

Written evidence submitted by CONNECT Care (PHA0029)

We're redesigning medicines support pathways, making it easier for patients and the people who care for them.

CONNECT Care is a government-funded digital medicines start-up that has spent the past 2 years redesigning medicines support pathways in the community as a proud partner to health & social care, backed by Innovate UK and NHS Transformation Directorate.

We developed a digital toolkit which helps older people and those with polypharmacy to understand & manage their medicines more independently and get the personalised support they need, working hand-in-hand with community pharmacy. Our toolkit has allowed Lancashire & South Cumbria ICS and Lancashire County Council, as well as other regions including Oxfordshire, to roll out new models of care around medicines.

CONNECT Care is delighted to have the support of Dr Amanda Doyle, National Director for Primary Care & Community Services who recently visited us as well as other national leads at NHS England.

CONNECT Care is part of the Issa Group

[Issa Group](#) is a mid-sized Lancashire-based healthcare provider, with multiple operations, some of which are detailed below.

Pharmalogic Chemist – one of the UK's largest single-site and specialist pharmacy services providers, with automated dispensing hubs. Manages, dispenses and delivers medication to 350+ care settings & specialist providers across the North West, including all homes owned and operated by Lancashire County Council.

Biodose – an industry-leading monitored dosage solution, used by 50,000 patients in care settings across the UK and Republic of Ireland and supported by a network of 45 specialist pharmacies.

What we do

Assess confidence

People's confidence in their medicines is a key determinant of future adherence. We help identify issues and direct people to further support.

Monitor routines

Our sensor-based technologies monitor people's behaviours without interrupting their day, notifying carers & families when someone's routine is off.

Identify & solve issues

Weekly reports on medicine routines can help identify issues early, improve the efficiency of follow ups, and inform decisions about onward care.

"It has been an absolute pleasure working with CONNECT Care. I'm so grateful for the team going above and beyond to support us."

- *Senior Leader of an Integrated Care Board*

A sampling of our work

Intelligent Medication Management Programme

A smart medication tray, prompting and actively monitoring people's adherence on a dose-by-dose basis, for those working towards managing medicines independently at home. Delivered for **Lancashire County Council**, in partnership with **Progress Lifeline**.



Positive Ageing & Mental Health Wellbeing Pilot

Digital medicine management consultation and regular check-ins used to inform the ability to self-medicate and onward care of those transitioning between a mental health step-down facility and home. Delivered as part of the **Lancashire & South Cumbria Positive Ageing & Mental Health Wellbeing Pilot**.



Assessing medicine management needs in rehab

Digital medicine management consultation used to inform the ability to self-medicate and onward care of those discharged into a short term rehab pathway in a bedded setting. Delivered in partnership with **Oxfordshire County Council** and **NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board**.



Digital Medicines Programme

Combining a medicine management consultation, digital prompts, and passive monitoring of people's engagement with their medicines for those working towards managing medicines independently at home. Delivered together with **Oxfordshire County Council** and funded by the **Innovate UK Healthy Ageing Challenge** fund.



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“We need something to change the culture around medicines and adherence; we need to give people independence. The Digital Medicines Programme is brilliant in doing that.”

- *Head of Medicines Optimisation at an Integrated Care System*

By only pursuing perfect adherence, the opportunity to optimise medicines is lost.

The emphasis on adherence across the health and care sector starts with a de facto assumption that there *is* an agreement between the prescriber and patient about the prescriber's recommendations. Yet studies show that the majority of non-adherent behaviour is a conscious deviation from a treatment plan—the reasons for which go unnoticed.

With financial incentives for PCNs to carry out structured medication reviews being scrapped¹ and no standardised way of capturing people's medicine management needs and the barriers to doing so independently – people's care needs and dependence on the system increase.

What happens when you create space for a conversation about medicines?

Vernon² was discharged from an acute hospital into an intermediate stay at a care home, to receive rehab prior to going home. His care team were looking at discharging him with carers responsible for medicine administration.

Our medicine management consultation uncovered that, despite his reduced dexterity and an increase in the number of medicines he is now on, with appropriate interventions he has the potential and willingness to continue self managing his medicines.

The suggested actions included:

- Familiarising Vernon with his new and fairly complex regimen while he was still at the care home, rather than administering his medicines with no engagement.
- Referring Vernon for a structured medication review with his GP so that he can fully understand what each of his medicines is doing for him.
- Exploring the opportunity for Vernon's son to prepare weekly DIY dosettes for him, if the care home provided him with a MAR chart to allow him to continue spooning medicines out for himself, as he has done in the past.

¹ NHS England to remove structured medication reviews from the Impact and Investment Fund available for PCNs in 2023/2024.

² Vernon is an alias for a real patient who participated in our work with Oxfordshire County Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

Making your medicines work for you is your own responsibility.

Too often, beyond receiving the initial repeat prescription there is little to no ongoing support: there are no feedback loops, no check-ins, no communication. Health professionals prescribe and then are often difficult to get hold of, leaving patients on their own.

What happens if we develop channels for ongoing, open-ended communication and judgement-free support?

After being discharged from hospital, **Peter**³ became confused about his new medications, and his belief in their benefit waned due to the side effects he experienced.

We helped Peter to understand his medicines through a total of 9 personal engagement sessions, which resolved his underlying concerns while monitoring his medication adherence and vital signs. An example of a key action taken was identifying a particular medicine that tasted bad to Peter, resulting in poor adherence. After engaging with Peter about this issue, he learnt to mix the medicine with juice to mask the taste, resulting in better adherence.

At the conclusion of his involvement in the pilot, Peter safely returned home and is now happily self-medicating.

Here's what else we've learned from the Positive Ageing & Mental Health Wellbeing Pilot:

- Our feedback loop uncovered that nearly half of the pilot participants were experiencing previously undisclosed side effects, which provided an opportunity to engage with and optimise their medication regimens.
- A majority of participants felt that they better understood their medicines after regular, ongoing engagement sessions.
- After completing their time on the pilot, 80% of participants felt comfortable self-managing their medicines in their own home.
- 91% of participants demonstrated a cashable savings to the system.

"My medicines are working well together, and I finally understand what they're all for."

- Brenda⁴

³ Peter is an alias for a real patient who participated in the Positive Ageing & Mental Health Wellbeing Pilot.

⁴ Brenda is an alias for a real patient who participated in the Positive Ageing & Mental Health Wellbeing Pilot.

Current health and care pathways are not designed to promote independence.

Right now, within established care need assessments, there isn't a standardised way to determine the ability to self-medicate—or the barriers to doing so. There are also no defined reablement goals when it comes to medicines management, meaning people don't have any particular goals to work towards with a carer's support. And care home settings that enable self-medication are an exception, not a rule.

What if medicines received the same approach as mobility within rehab pathways?

Stephen⁵ is a fairly independent older adult who only receives occasional support from friends and family. He takes more than 5 tablets a day and has been following the medication schedule. However, Stephen still felt that he was managing his medicines poorly, and his confidence in his regimen was minimal. He felt that his routine affected his quality of life negatively, and he also didn't feel that he didn't have much of a say about his own medication regimen.

After Stephen joined our Intelligent Medication Management Programme, he was provided with a smart dosette box⁶ that reminded him when it was time to take a tablet. He reported feeling that he had more control over his regimen and that his confidence had increased, all of which contributed to a better quality of life.

"I really liked the peace of mind it gave me. I feel I can actually live my life without worrying all the time about my medicines."

- Stephen

Here's some more of our key findings from the Intelligent Medication Management Programme:

- At the conclusion of the programme, *none* of the participants found themselves taking the wrong medication, compared to the 35% of them who were previously doing so.
- None of the participants were taking medications at the wrong time, compared to 54% who were doing so prior to joining the programme.
- All of the participants reported that they were confident in managing their medicines independently.

Self-management aids cannot be one-size-fits-all.

Dosette boxes are becoming harder to acquire, at the same time that pharmacies are beginning to turn away new patients who are currently using them. Too often, dosette boxes are being employed when a simpler approach might achieve the same or better results, promoting independence and confidence in patients in a way that is practical and sustainable.

⁵ Stephen is an alias for a real patient who participated in the Intelligent Medication Management Programme.

⁶ The smart dosette box used in this programme is the Biodose CONNECT device, which reminds patients to take podded medications throughout the day via audio-visual signals.

What happens if we look beyond viewing dosette boxes as a universal solution?

Before **Susan**⁷ was admitted to hospital, she was independently managing her medicines. However, after three months in hospital, her regimen was seriously changed: Susan was discharged with a full care package that included 4 visits to her home per day to help her take her new medicines. Now, after being onboarded to our Digital Medicines Programme and set up with a smart medication box, Susan no longer needs in-person visits for medication administration. She's empowered and supported to remain as independent as possible.

"I'm so grateful you've given this [smart medication box] to me. It's so easy, and now I can do this myself. Thank you!"

- Susan

Similarly, **John**⁸ was fully independent with his medicines management prior to his admission to hospital, but this changed with his discharge—carers now took over administering his medications. After joining the Digital Medicines Programme, the number of John's carer visits were greatly reduced, and he has been able to return to self-management.

"Using the [smart medication] box motivated and helped John to regain confidence to take his medication independently."

- One of John's service coordinators

⁷ Susan is an alias for a real patient who participated in the Digital Medicines Programme.

⁸ John is an alias for a real patient who participated in the Digital Medicines Programme.

Pharmacists are underutilised.

Community pharmacists *want* to become more involved. They already reduce the number of GP appointments by thousands a week—and they can relieve even more of this burden if given the opportunity to do so. But you won't find these professionals at the decision-making table for someone's care beyond a hospital discharge, nor are they currently someone a care coordinator would know to refer you to for further support.

What happens if we take an existing resource and use it to its full potential?

We've found that what many patients are missing is a simple touch-base consultation with a qualified pharmacist. Taking the time to go through a patient's list of medications helps them to understand their regimen and provides an opportunity to ask questions and build confidence.

Here's what we've found so far by making these consultations available:

- The reasons why someone may or may not want to or be able to independently manage their medicines vary; this can inform care plans moving forward, to include identifying and removing barriers to self-management where possible.
- Opportunities to support patients to gain confidence and to work towards independently managing their medicines are more easily identified and developed.
- Patients are empowered and enabled to understand their medication administration, and when their requests are able to be accommodated, self-management improves.

For example, **Patrick**⁹ asked during his consultation to change the timing of one of his medicines to mirror his established habits prior to hospitalisation; this was formally approved by his GP. It was a simple, confidence-building measure that was easily able to be taken because open-ended communication occurred. Patrick also had not realised that he was allowed to manage his own medicines while in the care home; once he discovered that this was a possibility, he welcomed the opportunity to self-medicate.

"I'm so pleased that someone actually came in to talk to me about my medication. I didn't even realise I was on a certain medication! Going through the list of medicines has been a tremendous help."

- Andrew¹⁰

Where and why community pharmacy has gone wrong.

⁹ Patrick is an alias for a real patient who participated in our work with Oxfordshire County Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

¹⁰ Andrew is an alias for a real patient who participated in our work with Oxfordshire County Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System.

Failings of pharmacy services which are not self-referral based and rely on other HCP referring in / doing an extra task / having the right system in place. e.g. discharge medicine service. Imagine if you or your carer/family member could self-refer into a community pharmacy for it with a copy of your discharge paperwork and if this is missing (often the case) your pharmacy could call up the GP and intervene/get this info for you. And all of this was something the pharmacy could charge the NHS for fairly i.e.. not shy away from.

Pharmacies are not incentivised, nor reimbursed fairly for the time taken, to understand people's meds management needs and dispense in ways that make medicine management easiest and fit for purpose. This creates a space where those who shout loudest (usually carers or family members) get dosettes as part of the pharmacy's statutory duty placed on them to make 'reasonable adjustments'. This openly disincentivises them from understanding people's needs, not knowing = less voluntary work. There is also no standardised assessment process for who needs what support that the pharmacy can carry out or rely on to dispense well. And the use of non dosette compliance aids is marginal if non-existent – e.g. dispensing into bottles, dispensing some doses into a dosette whilst leaving others in OPDs, providing large letter printouts of medicine labels, creating an administration schedule to name a few.

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