Across Scotland there are more than 32,000 elderly care home residents on any one night, more than two and a half times the number of hospital beds. Despite these statistics, care homes have not yet been prioritised or treated as a specialist area across our health and social care landscape.

Health policy has successfully focused in recent years on supporting people to live longer healthier lives at home, or in a homely setting. This changing landscape of care provision and older people’s services has reduced the proportion of people in long term care facilities. While the number of care home residents has decreased over the last ten years those who do need care home facilities are now frailer and nearer the end of their lives than previously. There has been a sharp increase in the number of residents with both physical disabilities (13%) and dementia (54%). The number of residents in younger age groups has decreased but those over the age of 95 has increased by 19%.

The average length of stay in a care home today is only 18 months. Many of these residents have complex care needs and would have been cared for in elderly care wards in hospital in the past, but care homes are not resourced comparably. Residents often have several long-term conditions and take on average 7.2 medicines.

Scotland has led the way in pharmaceutical care services from community pharmacies including the national minor ailment service (eMAS), the recent Pharmacy First initiatives, the use of Community Pharmacy Unscheduled Care (CPUS) prescriptions and the Medicines Care and Review (MCR) Service. These contractual initiatives have improved overall access to medicines, freeing up GP appointments and using the skill mix available in community pharmacies to best advantage.

However, care home residents do not have access to these services and we are concerned that this disparity in access to such fundamental health services impacts on care home residents’ rights to medical care.

We believe that these services should be adapted and made available for care home residents as part of a national service framework. An adaptation of the new MCR service with serial prescribing and dispensing for residents in care homes should be prioritised as a key enabler for more efficient medicines management systems.

In addition, we believe that there may be other vulnerable groups who are unable to access these services, such as those who are homeless. It is essential that those who are most vulnerable in our society have access to these services which could help improve their health and wellbeing.
Currently, community pharmacists do not have access to patient health records, in contrast to their colleagues in other parts of the health service. We believe that in the interest of high quality, safe and effective patient care all pharmacists directly involved in patient care should have read and write access to the health record and residents’ care records. Access to the appropriate parts of a patient health record is an essential element of providing safe clinical care in an integrated system.

When advocating for more access to patient health records for pharmacists, patient groups have indicated their support for all health professionals involved in their care to have access to the appropriate information to keep them safe. However, patients do not have routine access to their records and can only access them by request, sometimes with a cost attached. If patients had greater control of their own information it would allow citizens to make their own decisions about consent, confidentiality and who can access their own personal information. Other countries have a citizen led model of access to personal health records.

Taken together, these changes would free up GP and care home staff time allowing community pharmacists to deliver a more appropriate clinical role, working in tandem with dedicated care home pharmacists and the wider team. It would encourage medication queries to be directed to the pharmacy first, where all the information on what has been dispensed would be available.

We believe that a good quality of life in later life is just as important for residents of care homes as for those who continue to live in their own homes.