**Communication for Care Homes about the suspension of some medications**

A small number of clinical pharmacists will be undertaking a review of your resident's medication. The aim of this is to:

- To review medications in frail elderly patients living in care homes in order to reduce the risk associated with poly-pharmacy
- Reduce workload for GPs, care home staff and district nurses by decreased drug administration.
- Reduce the anticipated pressure resulting from community pharmacists moving from dosset boxes/drug administration system to original package medications resulting in the risk of administrative errors and additional time needed to administer medication in the home.
- Reduce infection control risks to residents and staff by minimising medication administration.
- Reduce pressure on community pharmacists by reducing dispensing.
- Removing some of the medication on the list if identified drugs will also reduce delirium/AKI in unwell patients and therefore reduce risk of admission /escalation.
- Switching warfarin to a DOAC (another drug) that doesn't require such regular monitoring.

Once the review is completed the pharmacists will contact the Home and provide a list of the changes. The change will come into effect at the beginning of your next cycle of repeat medicines or from NOW if indicated.