


Reference: FOI 33982 BUCKS 14Y

Subject: Medicines Management in Care Homes

I can confirm that the CCG does hold some of information requested; please see responses below:

QUESTION	RESPONSE
<p>1. What data does the CCG have access to on medicine prescription, dispensing and administration in care homes and how is this collected?</p>	<p>We have access to:</p> <ul style="list-style-type: none"> • GP practices: Brief summary on EMIS (GP clinical system) this includes: acute and repeat medications issue dates, medical history. • Care homes: Electronic or paper Medication Administration Record Charts(MAR) and physical medication stock
<p>2. What policies do you currently have within the CCG for monitoring, reviewing and optimising medicine use in care homes?</p>	<p>Overall guidance is from NICE Medicines Optimisation (NG5) https://www.nice.org.uk/guidance/ng5, NICE SC1 https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765</p> <p>Buckinghamshire formulary http://www.bucksformulary.nhs.uk/</p> <p>Buckinghamshire CCG guidelines for various individual therapeutic areas e.g. Anticholinergics, NOAC etc. accessed on CCG extranet http://shared.bucksnet.nhs.uk/clinical/262-medicines-stop-start-or-continue</p>

	Others include: STOPP- START and STOPP Frail, Scottish Polypharmacy Guideline and Prescqiip guidelines
3. How is medicine prescribing, dispensing and administration within care homes in the CCG monitored?	The CCG does not hold this information. However we audit the systems and process with regards to medicines administration in care homes
4. Are there any specialist teams within the CCG responsible for reviewing medicines within care homes, such as medicine optimisation pharmacists, and if so, what is the standard process for this? For example:	We have a team of care homes pharmacists and technicians that undertake medicines optimisation
5.	
a) Who is involved in these reviews?	CCG Care home pharmacists, Buckinghamshire Health Trust Geriatricians, residents GPs, Care homes staff, residents & families, community specialist teams, dietitians, care home pharmacy technicians and dietetic assistants
b) How often are these reviews conducted?	Reviews are undertaken following either a referral or based on prioritisation (see link to leaflets for details https://www.buckinghamshireccg.nhs.uk/public/your-services/your-health-services/care-homes/communication-tools/)The teams plan for 2019/20 is: 517 multidisciplinary team(MDT) medication reviews
c) How are individuals identified for review?	All care homes residents for the referred homes are reviewed following agreed information sharing from the registered GP practice. Priority is given to those on high risk medications, those recently discharged from hospital and those who are identified as priority by GPs and/ or carers.

<p>d) What is the standard process for conducting these reviews?</p>	<p>MOCH standard process followed is as per attached.</p>  <p>Standard process for Pharmacists and Tech</p>
<p>e) How long do these reviews take?</p>	<p>Variable depending on complexity of review, approximately 30-60mins per resident excluding information gathering from GP and care home staff, and implementation of agreed actions.</p>
<p>f) What tools or frameworks are used to guide the review and/or decisions around deprescribing?</p>	<p>See answer to question 2</p>
<p>g) How are outcomes of the review assessed</p>	<p>The team completes a data collection template per care home with the following outcomes:</p> <ul style="list-style-type: none"> • Medicines waste • No of resident reviewed • Cost savings for medicines stopped or optimised • Safety • Clinical effectiveness • Non elective admission avoided(estimated using fall and high risk medicines intervention)

The information provided in this response is accurate as of 30 December 2019, and has been authorised for release by Robert Majilton, Deputy Chief Officer and Director of Sustainability & Transformation for NHS Buckinghamshire CCG.