bowes. Pam provides support to pharmacy practice and will be your point of contact for this service. Her contact number, in case of a query, is 07740774013.

Pam will make every effort to contact the pharmacy that this patient uses, however ***the only pharmacies that will be contacted are those that have expressed an interest in being part of the service*** i.e. have returned the paperwork! If your pharmacy is not part of the service the referral will be passed to another pharmacy in that locality. This may mean that the future care of such patients, with patient consent, pass to the visiting pharmacy eg. Circumstances where the existing pharmacy cannot or are not willing to provide the level of support identified as necessary.

The pharmacist will be faxed the referral forms (these are very confidential and must be handled appropriately and in line with your information governance procedures – please make all staff aware of the process when you join the service)

The pharmacist will then contact the patient and make arrangements to visit, ideally within 7 days of discharge, to sit down with the patient and their carer (details of carer visiting times to patient’s home will be provided on the referral) and carry out the following:

1. A full MUR
2. A medicines cabinet check to ensure the patient has enough medicines to last until their next GP appointment. This is important as we know many patients initiated on medicines to treat LTC often make a decision to stop taking their medicines in the first ten days of treatment as previously stated.
3. Remove medicines that are discontinued. This is important as patients often revert to previous drug regimes when they return home.
4. Complete a medicines compliance chart (see appendix 2) detailing each current medicine, when this should be taken, the appearance of the drug, expected side effects if any, and all other relevant information.
5. A full Capability assessment applying the principles of the Disability Discrimination Act.
6. Discuss the future management of medicines for the patient taking into consideration issues such as mobility and understanding. This may see the initiation of support services such as home delivery, managed repeat services, the initiation of compliance aids, large print labels for patients that are partially sighted, easy open caps or any other aid that is relevant to the patient.

The first visit must ideally take place within seven days of discharge with two follow up reviews scheduled at this appointment to take place at 5 weeks and 90 days. The details of each visit must be recorded on ESMAQ. The service is entitled Re-ablement Community Pharmacy in your services list.

The purpose of the two follow up visits are to ensure compliance, that the patient has adopted the new drug regime and that there are no issues affecting compliance.

This type of service is good for community pharmacy as it integrates pharmacy into patient care, highlights the advantages of such integration, and increases awareness amongst commissioners of the

benefits of such integration. This makes it more likely that services of a similar nature will be offered to pharmacists in the future.

### **What does the paperwork tell me?**

A copy of the paperwork you will receive is attached as *Appendix 3*. The paperwork when fully completed will tell you:

1. The patient details in the section entitled Service User Details, this include the telephone contact number, and names of main carers
2. The hospital ID number. This is the number prefixed IW **NOT** the swift number. This number is important as it is this unique ID that ESMAQ uses to detail the patient journey.
3. Access information giving any necessary info to allow access to buildings such as sheltered housing.
4. Other sections that provide relevant admission and medication/allergy information.
5. A sheet detailing the times of carer visits entitled **ROSTERING INFORMATION**. This provides details of visiting times for agency carers. This information is important as ideally visits should include the carer. If you can only visit at a time when the carer will not be there, please attempt to make contact to rearrange the timing of the carer visit to allow attendance. The bottom section of this form provides further information that may be relevant.
6. A Medicines Discharge Summary detailing all medicines to be taken by the patient that is correct and current at the point of discharge. This should be used at the assessment and any medicines not being taken should be removed.

### **What do I need to do to record the data from this visit?**

Details of the visit by the pharmacist, and all actions taken must be recorded on ESMAQ. You may find it useful to print a screen shot of the question sheet from this system to act as a reference at the visit. Details must then be entered on return to the pharmacy so that we can audit activity and collect the data that evidences the value of the pharmacist intervention. This is vitally important as this helps to inform future commissioning decisions and further pharmacy service development and integration.

Details of all visits must be captured on ESMAQ.

### **Who is currently involved in service provision?**

Patients identified as high risk of hospital readmission will receive an assessment before hospital discharge that is carried out by the hospital pharmacy team; this assessment is then passed to community pharmacy to carry out three home visits to provide any necessary support. If necessary and appropriate the patient may also receive a visit from Occupational therapy and/or physiotherapy team members

### **What payment is made to the pharmacy and how do I claim this fee?**

The pharmacist can claim a fee of £70 per visit. This claim is made using the monthly LES claim form that can be downloaded from the LPC website under PCT forms on line – PCT claim forms.

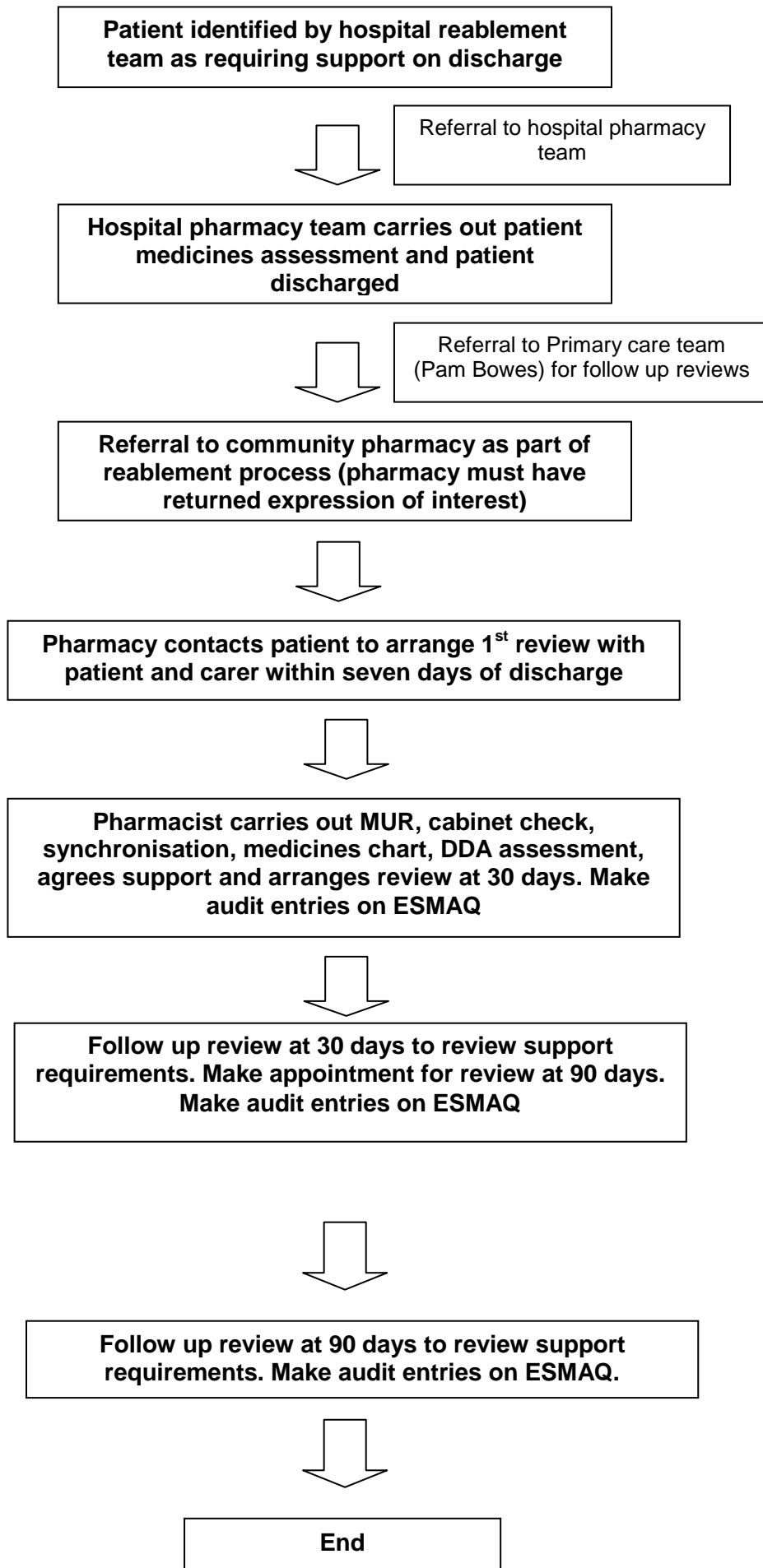
In addition, following visit 1, an MUR fee can be claimed that will be entered on the FP34 returned to the PPD.

This visit must be made by the pharmacist at your practice. If you encounter any problems contacting the patient, please report these back to Pam.

Yours Sincerely

Kevin Noble MRPharmS  
**Community Pharmacy Lead**

## Appendix 1. Suggested SOP For Reablement.





## Appendix 3. Client Referral Form



Directorate of Community Services  
Director Ian Anderson

### CLIENT REFERRAL FORM - RESTRICTED PERSONAL

Community Services Webroster Team	Telephone Direct	01983 538216
Emails - <a href="mailto:darren.donkersley@iow.gov.uk">darren.donkersley@iow.gov.uk</a> <a href="mailto:patricia.brading@iow.gov.uk">patricia.brading@iow.gov.uk</a> <a href="mailto:rosemary.frost@iow.gov.uk">rosemary.frost@iow.gov.uk</a>		
<b>NHS CONTACT - TBC</b>		

<b>HAZARD NOTIFICATION</b> (please ✓ as appropriate)		
<b>RED</b>		<b>IF RED: REFER TO SWIFT FOR FUTHER HAZARD RISK</b>
<b>GREEN</b>		

<b>Service User Details:</b>		<b>Your name:</b>	
Title:	Has the service user received re-ablement support before?		<b>YES / NO</b>
Surname:	If yes what date:		
Forename(s):	New Referral Date:		
Preferred Name:		<b>Where is this referral from?</b>	
Address:	Hospital		
	Respite		
	Other (please state)		
Postcode:		<b>Reason for Referral / Presenting Problems?</b> Have they ever received a service of support before?	
Telephone No:			
<b>D.O.B:</b>	Age:		
Marital Status:			
Ethnic Group:			
Religion:		<b>How were they supported prior to Re-ablement?</b> <small>(If previously receiving support please record who from, how many hours and was this a PB?)</small>	
Temporary Address:	<b>Medical History / Allergies?</b>		
Postcode:			
Telephone No:			
<b>Swift No:</b>	<b>NHS No:</b>	<b>Medication (Bold Answer):</b>	
Next of kin/Carer:		Does the Service User self medicate?	YES NO
Relationship:		Is monitoring necessary?	YES NO
Contact Address:	Is referrer requesting assistance with medication?		YES NO
	Is medication in a blister pack?		YES NO
	Is a risk assessment necessary?		YES NO
Postcode:			
Telephone No:			
<b>Professionals Involved:</b>		<b>Other Relevant Information:</b>	
Consultant:		Smoker?	
General Practitioner:		Pets?	
Community Psychiatric Nurse:		(If dog, please name)	
District Nurse:		<b>Any Hazards?</b>	
Community Matron:			
Occupational Therapist:			

**RESTRICTED PERSONAL**

### Dual Agency Information

Current Services Received:	YES ✓	NO ✓	For Clients Discharged from Hospital	YES ✓	NO ✓
Hospital OT			Hospital OT		
Hospital Physio			Hospital Physio		
Hospital Pharmacy			Hospital Pharmacy		
Day Care					
Community Lifeline					
Other Agency/Private Provider					
If yes please enter Agency name address:					
Date of Placement:					
Care Band:					
Self-Funded?		Assisted Funded?			
<b>Mobility - Summary and aids used</b>					
<b>Manual handling assessment</b> (please tick as appropriate)			<b>RED</b>		High Risks – Assessment Required
			<b>AMBER</b>		Some Risks – Assessment Required
			<b>GREEN</b>		No Risks – No Assessment Required
<b>Transferring – Summary and aids used</b>					
<b>Psychological Well Being</b>					
<b>(Tick if there is a concern/difficulty)</b>		✓	<b>Summary</b>		
Mood					
Memory problems					
Sleep pattern, (e.g. naps, wakeful nights etc)					
<b>Activities of daily living</b>					
<b>(Tick if there is a concern/difficulty)</b>		✓	<b>Summary</b>		
Self care					
Everyday activities/tasks e.g. shopping, housework					
Able to respond to emergencies					
Other					
<b>Access Information</b>					
Directions to property?					
Location? (top floor flat etc)					
Date Assessment Completed And Service User Folder Placed within the Home:					

**RESTRICTED PERSONAL**

**THIS FORM IS FOR USE IN THE HOMECARE OFFICE ONLY**

**PROPERTY ACCESS INFORMATION**

<b>Service User Details</b>	<b>Key Information</b>
Title:	Hidden Key Details:
Surname:	
Forename:	
Address:	
Postcode:	
Tel No:	<b>Key Safe Details:</b>
Mobile No:	Location:
Date of Birth:	
<b>Key Holder Information:</b>	Key Safe No:
Name:	
Address:	For which door?
	Any other relevant information:
Postcode:	
Telephone No:	
Mobile No:	

**PLEASE ENSURE THAT ONCE COMPLETED THIS FORM IS ATTACHED TO THE NEW REFERRAL FORM.**

**THIS FORM SHOULD NOT BE PASSED TO ANY OTHER SERVICES OR PLACED IN THE CLIENTS PACK**



RESTRICTED PERSONAL

## IN-HOUSE CARE PACKAGE FORM

Start Date:			Time of First Call:			
<b>Care Plan Details: Daytime Care</b>						
Calls Required	AM	MID AM	LUNCH	MID PM	TEA	LATE PM
Time of Call						
Days per Week						
2 Carer Call	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Allocated Carers (Initials)						
Allocated Carers (Initials)						
<b>Care Plan Details: Overnight Care</b>						
Time of Call						
Days per Week						
2 Carer Call	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Allocated Carers (Initials)						
Allocated Carers (Initials)						
Additional Info:						