

In March 2012, the Department of Health commissioned an NCF led partnership to produce resources for supporting the safe use of medications in care facilities. The partnership was made up of representatives from a range of professional bodies, plus a number of health and social care professionals working in and with care homes. Their joint knowledge and expertise helped develop a range of practical solutions and tools which would help residents and care home staff as well as doctors and pharmacists to reduce the incidence of medication errors and near misses in care homes.

The Department of Health also commissioned the National Institute for Health and Care Excellence (NICE) to produce quality guidelines on medicines management in care homes. These guidelines cover both health and social care and are governed by legislation, regulation and professional standards, which are monitored and enforced by different regulatory organisations across England, Wales and Northern Ireland.

While both these tools are closely aligned and members of the NCF led partnership have been involved in NICE's work, there are a couple of differences that require some clarification to help lessen the confusion for those using the tools. The different advice in NICE's guidelines that should be considered is as follows:

- 1. Health and social care practitioners should agree how often each resident should have a multidisciplinary medication review.**

***It is good practice to undertake a multidisciplinary medication review; the interval between medication reviews should be no more than 1 year. If identified as a need for the individual resident, consider doing a review more often – for example, every 6 months and document the review or the reasons for not doing a review.***

- 2. Medicines supply in care homes**

***Care home providers should determine the most appropriate system for supplying medicines to each individual resident, based on the residents health and care needs with the aim of maintaining the residents independence wherever possible.***

- 3. How to ensure medicines administration times are not disrupted**

***There are a number of different options for avoiding disruptions during medicines administration including:***

- having more trained and skilled care home staff on duty at that time***

- *reviewing the times for administering medicines (for example, administering once daily medicines at lunchtime rather than in the morning, if the health professional prescribing the medicine agrees that this is clinically appropriate)*
- *avoiding planned staff breaks during times of medicines administration*
- *ensuring fewer distractions for care home staff administering medicines.*