ROYAL PHARMACEUTICAL SOCIETY
England

Shaping pharmacy for the future

Pharmacists improving care in care homes

The Royal Pharmaceutical Society believes that better utilisation of pharmacists' skills in care homes will bring significant benefits to care home residents, care homes providers and the NHS.

Introduction

There are approximately 431,500 elderly and disabled people in residential care of whom 414,000 are aged 65 and over[1]. Due to an ageing population and policies to encourage elderly people to stay in their homes longer care home residents are generally older and frailer. The elderly are particularly at risk from errors with medicines as they can have a high level of morbidity, with multiple health problems and are often prescribed several medicines. The Royal Pharmaceutical Society (RPS) believes pharmacists should have an embedded role in care homes with overall responsibility and accountability for medicines and their use.

Recommendations

Better utilisation of pharmacists' skills in care homes will bring significant benefits to care home residents, care homes providers and the NHS.

- Pharmacists should have overall responsibility for medicines and their use in care homes
- One community pharmacy and one GP practice should be aligned to a care home to ensure co-ordinated and consistently high standards of care
- Pharmacists should be given responsibility to ensure patient safety, leading a programme of regular medicines reviews working in an integrated team with other healthcare practitioners.

[1] http://www.pensionsage.com/pa/mar14-pensions-to-fund-care.php

Background

Medicines Review

In 2014 NICE published their 'Managing Medicines in Care Homes'[2] full guideline, the purpose of which is to provide recommendations for good practice and medicine management in care homes. Key recommendations from the report state that:

'Care home providers should ensure that the following people are involved in medicines reconciliation:

- *the resident and/or their family members or carers*
- *a pharmacist*
- *other health and social care practitioners involved in managing medicines for the resident, as agreed locally'.*

and also that:

'Health and social care practitioners should ensure that medication reviews involve the resident and/or their family members or carers and a local team of health and social care practitioners (multidisciplinary team). This may include a:

- *pharmacist*
- *community matron or specialist nurse, such as a community psychiatric nurse*
- *GP*
- *member of the care home staff*
- *practice nurse*
- *social care practitioner'.*

The RPS believes these recommendations should also include stipulations regarding the process of supplying medicines to residents.

The Care Home Use of Medicines Study (CHUMS) examined a random sample of 256 patients in 55 care homes. The study found that 70% of care home residents experienced at least one error associated with their medicines which the report described as "unacceptable"[3]. The study suggests that in order to prevent errors, pharmacists should regularly review residents, their medicines and rationalise regimes to help home staff work more safely. Such measures will identify and prevent such vast amount of errors. 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 errors associated with medicines[4]. The RPS believes that the presence of a pharmacist at a care home would make a positive and measurable impact on patients.

[2] Managing medicines in care homes (2014) https://www.nice.org.uk/guidance/SC1/chapter/what-is-this-guideline-about-and-who-is-it-for
[3] CHUMS http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf
[4] http://drugsinfonewslineireland.wordpress.com/2010/09/page/32/

We know that currently medicines use is suboptimal and research in 2004 on the amount of patients admitted to the hospital from bad reactions to their medicines showed that these unintended reactions accounted for 6.5% hospital admittance, of which 70% could have been avoided. Additionally the BMJ Quality and Safety Journal[5] conducted a survey with data collection performed on 258 patients from 23 community pharmacies. Eligible patients participating in the survey were 75 years old and over and were starting a new long-term medicine. The report showed ten days after starting a new medicine, 61% of patients require more information and guidance around the medicine, with 50% of people experiencing considerable problems with their medicines. The study concluded that patients need more support when starting a new medicine for a chronic condition.

Current contracting of services for care homes is mainly limited to supply of medicines, and care homes are often served by multiple GP surgeries and pharmacies. 'Pharmacy Advice Visits' have been seen in some locally commissioned services. These provide a number of services including; reviews of medicines for residents, training of staff and advice on proper use of medicines. The RPS believes that this is the minimum service provision.

As a basis for change the RPS believes that one community pharmacy and one GP practice should be aligned to a care home[6] to enable the provision of a co-ordinated and consistently high standard of care across all service users. This is in line with the views of the Royal College of General Practitioners and the British Geriatric Society.

Medicines Safety

In recent years the NHS has become increasingly concerned about medicines safety in care homes. The RPS believes that pharmacists should be responsible for the safety of some of the most vulnerable members of our society and guarantee safety of the whole medicines system in care homes. The CHUMs study found that care home residents took an average of 7.2 medicines and at least one error occurred in 69.5% of cases. Errors were found at: prescribing, monitoring, dispensing and administration[7]. "Therapeutic misadventure" resulted in 19% of admissions to hospital in elderly care home residents. In some cases, such errors could have serious consequences[8].

Medicines safety could be improved if patients' clinical information was shared between GPs, community pharmacists and other care providers, and by supplying medicines in their original packs in care homes. After undertaking 58 interviews the CHUMS report found that not knowing a resident, prescribing without computerised notes or prescribing software led to poor communication between primary and secondary care which led to prescribing errors that had a negative impact on patients' health.

[5] BMJ Quality and Safety (2003) http://qualitysafety.bmj.com/content/13/3/172.full.html
[6] http://www.rpharms.com/promoting-pharmacy-pdfs/rpscarehomereportfinalmarch2012.pdf
[7] CHUMS http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf
[8] CHUMS http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf

Polypharmacy

At least 25% of people over 60 years old have two or more LTCs which means that there a number of patients in Care Homes on a multitude of medicines. Such multiple medicines (polypharmacy) is driven by an ageing, increasingly frail and multimorbid population and although in some patients it be clinically appropriate, it can increase clinical workload and clinical complexity. Polypharmacy can also be problematic, where multiple medicines are prescribed inappropriately or where the intended benefit of the medicine is not realised. Harms associated with polypharmacy include risk of errors associated with medicines (including prescription, monitoring, dispensing and administration errors), adverse drug reactions, impaired medicines adherence and compromised quality of life for patients. There are costs not only in terms of morbidity and mortality, but also of pharmaceutical products (including waste) and health service utilisation.

Growing concerns around polypharmacy led to the publication of 'Polypharmacy and medicines optimisation: Making it safe and sound' by the Kings Fund in 2013[9]. This report highlights the implications of multi-morbidity and polypharmacy for clinical practice, services and policy, and calls for actions to facilitate the management of complex multimorbidity and systems to optimise medicines use. This report states that 'Multi-morbidity and polypharmacy increase clinical workload. Doctors, nurses and pharmacists need to work coherently as a team, with a carefully balanced clinical skill-mix'. Pharmacists, as experts in medicines use, can play a significant role in the reduction of problematic polypharmacy.

A recent Health Foundation project[10] undertaken in Northumbria demonstrated the benefit of pharmacist interventions in Care Homes. Using pharmacist prescribers employed by the local NHS Trust to carry out medication reviews with residents and their families they demonstrated a cost effective model which could be undertaken in other areas. The key results from the study were:

- 422 resident reviews carried out
- 1,346 interventions made, the majority of which were to stop medicines.
- 1.7 medicines stopped for every resident reviewed
- The main reasons for stopping medicines were there being no current indication or residents' request to stop
- The net annualised savings were £77,703, or £184 per person reviewed
- For every £1 invested in the intervention, £2.38 could be released from the medicines budget.

[9] http://www.kingsfund.org.uk/publications/polypharmacy-and-medicines-optimisation
[10] http://www.health.org.uk/areas-of-work/programmes/shine-twelve/related-projects/northumbria-healthcare-nhs-foundation-trust/learning/

Brighton and Hove CCG have contracted an independent medicines optimisation organisation to undertake medication reviews for 2000 care home residents on behalf (and working closely with) all GP surgeries. The scheme has been very successful, well received by GPs, Care Homes and residents, and is now in its third year. Quality of care and risk reduction is the main drivers for this scheme but value is also important. Savings last year due to medicines stopped were over £300K and about the same again estimated as savings from avoided admissions.

Antipsychotics

The RPS has expressed concern about the amount of medicines patients in care homes take and is particularly concerned about the use and overuse of psychoactive medicines and antipsychotics. These are considered to be powerful medicines, the misuse of which could lead to harmful side effects that in some cases could be permanent, worsen over time or lead to death. At the same time, Dr Sube Banerjee in his report on the use of antipsychotics for the Minister of State for Care Services suggested that reducing the usage of the antipsychotics for people with dementia and ensuring patient safety when they are needed should be made a clinical governance priority across the NHS[11].

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 antipsychotics, which are associated with 1800 excess annual deaths in the UK[12]. The RPS states that where a person requires antipsychotics, the lowest dose, for the shortest time must be prescribed, with regular review.

People living with dementia in care homes are more likely to receive low-dose antipsychotics than people living at home, one review found that 75% of residents in care homes were on psychoactive medicines while 33% were taking antipsychotics. Pharmacist input has a significant impact on the use of antipsychotics. A pharmacy-led programme within GP surgeries in Medway demonstrated that pharmacy interventions in antipsychotics led to withdrawal or dose reduction in 61% of cases[13].

[11] The Use of Antipsychotic medication for people with dementia: a report for the minister of state for care services by professor Sube Banerjee Nov 09
[12] http://www.ic.nhs.uk/dementiaaudit
[13] http://www.biomedcentral.com/1471-244X/12/155

Medicines Waste in Care Homes

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 so wastage of medicines is particularly prevalent in care homes[14]. Based on one study most of the wasted medicines are laxatives, paracetamol, calcium supplements, aspirin and omeprazole. The NHS Reducing Waste Medicines report states that medicines supplied on prescription in primary care, were estimated to cost the NHS £7.6 billion in 2006/2007[15]. The estimated cost of unused or unwanted medicines in the NHS is around £100million annually[16]. At the same time, with the number of prescribed medicines growing by 5.3% annually, it appears that even more money could be wasted on medicines in the future[17]. The RPS believes that good medicines optimisation by pharmacists in care homes will help to solve the issue of waste medicines, improve efficiency and provide better health outcomes for care home residents.

[14] http://eprints.pharmacy.ac.uk/2605/1/Evaluation_of_NHS_Medicines_Waste__web_publication_version.pdf
[15] The Department of Health (2008). The Pharmacy White Paper: Building on Strengths – Delivering the Future
[16] Managing medicines in care homes (2014) http://www.nice.org.uk/nicemedia/pdf/CG76FullGuideline.pdf
[17] http://www.nhsbsa.nhs.uk/PrescriptionServices/Documents/Volume_and_cost_year_to_Mar_2010.pdf