



# **Improvement and Scrutiny Inquiry Report:**

## **Medication Management (Derbyshire Care Homes)**

**October 2012  
(Final)**

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## Introduction

The Improvement and Scrutiny Committee-People (the Committee) approved an inquiry into the management of medicines in Derbyshire care homes at its meeting on 27 June 2012.

The inquiry took its lead from the national Care Homes use of Medicines Study (CHUMS) report published in 2010. The report was part of a patient safety study commissioned by the Department of Health. The aim of that study was to establish the prevalence, types and underlying causes of medication errors, estimating ensuing harm and developing solutions to reduce prevalence of error.

The purpose of this inquiry, therefore, was to look at how the actions arising from the national study have been progressed in Derbyshire. It also sought to determine whether there are wider implications in other aspects of the health and social care services relating to medication management that may require further attention from the Committee.

An inquiry meeting was subsequently arranged for 17 October 2012 at NHS Derby City and NHS Derbyshire County Primary Care Trust's (the PCT) main offices in Chesterfield. The inquiry panel was led by Councillor Garry Purdy, Vice-Chairman of the Committee, and comprised: Councillor Dave Allen, Councillor Sharon Blank, and Councillor Pat Murray. Representatives were invited from the PCT and Derbyshire County Council's Adult Care service, those in attendance were:

- Kate Needham, Head of Medicines Management, North Derbyshire Clinical Commissioning Group and Hardwick Clinical Commissioning Group
- Jill Badger, Care Home Commissioning Manager, Hardwick Commissioning Group, providing services to all 4 Derbyshire CCGs
- Dr Diane Harris, Specialist Antimicrobial Pharmacist (previously Pharmacy Advisor), Southern Derbyshire Clinical Commissioning Group, providing services to all 4 Derbyshire CCGs
- Jane Parke, Development and Compliance Service Manager, Derbyshire County Council Adult Care
- Kath Webb, Primary Care Lead Pharmacist, Southern Derbyshire Clinical Commissioning Group and Erewash Clinical Commissioning Group

It should be noted that this report has not distinguished between care and nursing homes – it uses care homes as a generic term for all types of residential health and social care settings. There is also no distinction made between Community Pharmacists and Pharmacists (unless explicitly identified).

## Background

### The Care Homes use of Medicines Study (CHUMS) Report 2010

The CHUMS report was a random study of 256 people across 55 residential and nursing homes in the United Kingdom. Errors were found in prescribing, monitoring, dispensing and administering medicines. These were established through observations, interviews and checking records across residential and nursing homes and GP Practices.

A summary of the main findings from the review highlighted that:

- Seven out of ten residents were exposed to at least one medication error during the study.
- More than a third (39%) of patients in nursing/residential homes experienced a prescribing error and a similar number (37%) experienced a dispensing error although no errors caused immediate harm.
- Overall, there was an 8-10% chance of an error happening during each act of prescribing, dispensing or administering a medicine but there was a 15% chance of a monitoring error.
- The most common prescribing errors were incomplete information (38% of errors), an unnecessary drug was prescribed (24%), the dose or strength was wrong (14%) and a necessary drug was omitted (12%).
- Prescribing and monitoring errors were linked to the GP prescribing without having their computerised notes and prescribing software to hand and sometimes on returning to the practice, they did not update notes.
- Pharmacies carry out a substantial amount of work repackaging medicines into monitored dosage systems (MDS) in either blister packaging or cassette form, but inadequate labelling is an issue particularly for the cassette MDS system. (Barber, 2010)

Key messages from the research were:

- The level of medication errors seen in nursing and residential homes is unacceptably high and action must be taken to reduce them.
- A main GP should be allocated for every nursing or residential home and homes should have a link to the GP's practice computer.
- Pharmacists should clinically review all residents to check their medication is appropriate at least every six months and GPs should review how they identify residents to be monitored and ensure monitoring is carried out.
- Communication between all the parties involved (care homes, GPs and pharmacists) needs to improve.
- A pharmacist should have responsibility for the safe running of the whole system, and involve all the interested parties.
- The Monitored Dosage System (MDS) is a technology that gives a strong structure to the work of pharmacists and care home staff, but its effectiveness is unproven. It is costly in terms of pharmacists' and care home staffs' time.

- There are examples of innovation and skilful practice in care homes that show a willingness to change in the future. (Barber, 2010)

In response to the CHUMS report the Department of Health issued an alert notice for Primary Care Trusts and Social Care providers. The notice required these bodies to:

- Review safety of local prescribing, dispensing, administration and monitoring arrangements in the provision of medication to older people in care homes;
- Establish a plan for effective joint working in future, including auditing on-going progress. (Department of Health, 2010)

An assurance and action plan template was duly created by the PCT's Medicines Management team, with the majority of actions marked completed by May 2010. A subsequent update to the action plan detailing further progress up to October 2012 was provided to the Committee in advance of its inquiry meeting.

## **Care Quality Commission – Derbyshire information**

The Care Quality Commission (CQC), as regulator of health and social care in England, monitor providers' compliance against regulations through a series of 'Outcomes'. Outcome 9 is concerned with medication management and looks at what people who use services should experience – the aim is highlighted below.

People who use services:

- Will have their medicines at the times they need them, and in a safe way.
- Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulations will:

- Handle medicines safely, securely and appropriately.
- Ensure that medicines are prescribed and given by people safely.
- Follow published Guidance about how to use medicines safely.

(Care Quality Commission, 2010)

The Committee requested, through the local CQC Compliance Manager, information on the reviews carried out in Derbyshire by the CQC in relation to Outcome 9. The CQC provided a report that gave a quantitative overview of the outcomes of recent assessments and information submitted through its online web forms. There were no major incidences resulting in safeguarding issues for residents of care homes in Derbyshire and no high risk ratings against any providers.

The CQC report did not provide any qualitative information with regards care home providers or the nature of negative issues provided through web forms to the CQC. It was, therefore, not possible for the Committee to look further at assistance provided to these providers by either the Council's Adult Care service or the PCT.

## **Inquiry findings**

The following is a summary of the discussions that took place during the inquiry meeting on 17 October 2012, and of evidence supplied in advance of the meeting.

1. *What are the local arrangements, structures and responsibilities for medication management?*
  - a) *How will NHS reforms affect these? i.e. will each Clinical Commissioning Group have responsibility within its locality?*
    - The PCT is currently responsible for the management of medications in both the County and the City through its Medicines Management Team.
    - The responsibility for prescribing medication belongs to GPs and non-medical prescribers and the dispensing of medication is the responsibility of Community Pharmacists and GPs for dispensing practices.
    - The four Derbyshire based Clinical Commissioning Groups will likely take on the responsibility for medicines management in their areas but the overview/monitoring of medicines management will be undertaken by the NHS Commissioning Board's Local Area Team for Derbyshire and Nottinghamshire.
    - Derbyshire County Council has responsibility for the administration of medication to residents in its care. The same responsibilities apply to other providers of residential care and nursing services.
2. *Are there any national standards that have to be reported/monitored (aside from the actions arising from the CHUMS work)?*
  - a) *If so, how does Derbyshire fair in comparison to other areas?*
    - In respect of medication management the only monitoring that is undertaken is through the CQC's monitoring of Outcome 9.
    - There is no benchmarking or comparison of medication management services in care homes across NHS bodies so it is not possible to compare the service in Derbyshire to other areas of the country.
3. *What work has the PCT Cluster undertaken (and with whom) to put in place a robust system to ensure good access to treatment and tests for care home residents?*
  - The PCT have been working with Derbyshire Community Health Service NHS Trust (DCHS) to produce a baseline audit during 2012/13 on access to all community services for Derbyshire Care Homes. This has been agreed through a 'Commissioning for Quality and Innovation' (CQUIN) Indicator which provides a financial payment if the work is completed. As part of discussions for 2013/14 CQUIN early discussions are around improving the equity of access across the care homes above the baseline level.
  - The PCT in partnership with the County Council and the CQC meet quarterly to share information and knowledge on care homes. Homes are prioritised for monitoring visits using a red/amber/green (RAG) rating system. The inquiry panel were informed that this only concerns independent sector care homes,

and therefore recommended that the Council's direct service be included in these meetings.

- A review has also been carried out by DCHS on access to dental services for people in care homes across Derbyshire. Whilst not the driver for this inquiry there are issues relating to medication management and oral health. The Dental Access review identified that the most vulnerable people are receiving the least access to care and that, in the short-term, this should be addressed. Further work will be required to develop the service infrastructure in Derbyshire.

4. *Are there clear and robust communications between prescriber, pharmacist, patient & home? How is this monitored?*

- The PCT provided documents that have been developed to support GPs, Community Pharmacists, and Care Home Staff. Copies of the documents were provided to the working group though have not yet been finalised for distribution.
- The documents vary slightly in their content due to the target audience, but across the guidance documents the following issues are addressed:
  - Prescribing
  - Monitoring
  - Prescription management
  - Reconciliation (i.e. transfer of patient between services)
  - Homely Remedies (non-prescribed medicines being taken by service user)
  - Dispensing to Care Homes.

5. *Does Derbyshire have a Pharmacist responsible for the safe running of the medicines system within each care home?*

- The inquiry was advised that the Pharmacist or dispensing GP practice is responsible for the dispensing of medication. The administration of medication is the responsibility of the Care Home or the individual depending on whether they have opted to self-manage.
- The inquiry was informed of pilot work currently being undertaken by the PCT and Pharmacists through the creation of an 'Advice to Care Homes Locally Enhanced Service' (LES) contract. The LES outlines a specialist service to be provided by a Pharmacist in partnership with care home Staff. The service requires pharmacists, through auditing and training, to provide advice and support to residents and staff in care homes. A copy of the LES was submitted to the inquiry for information.
- 62% of all care homes in Derbyshire were reported to be covered by the project (including all of Derbyshire County Council's care homes).
- The Pilot project ends on 31 March 2013, but an evaluation of its effectiveness will begin in January 2013.
- The inquiry panel requested that a copy of the pilot evaluation be sent through in spring 2013 for information.

6. *Do Care and Nursing homes in Derbyshire have a preferred GP provider with the ability to electronically prescribe from the home?*
- There is no current standard practice for each care home to have a preferred GP provider. Some care homes have established links with a GP practice but it is not a standard approach as yet.
  - Pilot projects were highlighted by the PCT representatives whereby each Clinical Commissioning Groups (CCG) in Derbyshire will align care homes in its area with a GP practice. The work is being led by the Hardwick CCG on behalf of all four Derbyshire CCGs. The Hardwick pilot has been operational since April 2012 and is currently undergoing a 6 month review. Chesterfield homes were advised of GP alignment from 1<sup>st</sup> October 2012 and are in the early stages of consultation with residents. Other CCGs are in various stages. The pilot still allows for patient choice so that no-one is forced to register with a different practice.
  - As part of this pilot the care homes will receive a visit by a clinician from the practice at least once every 2 weeks. The visits will include:
    - Care Planning / needs assessment for each patient.
    - Medicine management.
    - Rightcare (future care plan).
  - The clinician will review:
    - New patients' medication.
    - Patients' staff are concerned about.
    - Those discharged from hospital.
    - Those that used the emergency/out of hours services.
    - Patients that family have raised issues about with the practice/home.
    - Any unplanned hospital admissions.
  - The inquiry was advised that at present it is not possible for GP's to undertake electronic prescribing away from their practice. This is an issue that the NHS is looking at nationally. However, GPs will take printed copies of patients' medical records to the home with them.
  - A review of the pilots will provide opportunity for learning for other CCGs – the inquiry requested a copy of the pilot review report when it is published.
7. *Are Pharmacists required to review the rates of dispensing errors and take action to reduce them? If so, how is this monitored/reported?*
- The inquiry was advised that Pharmacists are required to conduct reviews of dispensing errors and identify learning to reduce the risk of future errors. However, there are issues regarding the reporting of errors as it is a criminal offence to make such errors.
  - The PCT do receive reports of errors directly as anonymised data from the National Patient Safety Agency.
  - It was not apparent as to whether any errors were being reported through safeguarding channels.



8. *Do Pharmacists provide advice to care home staff around medicines e.g. when to give specific medicines around meal times? If not, who performs this role?*
- The inquiry was advised to refer to the Advice to care homes LES, referred to in question five as this will assist in the provision of training and advice by pharmacists to care home staff.
  - Derbyshire County Council's Adult Care service has a link with a specific Pharmacist who provides advice and guidance both in direct care and commissioning.
9. *Is it possible to state where all care home staff that handle medicines have appropriate knowledge of medicines?*
- The inquiry panel was advised that Derbyshire County Council's Adult Care service provides training for Managers, Deputies, and Relief staff on the administration of medicines (which is assessed). Care staff that are not required to administer medication are provided with awareness training. The training is also open to Independent sector care providers – but assessment will cost them £175.
  - The County Council liaise with Pharmacists on the administration of new medication prior to updating/delivering any training.
  - The panel was also advised that Derbyshire County Council have an informal arrangement to provide refresher training relating to medication on a three yearly basis. The inquiry panel acknowledged that a formal three-year training requirement would be desirable.
10. *Are care homes monitoring the extent of omissions in medicines administration and taking action to reduce this? If so, how is this done?*
- The inquiry was informed that Unit Managers in Derbyshire County Council's Adult Care service check Medication Administration Record (MAR) sheets during and at the end of each month. Where a signature is missing a Medication Error Report should be sent to the Health and Safety and Contracts and Compliance for monitoring and to determine what action should be taken with persistent offenders.
  - Adult Care Service Managers also provide quality visits which include medication checks with a full audit on one visit in 12. Contracts Managers undertake a more in depth check on independent homes.
  - The advice to care homes LES requires a Pharmacist to undertake three visits each year to its nominated care homes. These visits will include reviewing of medication management procedures, including action to be taken following omissions, and direct observation of medication administration and recording. Any incidences of missed medicines should be reported to Derbyshire County Council as a safeguarding issue.
11. *Is there an agreed process for identifying and undertaking drug monitoring of residents with a GP practice?*
- The pilot work being undertaken by CCGs in areas such as Hardwick and Chesterfield will assist in this process.

- The inquiry was also informed of a protocol that has been created for 'Practice Pharmacist Led Medication Reviews in Care Homes' an example of one used by the Erewash CCG was submitted for the panel's information.

12. *Does each care home resident have a clinical review by a pharmacist every 6 months to assess the appropriateness of their medicines?*

- The NHS Quality and Outcomes Framework (QOF) requires GPs to undertake annual medication reviews of patients on one or more medicines, and 6 monthly reviews for those on four or more.
- The inquiry was advised that the one home, one practice pilots (see also question six) should help to ensure that regular reviews are undertaken of people's medication.
- The majority of practices include pharmacists or medicines management technicians to help practices review care home patients and provide medication advice.

Though not a specific remit of the inquiry, the panel sought to be reassured that medication is not being used in a manner to control the behaviour of residents in care homes without their knowledge. The panel were informed that there are specific guidelines around the prescribing and administering of anti-psychotic drugs and these are audited through mechanisms previously discussed in the meeting. Any instance of a resident being administered with the incorrect medication should be reported and monitored through the existing safeguarding channels.

Following the inquiry session the panel sought to determine if there was a requirement for any further work in this specific area and decided that, at present, there was none. However, the issue of medication management in the community, particularly individuals in their own home was raised as a possible topic for future consideration.

## Conclusion and recommendations

The original scoping report for this piece of work proposed four key questions to be considered by the inquiry panel:

1. What work has been undertaken by the Primary Care Trust and its partners, since the 2010 study, in implementing the Department of Health's recommendations?
2. Is there any work that has not been undertaken and that is not planned to be undertaken?
3. What have been the results of the work undertaken?
4. Has this work identified any further issues, if so what were they and what work is being undertaken?

The inquiry meeting and evidence supplied in advance, has helped to answer these questions. It has also highlighted that NHS Derby City and NHS Derbyshire County Primary Care Trust have been proactive in responding to the issues arising from the 2010 CHUMs report. It was encouraging to see that work continues to improve the support available to GPs, Pharmacists, and care providers in the management of medication.

The 'one home, one practice' project that is being piloted in Hardwick and Chesterfield by the Clinical Commissioning Groups, and promoted to other Clinical Commissioning Groups in Derbyshire through Hardwick Clinical Commissioning Group, was welcomed by the inquiry panel. So too the 'Advice to care homes LES' where it would be good to see the percentage of care homes covered rise above the current 62%.

The inquiry panel acknowledged that the CHUMS Report came out in early 2010, and since then there have been wide-ranging changes to the NHS and Social Care landscapes. Projects that have been highlighted through the inquiry suggest that these changes have not had an adverse effect to date on medication management in Derbyshire. However, it has not been made clear during the inquiry as to how sustainable these projects will be and what the cost of implementing them has been against the savings they could achieve – though it is recognised that the CHUMS Report and the work arising from it was not about cost savings.

The inquiry panel felt that there were no further areas to explore that would add value to the work already being undertaken with regards to medication management in care homes. However, the panel have made some recommendations:

Recommendation	To be actioned by	Timescale
1) That the Committee receive a copy of the 'One home, One Practice' project evaluation report.	NHS Derby City and NHS Derbyshire County PCT	April-May 2013
2) That the Committee receive a copy of the 'Advice to care homes local enhanced service' project evaluation report (due Spring 2013).	NHS Derby City and NHS Derbyshire County PCT	April-May 2013

<b>Recommendation</b>	<b>To be actioned by</b>	<b>Timescale</b>
3) That the PCT and the Council's Adult Care service continue to provide support to ensure that only trained staff administer medication in a care home environment.	NHS Derby City and NHS Derbyshire County PCT; Derbyshire County Council Adult Care	Ongoing
4) That the direct care services provided by Adult Care are considered in quarterly monitoring meetings with the CQC and the PCT	NHS Derby City and NHS Derbyshire County PCT; Derbyshire County Council Adult Care	November 2012
5) That Derbyshire County Council's Adult Care service makes three year refresher training a requirement of their Medication Management Policies	Derbyshire County Council Adult Care	November 2012
6) That consideration is given to an inquiry into medication management in the community.	Improvement and Scrutiny Committee-People	November 2012

## Bibliography

Barber, N., 2010. *PS025: Medication errors in care homes*, Birmingham: Patient Safety Research Portfolio.

Care Quality Commission, 2010. *Provider compliance assessment tool*. [Online] Available at: [http://www.cqc.org.uk/sites/default/files/media/documents/PCA\\_OUTCOME\\_9\\_new.doc](http://www.cqc.org.uk/sites/default/files/media/documents/PCA_OUTCOME_9_new.doc) [Accessed 19 October 2012].

Department of Health, 2010. *NHS Central Alerting System*. [Online] Available at: <https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=101328> [Accessed 19 October 2012].

## Evidence list

1. CQC Derbyshire Outcome 9 Report (Document)
2. PCT CHUMS Assurance and Action Plan (Document)
3. DCHS Care Home CQUIN Scheme 2012 (Document)
4. DCHS Oral Healthcare Discussion Paper (Document)
5. Draft Best Practice Guidance – Care Home Staff (Document)
6. Draft Best Practice Guidance – Community Pharmacists (Document)
7. Draft Best Practice Guidance – GP Practices (Document)
8. Advice to Care Homes LES (Document)
9. Community Pharmacy Care Home LES Guidance (Document)
10. Summary of Care Homes covered by LES (Document)
11. Care Home Pilot in Chesterfield (Message)
12. Chesterfield Care Home Pilot Summary (Spreadsheet)
13. Practice Pharmacist Led Reviews – Standard Operating Procedures (Document)
14. Care Home Audit Template (Document)

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