National Institute for Health and Care Excellence

Managing medicines in care homes

Good practice guidance stakeholder consultation

Closing date: 5pm, Monday 16th December

NICE is unable to accept comments from organisations that do not meet the definition of a stakeholder for this guidance or from individuals. See the information on the specific consultation web page for further details.

Please note: Comments submitted on draft good practice guidance are published on the NICE website.

Please provide comments on the draft good practice guidance on the form below, putting each new comment in a new row. When feeding back, please note the section or recommendation you are commenting on (for example, section 3.1, recommendation 2.1.3), the page and line number. If your comment relates to the guidance as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website.

Stakeholder organisation:	**Royal Pharmaceutical Society**
Name of commentator:	Heidi Wright

Section number **Number only** (do not write the word 'section'). Alternatively write **'general'**	**Page number** **Number only** (do not write the word 'page/pg'). See example in cell below	**Line number** **Number only** (do not write the word 'line'). See example in cell below	**Comments** **Please insert each new comment in a new row.** Please do not paste other tables into this table, as your comments could get lost – type directly into this table.
E.g. 3.2	34	12	Our comments are as follows ……
Proformas that are not correctly submitted as detailed in the line above may be returned to you			
General			One of the key recommendations from the CHUMs report stated that 'Someone should be responsible for the safety of the whole medicines system in a care home; the underpinning philosophy in the pharmacy White Paper (2008) suggests to us that this could be the responsibility of a pharmacist'. The RPS believes that 'someone' must be a pharmacist. The RPS report 'Improving Pharmaceutical Care in Care Homes' also recommends that 'Improvements in pharmaceutical care of people in care homes can be made by permanently integrating a dedicated role from both community pharmacists and pharmacists in the managed service sectors' In order to improve medicine, and thereby, patient safety we would expect • every care home to have access to a pharmacist responsible for the whole management of medicines in that care home including the optimisation of medicines • If the care home caters for a particular speciality the pharmacist involved should have training in that speciality or formalised support from a pharmacist trained in the area. • Pharmacists should supply medicines in original containers except for circumstances where the patient needs a compliance aid to assist with self-administration

			• Residents of care homes should be encourages to self-administer whenever possible • There should be clarity about how such pharmacy roles can be funded If a patient is cared for in a hospital they would expect care from a clinical pharmacist. They should be entitled to the same care in a Care Home with the same level of control and oversight of medicines that is currently routine practice in a hospital. We would expect the pharmacists to be responsible and accountable for all medicines governance and medicines related issues within a Care Home. This model would ensure better patient care and lead to a reduction in medication errors within Care Homes and also a reduction in admissions and readmissions
General			We are pleased to see NICE recognition of the RPS guidance 'Keeping patients safe: Getting the medicines right' and our guidance on Multi-Compartment Aids.
General			MURS and NMS services should be integrated into the care pathways of Care Home residents. These patients are often the most frail and vulnerable and yet do not have access to these services which they would have if they lived independently.
1.5	8	25	In order for good communication between health and social care practitioners etc to occur all those involved in the patient's care need to have access to the patient record.
1.6	11	16-28	The RPS believes that each Care Home should have a pharmacist who is responsible and accountable for the management of medicines within that setting. They would oversee all the tasks listed under Outcome 9 of the Essential standards of quality and Safety (CQC).
2	13	1 onwards	If, as we recommend, each Care Home had access to a pharmacist with responsibility for the whole management of medicines in that care home then all of the sub sections under 2 would be overseen by such a pharmacist.
3.2	21	8-9	This states that residents in a care home have the right to access the same services and support as for those people who do not reside in a care home. This is not currently the case in relation to the undertaking of Medicine Use Reviews (MURs). MURs can only be carried out in a Care Home with the consent of the Area Team and this is extremely variable across the country.
3.5	54	3-5	The CHUMS report spoke about lack of ownership of the whole medicines system and leadership in reducing medication errors. We believe that having a pharmacist who is responsible and accountable for the management of medicines within that setting would reduce medication errors as they would provide the oversight across the whole system.
3.5	54	15	The RPS believes that medication reviews conducted by a pharmacist for all residents at least every 6 months is critical and should be a 'must do'.
3.6	58	21	We believe that although the supplying community pharmacist would be the preferred person to contact any pharmacist would be able to offer support in a safeguarding incident involving medicines.
3.7	72	21	This statement should be strengthened to say that medicines reconciliation in care homes MUST involve a pharmacist.
3.8	79	3	We agree with the statement that the process of medication reviews should ideally be led by a dedicated care home pharmacist with appropriate clinical experience and training. The role of a dedicated care home pharmacist needs to be promoted and Care Homes or commissioners need to consider this and how it is funded.
3.8	80	2	The lead clinician responsible for undertaking the medication review should be determined locally for each resident but we would suggest adding that they should be a pharmacist and that a pharmacist MUST be involved in all medication reviews.
3.10	95	1	Recommendation 2.10.3 states that Care Homes shouldn't delegate the responsibility of ordering medicines to the community pharmacy. We believe

			that if there are robust protocols in place then this responsibility could be delegated. If community pharmacists are not involved in the ordering process they are not always kept informed of any changes to medicines which can cause problems in relation to patient safety.

Please add extra rows as necessary

Please email this form to: MMCareHomes@nice.org.uk

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PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.