

Freedom of Information Request: Our Reference CTHB_420_19

You asked:

I am working on a Knowledge Transfer Partnership with Cardiff University and Invatech Health Ltd. 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?

I can confirm that the Health Board does not hold data on medicine prescription, dispensing and administration in care homes. We only have data at a GP Surgery Level.

2. What policies do you currently have within the CCG for monitoring, reviewing and optimising medicine use in care homes?

There are no policies for monitoring, reviewing or optimising medicines within care homes within the Health Board.

3. How is medicine prescribing, dispensing and administration within care homes in the CCG monitored?

We commission the National Community Pharmacy Enhanced Care Home Support and Medicines Optimisation Service, which provides the following:

Level 1 Support: Care home visit, medicines management tool and waste audit. The provision of a systematic review of all medicines management processes in the care home and working with the home on the development of protocols & procedures to facilitate the safe ordering, supply, storage and administration of medicines and appliances and reduce avoidable waste.

Level 2 Support: Patient Outcome Medicines Safety Indicators (POMSI's) and Medicines Reconciliation. The purpose of this level is to highlight and review therapeutic risk areas of prescribing which have regularly shown to occur in care homes. By using the POMSI's the pharmacist can ensure pharmaceutical scrutiny of prescribing for care home patients and benchmark this against prescribing standards.

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 deprescribing?**
- g. How are outcomes of the review assessed?**

We do not have specialist teams within the Health Board responsible for reviewing medicines within care homes.