

Hospital at Home (H@H)

Who We Are

Hospital at Home (H@H) is a community-based acute care service that provides hospital-level treatment to patients in their own home. The aim is to prevent unnecessary hospital admissions and support earlier discharge from hospital. The H@H team operates between 8am and 8pm, 7 days a week.

What We Do

The Aberdeen City team currently care for patients registered with Aberdeen GP practices* through two main pathways: Frailty (>65 years) and Acute Medicine.

There are two referral routes:

- **Admission Avoidance (AA):** Direct referrals from GPs, Scottish Ambulance Service, City Visits, Flow Navigation Centre.
- **Active Recovery (AR):** Patients discharged from hospital wards with ongoing medical needs +/- AHP input requirement (e.g. Ward 102, AMIA, ED, or other wards following OPAL review).

* A test of change is being planned for early January 2026, when a small number of patients registered with Skene Medical Practice or Portlethen Medical Practice can be referred into the service via the Active Recovery route.

The H@H team manages a wide range of conditions including:

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|-----------------------------------|--|
| • Delirium/Acute confusion | • Electrolyte Abnormalities |
| • Falls | • AKI |
| • Constipation | • Infections |
| • Heart Failure | • Patients off their functional baseline |
| • Non-ambulant DVT | • ...the list goes on! |
| • Acute exacerbation of COPD/LRTI | |

Once a referral has been received, an initial assessment visit is carried out by a senior member of the team (medical staff or advanced practitioner). If the patient can be safely and appropriately cared for by the H@H team, they will be admitted to a 'bed'. The H@H admin team will then email the patient's GP practice and Community Pharmacy to confirm that the patient has been admitted. A copy of this email can be found in **Appendix 1**.

The email contains the line *"We may be making adjustments to the person's medications during their admission, so please check with our team before issuing any prescriptions."* This does not mean that routine repeat prescriptions / compliance aids cannot be dispensed or supplied, but we would ask Community Pharmacy colleagues to check with the H@H team before doing so (if you haven't already been contacted by a member of the H@H Pharmacy team).

Core Team

- Consultants (Frailty and Acute Medicine) & GPs
- Visiting IMT/GPST/ST doctors, rotational FY2 Doctor
- Advanced Nurse/Clinical Practitioners, Physician Associate
- Staff Nurses, Assistant Practitioner, Senior Health Care Support Workers
- Advanced Pharmacist, Pharmacy Technicians, Physiotherapists, Occupational Therapists, OT/PT Assistant Practitioner
- Team Co-ordinators and Administrators

Hospital at Home Pharmacy Team

- There are currently three pharmacy technicians (Sue Eddowes, Louise Laskowski and Karen Proctor) and a pharmacist (Alison Davie) in the team.
- Except for short periods of Annual Leave, there is usually a member of the Pharmacy Team available Mon – Sunday from 8am – 6pm.

The Role of the Pharmacy Team

- Medicines reconciliation will be carried out by the H@H pharmacy team for the majority of patients admitted to H@H. The rare exception to this would be if a patient has been admitted for a very short length of time (e.g. <24hours) and no changes have been made to medication during that time.
- The Pharmacy team aim to identify and resolve any medicines management issues, particularly when compliance aids or MAR charts are involved.
- The team liaise with patients, family members, care staff as well as colleagues in Community Pharmacy, HSCP Pharmacotherapy teams and Care Management as appropriate.
- If changes to medicines are required for a patient requiring a compliance aid, the H@H prescribers consider whether this change needs to be made urgently (e.g. medication causing an adverse effect) or can wait until the next compliance aid is due. A change form will be emailed to the Community Pharmacy to confirm the requested change and the urgency of the change. [section of H@H Notification of Change Form below]
- The same form would be used to communicate changes for patients who have MAR charts if a new chart was required.

Community Pharmacy Name <input style="width: 400px;" type="text"/>										Date <input style="width: 100px;" type="text"/>	
Dear Colleagues,											
NOTIFICATION OF CHANGE FORM – COMMUNITY PHARMACIES & CARE HOMES											
The above patient is currently under the care of the Hospital at Home Team and has had the following changes to their medications:											
Drug Name	Strength	Formulation (caps, tabs, liquid)	Dose	Frequency	STOP	Withhold	Reason	Urgency	<input type="button" value="Add"/>		
<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>			

All other medication remains unchanged. We would be grateful if you could:

Amend any compliance aids or planned delivery Yes ☐ No ☐ Generate a new MAR sheet Yes ☐ No ☐ Update your records Yes ☐ No ☐

Many Thanks, Hospital at Home Team

Completed By

Prescribers Name

Signature

Please enter signature then click on ME to lock the form

Completed ☐

- H@H do not have any electronic prescribing or dispensing facilities. All prescriptions are currently handwritten (HBP / GP10N / GP10NMP) and need to be dispensed by a Community Pharmacy.
- A relatively small range of core medicines is available to the H@H team for immediate administration to patients e.g. IV furosemide, IV antibiotics, IV anti-emetics etc
- A small number of over labelled packs are also available e.g. antibiotics, oral steroids, analgesics etc
- All patients discharged from H@H will have a CDD. This will be sent to the GP practice and the Community Pharmacy (if patient has a compliance aid or MAR chart).

The Hospital at Home Pharmacy team now have a dedicated email address for pharmacy specific queries relating to medicines supply, compliance aids, MAR charts etc.:

gram.hospitalathomepharmacy@nhs.scot

Any medical queries should continue to be directed to the hospitalathomeclinical@nhs.scot email address, titled **FAO Medical Staff**. An indication of urgency of response would be helpful.

Appendix 1 *EXAMPLE EMAIL sent to patient's GP and regular Community Pharmacy (if known) on admission to H@H*

Good Morning

Your patient, **Name, CHI, Address**, has been admitted to the Hospital at Home Team under the care of **Dr XX, Consultant Geriatrician** and the Multidisciplinary Team. We provide specialist assessment, enablement care support and rapid access diagnostics (blood, ECG etc.) to older adults in their own homes, during a period of acute illness for up to approximately seven days.

- We may be making adjustments to the person's medications during their admission, so please check with our team before issuing **any prescriptions**.
- If there are any calls for review of the person's condition during our normal working hours (8am-8pm), our team should be contacted in the first instance.
- If there are routine nursing tasks required for the person during their admission to Hospital at Home, (e.g. dressings, blood tests) our team will be happy to take these on.
- Upon discharge an electronic discharge document will be sent to the GP Practice, which will include details of our input and any medication changes.
- Should the above patient have a Mar Chart, blister pack/dosette in-situ a copy of the discharge document will be forwarded on to Community Pharmacy for their information.

Our team operates between 8am and 8pm 7 days a week. Should you require further information regarding our service or to discuss the above named patient then please contact us on 01224 (5)56055 / (5)56400 or at gram.hospitalathomeclinical@nhs.scot