



# **Medicines optimisation in care homes**

**Programme overview**

**March 2018**

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<b>Description</b>	This document sets out the process for how the Pharmacy Integration Fund (PhIF) will be deployed to support the Medicines optimisation in care homes (MOCH) programme in 2018/19 and 2019/20. It sets out the background to the programme and describes the scope, objectives and expected outcomes for care home residents.
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## **Medicines optimisation in care homes**

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## 1 Introduction

This document describes the background to the Medicines Optimisation in Care Homes (MOCH) programme<sup>1</sup> setting out the objectives, scope and expected outcomes for care home residents using the Pharmacy Integration Fund (PhIF)<sup>2</sup> to support the deployment of expert pharmacy teams to work in care homes from 2018/19 to 2019/20.

## 2 Policy Context

The Pharmacy Integration Fund was set up in October 2016 to support the implementation of the health services transformation outlined in the Five Year Forward View<sup>3</sup>. The initial priorities for the fund were identified through consultation and were co-designed with key stakeholders including representatives from commissioning bodies, health and social care providers, regulators, professional bodies and patient groups.

The Medicines Optimisation in Care Homes programme focuses on care home residents, across all types of care home settings and aims to deploy dedicated clinical pharmacy teams that will:

- Provide care home residents with equity of access to a clinical pharmacist prescriber<sup>4</sup> as a member of the multidisciplinary team, with the supporting infrastructure for achieving medicines optimisation according to need
- Provide care homes with access to pharmacy technicians who will ensure the efficient supply and management of medicines within the care home, supporting care home staff and residents to achieve the best outcomes from medicines.

The programme is aligned to the Framework for Enhanced Health in Care Homes<sup>5</sup>, which was co-produced by the care home Vanguard. Medicines optimisation and management when integrated within this framework has been shown to:

- Improve quality of care through better medicines use
- Reduce risk of harm from medicines through medicines optimisation and safer medicines systems and staff training
- Release resources through medicines optimisation and waste reduction (estimated by the Vanguard to £223 per resident per year), reduction in hospital admissions and release of care home nurse time.

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<sup>1</sup> <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/medicines-optimisation-in-care-homes>

<sup>2</sup> <https://www.england.nhs.uk/commissioning/primary-care-comm/pharmacy/integration-fund/>

<sup>3</sup> <https://www.england.nhs.uk/five-year-forward-view/>

<sup>4</sup> Or a clinical pharmacist working towards a prescribing qualification

<sup>5</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/09/ehch-framework-v2.pdf>

This programme will also closely align to local STP/ICS plans for care homes and medicines optimisation. Clinical pharmacists and pharmacy technicians will use evidence and learning from other sites (including the Vanguard) and existing guidelines (e.g. NICE, Polypharmacy Guidance<sup>6</sup>) to deliver medicines optimisation.

## **2.1 Alignment with other programmes**

### **2.1.1 Clinical pharmacists in General Practice**

The NHS England GP Forward View (GPFV) programme supports the roll out of clinical pharmacists into General Practice and recognises the valuable role clinical pharmacists can play in supporting GP workload and improving the quality of patient care.<sup>7</sup>

The MOCH programme will ensure that pharmacy professionals working in care homes will work alongside the clinical pharmacists in general practice, particularly where those pharmacists have care homes as part of their portfolio of work. It is recognised that a clinical medication review for a care home resident may be logistically impractical for practice-based pharmacists and it can take a significant amount of time to fully achieve the optimum regimen for that patient, particularly when a care home resident is taking multiple medicines and has complex needs.

This MOCH programme has a unique focus on the care home resident drawing on the real experiences of local areas and having the flexibility to use different employment models for the staff to meet the needs of the local care home resident population. The PhIF will be supporting the long-term evaluation of the clinical pharmacist in general practice and using shared learning to develop the role for pharmacy professionals working in care homes.

### **2.1.2 Medicines Value Programme<sup>8</sup>**

Within the Next Steps on the Five Year Forward View document, Chapter 7 sets out how the NHS should aim to get better value out of the medicines prescribed for patients. For 2016/17, GP prescribing accounted for £9bn of the total medicines budget that has risen by 3.6% over the last five years. Optimising medicines for patients is a key enabler for achieving greater efficiency and actual savings. This can be achieved through deprescribing, reducing waste and managing polypharmacy, so that patients are only prescribed the medicines they clinically need and want, to bring the best outcome. Optimising medicines use in care homes is a priority for the newly formed Regional Medicines Optimisation Committees (RMOCs).<sup>9</sup>

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<sup>6</sup> <http://www.polypharmacy.scot.nhs.uk>

<sup>7</sup> <https://www.england.nhs.uk/commissioning/primary-care/pharmacy/clinical-pharmacists/>

<sup>8</sup> <https://www.england.nhs.uk/medicines/value-programme/>

<sup>9</sup> <https://www.england.nhs.uk/publication/regional-medicines-optimisation-committee-operating-guidance-and-recruitment-information/>

### 2.1.3 Medication errors

The World Health Organisation has challenged the global health community to reduce avoidable medication-associated harm by 50% over the next 5 years.<sup>10</sup> This programme through medicines optimisation and management in care homes will support this initiative.

## 3 The Programme

### 3.1 Objectives

- To deliver all elements of the Managing Medicines in Care Homes NICE guideline<sup>11</sup> and quality standards<sup>12</sup> and support the implementation of the EHCH framework for care home residents in England
- To achieve medicines optimisation for care home residents through access to a clinical pharmacy team with the supporting infrastructure
- To ensure that residents and/or their families or carers are given the opportunity to be fully involved in decisions about their medicines
- To ensure care home pharmacy professionals work as part of the MDT as described within the EHCH framework
- To improve care home resident health outcomes
- To increase the appropriate use of technology and data in supporting medicines optimisation and the wider management of medicines in care homes.

### 3.2 Funding

#### 3.2.1 Funding available

This programme will fund 240 WTE (whole time equivalent) pharmacy professionals (180 clinical pharmacists and 60 pharmacy technicians) over two years to deliver a pharmacy service to care homes. A phased approach will be used with future scaling being dependent on national need and available funding.

Funding will also support 600 pharmacists and pharmacy technicians through a training pathway. These training places will be available to pharmacists and technicians employed through the PhIF programme or who are currently working in care home settings.

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<sup>10</sup> <http://www.who.int/mediacentre/news/releases/2017/medication-related-errors/en/>

<sup>11</sup> <https://www.nice.org.uk/guidance/SC1>

<sup>12</sup> <https://www.nice.org.uk/guidance/qs85>

**Key Dates**

Date	Details
<b>2<sup>nd</sup> February 2018</b>	Programme listed in NHS England Planning Guidance <sup>13</sup>
<b>March 2018</b>	Expressions of interest invited for currently funded pharmacists and technicians and 'Training Only' for existing pharmacy professionals
<b>March 2018</b>	STP/ Lead CCGs to submit plans for regional moderation and agreement
<b>April 2018</b>	CCGs commence recruitment of pharmacy teams through allocation to local clinical providers
<b>April 2018</b>	Phased enrolment onto Training Pathway starts for existing care home pharmacy teams identified through self-assessment process
<b>June 2018</b>	Q1 review of CCG progress and reallocation of funding from areas that have not agreed plans with the regional team, to areas that are successfully progressing, for second phase of deployment.

**3.2.2 Workforce development**

Health Education England has commissioned a training pathway for the care home pharmacy professionals with the expectation that all pharmacists and pharmacy technicians recruited will participate fully in this as part of the programme, and that employing organisations will release them to do so. This will include a prescribing qualification for pharmacists.

The Centre for Pharmacy Postgraduate Education (CPPE) has the responsibility to deliver a flexible pathway for both Pharmacists and Pharmacy Technicians. Embedded within this pathway will be the provision of educational supervision.

Clinical supervision is also part of the pathway, although the responsibility for delivering this rests with the employing organisation. NHS England recognises that there are already different models in place for facilitating the clinical supervision of pharmacists working in various primary care, hospital and community settings. Employers or Providers may wish to link to these or take the opportunity to work with and develop new arrangements with programmes such as Clinical Pharmacists in General Practice and Clinical Pharmacists in Integrated Urgent Care. The supervision arrangements for pharmacy technicians must also be clearly identified. It is important that there is connectivity between the clinical supervision, educational supervision, mentorship and learning sets.

Workforce development is a key element of the EHCH framework; as well as being trained and developing themselves, it is expected that pharmacy professionals will support and develop the care home workforce in terms of how medicines are used within a care home.

<sup>13</sup> <https://www.england.nhs.uk/publication/refreshing-nhs-plans-for-2018-19/>

### **3.2.3 Data, IT and technology**

Pharmacy professionals having access to appropriate data and IT to support medicines optimisation is an important enabler. The roll out of ePACT2<sup>14</sup> will enable analysis of prescription data in much greater detail than is currently available and it is anticipated that this can be used to support medicines optimisation. CCGs and RMOs will be particularly interested in this data for care home residents to monitor progress of the programme across an STP/ICS.

There is increased availability of technology to support the wider management of medicines within care homes that can be used to improve medicines administration (e.g. use of barcoding), reduce waste and improve outcomes and value. As part of the evaluation of the programme, there will be a particular focus on the use of IT and technology to support medicines optimisation.

### **3.2.4 Criteria for the deployment of care home pharmacy professionals**

The programme recognises the importance of applying all key elements of the EHCH framework to achieve the best outcomes for residents whilst ensuring efficiency and making best use of resources. Deployment of pharmacy professionals is a significant contribution to achieving not only improvements in health for residents but also system-wide cost savings through reduced medicines expenditure and medicines-related admissions.

The criteria are set out in Annex 1 and are intended to be sufficiently flexible to allow for innovation and the ability to test different approaches and implement variants of the model to suit local circumstances.

### **3.2.5 Monitoring and evaluation**

Metrics have been developed to monitor progress and support the evaluation of the programme. The metrics will be closely aligned to the Clinical Pharmacists in General Practice, Medicines Value Programme and the reduction of medication errors.

### **3.2.6 Governance and Supervision**

This initiative, together with the deployment of clinical pharmacists into GP practices and Integrated Urgent Care (IUC) pharmacists, represents transformational change in pharmacy practice. During this change process, patient safety remains paramount. Lead CCGs working with Provider Organisations within STP/ICSs must ensure a robust approach to clinical governance. Annex 1 outlines the minimum expectations, but these would be enhanced, and the change made more efficient, by fully integrating the clinical supervision of NHS pharmacy teams across local systems. Some areas may want to go further by creating a joint approach to staffing.

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<sup>14</sup> <https://www.nhsbsa.nhs.uk/epact/epact2>

Annex 1:

## **Criteria for joining the Medicines Optimisation in Care Homes Programme**

The following criteria are to be used to confirm funding to local areas, whilst being sufficiently flexible to allow for innovation and the ability to test different approaches and implement variants of the EHCH commissioning framework that suit local circumstances. These criteria apply to both new funded posts and existing teams that are looking for training only.

### **1. Deployment**

- Pharmacy professionals must work at least 0.4 WTE (Whole Time Equivalent) in a care home setting
- Commitment that 50% of the employment costs will be picked up by the local commissioners/ providers organisations in year 2, 100% is provided in year 1
- Commitment to sustaining the service after the second year
- Rapid recruitment and deployment plan

### **2. Integration: Pharmacy teams work as part of the wider health and social care system**

- Evidence that the new Pharmacy professionals or existing Pharmacy teams are aligned or are aligning to the EHCH Framework (<https://www.england.nhs.uk/publication/the-framework-for-enhanced-health-in-care-homes/>)
- Pharmacy teams must work as part of a wider multidisciplinary health and social care team
- Pharmacy teams must engage with GP Practices that are responsible for the primary health care of patients
- Description of how the pharmacy teams will access the care home resident GP care record and how the clinical pharmacist will have access to prescribing capability with a supporting prescribing budget
- Pharmacy teams to show integration across health and social care
- Description of how community pharmacy is integrated into the model proposed

### **3. Commitment to training and support**

- Pharmacy professionals must engage with the training provider
- Pharmacists must have access to a medical supervisor to support participation in the independent prescribing course
- Pharmacists and pharmacy technicians must be appointed a clinical supervisor by the provider organisation
- Provider organisations must be prepared to release staff for training days
- Pharmacy teams should have access to a local pharmacy support network (e.g. linked in with the Clinical Pharmacist in General Practice)

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- ❑ Pharmacy professionals to join NHS England's futureNHS collaboration network for Pharmacy Integration: <https://future.nhs.uk/connect.ti>

### **4. Clinical service**

- ❑ Pharmacy professionals must have a component of direct patient facing activity (e.g. medicines optimisation reviews, End of Life support, frailty reviews)
- ❑ Commitment to supporting frailty through MDT working
- ❑ Teams should embrace the principles of the Medicines Optimisation Framework
- ❑ Teams should enable patients and families to be involved in decisions and practice patient-centred care
- ❑ Support antimicrobial stewardship
- ❑ Support care home staff to ensure medicines management and administration is compliant with the NICE Quality Standards
- ❑ Description of how pharmacy teams will carry out risk stratification for their residents to identify how to make best use of the clinical pharmacists and pharmacy technicians deployed across care homes in the area
- ❑ Description of any special arrangements for how medicines optimisation will be achieved for care home residents with learning disabilities and when they require end of life care

### **5. Evaluation, Metrics and Technology**

- ❑ Collect data from key sets
- ❑ Work with evaluation team to collect qualitative and quantitative metrics
- ❑ Demonstrate use of data and metrics to develop the service and drive patient care
- ❑ Using and linking existing technology to improve the service and patient care/safety

### **6. Clinical Governance**

- ❑ Indemnity arrangements for Pharmacy Professionals
- ❑ Ensure that teams are delivering safe and high quality care
- ❑ Errors and near miss reporting and management.