PHARMACISTS IMPROVING CARE IN CARE HOMES

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Pharmacists improving care in care homes

Pharmacists, as part of the multidisciplinary team, should have overall responsibility for medicines and their use in care homes. This will result in significant benefits to care home residents, care home providers and the NHS.
Pharmacists improving care in care homes

• One pharmacist and one general practitioner should be responsible for medicines in each care home ensuring co-ordinated and consistently high standards of care.

• Where a care home specialises e.g. in dementia care, the pharmacist should ensure they are competent to support the relevant clinical speciality.

• Local commissioners (such as Clinical Commissioning Groups or NHS England) should commission pharmacists to provide medicine reviews within care homes.

• Pharmacists should lead a programme of regular medicines reviews and staff training, working in an integrated team with other healthcare practitioners ensuring medicines safety.
What is the state of play?

- 405,000 care home residents in the UK 65+ (1) with average taking 7-8 medicines (2)
- Ageing population with LTCs, average age of residents in care homes is 85
  - in 2011, people aged 85 and over represented 59.2% of the older care home population compared to 56.5% in 2001 (1)
- Residents fall 2-6 times a year (3)
- Estimated £24m medicines waste in care homes (4)
- Estimated that 80% of residents living in care homes have dementia (5)
Some of the issues

• 10% of nursing homes and 6% of residential homes in England rated inadequate (2014/15) (6)

• 69.5% of residents receive at least one medication error (7)

• Medicines account for a third of nursing time in care homes (8)

• Only 10% of older people discharged from hospital remain on the same medicines they were taking when admitted to hospital (9)

• The risk of an adverse drug reaction can be 13% when taking two medicines, rising to 58% with five and as high as 82% with seven or more (10)
Who is involved in Care Home service provision?

- NHS commissioners
- Local Authorities
- Personal commissioners (relatives, family, carers)
- NHS providers such as continence care, tissue viability
- Secondary care if residents spend time in hospital
- NHS contractual providers – GPs, community pharmacists
- Large scale private providers
- Small scale or individual home providers
- Local authority providers such as children residential care, learning disabilities
Medicines Safety

• 70% of care home residents experience at least 1 error with their medicines (7)

• Pharmacist should regularly review residents and their medicines

• 91% reduction in medicine errors when a pharmacist given full responsibility for medicines management in London care home (11)

RPS believes that the government needs to review the commissioning of residential care provision to highlight where consistency of approach and the overall safety and efficiency could be improved in relation to medicines and their use
Better communication systems

- Sharing of clinical information could improve medicines safety
- Not knowing a resident or prescribing without computerised notes leads to prescribing errors that have a negative impact on patients (7)
- 50% of communication errors around medicines management are directly between the care home and community pharmacy (7)

RPS believes that, with patient consent, all pharmacists directly involved in patient care should have full read and write access to the patient health record in the interest of high quality, safe and effective patient care
Falls in Care Homes

- 50% of care home residents fall every year \(^{(12)}\)
  - 35% of falls result in serious injury and 8% result in fractures \(^{(13)}\)
- Interventions to reduce falls in care homes were effective if coordinated via a multidisciplinary team
- Pharmacist led medicines reviews have been shown to reduce the number of falls

RPS believes that a patient must receive a falls assessment on admission into a care home, and regularly thereafter, and that a pharmacist should be involved in assessing falls risk from the medicines the patient takes
Use of psychotropic medicines

- 25% of care home residents prescribed antipsychotics in 2009 (14)
- Antipsychotic dispensing increased from 8.2% before entry into a care home to 18.6% after entering (15)
- Pharmacy led programme in Medway showed pharmacist interventions led to withdrawal or dose reduction of psychotropic medicines in 61% of cases (16)

RPS believes that pharmacists should play a key role as part of the multidisciplinary team in providing oversight of psychotropic medicines prescribed in care homes to ensure their use is kept to a minimum
End of life care

• Care home staff have variable confidence and competence in the appropriate use of palliative medicines (17)
• 53% of residents were symptomatic in their last days of life (18)
• Anticipatory medicines should be equally available in residential homes as they are in the community (19)

RPS believes that advice about and access to end of life medicine and anticipatory care should be formalised between prescribers, pharmacists and care home providers
Medicines waste

- Medicines wastage in England costs £300 million each year (4)
- £24 million is medicines that are disposed of unused in care homes (4)

RPS believes that if pharmacists have responsibility for medicine use in care homes this will help to solve the issue of waste medicines, improve efficiency and provide better health outcomes for care home residents
What works?
Pharmacist-led medicines reviews demonstrate:

**CALCULATING THE VALUE OF A PHARMACIST IN EVERY CARE HOME**

Following a review of three local pilots that measured the impact of a pharmacist in a care home setting, it is estimated that £135 million a year could be saved through pharmacist-led interventions and medicine reviews in care homes across the UK.

**SAVING £135M**

- £75M saved through the prevention of avoidable hospital admissions
- £60M saved as a result of a pharmacist optimising medicines
- £24M An estimated £24 million is lost every year due to medicine wastage in care homes across England alone.

ROYAL PHARMACEUTICAL SOCIETY
England
Optimising medicines use in care home residents using a clinical pharmacist from an acute trust and involving patient, family, friends as required

Shown great benefit in patient engagement, reduced polypharmacy, cost savings, recued medicines waste

- 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.
Leeds West CCG : CHAMOIS Project

28% required follow-up review
£90k gross cost saving
£20k additional medicine costs
40% patients have mismatched allergy records

£140 saved per 1st resident review
1555 recommendations to GP’s
91% recommendations accepted
735 test and observations
Brighton and Hove CCG

- Contract with an independent provider
- 20,000 care home residents had their medicines reviewed by a pharmacist
- £300k + savings due to medicines being stopped in one year
- Similar savings from avoidance of hospital admissions
Covers 19 nursing homes (900 beds); MDT at single GP Surgery with full skill mix pharmacy team

**Medicines Optimisation**
- 20% reduction in admissions
- 66% reduction in antipsychotics in dementia
- End of life admissions reduced 49%
- 726 clinical pharmacy reviews in past 6 months (Level 3 at bedside)
- Surgery based reviews at level 2 (n=3000+)

- Dysphagia
- Reductions in Specials £++

**MDG and 6 month reviews**
- 8 GPs
- 3 Nurses / Nurse Specialists
- 5 IP Pharmacists, Clinical Diploma Pharmacist, Pre-reg & 5 Techs
- 11% reduction in items prescribed in 1 yr
Enhanced Health in Care Home Vanguards

• One of the vanguard models in Five Year Forward View

• Airedale and Partners (technology)
• East & North Hertfordshire (reducing hospital admissions)
• Gateshead (enhancing healthcare in community beds)
• Nottingham City (enhancing residents quality of life)
• Sutton homes of care (supporting quality and safety)
• Wakefield (education, training & workforce development)

Pharmacists involved in some of these
External Guidance

• NICE Managing medicines in Care Homes (19)

• NICE Quality Standard for medicines management in care homes (23)

• Health Foundation & Age UK: ‘Making Care safer’ (24)

• National Care Forum: ‘Safety of medicines in the care home’ (25)
Support from RPS

- Campaign launch at Kings Fund on 24 Feb
- Care Home policy
- Care Home report ‘The Right Medicine: Improving Care in Care Homes’
- Pulling together examples of good practice from the survey
- Questions for residents / family to ask about their medicines
- Support from key stakeholders
- Developing ‘ultimate guide’ for pharmacists working in care homes
- Developing guidance for commissioners
- Establishing a ‘community of practice’ for pharmacists in Care Homes
Pills: Reviewing medication in Care Homes

http://www.health.org.uk/pills