**Structured Medicines Optimisation Reviews in Care Homes**

The medication review process should be agreed and key professionals identified (general practitioner, clinical pharmacist, care home nurse and other relevant professionals). The review process developed in Shine1 had three main components:

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| --- | --- |
| MEDICATION REVIEW  In the Shine project this was undertaken by a clinical pharmacist | Detailed review of medicines using all appropriate data sources (e.g. GP records, hospital notes, care home records)  Consider original indication, previous reviews and whether medicine still relevant (see below)  Action plan to be taken to MDT |
| MULTIDISCIPLINARY TEAM DECISIONS  The MDT should ideally include the pharmacist or other HCP who undertook the review, the care home nurse and the GP (if possible). It should be structured to reflect the findings of the review and may also include psychiatry of old age consultants and nurses, palliative care team, etc. | Discuss all medicines prescribed  Consider the resident’s capacity to make complex decisions  Invite the resident and/or family to MDT  Action plan (stop, start, change, monitoring) |
| SHARED DECISIONS  (this can happen at the MDT) | Provide information to residents and families to support decision making  Final decision made with resident or family  Consider lay letters for family who cannot attend the review |
| FOLLOW UP  At the MDT individual(s) should be identified to follow up residents after any interventions are made.  This may be the pharmacist, care home nurse or any other appropriate person involved in the patient’s care | Give care home staff and residents (or family) the opportunity to report any event following intervention (e.g. telephone support, email)  Review (can be telephone) 2-4 weeks after intervention |

For every medicine taken by the resident, **ASK THREE QUESTIONS**:

|  |  |  |
| --- | --- | --- |
| **Does the medicine have an indication and is that indication appropriate given current co-morbidity?** | * Medicines may have been prescribed for a short course * Risk vs benefit * Consider ethical issues around prescribing medicines at the end of life | **FULLY INVOLVE RESIDENTS OR THEIR FAMILIES & ADVOCATES IN THESE CONVERSATIONS** |
| **Is the medicine safe and appropriate?** | * Drug-drug and drug-food interactions * Drug-disease interaction (e.g. NSAIDs in chronic kidney disease) * Dose * Formulation (e.g. swallowing problems) |
| **Does the resident want to take the medicine?** | * Check adherance * Ascertain reasons for non-adherence (intentional or unintentional) * Does the resident understand the risks and benefits of taking a medicine |

**Now consider missing medicines; are there medicines that the resident may benefit from that are not prescribed?**

Examples of interventions made by the Shine care home project team1

* Stopping and starting medicines (common drugs stopped in Shine1 included statins, ferrous salts, antihypertensives, enteral feed)
* Changing medicines (e.g. dose changes, formulation changes)
* Switching regular medicines to ‘when required’ (e.g. laxatives and analgesics)
* Monitoring (bloods, blood pressure, behaviour, pain)

1. Shine Project Team. A clinico-ethical framework for the multidisciplinary review of medication in nursing homes. Available at: [https://www.northumbria.nhs.uk/uploads/media\_items/shine-2012-final-report-template-northumbria-final.original.docx](https://web.nhs.net/OWA/redir.aspx?C=dVVRZ_mQwEu03PrE95TvWu9UnBKDWtFIrQJPl61UtkZGWTifxe1Kj5Jd0mDfGwvWfYlOs1YFENE.&URL=https%3a%2f%2fwww.northumbria.nhs.uk%2fuploads%2fmedia_items%2fshine-2012-final-report-template-northumbria-final.original.docx) (last accessed 1/6/14).

**Involving Residents**

Assume Capacity! In the Shine project, 16% of residents were able and willing partners in decisions about their medicines. Patient involvement model:

|  |  |
| --- | --- |
| **RESIDENTS**   * At the MDT * Following or prior to the MDT | Residents should be given the information and support to help them make decisions about which medicines they take and which are stopped or changed. |
| **FAMILY**   * At MDT * Telephone * Letter | Families or significant friends should be invited to the MDT and involved in decisions. Where this is not possible, the family member should be contacted by telephone or alternative means (e.g. Skype, Facetime).  Where family members are unable or don’t wish to be involved, they should be sent a letter outlining the proposed interventions. |
| **ADVOCATES** | Advocates for the resident may include care home staff and managers or formal advocacy from external agencies |

**Assessing Capacity**

1. Assume the person has decision-making capacity (MCA section 1(2)); but if there are doubts, it must be tested (MCA Code of Practice paragraph 4.34).

2. A person can only lack capacity if he or she has “an impairment of, or a disturbance in the functioning of, the mind or brain” (MCA section 2(1)).

3. In which case, can the person:

* understand
* retain
* use or weigh the information relevant to the decision
* and communicate the decision? (MCA section 3(1))?

4. If the person lacks capacity, a decision must be made in the person’s best interests (MCA section 4). This will involve:

* asking whether the person might regain capacity to make the decision;
* allowing and encouraging the person to participate as fully as possible in the decision;
* not being motivated by a desire to bring about the person’s death
* taking into consideration the person’s (a) past and present wishes and feelings, (b) beliefs and values, and (c) other factors that he or she would be likely to consider if able;
* consulting with, if practicable and appropriate, (a) anyone named by the person, (b) anyone engaged in caring for the person or interested in his or her welfare, (c) any donee of a lasting power of attorney, and (d) any deputy appointed by the court.

The *Mental Capacity Act 2005* is available at: <http://www.legislation.gov.uk/ukpga/2005/9/pdfs/ukpga_20050009_en.pdf>

The *Mental Capacity Act 2005 Code of Practice* is available at:

<http://webarchive.nationalarchives.gov.uk/+/http://www.dca.gov.uk/legal-policy/mental-capacity/mca-cp.pdf>



