

APS 09

Ymchwiliad ar ddefnydd o feddyginiaeth wrthseicotig mewn cartrefi gofal

Inquiry on the use of anti-psychotic medication in care homes

Ymateb gan Cymdeithas Fferyllol Frenhinol

Response from the Royal Pharmaceutical Society



ROYAL CYMDEITHAS
PHARMACEUTICAL FFERYLLOL
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Wales Cymru

Use of anti-psychotic medication in care homes

Response from the Royal Pharmaceutical Society in Wales

About us

The Royal Pharmaceutical Society (RPS) is the professional body for pharmacists in Great Britain. We represent all sectors of pharmacy in Great Britain and we lead and support the development of the pharmacy profession including the advancement of science, practice, education and knowledge in pharmacy. In addition, we promote the profession's policies and views to a range of external stakeholders in a number of different forums.

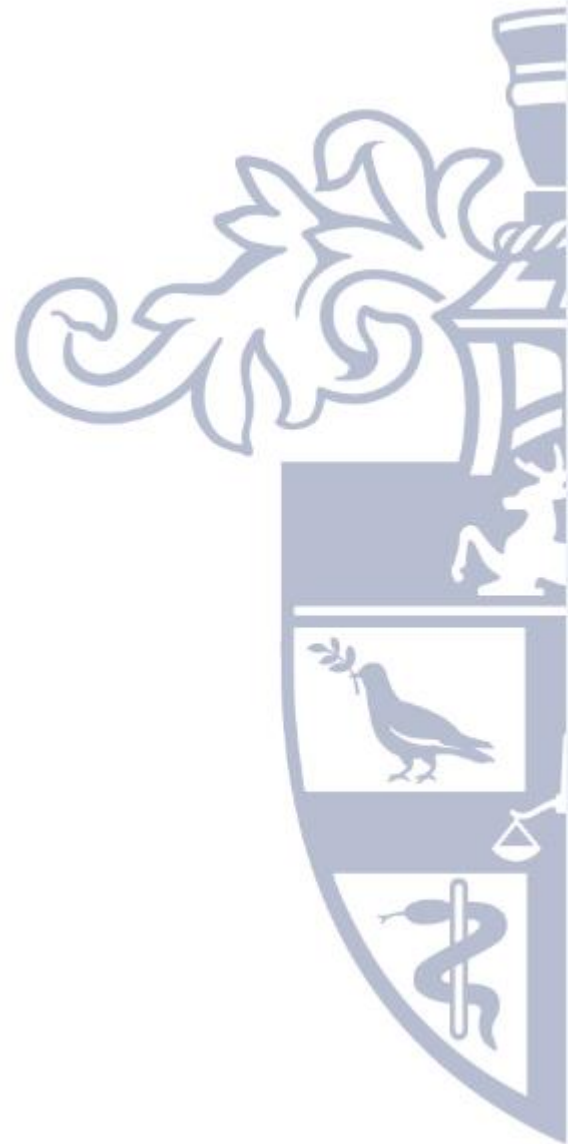
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Dr Dai Lloyd AM
Chair - Health, Social Care and Sports Committee
National Assembly for Wales
Cardiff Bay
Cardiff,
CF99 1NA

20th of April 2017

Dear Dr Lloyd

RE: Use of anti-psychotic medication in care homes

The Royal Pharmaceutical Society (RPS) Wales welcomes the opportunity to respond to the consultation on the use of anti-psychotic medication in care homes. We are pleased that reducing the inappropriate use of antipsychotic medicines, particularly for individuals living with dementia, is a key priority for the Welsh Government. This is also one of the RPS Wales's key recommendations, set out in our policy *document* [‘IMPROVING MEDICINES USE FOR CARE HOME RESIDENTS’](#). This document was supported by a number of Royal colleges and Third sector groups and includes a number of recommendations and case studies that may be of interest to the Committee.

Antipsychotic medicines are used for some types of mental distress or disorders. A 2009 report by Professor Sube Banerjee: *The use of antipsychotic medication for people with dementia* ‘estimate that we are treating 180,000 people with dementia with antipsychotic medication across the country per year. Of these, up to 36,000 will derive some benefit from the treatment. In terms of negative effects that are directly attributable to the use of antipsychotic medication, use at this level equates to an additional 1,620 cerebrovascular adverse events, around half of which may be severe, and to an additional 1,800 deaths per year on top of those that would be expected in this frail population.’ This suggests that of the 180,000 prescriptions for people with dementia, approximately 140,000 were inappropriate. This is around two thirds of overall use of the drugs for people with dementia. It also found that antipsychotic drugs have been used inappropriately in all care settings and specifically references use in care homes.^{1 2}

When an individual with dementia exhibits behaviour that is challenging, we would expect support tools such as the Alzheimer's Society "This is Me" toolkit to be used to

¹ Banerjee, S. 2009. The use of antipsychotic medication for people with dementia: Time for action. The Institute of Psychiatry, King's College London (Commissioned by the Department of Health). Available at: <http://www.rcpsych.ac.uk/pdf/Antipsychotic%20Bannerjee%20Report.pdf> (Last Accessed: January 19 2016)

² Royal Pharmaceutical Society, Wales. 2016. Improving Medicines use for Care Home Residence. Available at <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Publications/Improving%20medicines%20use%20for%20care%20home%20residents.pdf> (Last Accessed: April 12th 2017)

ensure a holistic approach to care is taken. Non-pharmacological treatment options should be looked at as a first line approach. Ensuring all individuals have the opportunity to communicate is very important and access to communication support provided by Speech and Language Therapists could be a vital step to ensuring greater person-centred care. We also believe that there needs to be a greater focus on ensuring support measures are put in place to help residents live well, supported by increased levels of training for health and social care staff to provide person-centred care.

Antipsychotic medication should only be used after non-pharmacological methods have been tried and where there is a potential risk to patient and others. When an antipsychotic medicine is required, the lowest dose should be prescribed for the shortest time with regular review by an appropriately skilled pharmacist as part of the multidisciplinary team. We strongly support the good practice for prescribing in older people set out by the Royal College of Psychiatrists in Wales, Old Age Faculty's briefing paper on over prescribing from February 2015. We were very pleased to work in partnership with the Royal college of Psychiatrists on the Antipsychotic medicines information in our policy document 'IMPROVING MEDICINES USE FOR CARE HOME RESIDENTS'.

The pharmacy team; pharmacists and registered pharmacy technicians, have significant expertise to support medicines management and safe administration for all care home residents as part of a multidisciplinary team approach. Regular medicines reviews from a pharmacist should be available to all people with a chronic condition such as dementia, including those living in care homes, to help optimise individual medication regimes and reduce inappropriate use of antipsychotics.

The changing and evolving role of pharmacists offers significant opportunities to improve care in Wales. The development of primary care clusters and greater use of the skills of pharmacist independent prescribers in multidisciplinary teams has the potential to improve the care of care home residents. We believe now is the time to build on the principles of prudent healthcare to fully harness the expertise of the pharmacy profession as a part of the solution to meet the challenges in managing medicines in care homes.

The RPS Wales care home policy document sets out several recommendations under five key themes that will improve the care, safety and quality of medicines use for residents living in care homes. The use of antipsychotic medication is just one important part of this.

The recommendations are:

1. Polypharmacy

1.1 As part of a multidisciplinary review, all residents should receive a review of their medication by a pharmacist when they first move into a care home in order to optimise their medication regimen.

1.2 Residents should receive a minimum of one annual medication review from a pharmacist, with additional support for significant medication changes. For patients with complex medication regimens, this review should increase to every 3-6 months.

1.3 With patient consent, all pharmacists directly involved in patient care should have full read and write access to the patient health record in the interest of high quality, safe and effective patient care.

2. Antipsychotic prescribing

2.1 Antipsychotic medicines should not be routinely prescribed to treat behavioural and psychological symptoms of dementia.

2.2 In line with NICE guidance, when an antipsychotic medicine is required, the lowest dose should be prescribed for the shortest time with regular review by an appropriately skilled pharmacist as part of the multidisciplinary team.

2.3 Pharmacists who deliver enhanced support for care homes should be able to access quality continual professional development opportunities in relation to antipsychotic prescribing.

3. Safe transfer of information

3.1 Reconciliation of medicines should be undertaken by a pharmacist when a person moves to a care home from their own home or another care setting to ensure that their medication is maintained accurately.

4. Education, training and standards

4.1 The development of national standards for medicines training to ensure uniformity across Wales as well as reflecting current practice for care home staff.

4.2 Inspections of care homes should include the expertise of a pharmacist to address medication issues and improve medicines safety.

5. Palliative and end of life care

5.1 A national review of the current provision of palliative and end of life medication to residents as part of steps to develop all Wales standards for anticipatory prescribing in care homes.

5.2 The multidisciplinary care team for a resident needing palliative care support should have access to the expertise of a specialist palliative care pharmacist.

We also strongly support the Faculty of Old Age Psychiatry and the RCPsych in Wales's call for a Wales-wide cycle of audits to gather hard data on anti-psychotic prescribing practices to better understand prevalence and patterns of use.

The use of antipsychotic medication in care homes is an important issue that has been seldom addressed in Wales. We therefore welcome this inquiry and trust this response is helpful. We would also welcome the opportunity to discuss any of the above points in further detail with yourself and other members of the Committee and also to share further examples of good practice that we are aware of.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Suzanne Scott-Thomas', is centered below the text 'Yours faithfully'. The signature is fluid and cursive.

Suzanne Scott-Thomas, Chair, Welsh Pharmacy Board