Enhanced health in care homes- medicines optimisation

One in seven people aged 85 or over is living permanently in a care home. The evidence suggests that many of these people are not having their needs properly assessed and addressed. As a result, they often experience unnecessary, unplanned and avoidable admissions to hospital, and sub-optimal medication.[1]

The Enhanced Health in Care Homes (EHCH) model moves away from traditional reactive models of care delivery towards proactive care that is centred on the needs of individual residents, their families and care home staff. Such care can only be achieved through a whole-system, collaborative approach.[2]

Getting NHS care right for care home residents offers significant opportunities to positively impact people's care and quality of life, and to contribute to a more sustainable health and social care system which responds to the needs arising from the ageing population.[1] For the purposes of the EHCH implementation framework, a 'care home' is defined as a CQC-registered care home service, with or without nursing. It is equally applicable to homes for people with learning disabilities and/or mental health needs, as well as for older people.[2]

This briefing supports the implementation of the framework for Enhanced Health in Care Homes, specifically in relation to medicines optimisation and prescribing. This applies equally to people who self-fund their care and to people whose care is funded by the NHS or their local authority.[2]

Key recommendations

- GP practices should ensure that there is a clear written process for prescribing and issuing prescriptions for care home residents.
- Structured medication review should be carried out on admission when a resident moves into a care home and then at least once a year. The frequency of this review should be determined by the PCN multidisciplinary team (MDT), taking into account safety as the primary factor.
- From 1st October 2020, under the Network Contract Directed Enhanced Service, PCNs are required to use appropriate tools to identify and prioritise the patients who would benefit from a structured medication review and offer, deliver and record these appropriately.
- The resident and/or their family or carers should be involved in medication reviews as it is important to assess their understanding, concerns, questions or problems with each medication.
- Each care home should be supported by a MDT in its aligned PCN and members of this MDT will deliver a weekly home round (virtual or face to face). They will be responsible for the development and maintenance of personalised care and support plans for care home residents and will make every reasonable effort to support delivery of these plans.
- It is important to know when to stop medication upon review to reduce inappropriate polypharmacy or adverse drug reactions and in response to a lack of efficacy or a change in treatment goals.
- Medication review should be a multidisciplinary approach and may include a mix of health and social care professionals.
- Waste reduction should also be considered as part of the medication review, including synchronisation of quantities prescribed in line with the prescribing cycle and their frequency of use.
- Treatment goals should be reviewed when a resident becomes frail, develops end stage dementia or has other circumstances which impact on life expectancy.
- Ensure screening and treatment of malnutrition is in line with current guidance.
- A systematic, proactive approach should be used to identify residents who may require end-of-life care and individuals should be supported to die in their place of choice. Their preference can be reinforced through 'advance care planning', personalised care plans, and treatment escalation plans.
- It is best practice that people should have access to specialist mental health services for assessment and management of complex mental health need, including management of mental health medications and response to complex mental health crisis needs.
- Medication reviews are particularly important for people with dementia. These reviews should focus on reducing polypharmacy and optimising antipsychotic medication. It is important that these are undertaken by the MDT in line with current guidance.

Additional Resources

PrescQIPP. Polypharmacy and Deprescribing. Bulletin 254. June 2020. https://www.prescqipp.info/our-resources/bulletins/bulletin-254-polypharmacy-and-deprescribing/

PrescQIPP. Care homes webkit. Various resources. https://www.prescqipp.info/our-resources/webkits/care-homes/

PrescQIPP. Medicines without harm. Bulletin 252. March 2020. https://www.prescqipp.info/our-resources/bulletins/bulletin-252-medicines-without-harm/

References

1. NHS England. New Care Models: The framework for enhanced health in care homes. Version 1. September 2016. https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf
2. NHS England and NHS Improvement. The Framework for Enhanced Health in Care Homes. Version 2. March 2020. https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf

| Additional resources available | 📖 Bulletin | https://www.prescqipp.info/our-resources/bulletins/bulletin-279-care-homes-medicine-optimisation/ |
| | 🛠 Tools | |

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