NHS England Medicines Optimisation in Care Homes (MOCH) Programme

This briefing document has been written at the request of the care home provider organisations to share information with their members (care homes) about the MOCH programme and how they can get involved.

The care home provider organisations are:

• National Care Forum

• Care England

• Registered Nursing Home Association.

Mrs B is 92 years old and lives in a care home; she currently takes 21 different medicines, amounting to 42 pills every day, which takes a care home nurse 15 to 30 minutes to administer. Whilst all these medicines were prescribed for the correct reasons at some point, their appropriateness becomes questionable as residents like Mrs B get older. The human body’s tolerance of medicines changes with age, with older people more at risk from medicines-related harm than younger people. In fact, it is estimated that 1 in 10 hospital admissions in patients over the age of 75 years are related to medicines.

Medicines-related issues

Over the last few years, there have been a number of publications highlighting the medicines-related issues that exist for people who live in care homes. These generally are:

• Residents prescribed medicines that no longer have an indication or are no longer appropriate

• Medicines being prescribed that have a potential to cause harm or hospitalisation

• The fact that 44% of all medication errors occur in care home residents

• People have a lower chance of a detailed clinical review of medicines if they are a care home resident

• Care home residents are less likely to given the opportunity to be involved in decisions about their medicines.

Pharmacy-led medicines reviews

Initiatives to optimise medicines in care homes have shown that pharmacy-led, multidisciplinary medicines reviews, involving the resident and their family, and working in close partnership with the care home, can lead to residents only receiving medicines that are adding value to their health and medicines that they would like to take. Clinical pharmacy teams ensure that every decision about every medicine is based on the clinical evidence, the expertise of the multidisciplinary team and the person’s values and wishes.

NHS England Vanguards

The six NHS England care home Vanguards and other services nationally demonstrated that residents were less likely to be admitted to hospital when all elements of the Enhanced Health in Care Homes framework, including medication review, are in place. The Vanguards showed that medicines optimisation through detailed and complex clinical reviews can improve quality of life, reduce risk of medicines related harm and reduce NHS costs. For care homes, staff reported being more satisfied with medication systems (e.g. storage and ordering), quicker medicines administration rounds, less medicines waste and a better understanding of the medicine their residents take.

The NHS England Medicines Optimisation in Care Homes programme was commissioned to scale and spread the benefits of medicines optimisation in care homes. The money was allocated to every Sustainability and Transformation Partnership (STP) and Integrated Care System (ICS) depending on their care home population; areas with the highest number of residents getting the most money. For each area, a lead Clinical Commissioning Group (CCG) was appointed to commission medicines optimisation pharmacy services. The funding will pay for the deployment of a total of 240 clinical pharmacists and pharmacy technicians to work with care homes and members of the health care team to improve medicines use, starting from October 2018. Each pharmacist and pharmacy technician will undergo a detailed training programme (over 18 months) to develop their skills. Pharmacists will also undertake an Independent Prescribing qualification to allow them make prescribing decisions. These pharmacy professionals will be employed by a range of organisations (e.g. hospitals, community trusts, GP practices, community pharmacy) with all of them working within a care home setting.

How it works

The pharmacy professionals and their employing organisations are required to work with care homes to co-develop solutions that meet the needs of the residents. All teams will ensure any review is person centred, involving the resident and/or their families. Care home nurses and care staff will be encouraged to be part of multidisciplinary reviews ensuring that those who understand the needs of the resident the most have a voice in the decision making process. Pharmacy teams will also help care home teams with their medicines management systems (e.g. ordering, storage) which will improve efficiency and reduce medicines waste. We work closely with the CQC (Care Quality Commission) to ensure that our objectives are aligned. There are a number of models on how this is being delivered nationally; care homes wanting medicines optimisation support from pharmacy should contact their local CCG to understand what is available locally and how they can get involved.

Through a high quality, person centred medicines optimisation review, Mrs B had 12 medicines stopped; she now only takes the medicines that give her health value and the ones that she wants to take. This is better for her, the care home and wider health system.

For further information, contact Wasim Baqir, National Pharmacy Lead (Care Homes), Pharmacy Integration Programme, NHS England or visit the Webpage Share and join the conversation on Twitter: #MOCH #PharmacyIntegration #MedicinesValue