

## Local Investment Programme

# Liverpool City Council - **Liverpool City eMAR introduction for Care Homes**

## **CASE STUDY**

April 2018

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Local Investment Programme is overseen by the Local Government Association on behalf of the funders NHS Digital

OPM Group and the Bayswater Institute were commissioned to evaluate the Local Investment Programme producing an interim evaluation report and case studies.

**Liverpool City Council** was one of 19 local authorities to be funded in 2017/18 under the theme – **integrating commissioning through the improved use of information and analysis**

The Local Investment Programme full interim evaluation can be found at [www.local.gov.uk/scdip](http://www.local.gov.uk/scdip)



**Liverpool  
City Council**

Synopsis

Challenge & solution

The impact

Sustainability

Lessons learned

**Project Summary:** Developing digital medication adherence records to be used in Liverpool's care homes

**Partners:** Liverpool Care Homes Partnership CIC, Liverpool CCG

**Outcomes:** Reducing medication errors and free up care home staff time

**Projected Savings:** Better home care management (a total saving of £117,120 is possible)

- CQC inspections have highlighted the problems with medicines management in Care Homes. This project aims to help with this issue by digitising medication adherence records.
- Liverpool City Council are working with the top 20 care homes and their local pharmacies who have the most serious safeguarding incidents around medicine management.
- They originally planned to introduce an Electronic Medicines Adherence Record (eMAR). This allows medicines to be ordered and maintained in their original packages, and the label bar codes to be scanned and logged into a system. This would mean that reordering could be made into a simple automated process, saving an average of 15 hours per month per care home handling stock and could reduce over ordering, which would reduce the cost of medicines wastage.
- The LIP funding was going to be used to provide eMAR software and apps and to pay for the relevant licence and training costs for care home staff. They were not going to introduce one eMAR system across all care homes.
- There has since been a change to the delivery of this project, as the market is moving to integrate eMAR into digital care records. This project will now follow the EU PPI procurement model to procure innovation at scale, but there is a risk that a consensus will not be formed on a single system.

## The Challenge

- Liverpool City Council and Liverpool CCG has recognised that the issues of medicines management and optimisation is a key issue facing all Care Homes often resulting in Safeguarding issues including over/ under medication, which can lead to hospital admittance.
- There is unnecessary wastage of medication due to over ordering.

## The Solution

- Digitising the medication adherence records can reduce the burden of admin and reduce the risk of mistakes.
- This system will provide real time details of:
  - When each round is scheduled during the day
  - The number of medicines to be dispensed
  - The number of residents due to receive their medication
  - Whether the medication round is scheduled, in progress or complete
  - Whether medicines are overdue
  - Non-administered medication.
- Each resident's medicine regime will be instantly accessible and this information can be shared with GPs and pharmacies through a secure log in process and will give clinicians, healthcare professionals and care givers a complete and up to date picture of the residents' wellbeing.

## Cost savings

- The main savings made will be in the reduction of staff time managing the medicines administration process. eMAR could save at least 200 hours per care home per year, which could be spent on time with the residents instead.
- Administration reduction, including the storage of paper records
- Savings to LCC as there will be a reduced number of safeguarding incidents to investigate. The average safeguarding investigation costs £500. They would expect to see a 20% reduction in the number of incidents needing investigation, saving £48,400
- Reduction of pharmacy waste due to less stock requirements. When stocks are running low an automated prompt is sent. They have calculated that 640 residents will benefit with a total saving of £117,120

- The project is using LGA funding to pump prime a group of homes as exemplars. Once the benefits have been demonstrated the costs will fall on the homes to engage. Hence this is a sustainable approach.
- The homes are incentivised because they get better document management which helps them with compliance whilst the council gets the eMar benefits.

**Anticipated lessons:**

- After monitoring improvements from the introduction of eMAR into 20 care homes they will introduce it as standard across all 93 care homes in the area and share any learnings with other Local Authorities.
- Learnings from working with a wide range of pharmacies (from large chains to small independent businesses) and what eMAR options there are will be useful for further roll out.
- There is potential to develop the project to make data available for GPs for improved hospital discharge.

**Challenges to delivery:**

- Lack of broadband in care homes
- Delays due to ICT capacity across care homes



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The final evaluation report will be published by March 2019

