National Institute for Health and Care Excellence

4-year surveillance (2017) – Managing medicines in care homes (2014) NICE guideline SC1

Appendix B: stakeholder consultation comments table

Consultation dates: 03 to 16 October 2017

Do you agree with the proposal not to update the guideline?

Stakeholder	Overall response	Comments	NICE response
Care Quality Commission	Yes	No comments provided	Thank you for your response.
Leeds Clinical Commissioning Groups Partnership (formerly Leeds South and East CCG)	Yes	No comments provided	Thank you for your response.
Midnight Pharmacy	No	There have been some recent evaluations of electronic medication management systems for care homes undertaken by the Welsh Government in conjunction with Cardiff university. This evaluation found strong evidence to moving to original pack dispensing along side a barcode validated medication management system which interfaces with the pharmacy supply process. It would be beneficial to consider this area and its impact on the current guidelines as many of the practical areas that the guideline influences will be impacted by this change. Software for such systems is rapidly being adopted across the care home sector so revised guidance at this point would be opportune to ensure adoption of this technology is directed towards improving safety for residents. The Cardiff university evaluation can be found here: https://www.cardiff.ac.uk/pharmacy-pharmaceutical-sciences/events/medicines-management-in-care-homes	Thank you for your comment. During guideline development it was appreciated that medicines management systems were developing, and that different systems are in place in different care homes. Therefore, recommendations within this guideline focus on the principle that care home providers should choose the most suitable available system for the particular setting. This is covered in section 3.1 of the full guideline, which states that 'care home providers should ensure that whichever system is selected for use in their care home, it supports residents' needs (for example, monitoring of medicines, recording allergy and drug intolerances, data protection, safeguarding and near miss reporting, audit, medication review and medicines reconciliation).' In accordance with this, recommendation 1.1.2 states that 'care home providers should have a care home medicines policy, which they review to make sure it is up to date, and is based on current legislation and the best available evidence', and includes processes for areas across medicines management.

		The welsh government research project information can be found here: http://beacondigitalhealth.com/research.php There have been a number of changes in the care home sector specifically relating to the use of technology and software to manage medication in a more effective and safer way - coupled with a concerted change by pharmacy providers such and the large multiples to move away from MDS systems (after the last guidance was issued) - the opportunity therefore now arises to further strengthen the guidance and to issue specific guidance relating to electronic medication management systems to ensure that these are developed in a safer way, whilst building safety elements such a bar code validation at the pharmacy and at the care home ends, and including two way data communication with the pharmacy provider. Not developing this guidance now will mean that we will miss out on the opportunity to support the direction of travel in this sector, with potentially substandard software becoming common in the sector. It is therefore imperative that NICE reviews this guidance and updates it accordingly.	While electronic management systems are not specifically recommended, the use of electronic systems is mentioned throughout the guideline, in reference to sharing information at discharge (recommendation 1.3.4), and administration of medicines (1.14.7 and 1.14.8). Alongside this, the current recommendations encourage care home providers to implement the most suitable systems in each circumstance, which may include electronic management systems. The evidence highlighted has been considered and included in the summary of new evidence (appendix a). While it is appreciated that there is new evidence in this area, it is insufficient to prompt an update of the guideline at this time, given that the current recommendations suggest that the most appropriate system should be used, and this should be regularly reviewed.
Royal College of Nursing	Yes	The current guidelines seem to be working and we understand from your commentators that improvements are being made where needed.	Thank you for your comment.
Mencap	No	We believe the information around the Mental Capacity Act could be improved by updating the guideline: 1.2.5 reads “Health professionals prescribing a medicine should: • assume that care home residents have the capacity to make decisions • assess a resident’s mental capacity in line with appropriate legislation (for example, the Mental Capacity Act 2005 if there are any concerns about whether a resident is able to give informed consent) • record any assessment of mental capacity in the resident’s care record.” This section should read “must”, rather than “should” as this is the law. And 1.2.6 reads: “Health professionals prescribing a medicine should review mental capacity, in	Thank you for your comment. Thank you for highlighting that recommendation 1.2.5 is based on legislation, and therefore should read as ‘must’ rather than ‘should’. In order to address this, it has been proposed that an editorial correction is made to the guideline, to update the wording. Following consideration of the clarity of recommendation 1.2.6, it has been concluded that the current wording is appropriate to convey that following a decision that a resident lacks capacity, this decision should be reviewed, with the regularity of this review depending on the reason for lack of capacity.

		line with the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice 2007, when a resident lacks capacity to make a specific decision. How often they do this should depend on the cause as this may affect whether lack of capacity fluctuates or is temporary." We are unclear about the meaning of this point and believe it should be worded more clearly or removed.	
Care of the Elderly Group of UK Clinical Pharmacy Association	Yes	No comments provided	Thank you for your response.

Do you have any comments on areas excluded from the scope of the guideline?

Stakeholder	Overall response	Comments	NICE response
Care Quality Commission	No	No comments provided	Thank you for your response.
Leeds Clinical Commissioning Groups Partnership (formerly Leeds South and East CCG)	No	No comments provided	Thank you for your response.
Midnight Pharmacy	No	No comments provided	Thank you for your response.
Royal College of Nursing	Yes	Section 1.14 (2) – When required Medication We think that it is important to add the importance of reviewing 'as required' medication (as appropriate) here. The risk is that PRN meds could be routinely given (based on identified need) over a long period of time when they should be reviewed to see if they need to be prescribed as routine rather than PRN (where appropriate to do this). However, we are aware that that reviewing meds is covered in section 1.8	Thank you for your comments. It is appreciated that there are concerns over the review of medication that is being regularly administered 'as required'. However, as highlighted, section 1.8 gives recommendations on medication review, including recommendation 1.8.5 which includes review of 'all prescribed, over-the-counter and complementary medicines that the resident is taking or using'. Therefore, it is

		Section 1.15 – Covert Medication/Section 1.2 We think that Deprivation of Liberty Safeguards (DOLs) could be added to either/both of these sections (a resident may be given a specific type of medication to minimise risk/harm). However, We are aware that referring to appropriate legislation is referred to.	considered that review of 'as required' medication is adequately covered by this guideline. The use of the Deprivation of Liberty Safeguards was discussed during guideline development, with reference to considering whether a formal legal procedure for covert administration should be considered. This discussion is reflected in recommendation 1.15.2, which suggests that 'health and social care practitioners should ensure that covert administration only takes place in the context of existing legal and good practice frameworks'. While this specific legislation has not been referred to in the recommendation, as highlighted, the use of appropriate legislation is referred to. Therefore, it is felt that the current recommendations remain appropriate and no update in this area is required at this time.
Mencap	No answer	No comments provided	Thank you for your response.
Care of the Elderly Group of UK Clinical Pharmacy Association	No	No comments provided	Thank you for your response.

Do you have any comments on equalities issues?

Stakeholder	Overall response	Comments	NICE response
Care Quality Commission	No	No comments provided	Thank you for your response.
Leeds Clinical Commissioning Groups Partnership (formerly Leeds South and East CCG)	No	No comments provided	Thank you for your response.
Midnight Pharmacy	No	No comments provided	Thank you for your response.
Royal College of Nursing	No	No comments provided	Thank you for your response.

Mencap	No answer	No comments provided	Thank you for your response.
Care of the Elderly Group of UK Clinical Pharmacy Association	No	No comments provided	Thank you for your response.

COMMENTS:

The Royal College of Physicians agree that the decision to not update the existing guideline is an appropriate step.

Additional Comments:

Midnight Pharmacy

I would like to formally record my objection to not updating this guidance.

There have been a number of changes in the care home sector specifically relating to the use of technology and software to manage medication in a more effective and safer way - coupled with a concerted change by pharmacy providers such and the large multiples to move away from MDS systems (after the last guidance was issued) - the opportunity therefore now arises to further strengthen the guidance and to issue specific guidance relating to electronic medication management systems to ensure that these are developed in a safer way, whilst building safety elements such a bar code validation at the pharmacy and at the care home ends, and including two way data communication with the pharmacy provider.

Not developing this guidance now will mean that we will miss out on the opportunity to support the direction of travel in this sector, with potentially substandard software becoming common in the sector.