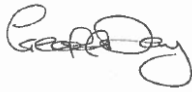


<b>Date:</b>	23 <sup>rd</sup> August 2018
<b>Meeting:</b>	Joint Primary Care Commissioning Committee
<b>Item Number:</b>	15.0
<b>Public/Private:</b>	Public <input checked="" type="checkbox"/> Private <input type="checkbox"/>

<b>Author:</b> (Name, Title)	Helen Phillips Programme Lead, NHS England
<b>GB Lead:</b> (Name, Title)	Geoff Day Interim Director of Primary Care
<b>Director approval</b> (Name)	Geoff Day
<b>Director Signature</b> (MUST BE SIGNED)	

<b>Report Title:</b>
Medicines Optimisation in Care Homes Specification
<b>Decisions to be made:</b>
Approve Specification Approve approach to procurement

<b>Link to a Strategic Objective?</b>	<input type="checkbox"/>	
<b>Link to a Strategic Risk</b>	<input type="checkbox"/>	

<b>Continue to improve the quality of services</b>	<input checked="" type="checkbox"/>	<b>Improve patient experience</b>	<input checked="" type="checkbox"/>		
<b>Reduced unwarranted variations in services</b>	<input checked="" type="checkbox"/>	<b>Reduce the inequalities gap in North Lincolnshire</b>	<input checked="" type="checkbox"/>		
<b>Deliver the best outcomes for every patient</b>	<input checked="" type="checkbox"/>	<b>Statutory/Regulatory</b>	<input type="checkbox"/>		
<b>Purpose (tick one only)</b>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	To note <input type="checkbox"/>	Decision <input type="checkbox"/>	Assurance <input type="checkbox"/>

<b>Executive Summary (Question, Options, Recommendations):</b>
<p>NHS England have introduced a Medicines Optimisation in Care Homes (MOCH) programme, the focus being on care home residents using the Pharmacy Integration Fund (PhIF) to support the deployment of expert pharmacy teams to work in care homes from November 2018 to October 2020.</p> <p>The Medicines Optimisation in Care Homes programme focuses on care home residents, across all types of care home settings and aims to deploy dedicated clinical pharmacy teams that will:</p>

- Provide care home residents with equity of access to a clinical pharmacist as a member of the multidisciplinary team, with the supporting infrastructure for achieving medicines optimisation according to need
- Provide care homes with access to pharmacy technicians who will ensure the efficient supply and management of medicines within the care home, supporting care home staff and residents to achieve the best outcomes from medicines.

The programme is aligned to the Framework for Enhanced Health in Care Homes, which was co-produced by the care home Vanguard. Medicines optimisation and management when integrated within this framework has been shown to:

- Improve quality of care through better medicines use
- Reduce risk of harm from medicines through medicines optimisation and safer medicines systems and staff training
- Release resources through medicines optimisation and waste reduction (estimated by the Vanguard to be £223 per resident per year), reduction in hospital admissions and release of care home nurse time.

### **The Model/Focus Area**

- 1) Start with age >75 on >10 meds and then reduce age/number of meds.
- 2) To include de-prescribing
- 3) To include use of STOP/START and/or Beers criteria or equivalent/similar as agreed by CCG
- 4) To ensure cost-effective medicine choices – in line with North Lincolnshire formulary
- 5) To reduce waste/over-ordering of medications, for example PRN meds and link with other organization (e.g. CCG/Community Pharmacy) to support care home to improve the medicine systems to improve safety and reduce inappropriate waste.

Clinical input has been received by both Elderly Care Lead and Prescribing Lead for the CCG.

### **Funding**

The funding is only to cover the care homes element of the post. The provider is expected to supplement this funding to create roles that are dual roles, or even triple roles, and the other role is expected to compliment the care homes role.

The funding awarded to North Lincolnshire CCG through the Pharmacy Integration Fund is:-

- Year 1 - £45,301.28 (2018/19)
- Year 2 - £22,650.64 (2019/20)

As part of the process for signing off the business case the CCG was required to confirm it will match fund 50% in Year 2, £22,650.64, Chief Finance Officer has confirmed that this funding is available.

### **Procurement**

The proposed procurement approach is a request for quote using the timeline below:-

Initial Meeting – Procurement and the CCG	1 August 2018
Expressions of Interest (PIN)	10-31 September 2018
RFQ Documents finalised	7 October 2018

RFQ Request	12-14 October 2018
RFQ Response	1 November 2018
Evaluation	2-10 November 2018
Consensus Meeting	12 November
Contract Award	19 November
Contract Start	1 December

<b>Recommendations</b>	The JPCCC is asked to:- <ul style="list-style-type: none"> <li>• Note the contents of the report</li> <li>• Accept the Medicines Optimisation in Care Homes Specification</li> <li>• Approve the procurement of the service using RFQ approach and timeline outlined above</li> </ul>		
<b>Report history</b>	None		
<b>Equality Impact</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Sustainability</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
<b>Risk</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Legal</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
<b>Finance</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

<b><i>Patient, Public, Clinical and Stakeholder Engagement to date</i></b>									
	<b><i>N/A</i></b>	<b><i>Y</i></b>	<b><i>N</i></b>	<b><i>Date</i></b>		<b><i>N/A</i></b>	<b><i>Y</i></b>	<b><i>N</i></b>	<b><i>Date</i></b>
<b>Patient:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Clinical:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>Public:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

<b>Service Specification</b>	
<b>Service</b>	Medicines Optimisation in Care Homes (MOCH) DRAFT
<b>Commissioner Lead</b>	Director of Primary Care, NL CCG
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> November 2018 – 31 <sup>st</sup> October 2020
<b>Date of Review</b>	November 2019

#### 1. Population Needs

##### 1.1 National/local context and evidence base

NHS England have introduced a Medicines Optimisation in Care Homes (MOCH) programme, the focus being on care home residents using the Pharmacy Integration Fund (PhIF) to support the deployment of expert pharmacy teams to work in care homes from 2018/19 to 2019/20.

The Medicines Optimisation in Care Homes programme focuses on care home residents, across all types of care home settings and aims to deploy dedicated clinical pharmacy teams that will:

- Provide care home residents with equity of access to a clinical pharmacist as a member of the multidisciplinary team, with the supporting infrastructure for achieving medicines optimisation according to need
- Provide care homes with access to pharmacy technicians who will ensure the efficient supply and management of medicines within the care home, supporting care home staff and residents to achieve the best outcomes from medicines.

The programme is aligned to the Framework for Enhanced Health in Care Homes, which was co-produced by the care home Vanguard. Medicines optimisation and management when integrated within this framework has been shown to:

- Improve quality of care through better medicines use
- Reduce risk of harm from medicines through medicines optimisation and safer medicines systems and staff training
- Release resources through medicines optimisation and waste reduction (estimated by the Vanguard to £223 per resident per year), reduction in hospital admissions and release of care home nurse time.

#### 2. Outcomes

##### 2.1 NHS Outcomes Framework Domains & Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	✓
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	✓
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	✓
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	✓
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	✓

## 2.2 Applicable Local Standards:

- Workforce - Providers must demonstrate that all staff have the necessary skills to undertake the requirements of this specification. Staff must be able to demonstrate that clinical competencies are maintained and safe staffing levels must be maintained in accordance with national policy/standards.
- Patient, public and staff safety – Providers will be required to demonstrate that evidence based clinical protocols are being used. Providers must have in place appropriate health and safety and risk management systems and premises that are safe and patient friendly. They should also ensure that any risk assessments and significant events are both documented and audited regularly, learning outcomes identified and any changes implemented. Services should comply with national requirements for recording, reporting, investigation and implementation of learning from incidents.
- Clinical audit and review – Providers must identify and undertake a programme of clinical audit to support the delivery of the service.
- Patient and public involvement – Providers are required to demonstrate active engagement with patients in evaluating services. Providers must demonstrate how systematic patient feedback is being used to shape and improve services.
- Managing complaints – Responsive protocols and procedures must be in place for managing patient complaints (in line with national requirements). Complaints must be reviewed at regular intervals and learning from these shared and applied as appropriate to ensure that services are continually improved.
- Infection Control – Providers will ensure that they comply with national and local guidance on infection prevention and control. This includes having robust systems and processes in place including audits, as appropriate.

## Safeguarding

The Provider will have in place arrangements which ensure compliance with the following legislation/ statutory guidance, or successor documents:

- Children Act 2004, sections 10 and 11
- Care Act 2014, sections 42-26
- Working Together to Safeguarding Children (2018)
- Care and support statutory guidance: Chapter 14
- CQC Fundamental Standards (2014); Regulation 13
- North Lincolnshire Safeguarding Children Board Policies and Procedures - <http://www.northlincsiscb.co.uk/professionals/policies/>

### 2.2.1 Local defined outcomes

- 6) Start with age >75 on >10 meds and then reduce age/number of meds.
- 7) To include de-prescribing
- 8) To include use of STOP/START and/or Beers criteria or equivalent/similar as agreed by CCG
- 9) To ensure cost-effective medicine choices – in line with North Lincolnshire formulary
- 10) To reduce waste/over-ordering of medications, for example PRN meds and link with other organization (e.g. CCG/Community Pharmacy) to support care home to improve the medicine systems to improve safety and reduce inappropriate waste.

## 3. Scope

### 3.1 Aims and objectives of service

The focus of the scheme are care home residents in the NL CCG locality. Intervention at place provides the opportunity to optimise medicines, stopping and/or starting medicines where

clinically appropriate and cost-effective medicine choices.

The scheme will also support the resident, family and care home in promoting independence in medicines taking, assessing and identifying new residents who are able to self-medicate and what aids may be required to facilitate this.

The model also encourages, where possible, the development of an enhanced multi-disciplinary (MDT) approach, which has been found to be the most effective model for undertaking the medication reviews, as discussions can take place with a range of clinicians and care home staff, and decisions can be acted upon immediately (rather than having to wait for the GP to sign off the recommendations). The provider will be required to input into the SAFE service MDT when applicable. For newly discharged patients, involvement of the provider pharmacist and community pharmacist as part of the MDT approach will ensure residents receive the right medications in a timely manner.

The pharmacists and Pharmacy Technicians will work closely with the SAFE service provider and Safeguarding Adults Board, liaising with North Lincolnshire Council as well as health providers, to review incidents and near-misses involving medication in the care home environment, disseminating the learning from these to Care Homes to improve safety.

In addition technicians will support the pharmacist in the initial data gathering and support the care homes in the development of policies and procedures, following audit of current systems, to improve medicines management in the home.

The deployment of pharmacists and pharmacy technicians will undertake the care home support in line with this specification.

The funding available for the North Lincolnshire is £45,301 per annum for 2 years.

The initiative will be focused around the top ten care homes for non-elective discharges which are geographically located around Brigg and Scunthorpe. This accounts for 588 non-elective discharges per annum.

The provider(s) will make arrangements for a clinical supervisor to support the pharmacy professionals through the training pathway. They should be appointed either by the provider organisation or the local healthcare system. For example, senior pharmacists working on the Clinical Pharmacists in General Practice programme are eligible. There is no additional funding for these roles, with the provider organisation being responsible for ensuring that each Pharmacist or Pharmacy Technician on the training pathway has a clinical supervisor allocated to them. For Pharmacists, they can be peers, senior pharmacists or doctors. For Pharmacy Technicians, they can be senior technicians or pharmacists. There is flexibility to allow for local and innovative arrangements.

An educational supervisor will be provided through the programme to support the learning of the individual linked with the training provider. The provider(s) are required to set up a Local Pharmacy Support Network which will create links across primary, secondary, mental health, social care and with community pharmacies that supply care homes. This can take the form of a local pharmacy support network which aims to share intelligence, best practice and collectively resolve common problems. Learning from the Vanguard has shown this creates a more integrated and supportive infrastructure to support the roles. Where care home services already exist, new teams are encouraged to work collaboratively with them to avoid duplication and increase efficiency.

### **3.2 Service description/care pathway**

Care home residents will receive a full clinical review during the first year of the programme. The clinical review will include a self-medication assessment, taking into account the resident's

views and support for self-medication. Compliance aids will be made available to support self-administration where necessary and appropriate. Medications will be reviewed with the patient / carer / family if required, taking into account

- Therapeutic indications
- Local formulary and guidelines
- Efficacy
- Safety
- Side effects
- Patient's views

A care co-ordination approach will be taken to ensure that the pharmacist liaises with all stakeholders to:

- Gain approval for any changes
- Agree the current up-to-date list of medications
- Communicate with the supplying pharmacy
- Communicate any changes with the care home
- Raise concerns regarding resident's medication or administration of same
- Liaise with Adult Social Care commissioners regarding error reporting and investigation, poor policies and processes and any safeguarding concerns

A move towards a multidisciplinary team approach to the review will be expected over the course of the contract.

### **Care Home Medication Policies and Processes**

In conjunction with the Care Home Pharmacists and Adult Social Care, the pharmacy technician will provide advice and support on policy, systems and process to Care Homes identified as poorly performing. The technician will undertake reviews of policy and its implementation, producing and monitoring action plans to address any areas for improvement.

Providers will develop a joint working protocol, which clarifies and confirms the joint working arrangements with partners.

### **3.3 Population covered**

All people registered with an NHS North Lincolnshire Clinical Commissioning Group GP or Practice, resident in a North Lincolnshire care home. This includes all care homes residents including self-funders in care homes in the Brigg and Scunthorpe Localities.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **Acceptance Criteria**

- Service users must be part of the population covered (*Section 3.3*)
- Service users must be aged 18 years or over

#### **Exclusion Criteria**

- Service users admitted to a care home on a short term / temporary basis eg respite / stays of less than one week

### **3.5 Interdependence with other services/providers**

Key relationships include, but are not limited to, the following organizations;

- NHS North Lincolnshire CCG Commissioners
- NHS North Lincolnshire CCG General Practitioners (GPs)
- Safecare GP Federation

- North Lincolnshire Council
- North Lincolnshire and Goole Hospitals NHS Trust
- Care Home providers
- Other health and social care providers and services
- Independent and voluntary sector providers

#### 4. Applicable Service Standards

##### 4.1 Applicable national standards (e.g. NICE)

NICE Social care guideline [SC1] March 2014 Managing medicines in care homes  
GOV.Uk Medicine safety: indicators for safer prescribing  
NICE KTT18. 2018 Multi-morbidity and polypharmacy

##### 4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

Royal Pharmaceutical Society. 2007 The Handling of Medicines in Social Care  
Royal Pharmaceutical Society. 2012 Managing Medication Guidance  
Royal Pharmaceutical Society. 2016 The Right Medicine: Improving Care in Care Homes

##### 4.3 Applicable local standards

Use of the medicines optimisation in frailty guidance.(ERY CCG)  
Use of the adapted RIO scoring tool (Croydon CCG)  
Use of the STOPP/START and STOPP/START FRAIL tools

#### 5. Applicable quality requirements and CQUIN goals

##### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

##### 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

#### 6. Location of Provider Premises

The Provider's Premises are located at:

The service will be delivered at:

The service will be delivered in the care homes of service users.

#### 7. Quality Performance Indicators

•

#### 8. Activity Performance Indicators

•

#### 9. Outcome Performance Indicators

#### 10. Productivity and Performance Improvement Indicators

To be assessed upon receipt of information on measures defined above