The expanding role of pharmacists in care homes

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Older people once cared for in hospitals are increasingly being moved to residential care homes to free up hospital beds and GPs are struggling to provide the medical care needed by this population. However, according to a Royal Pharmaceutical Society report, pharmacists may be ideally placed to reduce this clinical burden.

The challenge

The BMA’s advice aimed to help GPs decide “whether the treatment they are providing in institutions and residential homes falls within the remit of standard primary medical services contracts.” The question arose because people who were once cared for in a hospital setting are being moved to other forms of accommodation – notably care homes – to free up hospital beds. This is not a new problem – there has been pressure on hospital beds for years – but it is growing (see Figure 1): it is estimated that the number of blocked beds increased by 21 per cent to over 4000 in the past five years, with costs rising 45 per cent to £0.5 billion annually. Driven by these pressures, the residential care sector is forecast to grow by 15 per cent by 2020/21.

The care homes sector has realised this. It commissioned a report from think-tank ResPublica, which concluded “there is an urgent need to consider the wellbeing and comfort of patients, the majority of whom are older, often frail and suffering from dementia and who can benefit from a smaller scale, more home-like environment in which to recuperate.” The report called for NHS funds to be earmarked to meet demand, something that the NHS Better Care Fund is already working towards. But as this sector expands, the task of meeting the medical needs of this very vulnerable group of people falls to primary care. This, the BMA says, is beyond the normal clinical remit of GPs. What is more, the increasingly complex treatment provided outside secondary care may be beyond the expertise of the average GP. There is a skills gap and pharmacists are keen to fill it.

Pharmacists in care homes

In 2014, NICE published its guideline Managing Medicines in Care Homes
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The guideline includes: recommendations for good practice in the systems and processes for managing medicines; prescribing, handling and administering medicines to residents; and the provision of care or services relating to medicines in care homes (see Figure 2). It placed many responsibilities on a team of health professionals, including pharmacists and care home providers to ensure the effective use of medicines. Specific roles for pharmacists included the expected medication review and medicines reconciliation as well as: optimising treatment schedules; medicines supply, storage, administration records and disposal; development of standing operating procedures; an information resource; and medication use in cases of mental incapacity.

Currently, the pharmacist’s role is largely to supply medicines to care homes. This will have to change. NICE’s recommendations can best be delivered if pharmacists have “an embedded role in care homes, as part of a multidisciplinary team, with overall responsibility and accountability for medicines and their use,” the RPS believes, and it cites strong evidence to support its case.

There were 426,000 people living in residential accommodation in the UK in 2014. About three-quarters of residents have at least one form of mental impairment and a similar proportion need assistance with mobility or are immobile. The average age of residents is 85 years, they take an average of seven medicines per day and, according to one study, 70 per cent have at least one error affecting medicines use. Polypharmacy is associated with an increased risk of falls and every year, half of care home residents have a fall, causing serious injury in one-third. The move from hospital to residential care is associated with increased risk: this is a time when half of all communication errors about medication occur, most people have their medication changed and every change is associated with an increased risk of an adverse event.

The RPS report summarises the financial gains achieved in pilot studies of medicines optimisation in care homes. These reviews delivered an average saving of £153 per resident, which, if extrapolated to the entire care home population, would offer a saving of around £60 million. In addition, one pilot found that medication review could reduce unplanned hospital admission, saving an estimated £190 per resident, or £75 million nationally. There are further savings to be made by cutting medicines wastage in care homes, which currently costs the NHS in England £24 million.

The benefits of involving a pharmacist are not confined to the bank balance. Experience in London has shown that placing a lead GP, a lead pharmacist and a lead medication nurse in each home can reduce prescribed items by 11 per cent and hospital admissions by 20 per cent in one year. In Leeds, a medication review service found that 28 per cent of residents had problems justifying further review and 25 per cent needed a referral to other services.

Stakeholders’ views

The RPS report is drawn from the proceedings of a meeting it held in December 2015 that involved professionals, regulators, carers and patient representatives. Their comments about what they feel residents want from their medicines are summarised in six themes (see Table 1). It would not be difficult to deliver these changes, the RPS says, but it does require a new approach by all involved and “leadership by pharmacists as part of a multidisciplinary team is the catalyst that is needed to make change happen.” There is no single line of responsibility that fits all institutions: care home provision is commissioned by the NHS, a local authority or the family/carers of residents; services may be provided by the NHS or private contractors; and the care home may be run by a regional or national chain, a small business or a local authority. The RPS responds with a single recommendation: “One pharmacy and one GP practice should be aligned to a care home to enable the provision...
A co-ordinated and consistently high standard of care across all service users.” Helpfully, this is a view shared by the RCGP and the British Geriatrics Society.

The pharmacist should be part of a multidisciplinary team, the RPS adds, with “responsibility for the whole system of medicines and their use within a care home” and “full read and write access to the patient health care record”. This means advising on risk assessments to determine whether new residents can manage their own medicines, taking the lead on medicines reconciliation, regular reviews of safety and effectiveness, and assessing the risk of medication-related falls. Every resident should have a pharmacist-led medicines review at least annually, when there is any change in medication, and when residents move between care settings. One pilot study of medicine reviews with residents and their families found that an average of 1.7 medicines could be discontinued for every resident reviewed, with net savings of £1.84 per person per year; every £1 invested in the intervention could release £2.38 from the medicines budget.

Inappropriate use of psychotropic drugs is now an acknowledged problem and recent strategies have reduced the prevalence of their use in care home residents from 25 to 12 per cent. But there is also evidence that prescribing of antipsychotics and hypnotics doubles among new residents of care homes and pharmacists have a track record of reducing such inappropriate prescribing. There is still work to do – the use of antipsychotics in people with learning disabilities is only now coming to prominence.

End-of-life care is something that people may find challenging so it is no surprise to learn that care home providers have “variable confidence and competence in the appropriate use of palliative medicines.” This is not acceptable when around half of care home residents are symptomatic during their final days. One study found that syringe drivers were used only when specialist palliative care staff were involved, so this is an area where a skilled pharmacist can have an immediate impact. The RPS says advice about and access to end-of-life medicine and anticipatory care medicines should be formalised between prescribers, pharmacists and care home providers.

Conclusion

GPs, faced with an increasing volume and complexity of work in the care homes sector, are crying “Enough!” Pharmacists, with NICE guidance and a wealth of evidence behind them, are shouting “More!” – but they cannot solve the problem immediately. Pharmacists need training to deliver the services they say are essential for the welfare of care home residents. If the NHS finds the money to invest now, it can – as in so many aspects of its services – save more in the future.

References


Declaration of interests

None to declare.

Steve Chaplin is a pharmacist who specialises in writing on therapeutics.