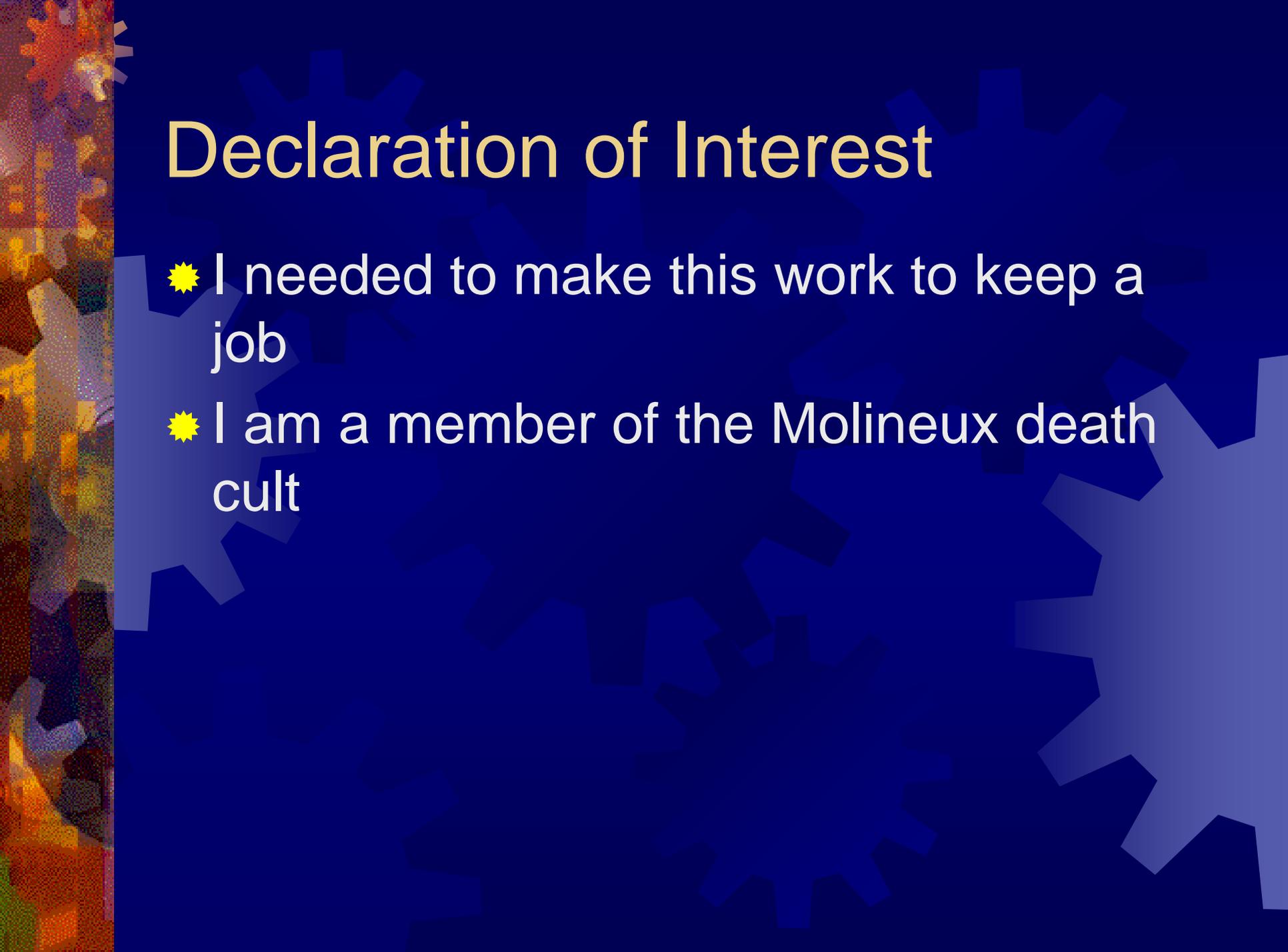


The background features a dark blue field filled with various sizes of gear silhouettes. On the left side, there is a vertical strip containing a detailed, colorful image of interlocking gears in shades of orange, yellow, and brown.

Care Homes

“It’s a different world out there”

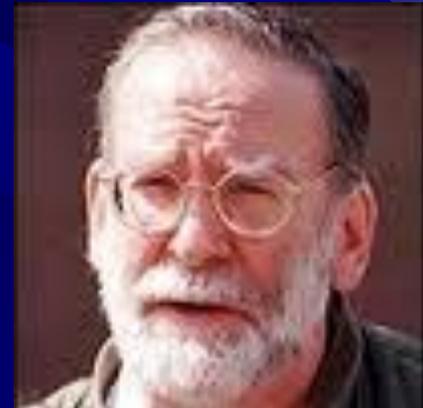
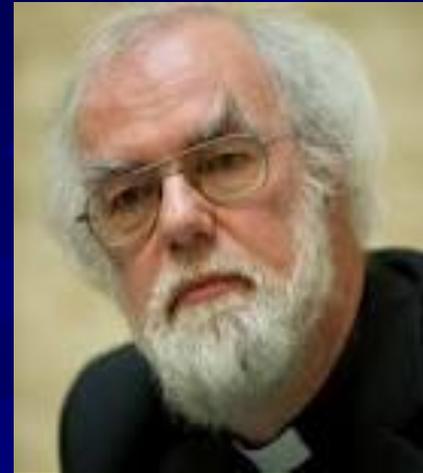


Declaration of Interest

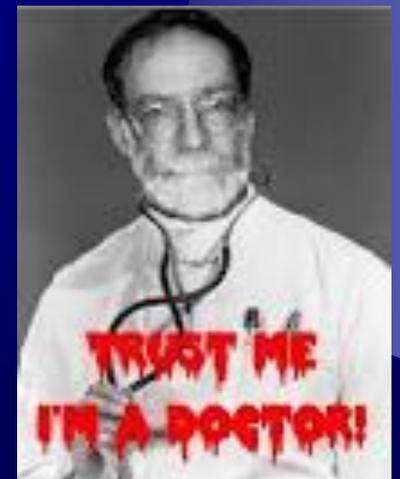
- ✱ I needed to make this work to keep a job
- ✱ I am a member of the Molineux death cult

He comes from Wolverhampton and he is a lovely chap





- ☀ I'm a medic

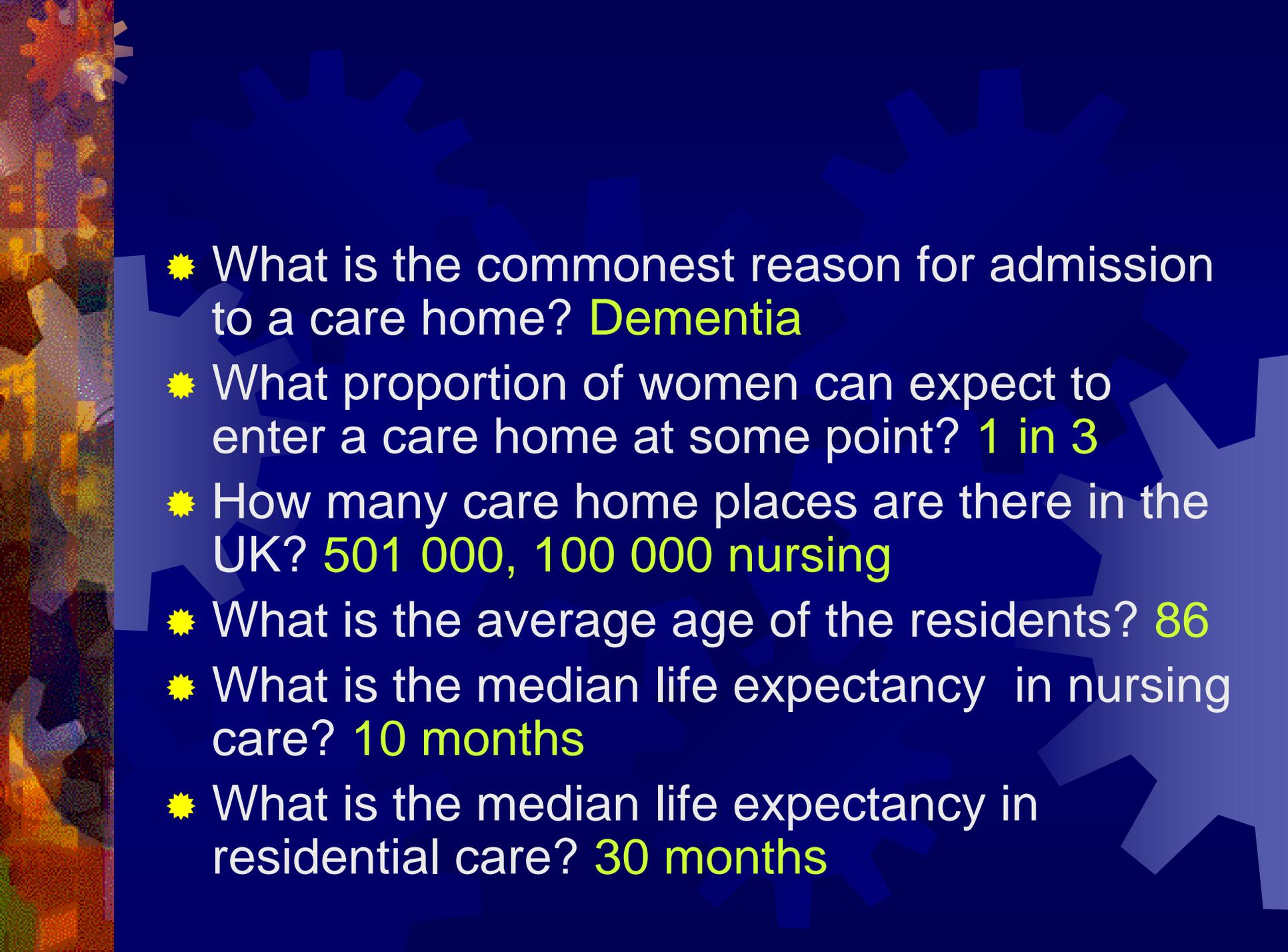


I love pharmacists me



Background and quiz

- ★ What is the commonest reason for admission to a care home?
- ★ What proportion of women can expect to enter a care home at some point?
- ★ How many care home places are there in the UK?
- ★ What is the average age of the residents?
- ★ What is the median life expectancy in nursing care?
- ★ What is the median life expectancy in residential care?

- 
- ★ What is the commonest reason for admission to a care home? **Dementia**
 - ★ What proportion of women can expect to enter a care home at some point? **1 in 3**
 - ★ How many care home places are there in the UK? **501 000, 100 000 nursing**
 - ★ What is the average age of the residents? **86**
 - ★ What is the median life expectancy in nursing care? **10 months**
 - ★ What is the median life expectancy in residential care? **30 months**

A few words of thanks

- ★ To Freadah Chaudhury and Cynthia Agbenyahah. Without whom none of this would have been possible
- ★ Amy Lewis and Linda Forrester for their help and encouragement
- ★ To Richard Thompson, Andrew Campbell and the Sandwell pharmacists for putting up with me on ward rounds



Scope

- ✦ This is largely about nursing homes
- ✦ Residential homes are another world, but one which we are starting to look at

Palliative care

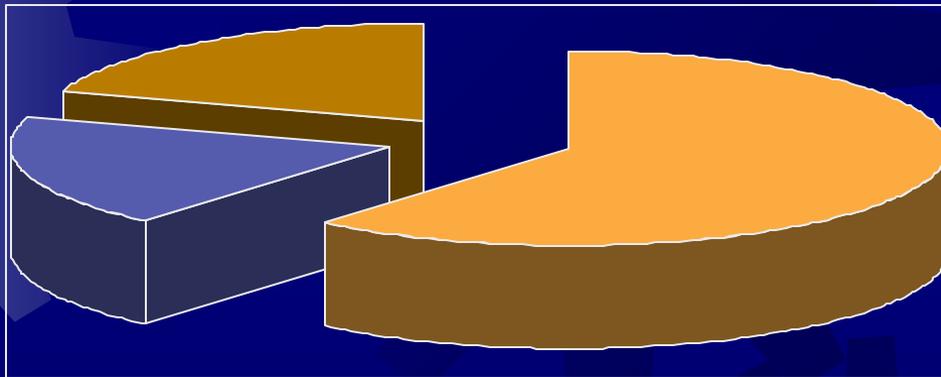
- ☀ 50% of residents will die within a year
- ☀ 16% of all deaths nationally will be in care homes (80 000 per year)



Counterintuitive?

- ★ 12% of patients admitted from nursing homes to NXH die 2011-12
- ★ 27% decrease in in-hospital deaths 2011-2013
- ★ Most will die of infective causes or dementia or both. “Classic” chronic diseases, such as IHD, COPD, LVF are unusual

Where they die – Even if you may doubt it



- In care home, 61%
- Hospital, with alternative, 19%
- Hospital, no alternative, 20%



Oh my God, these place are
dying houses

A West Midlands Palliative Care
Physician

But we can do something

- ✦ We can stop poisoning them



The organisational bits

- ✱ Get GPs permission – SH does this, all are happy so far
- ✱ Leave GPs in charge
- ✱ Sell to nursing homes as “win-win”
- ✱ Letters to GP and copy to nursing home
- ✱ Practice pharmacist involvement
- ✱ Keep a spreadsheet of predicted changes

Residual Problem

- ✦ Audit – Expected versus actual takeup
- ✦ Some GPs will change, some won't –
Let the practice pharmacist work on the changes or make the changes on the system

How not to do it

- ✱ Tell the GPs what to do
- ✱ Make rapid changes
- ✱ “Stop it on the day”

What does matter

A white rectangular box containing a handwritten signature in black ink that reads "S Hutchinson".

Dr S Hutchinson
Consultant Physician
Medicine & Elderly Care

Advice from a friend

- ✦ That's the difference between you and me Stuart. I would start everything and you would stop it again.....
- ✦ Thanks Richard

Principles of prescribing

- ✱ Only give what they need
- ✱ Only treat symptoms
- ✱ Remember that some things are difficult to give

Ethical interlude

- ✱ There is no difference ethically between not starting something, and stopping it once it has been started.
- ✱ It just feels a bit different
- ✱ OR, ask yourself, “If this person was not on this medication, would I be starting it”

Cardiology

- ★ Statins. No role
- ★ Aspirin. Probably not
- ★ Anti-anginals. Generally don't get angina. Immobility.
- ★ Warfarin. Not for primary prevention, probably not for secondary prevention, probably for vte

Cardiology

- ★ ACE/ARB. Probably no role unless blood pressure is very poorly controlled
- ★ Bisoprolol rather than Digoxin



Diuretics

- ★ What are they for
 - Keep for failure
 - Review for hypertension
 - Stop for swollen ankles

Respiratory

- ✱ If AMT 4 or less, then inhalers are useless
- ✱ If no spacer, useless
- ✱ So, if not short of breath – Stop.
- ✱ If short of breath, nebulisers/oral therapy - Prednisolone
- ✱ Carbocysteine is expensive cough medicine

Gastro

- ★ The source of PPIs is a problem – the BOGOF phenomenon
 - Always with a PEG
 - Long term with GI bleeds
 - Care stopping in other situations
- ★ Lactulose is evil
- ★ Senna is currently expensive, more so than macrogols

Urinary

- ✦ Anticholinergics in the always incontinent
- ✦ Catheterised patients

Diabetes

- ✱ Aim for fasting glucose of 7-10.
- ✱ Remember that intake is erratic
- ✱ Metformin can cause weight loss
- ✱ Sulphonylureas cause hypos and weight gain
- ✱ Avoid short acting insulins, alone or in combination use Insulatard in preference

Mental Health

- ✱ Anti-depressants – A problem
- ✱ Sleepers – A bigger problem
- ✱ Anti-psychotics – Much less of a problem. Don't touch if under secondary care psychiatry
- ✱ Donepezil – Stop if MMSE patently <10

Vitamins and Supplements

- ★ Thiamine/Vit B. 28 days
- ★ Iron. 3 months and recheck
- ★ Folate. ?????
- ★ Calcium/Vit D. Not in those who can't stand
- ★ B12 tablets. Why, oh why, oh why
- ★ Fortifying. Only from dieticians.....

Wolverhampton oddments

- ✦ DMARDS and no monitoring.
- ✦ Buprenorphine patches – Sedatives for the 2010s.

Administration

- ✦ Big pills.....
- ✦ Multiple tablets
- ✦ Expensive liquids.....

How much?

- ✦ Dalivit 1 od
- ✦ Sertraline 50 mg od
- ✦ Thiamine 100 mg od
- ✦ Vit B Co Strong 1 od
- ✦ Carbocysteine 375 mg bd
- ✦ Gliclazide 40 mg od
- ✦ Beclomethasone 250 2 bd
- ✦ Simvastatin 40 mg on

No Really, How Much

- ✱ 343 residents
- ✱ £96 448 potentially saved per annum
- ✱ £281 per resident per year

NEWT

What a wonderful resource.....







Thanks

Any Questions