



18 Shrewsbury Road,
Ballsbridge, Dublin 4,
Ireland.

T: 01 218 4000
F: 01 283 7678
E: info@pharmaceuticalsociety.ie
W: www.pharmaceuticalsociety.ie

Submission to: *Towards a Restraint Free Environment in Nursing Home*, DoHC public consultation

From: The Pharmaceutical Society of Ireland (PSI), the pharmacy regulator

30 April 2010

Introduction

The Pharmaceutical Society of Ireland (PSI) is the independent statutory regulator established by the Pharmacy Act 2007. It is charged with the effective regulation of pharmacy services in Ireland and regulates the pharmacy profession and pharmacies in the interests of patient safety and the protection of public health.

The PSI welcomes this opportunity to make a submission to the Department's public consultation to assist with the development of a policy to promote a culture of non-restraint in nursing homes. This submission will focus primarily on the promotion of a restraint-free culture in respect of the safe and rational use of medicines, although we do note that medical devices, equipment etc may also be supplied to nursing homes from retail pharmacy businesses (pharmacies).

PSI guidance in respect of patients living in nursing homes and other residential care settings for older people

The PSI has recently (March 2010) issued guidance to superintendent pharmacists regarding their responsibilities in respect of patients living in residential care settings for older people. Superintendent pharmacists are the pharmacists within the professional management structure of a pharmacy who are responsible for the overall policies of the pharmacy/ pharmacies for which they so act. This guidance draws attention to the legal and professional obligations of pharmacists under pharmacy legislation, including the statutory Code of Conduct for pharmacists, as well as drawing attention to the HIQA 'National Quality Standards for Residential Care Settings for Older People in Ireland'.

The general guidance is as follows:

- The provision of pharmacy services to these patients must ensure that they receive the same level of care as those patients who attend personally at the pharmacy practice. The legal and professional requirements relating to the sale and supply of medicinal products apply in all

circumstances, irrespective of whether the patient is living in his/her own home or in a residential care setting.

- As superintendent pharmacist, it is your responsibility to ensure that patients in a residential care setting are provided with a comprehensive pharmacy service which facilitates the safe and timely supply of medicines, information and care to ensure the best possible outcome for each patient living there. A structured set of policies and procedures must be in place to govern the effective management of all services offered and provided to patients living in residential care settings. A partnership model should be established with the management and staff of the residential unit to ensure that procedures are comprehensive, appropriate and robust.
- In order to fully meet professional obligations to patients and to ensure compliance with legal and professional requirements, including the Code of Conduct for pharmacists, you must consider the following aspects in the discharge of your responsibilities to these patients:
 - (a) Prescription only medicines may only be supplied on the authority of a valid original prescription from a prescriber for an individual patient. The use of faxes or medication administration charts or equivalent does not constitute a valid authority to supply.
 - (b) In exceptional circumstances prescription only medicines may be supplied on the personal order of a registered medical practitioner who has accepted full responsibility, in writing, for the medicines supplied and for their subsequent use.
 - (c) The supply of controlled drugs must be carried out in accordance with the requirements of the Misuse of Drugs Acts 1977 to 2006, and their associated regulations. The requirements for the management of these medicines, including record keeping and accountability are critical. Where any such drugs are to be supplied other than on foot of a prescription of a registered medical practitioner in the name of an individual patient, the pharmacist must be satisfied that the institution concerned has the authority to be in lawful possession of these medicines.
 - (d) In every supply, the pharmacist is obliged to comply with Regulation 9 of the Regulation of Retail Pharmacy Businesses Regulations 2008 (S.I. No. 488 of 2008) in respect of the “review of medicine therapy and counselling of patients”. All patients are fully entitled to the professional input of their pharmacist and pharmacists are obliged to provide appropriate pharmaceutical care. Support services must be provided to patients and/or staff at the residential care home as appropriate in respect of medication review, patient counselling, interactions, adverse effects, drug information and health promotion. Regulation 10 of the Regulation of Retail Pharmacy Businesses Regulations (S.I. No. 488 of 2008) also imposes certain obligations on pharmacists in respect of the supply of non-prescription medicines and the counselling of patients in regard of these products.
 - (e) The supply of medicines and the provision of pharmaceutical care to patients living in a residential care setting should also take into account the Health Information and Quality Authority (HIQA) “National Quality Standards for Residential Care Settings for Older People in Ireland”, and in particular Standards 14 and 15 which relate to medication management.
 - (f) Compliance with the Code of Conduct for Pharmacists must also be considered, in particular the primary principle which states that “*the practice by a pharmacist of his/her profession must be directed to maintaining and improving the health, wellbeing, care and safety of the patient*”.

Pharmacists must be alert to medicines management and other patient care issues within a residential care setting that may compromise the health or safety of the patients living there.

- (g) It is essential that documented policies and procedures are in place to address the ordering, storage, preparation, compounding, dispensing, delivery and supply of medicines and services to patients in residential care settings. Operating systems must be continuously evaluated and reviewed objectively to ensure that the care provided meets patient needs and expectations and that practice is continuously improved.
- The pharmacist providing a “best-practice” service to a residential care setting actively participates in the development of medicines management policies within the care setting and acts as a positive influence there to assure patient care and public safety. It is your responsibility to actively and critically review existing practices as they relate to medicinal products, to assure yourself that a proper standard of practice and care is being provided to your patients in the residential care setting and that the rights of each patient are being respected including their dignity, autonomy and entitlements.
 - The Pharmacy Act 2007 has brought significant and important changes to the regulation and practice of pharmacy and pharmacists in Ireland. Superintendent pharmacists play a vital role in assuring the wellbeing, care and safety of all of the patients of the retail pharmacy businesses for which they are responsible. In your role as a superintendent pharmacist you play a key role in protecting vulnerable individuals and it is expected that cases of mistreatment, abuse or poor professional performance by other healthcare professionals will be referred, as necessary, to the appropriate authority.

Clinical Pharmacy Practice in Ireland

The Interim Report of the *Pharmacy Ireland 2020* Working Group of the PSI, on “Advancing Clinical Pharmacy Practice to Deliver Better Patient Care and Added Value Services” <http://www.pharmaceuticalsociety.ie/Publications/upload/File/Publications/PSI%20Interim%20Report%20April%2008.pdf> makes recommendations in relation to an enhanced role for pharmacy in a number of areas, including chronic disease management, pharmaceutical care, medication management and medication use reviews.

The lack of involvement of pharmacy in the provision of frontline health services in Ireland is at variance with the situation internationally and in many countries pharmacists are paid to conduct medication reviews in patients’ homes and in residential care settings.

The provision of pharmaceutical care and medication management by pharmacists is an essential element of the multidisciplinary care of this patient group, and in particular where vulnerable patients have additional needs, such as those related to mental health, dementia or intellectual disability.

Medication use is generally significant in the older population and polypharmacy is common, increasing the complexity of the management of these patients. This highlights the importance of the professional role of a pharmacist in the safe and rational use of medicines, to ensure that patient outcomes are optimised and that issues such as side-effects of medication use, medication errors, inappropriate medication use and patient adherence are adequately addressed.

We note that the HIQA ‘National Quality Standards for Residential Care Settings for Older People in Ireland’ recommend that “each resident on long-term medication is reviewed by his/her medical practitioner at least on a three-monthly basis, in conjunction with nursing staff and the pharmacist” (Standard 15.6) and that special

consideration is given to the use of antipsychotic medication, sleeping tablets and other sedating medication in this review. Similar recommendations have been made in other jurisdictions, including in the UK All-Party Parliamentary Group on Dementia April 2008 Inquiry into the prescription of antipsychotic drugs to people with dementia living in care homes – *Always a last Resort* and the October 2009 independent report to the UK Department of Health on the use of antipsychotic medication for people with dementia by Professor Sube Banerjee, Professor of Mental Health and Ageing at The Institute of Psychiatry, King's College London.

We hope that the above submission is of assistance to the Department in developing policy in this area and we are happy to contribute further to this initiative should the Department request any further contribution from the PSI.