

Reference:	FOI.2157.19
Subject:	Medicines management in care homes
Date of Request:	16 December 2019

Requested:

We are exploring the potential for improving the use of medicines in care homes through applying analytic techniques to data collected by Invatech Health's ATLAS electronic medication administration record (eMAR).

The system, installed in community pharmacies and care homes, captures data about prescribing, dispensing and administration of medicines within care homes. We believe that this data could be used to support care homes and health care professionals in ensuring that medicines use by residents is safe and effective. We also believe that the analytics may be beneficial to CCGs.

In order to help identify the potential benefits of data analytics using eMAR data at CCG level, please could you provide me with the following information:

1. What data does the CCG have access to on medicine prescription, dispensing and administration in care homes and how is this collected?
2. What policies do you currently have within the CCG for monitoring, reviewing and optimising medicine use in care homes?
3. How is medicine prescribing, dispensing and administration within care homes in the CCG monitored?
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:
 - a. Who is involved in these reviews?
 - b. How often are these reviews conducted?
 - c. How are individuals identified for review?
 - d. What is the standard process for conducting these reviews?
 - e. How long do these reviews take?
 - f. What tools or frameworks are used to guide the review and/or decisions around de-prescribing?
 - g. How are outcomes of the review assessed?

Response:

Clinical Commissioning Groups (**CCGs**) are a feature of the NHS in England.

As part of NHS Wales, Hywel Dda University Health Board (UHB) is an integrated Local Health Board that is responsible for the planning and provision of primary, community and in hospital services based on the needs of the local community across three (3) counties, Carmarthenshire, Cardigan and Pembrokeshire.

1. The UHB does not have access to medicine prescription, dispensing and administration data for care homes. The UHB uses Comparative Analysis System for Prescribing Audit (CASPA) to access prescription data.
2. The UHB does not have specific policies for monitoring, reviewing and optimising medicine use in care homes. The UHB's medicines management principles relating to medicine optimisation also applies to care homes.
3. The UHB's community nurses visit patients in residential care as a provider of services, as opposed to long term nursing teams visiting nursing homes as a commissioner.

Nurse assessors visit care homes (nursing homes only) and report on all aspects of care. Any concerns or governance issues relating to medicine management are reported by completing a monitoring form.

A link to the Care Inspectorate Wales (CIW) process is provided for your information:

<https://careinspectorate.wales/sites/default/files/2019-09/190831-code-of-practice-en.pdf>

4. The UHB does not have a specialist team for reviewing medicines within care homes.

The UHB's primary care medicines management team (MMT) undertake medication reviews in care homes when requested and review any concerns or governance issues. Reviews are conducted in line with the Care Quality Commissions (CQC) medication review process, the National Institute for Health and Care Excellence (NICE) guidance on managing medicines in care homes. Guidance from the All Wales Medicines Strategy Group (AWMSG), Polypharmacy: Guidance for prescribing July 2014, is also utilised to support medicines optimisation in the medication review process.