



Surveillance report 2017 – Managing medicines in care homes (2014) NICE guideline SC1

Surveillance report

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Surveillance decision

We will not update the guideline on [managing medicines in care homes](#) at this time.

A number of editorial corrections were identified. See [appendix A](#): summary of new evidence for details.

Reason for the decision

We found a total of 25 pieces of new evidence, including 16 policies or reports and 9 primary studies, as well as 2 pieces of ongoing research. None of the new evidence assessed was considered to have an impact on current recommendations. See [appendix A](#): summary of evidence from surveillance for further details.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 4 years after the publication of [managing medicines in care homes \(2014\) NICE guideline SC1](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

New evidence from 4 year surveillance review on NICE guideline SC1

We performed literature searches to identify relevant evidence from all study types published between 1 April 2013 and 8 August 2017. We re-ran the searches used during guideline development as well as performing searches for relevant policy and ongoing research from NIHR and Cochrane.

All relevant abstracts and relevant sections of policies were assessed for their impact on the recommendations within NICE guideline SC1. We also reviewed evidence highlighted by topic experts for any potential impact on the guideline recommendations and the scope.

See [appendix A](#): summary of new evidence from surveillance for references and assessment of the abstracts for all new evidence considered.

Consideration of the evidence

From all sources, we considered 25 pieces of evidence to be relevant to the guideline, including qualitative and quantitative studies, policies and guidance. We also identified 2 pieces of ongoing research. None of the evidence indicated that NICE guideline SC1 should be updated.

This included evidence that supports the current recommendations on: supporting residents to make informed decisions and recording these decisions; sharing information about a residents medicines; ensuring records are accurate and up to date; keeping

residents safe; medicines reconciliation, review and prescription; dispensing, supplying, receiving, storing and disposing of medicines; helping residents self-administer medicines; care home staff administering medicines; covert administration and competency of care home staff.

We did not find any evidence related to: developing and reviewing policies for safe and effective use of medicines; identifying, reporting and reviewing medicines-related problems; ordering medicines or care home staff giving homely remedies to residents.

We did not identify any evidence outside areas not currently covered by the guideline.

See [appendix A](#) for details of the evidence reviewed.

Implementation

Nothing identified through implementation feedback indicates a need to update the guideline. Since publication of NICE guideline SC1, NICE has endorsed an [e-learning course](#) which supports the implementation of the recommendations in the guideline.

Equalities

No evidence has been found to indicate that the guideline does not comply with anti-discrimination and equalities legislation.

Implications for other NICE programmes

This guideline relates to the NICE quality standard on [medicines management in care homes](#) (QS85). The surveillance review proposal to not update the guideline does not impact on any of the quality statements in QS85.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. Six topic experts responded with 3 commenting that the guideline should be updated, 1 of which expressed 'slight modification' was required, and 2 commenting that it did not need updating. Correspondence indicated a number of policy and legislation changes which have occurred since guideline publication, which have been considered and addressed through editorial amendments where appropriate. An issue was raised that

medicines should not be disposed of when they are within their expiry dates. However, it was considered that this is an issue with implementation of the current recommendations, which consider that expiry dates of medicines should be checked before disposal.

Views of stakeholders

Stakeholders commented on the decision not to update the guideline. Overall, 7 stakeholders commented. See [appendix B](#) for stakeholders' comments and our responses. Five stakeholders agreed with our decision not to update the guideline, while 2 disagreed with this decision.

It was noted that electronic medication management systems are being rapidly adopted across the care home sector and that there was an opportunity to incorporate recommendations to help influence the adoption of this technology. While electronic management systems are not specifically recommended, the current recommendations suggest that care home providers should implement the most appropriate processes for their care home, according to a regularly reviewed policy based on current legislation and best available evidence. It is felt that the available evidence is not sufficient to prompt an update of the recommendations at this time, which do not contradict the use of electronic systems where appropriate.

It was also noted that recommendations regarding the Mental Capacity Act (1.2.5 and 1.2.6) are unclear. As well as this, these recommendations are worded indicating that they 'should' be followed; however as they describe legislation, it is correct that the word 'must' is used. In light of this issue being highlighted, an editorial correction has been proposed to amend the wording of the recommendation, as described in the editorial corrections section in [appendix A](#).

A stakeholder highlighted that recommendations on reviewing 'when required' medication should be included in the guideline. However, NICE guideline SC1 makes recommendations on medication review for 'all prescribed, over-the-counter and complementary medicines that the resident is taking or using', and therefore it is considered that this issue is adequately covered by the current guideline. The same stakeholder also noted that the Deprivation of Liberty Safeguards could be referred to in the sections regarding covert administration and supporting residents to make informed decisions. However, the recommendations in the relevant sections of the guideline refer to the use of appropriate legislation, and therefore it is considered that the current recommendations are appropriate to indirectly refer to the policy highlighted.

Overall decision

Managing medicines in care homes NICE guideline SC1 should not be updated at this time.

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The NICE project team would like to thank the topic experts who participated in the surveillance process.

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