

Good practice guidance

Managing medicines in care homes

Guidance development group

Terms of Reference

1 Background to the project

This project aims to provide good practice recommendations for the legislation, systems and processes relating to managing medicines in care homes, with overarching principles of patient involvement and communication.

In 2006 the Commission for Social Care Inspection (CSCI; now part of the Care Quality Commission (CQC)) commissioned a follow-up study to an earlier report by its predecessor the National Care Standards Commission (NCSC; 2004) on the subject of medicines management for residents of care homes and children's homes.

The NCSC (2004) report had highlighted significant concerns around the frequency of errors surrounding managing medicines in care homes, in particular they highlighted errors in which:

- the wrong medication was being given to residents
- there was poor recording of medicines received and administered
- medicines were being inappropriately handled by unqualified staff
- medicines were being stored inappropriately.

The [CSCI \(2006\) report](#)¹ found that 'there has been some slight improvement in performance overall, with the exception of nursing homes for older people'. However the report noted that 'the reasons that homes fail to manage medication properly have changed little. Indeed, the failures are no different from those set out in the earlier NCSC report'.

Further evidence on the potential harm of medication errors and the frequency of such occurrences in care homes has come from the Care Homes' Use of Medicines study (CHUMs; Barber et al. 2009)². This was a prospective UK study which found that of the 256 care home residents included in the study, two thirds had been exposed to one or more medication errors resulting from prescribing and monitoring errors, medication administration errors and dispensing errors.

In a letter from the Department of Health (January 2010) to both health and social care services regarding the use of medicines in care homes, the Chief

¹ Commission for Social Care Inspection (CSCI) (2006), 'Handled with care? Managing medication for residents of care homes and children's homes – a follow up study'.

² Barber ND, Alldred DP, Raynor DK *et al* (2009), 'Care homes' use of medicines study: prevalence, causes and potential harm of medication errors in care homes for older people'. *Qual Saf Health Care* 2009;18:341-346.

Pharmaceutical Officer and Director General, Social Care, Local Government and Care Partnerships raised the issues highlighted by CHUMS and signposted to a number of key resources to help address the concerns raised.

Further evidence of on-going concern was revealed in another prospective study by Szczepura et al. (2011)³. This study found of the 345 residents included in the study, over a three month period, over 90% were exposed to at least one potential medication administration error (most typically incorrect time for administration). Further, over the 3-month observation period, half (52%) of residents were exposed to a serious potential medication administration error such as attempting to give medication to the wrong resident.

There are essential standards, for care homes, on the issue of managing medicines in care homes by both the CQC and by 'Office for Standards in Education, Children's Services and Skills' (Ofsted) as inspectors of care homes (underpinned by the Children's Homes Regulations 2001).

A number of previous guidance documents on this topic have been produced previously including publications by the Royal Pharmaceutical Society ([The handling of medicines in social care, 2007](#)) and a learning report by the Health Foundation ([Making care safer - Improving medication safety for people in care homes, 2011](#)). None of these have been produced using a defined and public methodology; furthermore none of the guidance produced to date is NICE accredited and therefore cannot be used to inform the development of NICE Quality Standards. Additionally not all topics identified as relevant to this NICE good practice guidance as defined in the scope (see [section 2](#)) have been discussed in previously published guidance on this topic, such as medication review.

2 Scope

Following publication of the Health and Social Care Act (2012) NICE will produce guidance and standards on social care for adults and children. NICE guidance helps health and social care professionals deliver the best possible care based on the best available evidence.

³ Szczepura A, Wild D, Nelson S. (2011), 'Medication administration errors for older people in long-term residential care'. BMC Geriatrics 2011;11:82.

The scope for good practice guidance covers the legislation, systems and processes relating to managing medicines in care homes, with overarching principles of resident involvement and communication.

Recommendations are based on evidence and best practice within the systems and processes that already exist for managing medicines in care homes.

Recommendations will inform the production of quality standards. NICE quality standards are a concise set of statements designed to drive and measure priority quality improvements within a particular area of care.

The guidance will be for all individuals who have a collective responsibility for the residents' care, ensuring safe and effective use of medicines in care homes. This will include:

- residents living in care homes and their carers or families
- people who provide care in care homes (for example, care staff and nurses employed by the home, GPs, community nursing teams and specialist nurses)
- people who provide services to care homes (for example, community pharmacists, GPs, dispensing GPs and appliance contractors)
- people who commission or monitor how care is provided in care homes (for example, local authorities, the Care Quality Commission and 'Office for Standards in Education, Children's Services and Skills' (Ofsted)).

This guidance will consider prescribing, handling and administering medicines to residents living in care homes and the provision of care or services relating to medicine services in care homes. In this guidance, the term 'medicine' includes all healthcare treatments that may be considered in care homes. Examples include continence products, appliances and enteral feeds.

Guidance will not be provided for named medicines nor for specific conditions or types of illness. The guidance will also not include managing medicines in the domiciliary care setting.

The good practice guidance and recommendations will be written in the context of health and social care in England. The guidance will be aimed at:

- NHS organisations

- local authorities (in England)
- independent organisations for example all types of independent care homes, voluntary and charitable agencies
- independent contractors, for example community pharmacies, GPs, appliance contractors, providers of care staff.

All good practice guidance is developed in accordance with the [NICE equality scheme](#).

3 Purpose

The guidance development group (GDG) will be the primary source of expertise to determine the content and shape the production of NICE good practice guidance for managing medicines in care homes, as defined within the scope of the project.

4 Timescales

Group members are expected to attend up to 5 meetings throughout the document development process. The process is expected to be completed by February 2013. Group members may also be required to attend a working group that may be associated with the GDG and will be expected to contribute to virtual discussions and occasional teleconferences as appropriate. In addition, group members will need to be able to deal in a timely manner with the reading of draft documents as well as advising with the production of consultation documents.

5 Membership

Following the appropriate application and selection process the individuals below have been recruited to the GDG in addition to staff from the NICE project team.

Name	Organisation
Alaster Rutherford (Chair)	Rutherford Health Consulting
Amanda Thompsell (Vice-chair)	South London and Maudsley NHS Foundation Trust
Dave Alldred	University of Bradford
Wasim Baqir	Northumbria Healthcare NHS Foundation Trust
Brian Brown	Care Quality Commission
Amanda de La Motte	Central Nottinghamshire Clinical Services

Karen George	Shropshire Community Health NHS Trust
Kathryn Goodfellow	Superdrug Stores
Fazeela Hafejee	Skills for Care
Daniel Harwood	South London and Maudsley NHS Foundation Trust
Susanna Jacks	Vauxhall Surgery Chepstow
Barbara Jesson	South London Commissioning Support Unit
Susan Lee	Tomms Pharmacy
Juliette Millard	Leonard Cheshire Disability
Tariq Muhammad	Pharmacy Plus
Joy Smith	NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit
Ian Turner	Registered Nursing Home Association
Louise Winstanley	Fylde & Wyre CCG
Ivor Nathan	Lay member
Gerry Bennison	Lay member
Katherine Diggle	Lay member

The group may invite individuals to a meeting to present evidence or to add value to a particular discussion.

All members of the GDG have equal status, which reflects the relevance and importance of their different expertise and experience.

6 Meeting arrangements / communication

The following meetings are currently scheduled for the GDG:

- GDG meeting 1 – June 25th, London
- GDG meeting 2 – July 23rd, London
- GDG meeting 3 – August 20th, Manchester
- GDG meeting 4 – October 2nd, Manchester
- GDG meeting 5 – December 17th, London

Additional communication will likely be via email and teleconference although the group may decide additional face to face meetings are required. It is the responsibility of group members to inform NICE (via the project team) of any changes to contact information.

7 Responsibility of members

Members will:

- contribute to the identification of evidence sources and assessment of evidence for good practice for the development of NICE good practice guidance for managing medicines in care homes
- shape and input into the development of good practice guidance in a way consistent with the [development process](#)
- ensure the good practice guidance meets the needs of providers of health and social care services and stakeholders and is developed within the bounds of NICE processes and the scope of the project
- attend GDG meetings in person
- adhere to relevant NICE policies.

Members cannot submit comments as a stakeholder as part of the formal consultation.

People are GDG members in their own right and do not represent any particular organisation or group.

8 Confidentiality and enquiries

All GDG members must agree to and sign the [NICE confidentiality form](#).

If GDG members are asked by external parties – including stakeholders or their professional organisation – to provide information about the work of the GDG, they should first discuss the request with the NICE project team. They should also declare this at the next GDG. Any media related enquires should be directed immediately to the NICE Enquiry handling team via nice@nice.org.uk and the NICE project team at MMCareHomes@nice.org.uk.

9 Relevant NICE policies

All GDG members must adhere to all relevant NICE policies. For example:

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Guidance development group terms of reference

Equality: All GDG members should be aware of NICE's most recent report on social value judgements: [Social value judgements: principles for the development of NICE guidance](#) (2nd edition; 2008) and be committed to working within [NICE's equality scheme](#) when developing the guidance.

Declaration of Interests: All GDG members must sign a [declaration of interest form](#) and inform the project team of any additions or changes to their declared interests throughout the development process, in accordance with the [NICE Code of practice for declaring and dealing with conflicts of interest](#) ([Advisory body quick guide](#)).

Expenses: GDG members must comply with the [NICE Non-staff travel, subsistence and general expenses policy and procedures](#).

10 Accountability

The group is accountable to the Programme Director of the Medicines and Prescribing Centre, part of the Centre for Clinical Practice, NICE.