Keep Taking the Medicine 3
The scandal of the inappropriate medication of older people in care

A report by Paul Burstow MP

ERRATUM: Please note that the study on prescribing in care homes, referred to on page 9 of this report, was based on data from across the former South East Thames Region, rather than merely south London as stated. Therefore data is representative of city, suburban and rural homes.

KEEP TAKING THE MEDICINE 3

- MAIN FINDINGS -

- 80% (approx 3.6 million) of people aged over 75 take at least one prescribed medicine and 38% (approx 1.6 million) take four or more.
- Only 8% of PCTs have met the target laid out in the National Service Framework for Older People for all patients over 75 to have their medication reviewed at least annually.
- Only 5% had met the target for patients over 75 on four or more medicines to have six-monthly reviews.
- 82% of older people in care homes have a longstanding illness and 48% have two or more chronic conditions.
- Over 5,000 care homes fail to meet the national minimum standard for medicine management.
- As many as 25,000 nursing home residents may be being sedated without medical grounds.
- Adverse drug reactions cost the NHS £466 million a year in unnecessary hospital admissions,
- There has been a 35% increase in the number of non-fatal adverse drug reactions (ADRs) amongst those over 75, and an alarming 83% increase in fatal ADRs amongst those over 75.
- At any one time the equivalent of seven 800 bed hospitals may be occupied by patients admitted with adverse drug reactions

Keep Taking The Medicine 3:
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BACKGROUND

1. In 2001, Paul Burstow MP published the report *Keep taking the medicine?* which highlighted the use and abuse of medication in the treatment and management of elderly people in care.

2. The report drew on parliamentary answers and on an extensive review of both domestic and international research evidence. It concluded that antipsychotic medication was being used inappropriately to 'chemically manage' some residents in care homes.

3. The report called for action and set out seven recommendations including more frequent reviews of medication in care homes, better documentation of prescribing, tougher requirements on the number of trained staff, and a change in the law governing informed consent.

4. In 2003, Mr Burstow published a follow-up report, *Keep Taking The Medicine 2,* which examined what has happened since the first report was published, it reviewed new research evidence, drew on parliamentary answers and concluded that the Government remained dangerously complacent.

5. The report found that the majority of GP practices had made no progress in implementing the National Service Framework standards for medication reviews for older people.

6. *Keep Taking The Medicine 3,* looks in detail at the progress the Government has made in delivering medication reviews for the over 75s. The use of such reviews was supposed to be the norm by 2002, but evidence suggests that this standard has not yet been met and many elderly people are the victims of inappropriate and sometimes life threatening medication.

MEDICATION REVIEWS

National Service Framework for Older People

The provision of medication review for patients aged over 75 taking medicines regularly was set out explicitly as a target in the Older People's National Service Framework (NSF).

It stated that by 2002:

'All people over 75 should normally have their medicines reviewed at least annually and those taking four or more medicines should have a review 6-monthly'

...and that by 2004:

'Every PCG or PCT will have schemes in place so that older people get more help from pharmacists in using their medicines.'

Room for Review, Evaluation One

Room for Review was published in November 2002 by the Taskforce on Medicine Partnerships and Medicine Management Service Collaborative to provide health care professionals with guidance and a framework for medication reviews[1].

In *Keep Taking the Medicine 2* it was reported that according to a written answer in July 2003[2], less than 1 in 3 (29%) GP practices had put in place mechanisms to deliver the NSF medication standards. This would suggest that as many as 6,208 of the 8,748[3] GP practices in England at that time did not have in place a robust system of medication review.

On two occasions, the Minister (Liam Byrne) told Paul Burstow:

> *"Historic data for both measures (the milestones set in the NSF for older people), collected from the 146 PCTs taking part in the (national medicines management collaborative) programme, suggest that there have been significant and sustained improvements in the number and quality of medication reviews.[4]"*

It is hard to see how the Department came to the conclusion that progress had been *significant and sustained*. Two years after the Department of Health had admitted this failure to delivery the NSF medication standard by the 2002 milestone the first evaluation of implementation of *Room for Review* was published in March 2005[5]. It included a survey of 153 PCTs carried out by the Medicines Partnership Taskforce which found:

- Only 8% of PCTs had met the target laid out in the NSF for Older People for all patients over 75 to have their medication reviewed at least annually.

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[1] *Room for Review* by the Medicines Partnership
http://www.medicines-partnership.org/medication-review/room-for-review/the-guide
[2] Official Report, 15 July 2003, column 232W
[3] There are a total of 8,748 GP practices in England, source Department of Health, General Medical Services Statistics Series
[4] Taken from written answers to Paul Burstow given on 16th of June 2005 column 642W, and on 28th June 2005 column 1523W.
[5] The two evaluation reports on Room for Review can be found at:
http://www.medicines-partnership.org/medication-review/room-for-review/impact-evaluation

- Only 5% had met the target for patients over 75 on four or more medicines to have six-monthly reviews.

The report also stated that 52% of PCTs reported that they were likely to achieve the yearly review target for over 75s, and 48% reported they were likely to achieve the target for six-monthly reviews for over 75 year olds on four or more medications by the 2004 deadline. However, these targets were supposed to be achieved in April 2002, not 2004. Worse still, 40% and 47% respectively reported they were unlikely to achieve these targets by April 2004 – two years after they were supposed to be delivered.

The report goes on to say that "61.4% of all respondents reported that their PCT had agreed local guidelines for medication review. There was, however, evidence that the adoption of these guidelines by GP practices within the PCTs varied. For those with guidelines, 7.4% reported that none of their GP practices had adopted them, 31.6% reported that 'few' (1%–33%) had adopted them and only 3.2% reported that all their practices had adopted their guidelines."

Delays in publishing part two of the evaluation

In answer to a parliamentary question in July 2005 Paul Burstow was told that Part 2 would be published over the summer. It was not. In answer to a further question in the autumn of 2005 Paul Burstow was that due to ethics clearance requirements the report would not be published until the end of 2006. However, shortly after securing an adjournment debate on the subject to be held on the 6th December the Department of Health contacted Mr Burstow's office to say that Part 2 would be published on 5th December. To date no explanation for the delay or the changed publication date has been given.

Room for Review, Evaluation Two

The second phase of evaluation looked at the patient experience based on patient focus groups.[6] While reviews were generally thought to be a good idea in principle, the evaluation found that people's experiences of medication review were not always as positive as they could have been.

Many of the comments from the patients suggest that they had been given the impression that the purpose of the review was cost cutting. One woman is quoted as saying the reason she was given for being called to a medication review was that the PCT wanted to change her tablets "not for my benefit, but to bring me into line with the PCT." A man echoed this when he recounted the conversation he had had with the doctor during a review. The doctor told him: "capsules are dearer so they've got to give you the cheapest medication they've got."

[6] Ibid

This concern that medication reviews are essentially about reducing NHS expenditure and saving money is a strong theme in the report.

The other concern that comes out is who conducts the review. When it came to GP led reviews while most people felt comfortable there were concerns about the whether the GP had sufficient knowledge compared to colleagues in secondary care which fuelled the suspicion that the reason for the review was cost driven.

Another set of concerns arose where pharmacists led the review. The main issues raised were the fact that the pharmacist did not have access to the person's medical records or know the patients' individual medical situation. Above all there was a question mark over the authority of the pharmacist to make changes to medication and delays in changes being made by the practice after the review.

With the new Pharmacist Contract opening up the possibility of a greater role for pharmacists in medicine management there is a need for clarity.

A fatal flaw, no clear definition

A serious flaw in both the NSF targets and the targets for long term conditions in the GMS contract is that they fail to specify what constitutes a medication review.

The first evaluation of the guide stated that of the PCTs that had implemented medication reviews only a minority of reviews were conducted on a face-to-face basis with the patient. This type of patient-centred review was therefore considered by PCTs as "aspirational" and a "gold standard" and therefore limited to more complex patients.

Room for Review defined four levels (Level 0 to Level 3)[7] of medication review. Of these, only Level 3 involved the patient in a face-to-face discussion about their medicines and therefore offered the opportunity to explore the patient's views and experiences of using medicines and share decisions about future prescribing — a process which considered to be essential if patients are to get the most out of a medication review.

As the evaluation report put it:

"For some participants the lack of a specific requirement for Level 3 type reviews in policy documents (NSF for older people), performance management (CHI indicators) and modernisation policy (new GMS contract) had reinforced the view that patient centred reviews were 'nice to have' rather than essential."[8]

The evaluation found evidence for this in the approach taken by some PCTs where face to face medication reviews were reserved for complex or hard to reach patients, while

[7] See Appendix 1
[8] Part 1 of the evaluation of *Room for Review, p5*

medication reviews conducted using only the patients' full notes was the norm for routine patients. Level 3 reviews, involving the patient in a face to face review of their medication, were therefore experienced by fewer patients.
The evaluation also found:

- Because of the way patients were filtered for the type of medication review they received according to the severity of their condition, those patients that did have a Level 3 (face to face) review were considered least able to take advantage of the opportunity that this presented to be involved in prescribing decisions
- Concern about GPs coding routine interventions as Level 3 reviews during the course of a normal patient appointment
- GPs and PCTs did not share a common understanding of what was required for the review to be patient-centred[9]

The evaluation concludes that professionals "felt that there had been a **missed opportunity in the guidance around the new GMS contract because it did not define in detail what a medication review should involve and which specifically did not mention the involvement of the patient**".[10]

Despite the evaluation being published in March 2005 the Department was still insisting that there was a clear definition. In an answer to Paul Burstow on 13th July 2005 the Minister said:

> *The medicines partnership and the medicines management collaborative published "Room for Review" 2002, which was widely disseminated and endorsed by the Department.* ***"Room for Review" provides a clear definition to the national health service of a medication review.*** *It also provides guidance on different levels of medication reviews that can be undertaken.* <u>*The level of review will depend on the complexity of the patients' clinical condition.*</u> *Strategic health authorities, through their performance management role, ensure that primary care trusts within their areas are providing quality services to their patients.146 primary care organisations, in four waves, starting in 2001, have taken part in the medicines management collaborative programme. Further details are available at* <u>*www.npc.co.uk*</u>

However, in the executive briefing published on the 5th December the medicines partnership said:

> *"As with the NSF milestone,* ***there was no published definition of what sort of medication review would qualify for QOF purposes... There is potential for overlap between the different medicines review services and some confusion as to which sorts of reviews 'count' towards which targets.*** *This suggests a need to refocus attention from quantity to quality. PCTs need to consider how the various*

[9] Part 1 of the evaluation of *Room for Review, p5*
[10] Part 1 of the evaluation of *Room for Review, p5*

types of medicines review can help them deliver their objectives and priorities, making sure that reviews deliver maximum benefit to patients and that people with the greatest need and greatest potential to benefit have their medicines reviewed.

"We consider that it is important for PCTs, GPs, nurses and pharmacists to have a clear picture of how the various forms of review fit together and how they can be used to meet local priorities and support care for people with long term conditions."

To summarise in two words: CONFUSION REINS.

ANTIPSYCHOTIC MEDICATION IN OLDER POPULATION

Trends in prescribing

The number of antipsychotic drug prescriptions dispensed in the community has increased substantially over the last 6 years, by 18%, with an increase of 14% amongst the population aged 60 and over.

As Table 1 shows, between 1999 and 2004 the number of atypical antipsychotic prescription items dispensed in the community to 60 year olds and over more than quadrupled. The number of items dispensed increased from 252,700 to 1,357,000, peaking in 2003 with 1,400,000 prescriptions[11].

Atypical antipsychotics are a more modern form of antipsychotic medication, associated with less severe side effects, which accounts to some degree for an increase in their use, as opposed to traditional antipsychotic medication.

However, as Table 1 shows, the increase in prescriptions of anti-psychotic medication far outstrips the decrease in prescriptions of traditional antipsychotics.

Table 1. Trends in prescribing of antipsychotic medication between 1999-2004[12]

	% change in prescribing 1999-2004		
	Traditional antipsychotocs	Atypical antipsychotics	All antipsychotics
Children aged 0-15	-28	792	218
Elderly people aged 60 and over	-45	437	14
Aged 16-59 years	-20	292	57
Total	**-44**	**330**	**18**

[11] From Parliamentary answer to Paul Burstow MP, Hansard 15th July 2005 - c500w. A detailed breakdown of the figures can be found in Appendix 2

[12] From Parliamentary answer to Paul Burstow MP, Hansard 15th July 2005 - c500w

Over the same period the number of suspected adverse reaction reports from atypical antipsychotics amongst people aged 65 and over increased by almost a half (45%), from 97 to 141 reports. In 2004 ADRs from antipsychotic medication accounted for almost 3% of all reported ADRs amongst people aged 65 and over.[13]

Inappropriate prescribing

All antipsychotics have a sedating and calming effect. Their major use is to reduce psychotic thinking and behaviour, or to pacify a person. Older people tend to be more sensitive to the effects of this medication. They are more likely to suffer side effects such as constipation, dizziness, drowsiness, fainting, thirstiness, dry mouth, and uncontrolled movements of the mouth, tongue and other parts of the body. It can also cause the misdiagnosis of ailments and, on rare occasions, lead to death.

Over the last twenty years, concern has grown about the inappropriate use of antipsychotic medication in the care of elderly people. Drugs that were developed for one purpose, the treatment of people with schizophrenia, have been turned to another purpose. While in some cases antipsychotic medication has beneficial effects, a succession of studies both in the UK and abroad, have demonstrated that the levels of prescribing far exceed the numbers of elderly people exhibiting conditions that are treatable by the drugs.

A study undertaken in South London[14] of 22 nursing homes covering 935 residents over 65 found that 24.5% were prescribed antipsychotic medication, 82.2% were found to be inappropriate. The researchers found that most prescriptions were inappropriate for more than one reason ranging from a lack of any condition that would respond to the medication, a lack of documentation, a failure to attempt dose reduction, to a failure to review medication within the past six months.

The South London research concluded:

> "The vast majority of neuroleptic (antipsychotic) prescribing in nursing homes is suboptimal. These drugs are used for inappropriate indications, and documentation of reasons for starting therapy is poor. Ongoing need for neuroleptics is inadequately reviewed."

If the South London study results were the norm for the elderly population in nursing homes it would suggest that as many as 26,051 people are being inappropriately medicated at any one time in England. This is out of a total population of 129,360 people aged 65 or over supported in nursing care[15].

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[13] According to the Pharmaceutical Schizophrenia Initiative, the significant increase in atypical antipsychotic adverse drug reaction reports, when compared to ADRs from traditional antipsychotics, can be attributed to a higher reporting by doctors of newer medications.

[14] An indicator of appropriate neuroleptic prescribing in nursing homes, C. Alice Oborne, Richard Hooper, Ka Chi Li, Cameron G. Swift, Stephen H. D. Jackson, Age and Ageing 2002; 31:435-439

[15] *The State of Social Care in England 2004-5*, by the Commission for Social Care Inspection, implies an elderly population of 129,360 in nursing homes in England (147,000 places and an occupancy rate of

ADVERSE DRUG REACTIONS

An upward trends in ADRs amongst the over 75s

Because of the confusion over medication reviews and the failure to meet the NSF standard the Department of Health has failed to join the dots between a rise in the prescribing of antipsychotic drugs, the rise in adverse drug reaction (ADR) reports involving antipsychotics, and the worrying 35% increase in the number of non-fatal ADRs amongst those over 75, and the alarming 83% increase in fatal ADR amongst those over 75.

Table 2. Number of adverse drug reactions by age category[16]

Age	1997	2001	2003	2004	% increase
50-64	3838	5145	3687	4017	5%
65-74	2439	2835	2543	2727	12%
75+	1765	2248	2525	2390	35%
65+	4204	5083	5068	5117	22%
All categories	8042	10228	8755	9134	14%

Table 3. Number of fatal suspected adverse drug reactions by age category[17]

Age	1997	2001	2003	2004	% increase
50-64	84	137	139	180	114%
65-74	88	104	118	143	63%
75+	106	151	170	194	83%
65+	194	255	288	337	74%
All categories	278	392	427	517	86%

A study published in the British Medical Journal in July 2004[18] found that patients admitted to hospital with adverse drug reactions were significantly older than other hospital patients. The study also projected:

- adverse drug reactions cost the NHS £466 million a year in unnecessary hospital admissions, and
- at any one time the equivalent of seven 800 bed hospitals may be occupied by patients admitted with adverse drug reactions.

The study concluded that the NSF medication standards needed to be implemented.

88% = 129.360 elderly nursing care residents). Using the South London study findings, the number taking antipsychotic medication would be 31,693 residents (24.5%). Of this, 26,051 residents would be found to be inappropriate (88%).

[16] Figures taken from Parliamentary Answers to Paul Burstow MP, ref 11357 and 6658.

[17] ibid

[18] Pirmohamed, M. et al. "Adverse drug reactions as a cause of admission to hospital: prospective analysis of 18,820 patients." BMJ 2004; 329: 15-19

CARE HOMES AND MEDICATION

National Minimum Standards

The national minimum standards (NMS) for medicines management in care homes cover procedures for storage, administering and disposal of medicines. These requirements stem from regulations made under section 23 of the Care Standards Act 2000.

The NMS also states that care home staff should monitor the condition of the residents on medication and contact a GP if they become concerned about any change in condition that may be a result of medication. In addition the standards call for staff to prompt the review of residents' medication on a regular basis.

In its report *The management of medication in care services 2003-04* the National Care Standards Commission, found:

- twelve per cent of care homes for older people, equating to around 1,500 care homes across the country, did not meet the standard by some margin[19]
- A further 43% were assessed as almost meeting the standard
- 44% met the standard and
- just 1% exceeded it
- Homes in London and the West Midlands were doing significantly worse than other regions, while the South East was performing significantly better than the rest
- Homes owned by Local Authorities were found to have significantly different scores from other homes, with relatively few (9%) failing to meet the standard outright but only 34% meeting it

The successor to the NCSC, the Commission for Social Care Inspection (CSCI) has not yet published a follow-up on compliance with the medication standards in care homes for 2004-5[20] but an answer to Paul Burstow showed 54.3% of care homes met the standards and 1.2% exceeded the standard[21], that is:

- Almost half of all care homes for the elderly failed to meet national standards for handling medication

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[19] The National Care Standards Commission, The management of medication in care services 2003-04
[20] A report on medicines management is expected to be published by the CSCI in February 2006.
[21] In 2004 2004-05, 10,571 older people's care homes were inspected against standard 9, the medication standard, of the national minimum standards for care homes for older people - Parliamentary answer to Paul Burstow MP, Hansard 5th July 2005 [6655]. According to the House of Commons Library there were 12,994 homes for the elderly in England at Oct 2003. Therefore the 10,571 homes inspected represents 81.7% of all care homes for older people.

- Figures show that more than one in ten care homes for older people failed to meet basic standards for medication by some margin and a further third "almost met" the standards set by the Government
- 1,068 care homes failed to meet the standards for handling medicines by a significant degree; with a further 3,636 of older peoples care homes almost meeting the standards.
- The figures also revealed just 12 in every 1,000 care homes exceeded the minimum standards for distributing medicine to their elderly residents.

It is worth noting that the number of care homes that did actually reach the medicine management standards for 2004-05 was substantially less than the early-indication figure of 61% compliance, given by the Government in their response to the Health Select Committee's Inquiry into Elder Abuse.[22]

It should be a cause of concern that over 5,000 care homes are not meeting the NMS for medicines management. The way in which medication is handled in a care home can make a huge difference to the quality of life of older people. Poor practice and incompetence in handling medication can put the lives of older people at risk.

CONCLUSIONS

Since the publication in 2001 of *Keeping taking the medicine* which drew attention to the inappropriate use of medication in some of the country's care homes, the Government has come forward with new guidance on medication as part of the National Service Framework.

But as reported in *Keep taking the medicine 2* in 2003 little progress had been made. The number of care homes where residents were the victims of inappropriate medication remained unacceptably high.

The NSF standard for medication review is just one measure that can contribute to improving the quality of life and quality of care that older people receive. As this report highlights two years after the deadline for putting in place medication reviews many PCTs and GP practices are failing to deliver. Lives are being put at risk.

A crucial obstacle to progress is the lack of clarity about what constitutes medication review. The confusion was identified by the Medicine Management Collaborative set up by the Department of Health. Ministers remain in denial about the lack of progress and the difficulties.

This lack of progress has to be set alongside the continued rise in the numbers of adverse drug reactions amongst older people and the performance of care homes on the National Minimum Standards for Medicine Management in Care Homes.

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[22] The Government's response to the recommendations and conclusions of the Health Select Committee's Inquiry into Elder Abuse, June 2004, p11. This figure was also quoted in The National Care Standards Commission, The management of medication in care services 2003-04

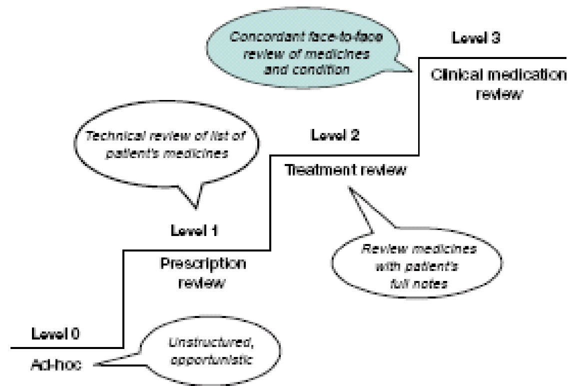
The conclusion of *Keep taking the medicine?* said:

> *"Successive studies have demonstrated the need for a step-change in the way in which medication is used in the care of the elderly. The chemical management of older people is a scandal. It denies older people dignity and robs them of a better quality of life. Pressures on care providers are not an excuse for inappropriate use of medication. GPs, psycho-geriatricians and care home managers should be accountable for safeguarding the interests of the vulnerable elderly people in their care."*

The sad fact is four years on and little has changed.

Appendix 1

Room for Review's classification of medication review



Appendix 2: Prescribing of antipsychotics

1. From Parliamentary answer to Paul Burstow MP, Hansard 15th July 2005 - c500w

Estimated number of prescription items (thousands) dispensed in the community in England for all antipsychotics						
Year	1999	2000	2001	2002	2003	2004
Children aged 0-15	21.7	24.8	43	51	58	69
Elderly people aged 60 and over	2071	2193.2	2100	2200	2400	2357
Aged 16-59 years	1966.9	2061.6	2500	2670	2900	3095
Total	**4689**	**4939.7**	**4718.0**	**4978.5**	**5335.0**	**5521.4**

% increase estimated number of prescription items dispensed in the community in England for all antipsychotics		
Year	2003-2004	1999-2004
Children aged 0-15	19	218
Elderly people aged 60 and over	-2	14
Aged 16-59 years	7	57
Total	**3**	**18**

Children 0-15 2001-2004 = 60% increase

Estimated number of prescription items (thousands) dispensed in the community in England for atypical antipsychotics						
Year	1999	2000	2001	2002	2003	2004
Children aged 0-15	6.5	9.7	25	36	46	58
Elderly people aged 60 and over	252.7	428.8	800	1100	1400	1357
Aged 16-59 years	486.9	672.5	1000	1300	1600	1909.6
Total	**772.6**	**1149.4**	**1842.0**	**2471.3**	**3083.7**	**3324.9**

(Continued on following page)

% increase estimated number of prescription items dispensed in the community in England for atypical antipsychotics		
Year	2003-2004	1999-2004
Children aged 0-15	26	792
Elderly people aged 60 and over	-3	437
Aged 16-59 years	19	292
Total	**8**	**330**

Children 0-15 increase 2001 – 2004 = 132%

Estimated number of prescription items (thousands) dispensed in the community in England for traditional antipsychotics						
Year	1999	2000	2001	2002	2003	2004
Children aged 0-15	15.2	15.1	17.0	14.0	12.0	11
Elderly people aged 60 and over	1818.3	1764.4	1300	1100	950	1000
Aged 16-59 years	1480	1389.1	1500	1400	1300	1186.1
Total	**3916.4**	**3790.3**	**2876.0**	**2507.2**	**2251.3**	**2196.5**

The total figure is different from the total of each age category, due to rounding down. The total figure is provided as a separate figure.

% increase estimated number of prescription items dispensed in the community in England for traditional antipsychotics		
Year	2003-2004	1999-2004
Children aged 0-15	-8	-28
Elderly people aged 60 and over	5	-45
Aged 16-59 years	-9	-20
Total	**-2**	**-44**