Appendix 1 DH Alert. The Use of Medicines in Care Homes for older People DH alert (2010)001 gateway No 13238

Primary Care Trusts should work with their primary medical care contractors, providers of pharmaceutical services and social care partners to determine how medication errors in care homes for older people can be reduced. Primary Care Trusts should:

1. Distribute this alert to primary medical care contractors, providers of pharmaceutical services and care homes for older people in their area.

2. Review the safety of local prescribing, dispensing, administration, and monitoring arrangements in the provision of medication to older people in care homes;

3. Establish a plan for effective joint working in the future, including auditing on-going progress.

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Objective	Activity	Outcome	Responsible Person	Time Frame	R A G	Progress (as at end Month Year)
1.	distribution	To care homes; To borough council (directors of social care; contracts teams); Community pharmacy	KT / HS			
2. Review of safety. i. Prescribing	Increase awareness of error reporting by care home/pharmacy/ GP practice. To monitor these errors through use of a simple & std reporting form,	Use reporting form developed to monitor prescribing errors. Currently being used by care homes. To implement across all 4 PCTs and to incorporate GP practices to use.	KT / HS			
ii. Administration	Ongoing audit of standard 9 in care homes. Different audit tools used across the 4 PCTs and by Borough Council contracts team.	Review and standardise audit tool across 4 PCTs Borough Council to incorporate audit tool outcome within private providers contracts	KT / HS KT / HS			
iii. Monitoring	Review of current recall systems when initiating therapy and for repeat prescribing	To ensure practices have in place systems and processes that make sure patients are monitored appropriately according to drug therapy.	GP Practice			

3. Establish plan for joint working and reducing errors	Care home / GP practice / pharmacy to improve communication	Practice to have named GP. Care home to have named person and pharmacy to have key contact. This to be clear in all patients held records	Comm. Pharm GP surgery Care home			
	GP to have access to patient record when prescribing	GP to have at least summary record when visiting care home & access to care home records + opportunistically reconcile GP record with MAR chart.	GP practice Care home Practice P'cist KT / HS facilitate			
	All care home resident GP medication records to be linked with a problem.	All meds linked to an indication to reduce risk of unnecessary medication	GP Practice KT / HS facilitate			
	Accurate records at Hospital admission	Ensure care home provides accurate & up to date information of medication. Care home to have a clear protocol around meds on admission.	Care homes (PCT tools/audit)			
	Hospital discharge medication & information to be timely, accurate and legible.	Effective communication from 2ndry care to care home/ community pharmacy /GP practice. Care home to have a clear protocol re. Discharge meds. GP practice to prioritise care home communications through IT system	Care homes (PCT tools/audit) PCT tools/audit Contracts teams GP practice (Meds Team to facilitate)			
	Residents to receive 6monthly medication review (Goal)	All residents to have received 6mthly med review as recommended by NSF older people. Currently care home pilot in Eston (Pharmacist + 3 nurses) to patients in care homes and do med review as appropriate. Also funded in H'pool PCT via pharmacy technician	GP practice Practice P'cist Comm. P'cist			

	Care home patients medication synchronised	Ensure all repeat meds prescribed are synchronised to 4 weeks. Care homes to inform GP of excess qtys etc.	GP practice Care homes			
	Monitoring / recall set up for 16 drugs identified by CHUM study	Ensure all monitoring is requested, actioned and results acted upon. Issue list of drugs and appropriate monitoring to relevant agencies	GP practice Care home Comm services PCT			
	Care home to record prescribing/administration errors to PCT	Utilise Meds error reporting form (utilised in Stockton). To be implemented across 4 PCTs and use audited	4 PCTs (KT/HS)			
	Update current std 9 audit to incorporate all the above where appropriate	Review std 9 audit tool	KT /HS			
	Working with social care	Joint care home visits with Borough council contracts team (already done on MPCT/R&PCT).	KT / HS			
	Increase patient/carer knowledge about medication.	Improve patient knowledge about medication and how medication should be taken (patients accessing the pharmacy directly get counselled on how to take medication, particularly as to the importance of timing, interactions and compliance- patient in a care home should have equal provision) Community pharmacists do not provide MUR s to care home residents .	Community Pharmacy			
	Surgery to have a clear audit trail for prescriptions	A copy of prescription requests from care homes should be kept by the practice(until start date of new cycle)	Practice Pharmacy			

		Feedback to care homes immediately any prescription anomalies with prescriptions. Care home to keep record of collection of prescriptions (date/by whom)				
	Develop repeat dispensing	Identify patients who are likely to be stable on their prescription for six months (at point of medication review), add these patients medication to repeat (batch prescriptions0, one form with regular medicines and a separate form to include 'prn' medicines (this way the pharmacy will manage all medicines for 6 months a one off reconciliation for any odd quantities could be done)- trialled in LD/Alma st Stockton.	Pharmacy Practice care Care Home			
	Develop a pilot for excellent care home medical provision ,	For example :Commission a dedicated expert medical team, incorporating consultant geriatric expertise, GP ,Pharmacist ,community matron to oversee home visits, prescribing ,monitoring (also training care home nurses on managing patients in the home to reduce emergency admissions together with improving recording plans for end of life care