

Vaughan Gething AC/AM
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau
Cymdeithasol
Cabinet Secretary for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA(P)VG/2330/18

Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

2 July 2018

Dear Dai,

Thank you for your letter of 15 May 2018 regarding the 'use of antipsychotic medication in care homes' report following your recent inquiry.

In our Dementia Action Plan, published in February 2018, we recognised the need to do further work in this area. The findings of the committee provided additional reassurance that our focus needs to be in the provision of person centred care and utilising non-pharmacological responses prior to pharmacological ones where this is appropriate. This is one of the core aims of the Dementia Action Plan and through its implementation we hope that this becomes the routine practice.

The attached table provides our response to each of the report's recommendations. We are content to accept, or accept in principle all but one of the recommendations, where they support activity already underway or which is proposed. The one recommendation we have not accepted we have indicated the reason for rejection.

We recognise the need to progress this work at pace however it should be recognised that some recommendations require substantive work and fits in with work programmed over longer time scales (such as the Care Inspectorate Wales report on dementia care). As such, where needed, we have provided alternative timescales within our response.

We know the Committee will continue to keep this area under close review and we will be happy to provide further updates, where required.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Please pass on our thanks to the Committee and those that contributed to supporting your inquiry and producing the final report.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, slightly slanted style.

Vaughan Gething AC/AM

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol
Cabinet Secretary for Health and Social Services

Recommendation 1. The Welsh Government should ensure that, within 12 months, all health boards are collecting and publishing standardised data on the use of antipsychotic medication in care homes and report back to this Committee on progress at the end of that 12 month period.

Response: Accept in principle

As the Committee is aware there are significant limitations with routinely collected prescribing data which means it is not possible to readily attribute prescriptions to residents in care homes. The potential overprescribing of antipsychotic medication is a concern regardless of whether or not an individual is resident in a care home. I am pleased therefore that the committee recognises the steps we are taking to improve the availability of data in relation to prescribing antipsychotic medication amongst older people. Reducing the rate of prescribing of antipsychotic medication amongst older people will have a positive impact on the use of these medicines amongst care home residents.

Given the Committee has made several recommendations relating to the availability and reporting of prescribing data, I will convene a group of relevant experts to examine the usefulness of various data sources and provide me with advice on how they might best be used to support our aspiration to reduce inappropriate prescribing of antipsychotic medications.

Recommendation 2. The Welsh Government should ensure that, within 12 months, all health boards are fully compliant with NICE guidelines on dementia, which advise against the use of any antipsychotics for non-cognitive symptoms or challenging behaviour of dementia unless the person is severely distressed or there is an immediate risk of harm to them or others, and report back to this Committee on rates of compliance at the end of that 12 month period.

Response: Accept in principle

I share the Committee's concerns about the use of antipsychotic medicines for the management of behavioural and psychological symptoms in dementia when such use is not in accordance with guidance issued by the National Institute for Health and Care Excellence (NICE). However it is not straightforward to determine whether a medicine is being prescribed in accordance with NICE's guidance.

NICE guidance recognises non-pharmacological approaches should be used in preference to pharmacological agents when managing non-cognitive symptoms or behaviour that challenges in dementia, and the national dementia action plan sets out our measured planned approach to ensuring these approaches are available. NICE also recognise that where non-pharmacological approaches are unsuccessful prescribing antipsychotic medicines may be appropriate where a careful risk/benefit assessment has taken place and the antipsychotic medicine is used at the lowest possible dose for the shortest possible period.

The responsibility to comply with authoritative, evidence based guidance on best practice including guidance issued by NICE rests with the health professionals providing care and instigating prescriptions for antipsychotic medicines.

Later this year the All Wales Medicines Strategy Group will publish its national clinical effectiveness prescribing programme (CEPP) audit on antipsychotic use in dementia. Data from practices completing this audit will be collated nationally and shared with the Committee in 2019.

Recommendation 3. The Welsh Government should ensure that every person with dementia presenting challenging behaviour receives a comprehensive person-centred care assessment of their needs. It should work with relevant health professionals to develop a standardised checklist tool to be used by health and social care staff to identify and address/rule out possible causes of challenging behaviour, including unmet physical or emotional needs. It must include a requirement for consultation with the individual and their carer or family. The checklist should be available within six months and must record the action taken to demonstrate that all other options have been considered before antipsychotics are prescribed for people with dementia.

Response: Accept in principle

There are a number of evidence based tools that support the development of person centred care plans which are already in use across a number of settings (i.e. care homes and hospitals). As part of the early implementation work for the Dementia Action Plan and the rollout of the “Goodwork” Training and Education Framework, attention has already started to be given to the development of comprehensive assessment and care planning to support person centred approaches.

We do not wish to be prescriptive in terms of a particular approach or tool as this needs to be part of an overall person centred plan, and therefore developing one standardised checklist tool is not considered to be appropriate. However we will work with stakeholders to develop a common understanding of principles in how person centred plans that support positive approaches to behavioural distress are developed.

The former Older Person’s Mental Health Community of Practice has transformed into a community of practice for “Improving Dementia Care”. Membership of the community of practice has been extended to cover community and care home sectors as well as the original older persons NHS wards. Building capacity in care planning skills and developing positive approaches to behavioural distress are part of the remit of this community of practice.

Recommendation 4. We recommend the introduction of mandatory three monthly medication reviews for people with dementia who have been prescribed antipsychotic medication, with a view to reducing or stopping the medication following the first review where possible.

Response: Accept, in principle

The principle of mandatory three monthly medication reviews is an approach underpinned by NICE guidelines and recognised by the Welsh Government.

There is currently a Directed Enhanced Service (DES) in operation to fund specific work for GPs to assess the mental and physical health of care home residents. Through this DES new care home residents are seen within 28 days for a clinical assessment and all residents have an assessment at least once a year (when residing in the care home for a full year).

This ensures that care home residents have their specific, and often complex, needs addressed. It likely presents the most appropriate avenue to explore changing the specification of the service to cover the activity set out in recommendation 4.

All enhanced services are currently undergoing a review by the Senior Medical Officer for Primary Care and with the support of Assistant Medical Directors across Health Boards. Therefore, this suggestion will be taken forward as part of that work and it should be noted that any changes to enhanced services would need to be negotiated with the General Practitioners Committee (GPC) Wales. Pending the outcome of the enhanced services review, the national community pharmacy enhanced service for pharmacies providing support to care homes, launched in April, will be amended to reflect and support changes to the care home DES.

Recommendation 5. The Welsh Government should explore ways in which the repeat prescription system could trigger the need for a medication review at the three month point.

Response: Accept

This will be a matter I ask the expert group I commit to establishing in response to recommendation one to consider.

Recommendation 6. We recommend that medicines monitoring should be a key part of care homes inspection, and that Care Inspectorate Wales mandates documented evidence of medicines' monitoring for older people prescribed antipsychotic medication in patient records.

Response: Accept

The inspection of care homes by Care Inspectorate Wales (CIW) focuses on the quality of the service and the safety and well-being of people living at the service. Providers are required to undertake and keep records of their assessment of how an individual's care and support needs can best be met together with the individual's personal plan which is based on that assessment.

Specifically in respect of medicines monitoring, there is a requirement upon providers to keep a record of all medicines kept at the service for each individual. Providers must also have a medication policy and procedure and provide the service in accordance with that policy.

The statutory guidance for service providers and responsible individuals on meeting service standard regulations stipulates that the policy and procedure should be aligned to current legislation and best practice guidance.

In terms of inspection, CIW tests whether the requirements set out in law are being complied with. Inspectors will, for example, review personal plans and related records and documentation, including those for medication.

Going forward, CIW are considering how management and review of antipsychotic medication is included as part of the inspection process. This would be considered in its broadest sense with potential options including a line of enquiry about support, review and advice in relation to management of antipsychotic medication as part of the new inspection framework in respect of reviewing medicine management within care homes.

Recommendation 7. We recommend that the role of the allied health professional dementia consultant includes a requirement to work with care homes to improve access to allied health professionals for care home residents.

Response: Accept

An integral part of the role of the Allied Health Professional (AHP) consultant will be to work with care homes, health boards and local authorities to evidence and inspire best practice from AHPs across the whole health and social care system in order to raise service quality and access to services for people with dementia and their families.

Recommendation 8. The Welsh Government should take action to address the shortage of speech and language therapists, given their value in improving outcomes for people with dementia, and report its progress to this Committee within 12 months.

Response: Accept

It is recognised that AHPs and Speech and Language Therapists (SaLT) specifically are providing a key role in the delivery of community/primary care services.

Health Education Improvement Wales (HEIW) is currently scoping work to increase the numbers of AHPs (including SaLT) available in Wales. This will also include considering principles of organisational effectiveness to promote the aim of developing a workforce (of healthcare support workers, SaLT assistants) that can support registered SaLTs by delivering the treatment plans drawn up by the therapists, leaving the SaLTs to deliver the levels of intervention that only they can provide.

Within the summer our 'Train Work Live' campaign will be extended to include allied health professionals.

Recommendation 9. The Welsh Government should develop a method for assessing the appropriate skills mix required for care home staff, and produce guidance on this to ensure that there are safe and appropriate staffing levels in every care home, and that staff have time to provide high quality care.

Response: Reject

Ensuring care homes are staffed appropriately and that staff have the required knowledge, competency, skills and qualifications, is crucial in ensuring safe, high-quality care.

Regulations already developed under the Regulation and Inspection of Social Care (Wales) Act 2016 – The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (“the 2017 regulations”), require all service providers, including care home providers to demonstrate the way in which they have determined:

- (a) the types of staff deployed; and
- (b) the numbers of staff of each type deployed within their premises.

The accompanying guidance further clarifies that providers have a demonstrable, measurable and systematic approach to determine the number of staff and range of skills/qualifications required for the reliable provision of care and support to meet individuals’ needs and support them to achieve their personal outcomes.

Therefore it is not considered that an additional mechanism is required.

Recommendation 10. We recommend that, within six months, national standards for dementia-care training be developed to equip care home staff with the necessary skills to deal with challenging behaviour. Dementia-care training and specific training to deal with challenging behaviour (as stated in NICE guidelines: including de-escalation techniques and physical restraint methods) should be mandatory requirements for all care home staff, and compliance with this should be scrutinised as part of CIW’s inspection regime.

Response: Accept in principle

The rollout of ‘Goodwork’, which was developed in partnership with Social Care Wales, provides guidance on the training principles for challenging behaviour or behavioural distress. It also outlines alternative strategies for consideration. Through the implementation of the dementia action plan we will look to support the roll out of Good work within the care home setting.

In respect of training, the 2017 regulations require care home providers to ensure that at all times a sufficient number of suitably qualified, trained, skilled, competent and experienced staff are deployed to work at the service, having regard to:

- (a) the statement of purpose for the service;
- (b) the care and support needs of the individuals; and
- (c) supporting individuals to achieve their personal outcomes.

In respect of CIW’s inspection regime, CIW are undertaking a thematic review of dementia care next year. This review is currently being scoped; however it is likely

to include both staff training and skills in respect of dementia along with reviewing the issues around medication (including antipsychotics) for those with dementia. This review will form an important part of that work in providing a picture of the current situation.

Recommendation 11. The Welsh Government should commission a review of the levels and appropriateness of the use of antipsychotic medication in people with dementia in secondary care. The findings of this review should be published and reported back to this Committee.

Response: Accept in principle

We are content to agree in principle the review of the use of antipsychotic medication within secondary care; however we need to further consider the scope of this work. I have requested officials to consider this in detail and report back to me on appropriate next steps.