Inquiry into regulation of care for older people

Royal Pharmaceutical Society

The Royal Pharmaceutical Society (RPS) is the professional leadership body for pharmacists in Scotland, England and Wales. We represent individual pharmacists in all sectors of the profession and in all parts of the country. Across the UK, the RPS represents over 36,000 pharmacists, which is around 70% of the profession. In Scotland, the RPS represents around 3000 pharmacists.

We are pleased that the Health and Sport Committee has chosen this important and timely issue for its first Inquiry of this session of the Scottish Parliament. We recognise the need to examine the current arrangements of the care home system. The RPS welcomes this opportunity to play our part and provide written evidence for this inquiry.

It may be of interest to the Committee to learn that the Scottish Pharmacy Board of the RPS commissioned an expert working group to investigate and report on ways to improve pharmaceutical care in care homes in February 2011. This group contains key stakeholders across all disciplines involved in delivering care in Scotland. The final report is due to be published by the end of this year and will be presented to the Scottish Government. We will also provide a copy to the Health and Sport Committee.

Our comments in this response to the Committee’s Inquiry are the views of the RPS in Scotland. They do not necessarily reflect the work of our expert working group on pharmaceutical care in care homes, or the opinions of those individuals and organisations that have participated in that work.

Can we be confident that the regulatory system is picking up on care services where the quality of care is poor?

Regulation in care homes is covered by the Regulation of Care (Scotland) Act 2001 and more recently by the Public Services Reform (Scotland) Act 2010. The regulations associated with these Acts, and most importantly, the National Care Standards (NCS) that have been developed to give specific guidance, provide a framework which outlines principles of care. These principles describe excellent levels of care. However, reports from our members who provide services to care homes, and a review of the literature available on this topic, suggests that there is some lack of clarity about the standards and this is resulting in wide variation in the implementation and interpretation of these principles.

We would welcome opportunities to identify and share good practice in relation to care homes and a move to reduce the variation in practice, systems and policies that are used in this setting, we believe that the Regulator could support this.
In their 2011 ‘Quest for Quality in Care Homes’ report, the British Geriatrics Society stated that there are no national specific standards or models for primary, medical or allied health professional healthcare provision in care homes and suggested that there should be. The RPS agrees that there should be and there should be an alignment to existing healthcare standards and guidelines.

Are there weaknesses in the current system?

The RPS has a number of comments to make on the weaknesses in the current system. Overarching our comments is the growing phenomenon of Scotland’s ageing population. The combination of an ageing population and healthcare policies that support people to stay in their own homes for longer has had an impact on the profile of care home residents. Over the last twenty years the typical resident of a care home has become much older, frailer and with more complex health needs. This change has not been accompanied by increasing the specialism of all health professionals and care home staff involved in delivering care or by an increase in resources. There is wide agreement that a degree of specialism is required, including more integrated team work, and support from secondary care specialists.

More specifically, there are four main areas where we believe the current system suffers from weaknesses:

1. Clinical standards around monitoring and review of medicines and the person’s condition or symptoms

The Mental Welfare and Care Commission Report 2009 ‘Remember I’m Still Me’ suggested that care homes should have regular advice from a pharmacist on using medications safely, appropriately and cost-effectively. Care homes should also regularly review, together with GPs and pharmacists, how they manage medication. The report found that very few people had a planned health check every year by their GP. There was little evidence that medication was regularly reviewed. The report also noted that 75% of people in care homes were taking one or more psychoactive medicines. They suggested that people with dementia should be cared for by staff with the right skills, knowledge and training to provide effective care.

A survey conducted in 2010 by the multi-professional Older People’s Specialists’ Forum found that:

- 68% of care home residents do not get a regular planned medical review by their GP
- 44% were not getting a regular planned review of their medication
- 41% could not access specialist dementia services such as memory clinics and community mental health teams.

The inappropriate use of psychoactive drugs was identified as a particular area of concern. The RPS would recommend that the Committee explores the idea of aligning standards in all care homes with those of the NHS including
the NHS Quality Strategy, Living and Dying Well and the principles of Reshaping the Care of Older People, relevant clinical standards and guidelines and that appropriate models of care are developed sooner rather than later. We believe that the methodology and principles of the Scottish Patient Safety Programme could be applied to this setting.

2. Lack of clinical pharmacy service

The 2009 CHUMS report concluded that there is an unacceptable prevalence of medication errors in care homes and that action is required from all concerned. Most of the failings come from the GP or the pharmacist, and the care home staff feel trapped in the middle. RPS believe that pharmacists, GPs, nurses, care home staff and service users should work together in recognised teams to improve this. Appropriate patient consent to the sharing of information should be in place to enable such a process.

The CHUMS report also recommended that one person should be responsible for the safety of the whole medicines system. Other models from across the world have created multi-disciplinary committees that have this responsibility. RPS would welcome a national standard that would enshrine multi-disciplinary team work that would provide person-centred, safe and quality-focused care. Greater clarity around roles, responsibilities and communication within care pathways in care homes is required.

Medicine use should be evidence base, safe and cost-effective. Monitoring should be the same if not greater in this vulnerable group of patients.

3. Person-centered care

We would like draw your attention to Section 15 of the National Care Standard, which guarantees patients’ rights to self-administration of medicines. Our members have told us of their concerns about how an approach to administration of medicines is becoming systems-driven and that this is one area where care home policy does not always accommodate patient choice.

MDS are currently the most popular method of administering medicines in care homes. It is the staff that administers from these tray systems generally not the patient and it is the individual tablets system that is most commonly used.

Reports indicate that medicines administration and the bureaucracy related to it have a huge impact on the care home services, taking up much of staff time. There have been repeated calls for research into the common use of monitored dosage systems as they may adversely affect the overall management of medicines in the care home environment. The re-packaging and dispensing of prescribed medication into these systems by community pharmacy staff is also a huge work load burden. Not all medicines are stable or suitable for these systems, resulting in multiple administration systems which can be difficult to manage.
We believe that the use of these systems can be beneficial for some patients. The RPS is concerned however that these systems are now routinely used by many care homes. Although viewed as time saving and safer to use, there is no evidence to suggest they reduce levels of medicines error.

We would like to see more evidence of support for self-administration and more clarity around the person’s right to choose not to take their medication and RPS would repeat the call for research into how best to support safe and efficient administration of medicines in the care home setting.

There are reports that staff do not always routinely note that a person has refused or not taken their medication. This should be encouraged and staff should inform the GP.

4. Medicines waste

We would also like to draw the Committee’s attention to one particular area of practice that we believe is leading to unnecessary waste of medicines. Results of the independent report commissioned by the Policy Research Programme at the UK Department of Health (DH) found that in most of the larger homes any excess ‘when required’ medicines remaining at the end of the month were returned and a new supply reordered. Such practice leads to the systematic waste of medicines and could cause delays in patient treatment. Although this was a DH document anecdotal reports would suggest that practice in Scottish homes is similar and this should be challenged by the regulator.

RPS recognizes that the cause of waste is complex and multi-factorial, Care homes should work with GPs and pharmacists to reduce waste as part of a joint commitment to quality and efficiency.

Conclusion

We recommend that if the Committee wishes to gain a thorough understanding about how care services in care homes might be improved, then the remit of this inquiry needs to be broadened. Issues such as how care is delivered in practice, as well as the quality of the care provided by healthcare professionals and care home staff needs to be considered alongside the regulatory environment. With increasing numbers of complex care patients as well as palliative and anticipatory care needs, care homes are in many respects ‘mini hospitals’. Patients in all care homes, regardless of business model are treated within the NHS and therefore in order to be assured of equitable standards of care it would be appropriate to align standards in all care homes with those of the NHS Scotland national policies including NHS Quality Strategy, Reshaping Care of Older People, Standards of Care for Dementia in Scotland and other relevant national policy and clinical standard.

Alex MacKinnon, Director for Scotland
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