

Improving care in care homes

A briefing for policy-makers by the Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is calling for pharmacists to have an embedded role in care homes as part of an integrated team and for a pharmacist to have overall responsibility for medicines use in the care home. The RPS maintains that better utilisation of pharmacists' skills in care homes can bring significant benefits to care home residents, care homes providers and the NHS.

There are approximately 431,500 elderly and disabled people in residential care of whom 414,000 are aged 65 and over. Due to an aging population and policies to encourage elderly people to stay in their homes longer the population of care homes is older, frailer and with more complex health needs.

Current role of pharmacists in care homes

Currently pharmacist involvement in care homes is mainly limited to the supply of medicines but they also provide the Pharmacy Advice Visit (PAV) as part of a locally negotiated Service (LES) and provide a number of services free of charge to care homes.

Though figures are hard to come by it is estimated that less than 20% of community pharmacies are involved in dispensing services to care homes. Care homes usually obtain their medicines from one pharmacy but increasingly care home supply services are being centralised into a 'hub and spoke' model.

Most pharmacists who work in care homes do so by working through the GP practice where residents are registered. Most residents in a care home are registered with one GP practice but sometimes residents may remain registered with the original General Practice which can lead to care homes being associated with multiple practices.

As a basis for change the RPS believes that one community pharmacy and one GP practice should align to one care home to allow the development of better care. This is in line with the Royal College of General Practitioners and the British Geriatric Society.

Based on this alignment pharmacists can improve medicines safety, reduce levels of inappropriate medication and reduce medicines waste in care homes.

Medicines Safety

In recent years pharmacists have become increasingly concerned about aspects of medicines safety care homes. The 2009 Care Homes' Use of Medicines Study (CHUMS) - found that 70% of care home residents experienced at least one medication error which the report described as an unacceptable level.

Medicines safety could be improved if patients' clinical information was shared between GPs, community pharmacists and care providers and by supplying medicines in their original packs in care homes.

Crucially though, pharmacists should be given full responsibility for medicines management in care homes. A four month trial in a care home in London where a pharmacist was given full responsibility for medicines management saw a 91% reduction in medication errors.

Polypharmacy and Anti-Psychotics

Many patients in care homes are on multiple medicines, some on 7 or more medicines each. The Royal Pharmaceutical Society has expressed concern about the amount of medicines patients take and in particular is concerned about the use of psychoactive and anti-psychotics drugs.

Psychoactive medication is a medication that effects brain function e.g. anti-depressants and tranquilisers. Anti-psychotic medication is used in the short term to calm disturbed patients, whatever the underlying psychopathology.

In the UK 700,000 people live with dementia, a figure which will double over the next 30 years. The behavioural symptoms of dementia are traditionally treated with anti-psychotics, which are associated with 1,800 excess annual deaths in the UK. The Royal Pharmaceutical Society has said that where antipsychotics are used this should be on the lowest dose, for the shortest time. and renewed regularly.

People living with dementia in care homes are more likely to receive low-dose anti-psychotics than people living at home, one review found that 75% of residents in care homes were on psychoactive medication while 33% were taking antipsychotic medication.

Pharmacists can have a large impact on the use of antipsychotic medicines. A pharmacy-led program within General Practice surgeries in Medway Primary Care Trust found that people with dementia in care homes were 3.5 times more likely to receive anti-psychotics than people living in their own home. Following pharmacy intervention anti-psychotics were withdrawn or the dosage was reduced in 61% of cases.

Medicines Waste

Research undertaken in 2009 by the York Health Economics Consortium and the School of Pharmacy, University of London, estimated that medicines wastage in England cost £300 million each year. Of this £300 million, £50 million is medicines that are disposed of unused by care homes. Based on one study most of the wasted medicines are laxatives, paracetamol, calcium supplements, aspirin and the antacid, omeprazole.

If pharmacists had overall responsibility for the medicines use in care homes they could reduce medicines waste which would not only save money but would be a sign of improved quality in the care home system as a whole.

Conclusion

The Royal Pharmaceutical Society is calling for pharmacists to have overall responsibility for medicines in care homes. Pharmacists could improve medicines safety, reduce medicines waste and reduce the number of care home residents on anti-psychotic medicines.

About the Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional body for every pharmacist in Great Britain. We are the only body that represents all sectors of pharmacy in Great Britain and currently has 49,000 members. There are approximately 75 pharmacists per constituency, working in hospitals, industry, academia and community pharmacies. The RPS speaks on behalf of the profession, developing and promoting policy and members' views on all issues relating to pharmacy and pharmacists.