

# Improving care in care homes

The Royal Pharmaceutical Society believes better use of pharmacists' skills can improve patient care in residential and nursing homes. **Dave Branford** makes the case

AROUND 431,500 ELDERLY and disabled people are in residential care, of whom 414,000 are aged 65 or over. Due to an ageing population and policies to encourage elderly people to stay in their homes longer, care home residents are becoming 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 believes that pharmacists should have an embedded role in care homes with overall responsibility and accountability for medicines and their use.

With this in mind, the English Pharmacy Board has made 'Pharmacists improving care in care homes' one of the five key campaigns it launched last October under the banner of 'Shaping Pharmacy for the Future'. These campaigns aim to bring the professional skills of pharmacists to the attention of those who make decisions about NHS service provision.

Most care homes were historically regarded as a residential place where people spent their final years, but the NHS Five Year Forward View recommends that complex care should be in the community and out of hospitals. We need to acknowledge that people in care homes in future will be more ill, have more disabilities, and be on more drug treatments than in the past.

As a profession we need to have geared ourselves up to looking at the best system to make sure that these people's medicines are regularly reviewed and that pharmacists are key players in that. The problem at the moment is that this is not within anyone's financial remit and where there have been initiatives they have been a CCG-funded project. The challenge is to ensure that everywhere there is a clear understanding of where funding comes from.



## RPS recommendations

Better utilisation of pharmacists' skills in care homes will bring significant benefits to care home residents, care home 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 coordinated and consistently high standards of care

Pharmacists should be given responsibility for patient safety, leading a programme of regular medicines reviews working in an integrated team with other healthcare practitioners.

The Board is continuing to do background work and towards the end of 2015 we will launch a full campaign if we haven't made enough progress. Our key message for community pharmacists in the meantime is that they should be working towards being part of the clinical review programme of the care home so that when this opportunity comes along they can say, 'I'm the person to do this'.

## Pharmacists' role

The NICE 2014 guideline on 'Managing Medicines in Care Homes' recommended that care home providers should ensure that a pharmacist is involved in medicines reconciliation. It also recommended that health and social care practitioners should ensure that medication reviews involve the resident and/or family members and a pharmacist as part of a multidisciplinary team.

The Care Homes' Use of Medicines Study (CHUMS) found that 70 per cent of care home residents experienced at least one error associated with their medicines, which it described as "unacceptable". The study suggested that in order to prevent errors, pharmacists should regularly review medication and rationalise regimes to help home staff work more safely.

A four-month trial in a London care home where a pharmacist was given full responsibility for medicines safety saw a 91 per cent reduction

## An expert view

Lelly Oboh, a consultant pharmacist in the care of older people for Guy's and St Thomas' NHS Trust, suggests that pharmacists could have different roles in relation to care homes, related to their skill set and existing role. So, for example, high level care coordinating pharmacists could take responsibility, working closely with GPs, for complex medicine-related issues in a number of homes.

Community pharmacists could input at a lower clinical level. Because they see patients and their prescriptions and deal with GP practices regularly, they are well placed to suggest stopping antipsychotics to GPs and then follow up about reducing doses. Polypharmacy also needs to be tackled in stages, and community pharmacists' regular contact with patients and GPs puts them in a good position to tackle this issue.

"I think the next step is that all care homes should have pharmaceutical advice as a basic service and not a luxury," says Ms Oboh. Everybody in NHS care homes should have a minimum standard of pharmaceutical care, she says.

in errors associated with medicines. The RPS believes that the presence of a pharmacist in a care home would make a positive and measurable impact on patients.

Current contracting of services for care homes is mainly limited to supply of medicines and care homes are often served by multiple GP practices and pharmacies. 'Pharmacy advice visits' have been seen in some locally commissioned services and these provide a number of services including medicines reviews, staff training and advice on medicines use. The Society believes 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 to enable the provision of a coordinated 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

At least 25 per cent of over-60s have two or more long-term conditions, which means that many patients in care homes take a multitude of medicines. Harms associated with this polypharmacy include errors associated with medicines (including prescription, monitoring, dispensing and administration), adverse drug reactions, impaired medicines adherence and compromised quality of life.

A 2013 report from the Kings Fund on 'Polypharmacy and medicines optimisation: Making it safe and sound' recommended that doctors, nurses and pharmacists should work coherently as a team to tackle the issue, using a carefully balanced skill mix. Pharmacists, as experts in medicines use, can play a significant role in the reduction of problematic polypharmacy.

The 2012 Shine Report, undertaken by the Health Foundation in Northumbria demonstrated the benefit of pharmacist interventions in care homes. Pharmacist prescribers employed by the local NHS Trust to carry out medication reviews with residents and their families were part of a cost-effective model that could be undertaken in other areas. Key results from the study included:

- 1,346 interventions made in 422 reviews, mainly to stop medicines
- 1.7 medicines stopped for every resident reviewed, mainly because no current indication or residents' request to stop
- Net annualised savings of £184 per patient reviewed
- For every £1 invested in the intervention, £2.38 could be released from the medicines budget.

Brighton and Hove CCG has contracted an independent medicines optimisation organisation to undertake medication reviews for 2,000 care home residents on behalf of, and working closely with, all their GP surgeries. This successful scheme, now in its third year, saved over £300,000 last year from medicines stopped and about the same again from avoided admissions.

People with dementia in care homes are more likely to receive low-dose antipsychotics than people living at home. One review found that 75 per cent of care home residents were on psychoactive medicines while 33 per cent were taking antipsychotics. A pharmacy-led programme in GP surgeries in Medway showed that pharmacy interventions in antipsychotics led to withdrawal or dose reduction in 61 per cent of cases. ●

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