



Engagement Planning Form

1. Project Title: Care Home Pharmacy Medication Review

2. Project Lead: Nicola Shaw

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3. Complete [Equality Impact Assessment](#)

4. A description of the project

a. Describe the consultation (what are we changing and why?)

The role of care homes and the type of care provided has been changing. Residential and nursing home care for older people has developed from being an alternative form of accommodation in older age to a provision mainly for the frailest older people with high support needs or for those with mental health conditions including dementia, towards the end of life. The number of care home places has been declining. In 2011, the number of places available in residential and nursing care in England was fewer than 470,000¹ falling from a peak, in 1996, of 575,500 for the UK as a whole, as more and more older people are being cared for at home. Care home residents are often those who can no longer be cared for at home because they have severe or multiple medical conditions.

Older people in care homes are among the most vulnerable members of our society, reliant on care home staff for many of their everyday needs. A combination of complex medical conditions may lead to the need to take multiple medications, with care home residents taking 7-8 medications on average. This 'poly pharmacy' in turn increases the risk of medication error. Medication errors may occur as a result of a failure in prescribing, dispensing, administering or monitoring medication.

A medication review is a structured, critical examination of a patient's medicines with the objective of reaching an agreement with the patient about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste.

'The CHUMS study⁵⁴ recommended that care homes should commission an independent review of their medication processes by an outside person, possibly a pharmacist, who could provide an overview of the effective running of the whole medicines system in the home, and of links with the associated GPs, supplying pharmacists and the PCT'.

Respect for the older resident and their dignity and rights as an individual should remain at the heart of the medication process with medication being administered on behalf of the resident rather than to the resident.

Residents should be involved in the medication process. A mentally alert resident, or fully informed relative or friend may be the final check against medication error in the care home, but many residents are passive in the medication process saying "I just take what I'm given".

In response to the findings in the CHUMS study, NHS Leeds West CCG has commissioned a pharmacy care home medication review service. This service is currently core business for the other CCGs in Leeds. The service delivers high quality, person-centred pharmaceutical care to patients in care homes. It allows medicines to be optimised so that long term conditions can be managed safely and effectively and medicine-related admissions to hospital are reduced.

The service aims to carry out a level three medication review for all patients in care homes in Leeds West CCG. This means that the pharmacist has full access to GP records and carries out the review with the patient or care home staff.

The service focuses on Quality, safety and effectiveness/cost. It aims to:

- ensure the required monitoring checks are carried out
- make recommendations for medication changes based on our findings and test results
- carry out a follow up at about 4-8 weeks to check the outcome from the changes
- identify what cost-effective medication regimen is now appropriate for the resident
- ensure appropriate onward referral takes place

The aim of this engagement is to gather stakeholder feedback on medication reviews in care homes in order to develop a business case to extend the work of the project.

b. What is the level of service change?

Level 1 or 2. An ongoing development/minor change. Impacts on a relatively small number of people.

c. Outline the key objectives of the engagement

- To gather feedback on medication reviews from patients and the families
- To gather feedback on medication reviews from care home staff
- To use the feedback from patients and the public to inform the business case

d. Outline expected outcomes of the engagement

- Patient/residents, care homes staff and family will be informed about the service and proposed changes
- We will be able to demonstrate how patients/residents, family and care home staff have influenced the redesign process

e. To what extent will patient involvement affect the outcome?

We will use feedback from patients and key stakeholders to understand the value of pharmacy medication reviews in care homes. The feedback will inform the development of a business case to extend the project.

f. How does the project support LWCCG organisational vision and priorities (delete as appropriate)

- Ensures that local people are at the centre of our commissioning decisions
- Commissions services based on what we would want for our own families and friends
- Commissions services which are the best possible value for money
- Promotes working in collaboration with our partners
- Supports the better management of long term conditions
- Reduces the number of people who need to go to hospital
- Treats people with dignity and respect

- Improves services for people with mental health problems
- Take people's views into account

**g. How does the project support the NHS Constitution?
(delete as appropriate)**

- Ensures that patient choice, waiting times and access are maintained and improved where possible;
- reviews referrals to reduce unnecessary procedures and cancelled operations;
- reduces unnecessary hospital outpatient follow-up appointments;
- reduces unnecessary diagnostic tests; and
- develops more alternatives to hospital appointments.

h. Which other internal departments do we need to work with?

- Medicines management
- Communications and engagement
- The team working on the enhanced care home project
- Relevant clinical and locality leads

5. Pre-consultation information

a. Have we done something similar before?

N/A

b. How can we avoid duplicating work?

N/A

c. What learning can we use from previous events?

- Significant issues related to working with patients with dementia – will focus engagement of families and care home staff.
- One-to-one engagement appears to work better in this environment
- Need to consider patient and family preconceptions and expectations of healthcare services.

6. What timescales are you working to?

(include planning implementation, evaluation and feedback)

End Dec 2013	Finalise engagement plan
8 Jan 2014	Take plan to the PAG
End Jan 2014	start stakeholder engagement
Mid Feb 2014	Consultation closes
End Feb 2014	Finalise report

7. Engaging with our stakeholders

(consider using a stakeholder mapping tool)

a. Who is the change going to affect and how?

The service change will affect the following groups

- Patients/residents/family – the extent of the medication review.
- Care home staff – level of pharmaceutical clinical support

b. What methods will we use to recruit?

We will use the following methods to recruit:

- Care homes
- Patient reference groups in GP practices
- CCG patient, carer and public networks
- CCG Voluntary, Community and Faith (VCF) sector
- Pharmacy team

c. What will we do to engage under represented groups?

Consideration will need to be given to the following groups:

- younger people with learning disabilities or who are homeless with complex needs, and younger Gypsies and Travellers or refugees who, as a result of disadvantage, may have support needs typical of a much older person).’
- ‘In many homes the views of the person’s relatives and carers were not taken into account or not documented in care plans.’
- The very nature of the condition (often compounded by myths and stereotypes) can mean that this group is particularly vulnerable to discrimination and human rights infringements.’
- ‘People over 65 from ‘Asian’ and ‘Black’ ethnic categories are disproportionately affected by poor health and high rates of limiting long-term illness and have an increased risk of becoming dependent on others at an earlier age as a result of disability (Age Concern, 2007a).’
- ‘This population contains ‘a larger proportion of people who have religious beliefs than among the general population, beliefs that in many cases will affect the type of care these individuals wish to receive’
- ‘It is likely that older lesbian, gay and bisexual people are over-represented amongst those needing formal support as they are less likely to have children, more likely to be out of touch with their birth families and their own children, and 2.5 times more likely than heterosexual older people to be living alone (Age Concern, 2006).’

d. What methods will we use to engage how will this change for different groups?

We will use a patient survey to gather feedback from patients and the public. Paper and electronic copies of the leaflet will be available.

We will advertise the engagement in the following ways:

- LWCCG patient, carer and public network
- LWCCG voluntary, community and faith sector network
- LWCCG e-newsletter
- Email to care homes in LWCCG
- Poster in care homes in LWCCG
- LWCCG website
- Twitter

e. What local knowledge can support recruitment and engagement?

We will use our partners and networks to support engagement. This will include:

- Local older people’s organisations
- Clinicians and carers working in care homes

8. What resources do you need?

a. Who is on your project team?

Nicola Shaw – Medicines Management

Helen Higgins – Medicines Management
Helen Whiteside – Medicines Management
Chris Bridle – Communications and Engagement

b. What other staffing do you need?

Communications support

c. What other resources do you need (equipment, venues etc)?

Survey monkey

9. What are your consultation/engagement questions?

a. What questions do you plan to ask?

We will ask questions which help understand;

- People's knowledge of medication reviews (why are they done?)
- People's experience of the medicine review process (how frequently? How in depth? By who?)
- Outcomes of medicine review process (have they experienced benefits? What are the benefits?)

b. How will you pilot the questions to ensure they are suitable?

A draft copy of the survey will be shared with the LWCCG PAG.

c. How will you demonstrate that you have consulted with a representative sample?

The survey will include an equality monitoring section and the finding will be included in the final report.

d. How will you ensure anonymity with your results

Patients will not be required to fill in their name on the survey. Patient identifiable information will not be included in the report or shared with services.

e. How will participants evaluate the event?

No events have been planned.

10. Results

a. Who will collate the results?

The Engagement Team

b. Who will analyse the results?

The Engagement Team

c. Who will write the engagement report?

The Engagement Team

d. How will you use the feedback – what will you do differently?

The feedback report will be used to develop a business case and ensure that the project meets the needs of patients and carers.

11. Feedback and Evaluation

a. How and when will you feedback to your participants?

The final engagement report will be shared with all the people who have contributed to the engagement.

b. What will you feedback?

We will summarise the findings of the engagement and share our recommendations to the working group.

c. How will you use the evaluation to improve future events?

No events have been planned.

d. Will there be ongoing feedback or a follow-up event?

A briefing will be produced at the end of the project and shared with participants.

e. Have you filled in the PPI events Record log

This is the responsibility of the engagement lead.