



**National Assembly for Wales
Health & Social Care Committee**

**Submission for Inquiry into
Residential Care for Older People**

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Part 1: Introduction

- 1.1 This evidence is submitted by Community Pharmacy Wales (CPW) to the National Assembly for Wales Health & Social Care Committee as a contribution to its inquiry into Residential Care for Older People in Wales.
- 1.2 CPW is recognised in the National Health Services (Wales) Act 2006 and by the Welsh Assembly Government Minister for Health & Social Services as the only organisation responsible for representing all of the 710 community pharmacies in Wales on all matters relating to NHS pharmacy services.
- 1.3 Community Pharmacy Wales is the only organisation that represents every community pharmacy in Wales. It works with Government and its agencies, such as local Health Boards, to help protect and develop high quality community pharmacy services and to shape the NHS community pharmacy contract and its associated regulations in order to achieve the highest standards of public health and the best possible patient outcomes.
- 1.4 Community pharmacies across Wales provide essential and much valued health and social care services in the heart of local communities, including in rural communities, urban deprived areas and large metropolitan centres. It is estimated that more than 50,000 visits are made every day to the community pharmacies across Wales. Community pharmacies are open six, often seven, days a week including outside the 9am to 5pm period. Most pharmacies have consultation rooms to ensure patient confidentiality. The services are provided, without the need for an appointment, by fully-qualified professionals, in convenient locations in town centres where people are go about their normal daily lives including shopping or working. Community pharmacies are, in effect, Wales' town centre healthcare centres.
- 1.5 This unique combination of location and accessibility makes the network an ideal vehicle to support the delivery of social care in the community and in supporting older people to live healthily and independently and as a result reducing the demand for residential care.
- 1.6 CPW is aware that, at the time of writing (December 2011) the Health and Social Care Committee is finalising an extensive Inquiry into the contribution of community pharmacy to healthcare services in Wales. CPW submit this current evidence as an addendum to the areas considered by the Committee in their first Inquiry.
- 1.7 There is much in mainstream community pharmacy NHS contractual services that is used by those in residential care. There is also much that is used by older people living independently at home and so reduces the demands on residential care. However, many of these services are not very widely known about and there is an ironic disincentive to Health Boards to promote community pharmacy services more widely as they will then have to pay for them and not be able to keep the funds in their budgets to assist in defraying deficits.
- 1.8 It is currently outside of the community pharmacy contractual framework for services to be commissioned directly by local government social services departments. This is even when the services are directly pertinent to addressing the direct needs of social services clients. In recent months Health Boards have ceased to commission many community pharmacy services that contribute directly to the older people's care agenda, such as MDS compliance

support, and CPW is not aware of any assessment being made of the impact on social services of these cancellations.

- 1.9 Community pharmacy straddles the ground where social care and health services meet. It is an essential part of the social capital of local communities and an essential link between healthcare teams, social services and community care.
- 1.10 While medicines remain the backbone of modern healthcare and 86% of people aged 65 and over have at least one prescribed medicine, ensuring that medicines management services in residential care homes operate effectively and safely is a key element in the effective management of residential care. Community pharmacy has a key role to play in achieving this.
- 1.11 In addition supporting people to lead healthier lives will ensure that people can live independently for longer and the need for residential care is delayed, or may even be removed.
- 1.12 Therefore more effective engagement with the community pharmacy network in Wales could:-

a) Provide Support in Residential Care Homes:

- Improve the capacity of residential care by supporting the introduction of effective medicines management processes.
- Improve patient safety and reduce harm caused by less than optimal medicines management processes in residential care.
- Work in partnership with CSIW to identify and rectify deficiencies in medicines management processes in care homes.
- Provide medicines management training to carers in residential homes maximising skill mix and improving effectiveness.

b) Reduce the Need for Residential Care and support Independent Living:

- Provide a range of community based support services for people living with chronic conditions as an alternative to residential care in the shorter term.
- Provide medicines management compliance support in the community to enable people to remain out of the care system for longer.
- Provide annual health checks for agreed patient groups to identify lifestyle risk at an earlier stage and reduce future demand on care services.
- Provide a range of public health services such as stop smoking, alcohol support and obesity management to reduce future calls on care support.

- Deliver public health messages and education to the people of Wales on issues such as keeping warm and avoiding falls that are recognised as elements that can reduce demands for residential care.
- Support developments in telemedicine designed to reduce demands for residential care.
- Improve access to aids and equipment to support independent living.

c) Support Transfers in and out of Care Settings:

- Support patients transferring from hospital to residential care and from residential care back into the community – especially through the new and innovative Discharge Medicines Review service which incorporates a recognised role for family and carers.

1.13 These elements are explored in more detail in Part 2 of this response.

Part 2: Further information on opportunities identified in Part 1.

2.1 Community pharmacy based support services should be provided for people living with chronic conditions as an alternative to residential care in the shorter term.

2.1.1 It is recognised that better management of people living with chronic conditions will reduce demands on social care services. Reductions in hospital admissions will reduce demands for residential support when people are discharged from hospital.

2.1.2 The introduction of a range of 'chronic conditions management support services' from community pharmacy, in particular those targeted at patients living with diabetes and respiratory conditions, will result in improved management in the community and reduce demands for social care support.

2.1.3 For every visit a patient makes to their local GP they make 12 visits to their local pharmacy. This frequent interface with patients living with chronic conditions is not being exploited by NHS Wales or social care services in Wales. It is therefore important that social services seek to utilise this frequent contact with local residents. Pharmacists are in a position to ensure improved understanding and, through that, better management of chronic conditions.

2.2 Provide medicines management compliance support in the community to enable people to remain out of the care system for longer.

2.2.1 One of the key drivers of demand for residential care is the inability of older people, with medical conditions, to continue to live independently in the community. Far too often it is a person's inability to reliably take their medicines effectively and at the correct time results in an emergency admission to hospital or a longer term admission to a residential home.

2.2.2 Community pharmacies are in a position to provide medicines to patients in medicines compliance aids. These aids support patients to take their medicines and as a result reduce the need for support from social services carers. The cost of commissioning these services from community pharmacy is insignificant when set against the cost of residential care.

2.3 Improve the capacity of residential care by supporting the introduction of effective medicines management processes.

2.3.1 The effective management of medicines in residential care homes is a major exercise for care staff. Ordering processes take time out of a busy day and the regular drug round is a major daily activity for the home.

2.3.2 Too often processes in residential care homes are not as efficient as they could be and as a result valuable staff time is wasted on poorly designed processes. The support of a community pharmacist in improving medicines management processes in care homes could be a valuable 'invest to save' initiative.

2.4 **Improve patient safety and reduce harm caused by less than optimal medicines management processes in residential care.**

2.4.1 It is important that the Health and Social Committee recognise that too often medicines management processes in residential homes are ineffective and unsafe and as a result do cause harm to patients.

2.4.2 A report by the Care Quality Commission 2 identified that 30% of care homes for older people in England are failing to meet the minimum standards required for the management of medicines. There is no similar reliable evidence on the position in care homes in Wales. CPW recommends that the Committee urges the Welsh Government to release data on processes and safety of medicines management in care homes in Wales, and that if the data does not exist to commission research to ascertain the position. Only such action will provide reassurance that the situation in Wales is not as bad as that revealed in England.

2.4.3 Closer to home a report by the Care and Social Services Inspectorate Wales 3 also identified that medicines management in care homes is an area of concern and reported that their inspectors had put in place 'requirements for action' in almost 32% of care homes.

2.4.4 A more detailed evaluation of medicines administration in 55 UK care homes (4), identified that 22% of residents were exposed to an administration error on a drug round with almost 50% of errors resulting in medication, including important medication, not being provided to residents. This research finding must cause concern and the problems caused by the errors revealed are completely avoidable with proper medicines management.

2.4.5 The report identified the following as contributing to the identified errors:

- Difficulty locating mobile patients.
- Being unable to find medicines (especially acute medication and medicines added or changed mid-way through a supply cycle).
- Failure to order the right quantity of 'as required' medicines.
- Special requirements of some medicines (e.g. take on an empty stomach).
- Staff difficulties administering inhalers.
- Lack of adequate protocols.

- Insufficient knowledge of some medicines.
- Inaccuracies on the Medicines Administration Record chart.
- Frequent interruptions to staff administering medicines.
- Staffing levels and pressures to undertake other tasks
- Lack of dedicated time to order medicines.
- Long shifts
- Environmental factors such as poor lighting.

2.4.6 Several of these reasons could be improved through the commissioning of appropriate care home support services from community pharmacies. Despite a wealth of evidence identifying the impact on quality and life and patient safety, not to mention avoidable admission to hospital and increased demands on the care system, the majority of Health Boards have decommissioned community pharmacy support services to residential care homes. Health Boards have cited lack of evidence of effectiveness of community pharmacy care home services as the key decommissioning driver. It is clear to CPW that Health Boards should have not discarded international evidence on medicines management and staff expertise issues in care homes so readily and instead should have focussed their efforts on redesigning services to meet identified needs. CPW strongly encourages the Health & Social Care Committee to urge the Welsh Government to consider design of a service that meets the needs of medicines management in care homes in Wales and addresses the current weaknesses in care.

2.5 Work in partnership with CSIW to identify and rectify deficiencies in medicines management processes in care homes.

2.5.1 CPW would encourage the Welsh Government to put in place systems whereby each residential care home for older people in Wales has the support of an identified community pharmacy. This would ensure that the identified pharmacy develops an in-depth knowledge of the care home, its staff and its internal processes and is in a good position to provide much needed support and advice to care home staff.

2.5.2 Once this has been established then it opens the door to true partnership working between the pharmacy and CSIW inspectors. The pharmacy would be in a position to work with the CSIW Inspector and the residential care home on specific areas identified in a CSIW inspection visit report.

2.6 Provide medicines management training to carers in residential homes, and in the community, maximising skill mix and improving effectiveness.

2.6.1 The report referred to in 2.4.5 above identified 'insufficient knowledge of some medicines' as a contributing factor to medicines errors in care homes.

- 2.6.2 Community pharmacists as the experts in medicines are ideally placed to provide medicines management training to care home staff which would reduce errors, improve staff confidence and increase efficiency.
- 2.6.3 Studies have shown that in the views of care home staff, pharmacy support would be received positively, particularly staff training in particular areas. A survey by Schweizer and Hughes (5) ascertained that 77.5% of staff in residential care homes would welcome training on the administration of medicines, 68.6% on medicine record keeping and 88.2% on recognising problems caused by medicines. Despite this need by residential care home staff there is little commissioning of community pharmacy care home training in Wales.
- 2.6.4 Many patients living independently are reliant on support from social services carers to ensure they take their medicines regularly and as prescribed. This presents a challenge for social services and one which effective partnerships with community pharmacies can help overcome. Community pharmacists are able to train social services carers in the community in the use of medicines and to act as a support mechanism. This is not currently an NHS commissioned service but, it could be commissioned by social services.
- 2.7 **Provide discharge medicines support for patients transferring from hospital to residential care and from residential care back into the community.**
- 2.7.1 A new Discharge Medicines Review service has been commissioned by the Welsh Government from community pharmacy. The new service is designed to reduce medication errors following the transfer of care and can be used to provide support for patients moving between residential care homes and hospital and from care homes back into the community. CPW would encourage the Health & Social Care Committee to encourage health boards to take full advantage of this new service and to promote its uptake.
- 2.8 **Deliver an annual health checks for agreed patient groups to identify lifestyle risk at an earlier stage and reduce future demand on care services.**
- 2.8.1 Many of the demands placed on social care are a result of unhealthy lifestyles. Supporting local people in leading healthier lives will result in reduced demands on social care and meet government objectives of improving the wellbeing of local populations.
- 2.8.2 Community pharmacies are ideally placed to assess lifestyle risk and to deliver the annual health-check programme identified in the Government's manifesto document. The Programme for Government includes a commitment to deliver the service from community pharmacy. Involvement of CPW in the working groups looking at the design of this service, which is not currently happening, will prevent NHS Wales reverting to commissioning from traditional providers and so producing a less than innovative service that cannot be expected to produce any different outcomes from the past.

- 2.9 **Provide a range of public health services such as stop smoking, alcohol support and obesity management to reduce future calls on care support.**
- 2.9.1 The Welsh Government has made clear in its national strategy for public health 'Our Healthier Future' the need to support the people of Wales in adopting a healthier lifestyle. Community pharmacy is the most accessible and cost effective location to provide the support needed to quit smoking, reduce obesity, improve diet and increase activity levels. Social services could engage more with community pharmacy to provide lifestyle support. The presence of community pharmacies in the heart of disadvantaged communities is a much underutilised resource in reducing health inequalities.
- 2.9.2 Supporting the people of Wales to lead healthier lives delays the onset of adverse lifestyle conditions and ill health and so reduces the call this places on the requirement for residential care.
- 2.10 **Deliver public health messages and education to the people of Wales on issues such as keeping warm and avoiding falls that are recognised as elements that can reduce demands for residential care.**
- 2.10.1 The high footfall in community pharmacy and the fact that pharmacies are visited by people who are well and also those who are not registered with GP practices: not just those that are ill, means there is no better NHS outlet from which to deliver public health messages.
- 2.10.2 in the CPW *manifesto "Good Health : Iechyd Da - The Best Medicines for Healthy Lives in Wales"* one of the key proposals is the development of a network of Good Health/Iechyd Da Pharmacies across Wales. This initiative could incorporate the appointment in each such community pharmacy of a Good Health Champion trained in public health interventions and providing an accessible resource right in the heart of communities.
- 2.10.3 In June 2011 a national Diabetes public health campaign through community pharmacy reached over 20,000 people in a two week period and clearly demonstrated both the effectiveness and cost effectiveness of Wales-wide public health messaging through community pharmacy.
- 2.10.4 There are existing opportunities for the facility of community pharmacy public health campaigns taken up by social services so that key messages such as 'Keeping Warm This Winter' and 'Avoiding Falls' could help to keep people safe at home, ultimately reducing the pressures on residential care.
- 2.10.5 Combining community pharmacy enhanced services with community pharmacy public health campaigns would allow for a more comprehensive support package for patients to be developed. An example of which is shown below.

Case Study - Reducing the likelihood of falls in older people.

Many demands on social services come as the result of temporary or permanent incapacity in older people as the result of a fall. Reduction in the number of falls in older people can reduce demands for social care support and release capacity in the system.

Pharmacists can assist in reducing the risk of falls by:

- Identifying those medicines taken by an individual patient that increase the risk of a fall and helping to manage that risk.
- Ensuring medicines are prescribed appropriately and used effectively.
- Promoting good nutrition with older patients, particularly increasing intake of vitamin D and calcium
- Running promotional campaigns which effectively utilise the high footfall of community pharmacies to raise awareness of the risk factors that cause falls.
- Ensuring elderly patients take full advantage of the existing Medicines Use Review service in community pharmacies will ensure that many of these issues are identified and the number of falls is consequentially decreased.

2.10.6 The Medicines Use Review is an NHS service introduced as part of the new Community Pharmacy Contractual Framework. There is capacity in the existing service that can be accessed by social services at no additional cost. Social services should be using the existing provision of Medicines Use Reviews for older people's care.

2.10.7 In addition community pharmacies are conveniently located to provide information and advice to local communities and to signpost residents to appropriate health and social care support

2.11 Providing access to aids for independent living

2.11.1 Community pharmacies extensively source and supply aids for independent living on a private basis. CPW would recommend that social services departments could improve choice and ease of access to aids for independent living by developing supply arrangements with local pharmacies.

Part 3: Conclusion

- 3.1 CPW believes that the value of a coordinated and joined up service to provide support for residential care homes in Wales cannot be overestimated.
- 3.2 The unique location and accessibility of community pharmacy, and its ability to make a significant contribution to improved health and wellbeing, should be making a more valuable contribution to reducing or at least delaying the need for residential care.
- 3.3 CPW would like to draw to the attention of the committee the key role that the effective management of medicines plays in keeping residents safe and healthy in residential care, and that inefficient, or unfortunately in many cases potentially unsafe, systems contribute not only to inefficient operation of care homes and the wasting of valuable staff hours, but also is likely to result in a number of medicines related admissions to hospital.
- 3.4 CPW is concerned that, despite abundant, high quality research identifying that the management of medicines in care homes leaves much to be desired, community pharmacy care home support services are being decommissioned. CPW would ask the committee to propose that Public Health Wales are asked to identify the causes of medicines management issues in care homes in Wales and to work with CPW in designing and implementing a community pharmacy service designed to address these issues.
- 3.5 CPW stands ready to work in collaboration with individual social services departments that is looking to forge effective partnerships with community pharmacies.
- 3.6 CPW is content for this response to be made publicly available, is happy to provide any further evidence that would be helpful to the Committee and would like to be sent a copy of the Committee's final report in due course.

References

1. Welsh Assembly Government. Welsh Health survey 2008.
2. Care Quality Commission. The quality and capacity of adult social care services 2009.
3. Care and Social Services Inspectorate Wales Annual Report 2007-8.
4. Barber ND et al. Care homes' use of medicines study. Qual Saf health Care 2009; 18: 341-356.
5. Schweizer AK, Hughes CM. Nursing and residential care for the elderly in Northern Ireland. Pharm World