Medication reviews in care homes

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.

A recent study 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’.

In response to these findings, NHS Leeds West Clinical Commissioning Group has commissioned a pharmacy care home medication review service. The service delivers comprehensive pharmaceutical care to patients in care homes. Specialist pharmacists working with GPs will monitor and adjust medicines so that long term conditions can be managed safely and effectively and medicine-related admissions to hospital are reduced.

The aim of this engagement is to gather feedback from patients, families and care home staff on medication reviews in care homes in order to develop a business case to extend the work of the project.

We value your views because they help us provide the services you need in the way you need them. Please take a couple of minutes to fill in this form and tell us what you think. You can also fill in this survey online here: www.surveymonkey.com/s/R68PLNX

This survey is confidential and you don’t need to fill in your name.

Name: 
Tel: 
Email: 
Address: 
Postcode: 

If you are interested in finding out more about our medication review work, please tick the box below and fill in your contact details above.

I would like to find out more about medication review work at NHS Leeds West CCG

Please return this survey by Thursday 6th February 2014 to Chris Bridle, FREEPOST RTEG-JRZR-CLZG, NHS Leeds West Clinical Commissioning Group, Suites 2-4, WIRA House, Ring Road, West Park, LEEDS LS16 6EB. Your comments are confidential.

Thank you for taking the time to fill in this survey. We will share the results of this engagement in the next few months. If you would like to know the outcome and how you have influenced the decision we make please ensure you have filled in your details on the front of this form. Alternatively visit our website for regular updates. www.leedswestccg.nhs.uk/getting-involved
Section A – Patients/residents and family members

1. I am a...  
   - Patient/Resident  
   - Family member  
   (please fill in the questionnaire on behalf of your relative)

2. I am in a...  
   - Nursing home (with 24 hour nursing)  
   - Residential home (without 24 hour nursing)  
   - EMI home (Elderly Mentally Impaired home for older people with dementia)  
   - Mixture of the above  
   - Unsure

3. I am looked after by...  
   - A single GP  
   - A variety of GPs from the same surgery  
   - A variety of GPs from different surgeries  
   - Unsure

4. My GP visits me...  
   - Weekly  
   - Monthly  
   - When I request a visit  
   - Various  
   - Unsure

5. Do you understand the role of the specialist care home pharmacist?  
   - Yes  
   - No

6. If you have had an opportunity to discuss the medications you take, who did you speak to?  
   - GP  
   - Specialist pharmacist  
   - GP and pharmacist  
   - Unsure

7. Do you understand why you are taking all your medications?  
   - Yes  
   - No

8. Are you confident that you are taking your medications properly?  
   - Yes  
   - No

9. Do you think your medications are monitored enough?  
   - Yes  
   - No

10. How often do you think your medications need reviewing?  
    - Every six months  
    - Every year  
    - After an inpatient stay  
    - Other (please state)  
    - Unsure

11. How confident are you that you are only taking the medications that you need?  
    - Not confident  
    - Not very confident  
    - Confident  
    - Very Confident  
    - Not sure

12. Please tell us what we could do to make you more confident in the medications you are taking.

13. I would like to speak to someone about my medications  
    - Yes  
    - No
### Section B – Care home staff

1. I work in a...
   - Nursing home
   - Residential home
   - EMI home
   - Mixture of the above

2. Our residents are looked after by...
   - A single GP
   - Unsure
   - A variety of GPs from the same surgery
   - A variety of GPs from different surgeries

3. My GP visits residents...
   - Weekly
   - Monthly
   - Various
   - When staff request a visit
   - Unsure

4. Do you understand the role of the specialist care home pharmacist and how this differs from the GP?
   - Yes
   - No

5. Have any of your residents had a review by a specialist pharmacist?
   - Yes
   - No
   - Unsure

6. What do you think are the benefits of the pharmacy medication review service?
   - Stops unnecessary medications
   - Reduces errors
   - Updates allergy status
   - Reduces waste
   - Support care home staff
   - Involves patients and family
   - Improves communication with the GP
   - Improves communication with the pharmacy

7. How often do you think medications should be reviewed?
   - Every six months
   - Every year
   - After an inpatient stay
   - Unsure

8. To what extent do you agree with the following aspects of the service provided by the specialist care home pharmacist.
   - Strongly disagree
   - Disagree
   - Agree
   - Strongly agree
   - Unsure
   a. The medication review was comprehensive
   b. I was confident in the recommendations that were made
   c. The resident/family were involved in the review where appropriate
   d. The specialist pharmacist communicated well with the staff
   e. I am very satisfied with the service from the specialist pharmacist

9. Please tell us what you like about the service

10. Please tell us what we can do to improve the service we offer
# Equality Monitoring Form

**My postcode is:**  
**My GP surgery is:**  

**What gender are you?**  
- [ ] Female  
- [ ] Male  
- [ ] Prefer not to say  

**Transgender - is your gender identity different to the sex you were assumed to be at birth?**  
- [ ] Yes  
- [ ] No  
- [ ] Prefer not to say  

**Pregnancy and Maternity**  
- [ ] I am pregnant  
- [ ] I have given birth within the last 26 weeks  
- [ ] Not applicable  
- [ ] Prefer not to say  

**What is your age?**  
- [ ] Under 16  
- [ ] 16 - 25  
- [ ] 26 - 35  
- [ ] 36 - 45  
- [ ] 46 – 55  
- [ ] 56 - 65  
- [ ] 66 – 75  
- [ ] 76 - 85  
- [ ] 86 +  
- [ ] Prefer not to say  

**What is your sexual orientation?**  
- [ ] Bisexual (both sexes)  
- [ ] Heterosexual/straight (opposite sex)  
- [ ] Lesbian/gay woman (same sex)  
- [ ] Gay man (same sex)  
- [ ] Prefer not to say  

**Do you consider yourself to belong to any religion?**  
- [ ] Buddhism  
- [ ] Christianity  
- [ ] Hinduism  
- [ ] Islam  
- [ ] Judaism  
- [ ] Sikhism  
- [ ] No religion  
- [ ] Prefer not to say  

**What is your ethnic background?**  
- [ ] Asian, or Asian British  
- [ ] Black, or Black British  

<table>
<thead>
<tr>
<th>Mixed/ multiple Ethnic groups</th>
<th>White</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian &amp; White</td>
<td>British</td>
<td>Arab</td>
</tr>
<tr>
<td>Black African &amp; White</td>
<td>Gypsy/Traveller</td>
<td>Other</td>
</tr>
<tr>
<td>Black Caribbean &amp; White</td>
<td>Irish</td>
<td>Other</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

| If any other ethnic background, please state here: | [ ] Prefer not to say |

**Do you consider yourself to have a disability? Please tick all that apply**  
Under the Equality Act 2010 a disability is defined as ‘a physical, sensory or mental impairment which has, or had a substantial and long-term adverse effect on a person’s ability to carry out normal day to day activities’.  
- [ ] Long-standing illness or health condition e.g. cancer, diabetes, HIV, etc  
- [ ] Learning disability/difficulty  
- [ ] Mental Health condition  
- [ ] Physical or mobility Visual  
- [ ] Hearing  
- [ ] Visual  
- [ ] Other (please state)  
- [ ] Prefer not to say  

**Do you look after, or give any help or support to a family member, friend or neighbour because of long term physical disability, mental ill-health or problems related to old age?**  
- [ ] Yes  
- [ ] No  
- [ ] Prefer not to say