

## Medication reviews in care homes - What happened next? Engagement – February to March 2014 Draft March 2014

### Background

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 which in turn increases the risk of medication error.

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'.

In response to these findings, NHS Leeds West Clinical Commissioning Group (CCG) commissioned a pilot specialist care home pharmacy medication review service, which ends in the summer, 2014. The aim of this engagement is to gather feedback from patients, families and care home staff on medication reviews in order to develop a business case to extend the work of the project. This report outlines the findings of the engagement.

A survey was used to gather the thoughts and experiences of residents, families and care home professionals. It asked how we can make people more confident in the medications prescribed to residents in care homes. The survey was shared:

- via the NHS Leeds West CCG patient, carer and public networks;
- via the NHS Leeds West CCG voluntary, community and faith sector network;
- with GP practices in the Leeds West area; and
- with Care homes in the Leeds West area.

The feedback from residents and families suggests that their understanding of the role of the specialist care home pharmacist is low. Residents told us they were generally confident in the way their medications were currently managed. Over half of family members were not confident that their relatives were taking the right medications. Families said that they would like to be more involved in their relative's medication reviews.

Care home staff valued the specialist care home pharmacy service very highly. All staff who had experienced the service felt that it stopped unnecessary prescribing. Most staff also felt that the service reduced medication waste and supported care home staff. Staff felt that residents and families needed to be more involved in the medication review process.

This report makes a series of recommendations to the project team who will use this engagement to develop a business case for extending the specialist care home pharmacist service. The report recommends that the project looks at ways to provide care home residents with a regular, proactive and comprehensive medication reviews and involve residents and families in the review process.

## What has happened since the engagement finished?

The medicines management team used feedback from the engagement to develop a business case to extend the project. The business case went to the NHS Leeds West CCG Clinical Commissioning Group and was awarded funding to continue the service for another year. It was also agreed to expand the service so that it can carry out post-hospital discharge reviews, new resident reviews and review all residents every six months. This expansion of the service will include funding for additional staff.

## How will the engagement shape future service delivery?

The engagement report made a series of recommendations:

### a. Ensure that residents see the same primary care staff where possible.

We know from our engagement with patients that some people like to see the same nurse or doctor at each appointment. We recognise that this approach to care is important to some of our patients and where possible we will support patients to see the healthcare professional of their choice. We are also taking the following steps to ensure consistency of care:

- Patients in care homes have a named community matron and memory nurse. There is also a community dietician responsible for each care home.
- In 2014-2015 all patients over 75 will have a named GP.
- Where possible the same specialist pharmacist will visit residents each time
- Thorough notes are made by the pharmacist following each medication review. **These notes are available to the GP practice through the... system?**

### b. Increase the knowledge and understanding of the medication review process amongst residents and family members

The team have produced a leaflet for patients and carers, which was reviewed by NHS Leeds West CCG patient group. The leaflet will be updated to reflect the comments made during this engagement exercise. The team will also look at other ways they can involve residents and family members, such as evaluation surveys and holding pharmacy 'surgeries'.

### c. Increase resident and family members' involvement in decisions about medications.

In the future, a leaflet about the service will be provided to residents and family members in advance of the medication review. This will allow people to consider any questions or concerns prior to the review. People will be given the opportunity to talk through these questions with the pharmacist where appropriate.

### d. Protect old and vulnerable care home residents from a culture of medical infallibility and acknowledge that some older peoples' over reliance on GPs might impact on patient safety.

There is clear evidence that medication errors are relatively common and there are a number of potential sources for these errors. Errors can occur during prescribing by the nurse or GP, dispensing by the pharmacist or administration by the carer or patient. Overreliance at any stage in this process could impact on patient safety and it has been acknowledged that a medication review can improve patient safety.

### e. Provide residents with regular, proactive and comprehensive medication reviews.

The new specialist pharmacy care home service will increase the number of medication reviews from yearly to every six months. The new service will also offer proactive reviews for new residents and resident discharged from hospital.

The current service provides residents with a comprehensive medication review. Three different levels of medication reviews can be provided by healthcare specialists. These levels range from level one (a basic review) up to level three, which is a clinical medication review. The specialist care home pharmacist service provides comprehensive, level three reviews. These reviews are carried out by pharmacists with post graduate clinical qualifications.

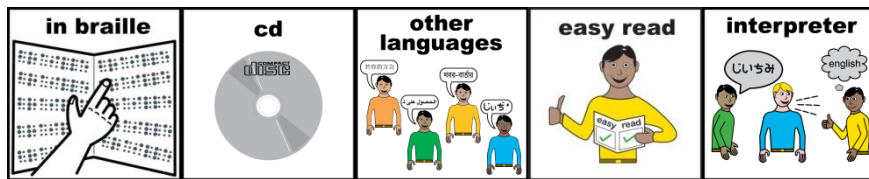
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## Further information

If you would like any more information about this project or NHS Leeds West Clinical Commissioning Group, or have any questions or comments, please write to:

XXXXXXXXXX  
XXXXXXXXXX

NHS Leeds West Clinical Commissioning Group  
Suites 2-4  
Wira House  
West Park Ring Road  
Leeds, LS16 6EB  
Main switchboard: 0113 84 35470  
Email: [commsleedswestccg@nhs.net](mailto:commsleedswestccg@nhs.net)  
[www.leedswestccg.nhs.uk](http://www.leedswestccg.nhs.uk)

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