



Pharmacist Clinical Medication Review Service

This service provides comprehensive clinical medication reviews (to assess the appropriateness, safety and efficacy of medication) for patients at risk of hospital admission and to ensure medicines use is optimised.

There are six whole time equivalent pharmacists in the team with one pharmacist working within each GP Network in Brighton and Hove.

Following a referral the pharmacist will arrange a medication review with the patient, either in their place of residence (home or care home) or at the GP surgery.

Please note this is not an emergency service, the team will aim to see patients within 2-3 weeks of referral.

Patients that may be suitable for referral include:

1. Those on 5 or more medications
2. Struggling to manage medicines or unclear on indication for medicines
3. Recent discharge from hospital with one or more changes to medication
4. History of falls
5. Specific medication problems e.g. possible side effect, interaction(s), taking a drug with no obvious indication
6. Significant changes to medication in the last 3 months i.e. ≥2 changes including medication stopped/started/dose changed.
7. Renal or liver impairment.
8. Chronic illnesses causing recurrent hospital admissions or primary care contacts (e.g. heart failure, epilepsy, asthma, COPD, coronary heart disease, diabetes mellitus, Parkinson's disease, hypertension, rheumatoid arthritis).
9. Recent decline in patient daily activity or deterioration in condition

Please e-mail referrals to BHCCG.MedicationReview@nhs.net* with the following information:

SUBJECT: MEDICATION REVIEW REFERRAL [insert *GP Surgery of Patient* in subject line]

1. Patient details
2. Contact details of patient/relative to arrange appointments and any specific communication needs if known e.g. interpreter
3. Reason for referral (attach any relevant documentation e.g. current medication list or recent hospital discharge letter)
4. Confirmation of patient consent for the pharmacist to access GP medical records
5. Contact details of individual making the referral
6. Please specify any known security issues about home visits

[*This is a generic email address and your referral will be automatically forwarded to the appropriate pharmacist](#)

