Community Pharmacy Wales
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A Community Pharmacy Enhanced Service Template

Care Home Support Service Review and Medicines Optimisation

Date April 2015

Quality Commission 30% care homes for older people in England are failing to meet the minimum standards required for the management of medicines. The Care and Social Services Inspectorate Wales annual report 2007-08 also identified medication management as an area needing attention and reported that their inspectors had placed 'requirements for action' in relation to medication at almost a third (32%) of care homes.

The skills and expertise of community pharmacists and their teams as the experts in medicines have much to contribute to the optimisation of medicines use in care homes and supporting the reduction of waste.

In drawing up this template service CPW has consulted with a number of stakeholders including those involved in managing care homes, providing medicines management services to care homes, regulating and inspecting the care home sector, commissioning care home services and in providing medicines management support to care homes.

This template incorporates the feedback from stakeholders and seeks to deliver the requirements of NICE Guidelines on managing medicines in care homes. The template service starts with the resident and their needs for pharmaceutical care and is built on the foundation of safe and efficient supply, supported by an appropriate level of clinical intervention. The service is also built the Prudent Healthcare principles and in particular remodelling the relationship between the user and provider on the basis of co-production.

- A review of covert medicine administration policies should be part of the service. Similarly the approach to the use of homely medicines and self-administration of medicines should be similarly looked at.

Acknowledgement: CPW would like to acknowledge the support provided by John Dicomidis, Pharmacist, Complex Care Team at the Aneurin Bevan University Health Board with the design of this service.

contractual framework to support some elements of service delivery where this is appropriate.

Element 3

It has been suggested by some of the stakeholders that there would be benefit in providing educational support to care home staff. This may range from training new care home staff, through periodic update training to more specialised training requirements as identified by care home managers. It is also recognised that a number of pharmacies provide this element as part of their care home supply arrangements. Some care homes may wish to commission this on a private funding arrangement however feedback from Health Boards indicates that in some targeted cases they may see value in commissioning training for care home staff. This third element has been included for completeness such that commissioners have the option to include this element as part of the commissioning package where they feel it is appropriate.

a) a hospital
b) an independent clinic
c) a children's home

or if it is of a description excepted by regulations.

121 (9) - An establishment is not a care home for the purposes of this Act unless the care, which it provides, includes assistance with bodily functions where such assistance is required.

This includes both short-term and long-term residents

Despite not being included in the official definition of a care home, the Health Board may however still wish to commission the service for mental health units and children's homes.

2.4 To review all medicines handling processes within the home against NICE guidance and national minimum standards, together with other appropriate guidance.

2.5 To provide advice to the home and to assist in improving medicines handling processes.

2.6 To support the care home in meeting the standards required by CSSIW.

2.7 To support reduction in medicines wastage within the care home.

3. Suggested Quality Indicators

3.1	The routine visits by the care home inspection organisation do not highlight any major shortfalls in the systems for the management of storage, supply, administration and disposal of medicines that have not been previously brought to the attention of the home.
3.2	The pharmacy reviews its standard operating procedures and the operation of the service on a bi-annual basis.
3.3	The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service.
3.4	The pharmacy participates in an annual Health Board organised review of service provision.
3.5	The pharmacy co-operates with any locally agreed Health Board - led assessment of service user experience.

1.11 The Pharmacist will undertake one Health Board directed clinical audit on each visit to the home if required by the Health Board. The clinical audit requirements would be such that the clinical audit could be completed within the visit time. Examples of potential clinical audits include:

- As Directed and PRN Medication
- Covert administration of medicines.
- Diabetes Management
- Falls assessment
- Protocols to manage common conditions
- Inhaler usage
- PRN medication
- NSAID audit
- Pain management review
- Therapeutic drug monitoring

Copies of potential clinical audits will be published on the CPW website

1.12 The pharmacist providing the service will keep a record of cost savings, prescribing recommendations to the GP and medication errors of clinical significance

1.13 The pharmacist will provide the home with a report of issues identified, recommendations and actions undertaken. Where relevant the pharmacist will provide a copy of the report to the supplying pharmacy and the relevant GP practice.

1.14 The pharmacist will provide a record to the Health Board link pharmacist if requested to do so.

1.15 The pharmacy will use specific Health Board paperwork for documenting information if requested to do so.

1.16 The pharmacist will provide the home with a named contact for the care home to receive advice between visits.

2. Aims of the service

2.1 To provide clinical advice and support to the home.

2.2 To improve resident outcomes and medicines safety through improved prescribing and compliance.

2.3 To provide pharmaceutical care and advice to identified residents in the home and to care home staff.

2.4 To support transfers of care by ensuring appropriate systems are in place to facilitate the sharing of information about the person's medicines when they move from one care environment to another.

Additional educational support available from WCPPE or in development

Polypharmacy e-learning module.
Face to face events on medicine in the elderly
Therapeutic updates on a range of clinical conditions
Communication skills programme.
Face to face events on professional accountability for the care of the elderly and vulnerable
Chronic conditions management programme- this is a suite of resources.

Template Service Level Agreement

1 The home should be located within the boundaries of the Health Board and registered under the provisions of the Care Standards Act 2000 to provide residential or nursing care to residents of the home.

2 A pharmacy wishing to provide this service will need to apply to the Health Board.

3 There will be one contract only for support and advice to a particular home in place at any given time.

4 It is recommended that the service is provided by the pharmacy supplying the Care Home with medicines. This would allow for the pharmacy to build on an existing relationship with the home, and take a greater role in supporting the residents and carers in using medicines safely and effectively and encouraging best practice. If the regular pharmacy is not able to provide the service it can be provided from another community pharmacy.

5 Although fees will be reviewed annually the contractual relationship will be of a permanent nature and will automatically roll over from year to year provided the Health Board and the care home are happy with the service provided. Either party can terminate the agreement by giving the other party 90 days written notice. In the event of termination of the service, the party terminating the service will ensure a minimum of 90 days notice of termination of the scheme is provided to residents receiving the service.

6 Only those pharmacies commissioned by the Health Board to provide a Care Home Service will be eligible to receive payments under this scheme.

7 The Health Board, or their authorised officer, shall determine the fees and allowances payable in respect of the service in consultation with Community Pharmacy Wales.

8 The Health Board will enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service.

9 Any pharmacy entering into a contract with the Health Board to provide this service must complete and submit form **PS/ES/5 CONTRACTOR LISTING.**

10 The pharmacist/technician will ask to see physical evidence of the indicator being checked.

11 Payments for the service will be subject to nationally agreed post payment verification arrangements.

22 The contractor has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of the requirements of the service specification.

23 All support staff shall be fully informed and suitably trained in relation to their involvement in the service which may include the provision of any part of the service provided on behalf of an approved service provider, provided that they are competent and it is legal for them to do so. For the purpose of this agreement, staff shall include any person or persons employed or engaged by the contractor, to provide any part of the service;

24 The contractor will ensure that appropriate indemnity arrangements are in place for all staff involved in the provision of the service.

25 The contractor will have appropriate arrangements in place to maintain service continuity and take all reasonable steps to ensure that residents are able to access this or equivalent services in the event of unforeseen closure of the pharmacy.

26 The Health Board will put arrangements in place for the pharmacy to exceed their annual MUR allowance if this required to support patients in the care home. The *Polypharmacy and Medicines Optimisation Review* is more specialised than the MUR advanced service and the MUR cannot be used to meet this requirement.

27 The contractor will notify the relevant Health Board, of circumstances which result in the temporary unavailability of the service for more than 14 calendar days.

28 The contractor will participate in any reasonable publicity of the availability of the service required by the Health Board.

29 The service provider will be mindful of their responsibilities in relation to the safeguarding of vulnerable adults and raise any concerns with the local safeguarding team.

2.0 Claiming for Payments

2.1 The fee payable to community pharmacies will be paid on submission of the relevant claim. Claims will be submitted via NECAF if this is supported by Welsh Government.

2.2 No patient, clinical, professional or other confidential details should be included in any reimbursement claim.

2.3 Fees will be paid as follows:

2.4 Fees for the provision of the service will be reviewed by the Health Board prior to January each year and the revised rates will be effective from the 1st April.