Peter Walsh, chief executive of Action Against Medical Accidents
The discrimination experienced by older people in health and social care occurs on several levels. To start with they don't get the priority and quality of care they deserve. Then, very elderly people are less likely to be able to look out for themselves or to have relatives and visitors than hospital patients, so if things do go wrong they are less likely to come out. And if things do come out, older people have less access to justice under the law, which discriminates on the value of life according to age. An older person who dies from medical negligence is valued at £10,000 in the courts, not enough to qualify a claimiant for legal aid.

Spokesperson for the Local Government Association
The recent comprehensive spending review will give counils a 1% increase in real terms spending over the next tree years with another 400,000 over 65s expected in the same period, with more and more people relying in social care.
Biggest proportion of council spending is on adult social care, around 33 to 38% of total budget.
The level of responsibility placed on care worker's shoulders, even after any training, needs to be realistic. Funding is there it improve their knowledge around medication but there is much responsibility on GPs, community pharmacists and the care home owners. Yes the council has a responsibility to make sure people in care homes are well looked after but the last thing a council wants to do is shut down a home and kick people out when they have no-where else to go. Councils do have a responsibility here, but it up to CSCI to enforce standards and regulate homes, close them down if necessary. Councils have to weigh up all the factors before changing decisions about placements.
The big issue is the 14% increase in spending over tem years has not kept pace with the numbers of elderly people in need of care.

The training grants given my government to council have risen annually but since the first year, 2003, there have been no specific conditions attached, so it is up to councils how they spend the money locally. Our position is that money should be locally determined though there are others who believe without conditions such money will be spent elsewhere. There are one million people working in the care sector, 150 local authorities, so this money is a drop in the ocean, so to say that it should be targeted on medication when ther are so many other important areas, is difficult. The money needs to go up to deal with growing expectations, increased standards and more people. Yes we have been given some money training in the care sector is big task. Skills for Care have recently introduced a skills and knowledge certificate which will underpin any training carers receive. So people are aware of this priority issue but it takes a couple of years to get this through to ground level. If we keeping making 5% improvements, then this is good progress.

spokesman for the Local Government Association said: "Councils want everyone to receive the best possible care at the right time and in the right place. If care homes are not meeting minimum standards, we would expect the Commission for Social Care Inspection to take action. It is the Commission's responsibility to enforce standards, and councils have no powers to close care homes that are perceived to be failing.

"Many people receiving care pay for it entirely themselves and thus have no contact with their local authority at any stage. Councils do purchase care services from private providers, and do take into consideration standards when deciding where to place people. They also use their contractual powers to seek improvements in standards.

"This country has an ageing population and increasing numbers of people in need of care. In many areas there is a shortage of places in residential and nursing homes. In these difficult circumstances, it is the responsibility of both CSCI and the NHS to continue the improvements that have been made in medical standards."

Robert Clayton, Royal Pharmaceutical Society of Great Britain
There are rich and bankrupt PCTs and some have been pulling cash from all sorts of posts which has been to the detriment of care homes as the pharmacist's advisory role has recently dropped off the arena.
This new document puts the responsibility back onto PCTs, they have to get to grips with monitoring medication in care homes. The 2006 report was scathing enough, but there are no longer any excuses, care homes, local governments and PCTs have to work together and meet these standards. They may not be used to having each other as bed fellows but are

going to have to work harder on this issue.
If there hasn't been significant improvement by this time next year I will be totally devastated. They have now been given eloquent advice, specifically written for them in user friendly language, every aspect of jargon has been removed, so they should be totally clear on what they need to do, there are no more excuses.
The proportions of errors by pharmacists are minimal. Most errors happen ion the care home, where there are few or no qualified members of staff on site. If people do not get the right medication at the right time for diabetes or a heart condition, they could end up with serous complications and in need of hospital.

Marion Wale
Charles Parker died aged 81 after spending the last few months of his life in a nursing home. Here his daughter tells of the battle to make sure essential medication was given to him as prescribed.
My dad had Parkinson's disease for 22 years but we looked after him at home right until the last few months of his life. The only way to control Parkinson's is with the right drugs at the right time in the right combination which my mum was an expert at but became a problem as soon as my dad started going into the home for respite care. My mum or I went to visit him everyday because we were so worried about his medication, even though this meant mum getting taxis because there was no public transport. We could tell as soon as we got there if his medication had been given late as he would be more agitated or in pain, but at first they took little notice of what we said, even though we knew were the experts. Things did get better and senior people were always sympathetic but getting this to filter down to all the care staff so they recognised how important timing and side effects were was much more difficult, especially when the permanent staff weren't working at the weekends or on holiday. With Parkinson's, if you get the medication wrong, life is made much harder for the carers too, as people may fall or hallucinate, care staff need to know about these things. We were exhausted by the end but didn't feel we could miss a day, it was too much of a risk. I am extremely conscious about people who don't have family to support them or question and help the staff like we did.

Hazel Sommerville, head pharmacist at CSCI

I am please there has been some improvement but these what figures mask is that some homes meet the standard at one inspection and then fall back.
Medication is only one of many issues a home has to meet standards in but on the rare occasion homes have been closed because of deep concerns about medication. Care homes failing on medication are usually ones not doing well in other areas too.
Care homes have a responsibility to get medication right, it is part of there remit. We are there to monitor them but we are not going to pick up everything from site visits or inspections, we rely on complaints and whistle blowers to make the system robust.
While the NPSA guidelines and tools are available to care homes, many do not have the internet and they are not written in plain English. I would like to see the NPSA to focus some advertising on social care providers, to try and get across why it is important to investigate mistakes and errors.
Care home managers need to regularly sit with the GP surgery and look at medication needs which includes ordering medication, this is a clear management issue, but some care homes do not get this right.
The drug trolley culture is not a person centred approach but reflects the number of people a home has on duty, this is a dilemma for care providers.
The NHS currently prescribes medication for care home residents but an important shift needs to be made so that giving people their medicine becomes just as important for the NHS-they have to know if care workers can actually give medication properly, this is also part of good medication management. Some PCTs are not funding community pharmacists to provide an advisory role, but this is an essential part of medication management.
No needs analysis for training of care home staff, so money may not have gone in the right places, but commisioers should have an interest in where this money is being spent. Why would you place someone in a home which can't give medication properly? Not enough places
Care homes are vital if the NHS is going to operate, but they are not resourced accordingly, part of the wider debate on the value of older people.
Progress seems slow but it is progress. The new guidance from the Royal Pharmaceutical Society is another clear opportunity for care homes to get this right. The potential fall out if they don't take this opportunity is greater, there will be far less excuses to be made.

I have been an inspector since 1984 and these issues are not new ones. For care homes good medication management is reliant on a good manager, who trains the staff and calls people to account if they don't perform. But the integral role of care homes in health care needs to be recognised and supported by the NHS - by PCTs, pharmacists, GPs and the commissioning process - so these people are guaranteed the same rights and safety as NHS patients.

Val Buxton, Director of Policy, Campaigns and Information at the Parkinson's Disease Society:
"Medication management, and in particular, the timing of medication, is crucial for people with Parkinson's living in nursing and residential care homes. Failure to get the correct medication at the right time can result in the person's quality of life becoming impaired. It's hugely important that care staff understand the complexities of Parkinson's medication and do everything possible to ensure that every individual receives their medication in the right dose at the right time.
"We have heard too many stories of people not receiving their medication on time, being given the wrong medication, or having side effects overlooked. This can have a significant impact on a person's symptoms and overall quality of life when they are already facing the daily challenge of the advanced stages of Parkinson's.
"We are concerned that improvements in this crucial area of care have been too slow. We want existing medication management standards to be implemented in full immediately. The Parkinson's Disease Society is keen to help care and residential homes achieve this by providing training sessions to care staff. These sessions can raise awareness and understanding of the fluctuating nature of Parkinson's."

Gordon Lishman, Director General of Age Concern, said:
"It is shocking that around 150,000 older people in care homes are not being given their medication properly. This is just one of the flaws in the system which mean the quality of care for older people is far too low. Problems are caused by low funding by local authorities, poorly paid and trained staff and a culture that accepts negligence
"Medication is a basic part of care for many vulnerable older people that is essential to their health and welfare. Care homes must ensure that their staff have sufficient time and training to properly supervise and assist people in taking their medication. The NHS should also take more responsibility for providing training to care home staff. We would like to see inspectors having powers to fine any home that fails to meet the medication standards."
Age Concern's Director General, Gordon Lishman, said:
"We give Gordon Brown 4 ½ stars for the Pensions Bill and 3 stars - needs to try harder - on the Health and Social Care Bill.
"The Pensions Bill should finally help make saving for retirement possible for hundreds of thousands of people who are currently missing out. The Health and Social Care Bill is also welcome but we are concerned that the Care Quality Commission may not have enough resources to work effectively."
Health and Social Care Bill:
"We are pleased that this Bill has been included in the Queen's speech. Introducing a new combined health and social care regulator could help to break down barriers between the two systems, which currently cause problems in delivering the right care to vulnerable older people.
"However, we are concerned that the new Care Quality Commission's reduced budget may make it difficult to effectively regulate the quality of health and care services and deal with complaints from individuals and service users. We also want the scandalous exclusion of private care home residents from Human Rights protection to end. All health and social care services must provide good quality care that respects older people's rights and dignity."

y mother was a retired deputy headmistress (aged 71), a very strong and independent woman but suffering from various medical complaints. She was hospitalized for two weeks for pain relief following an osteoporosis-related spontaneous fracture. During this time she was overmedicated and released without a care package. She was not ready to go home, in fact she was in a very bad way and her GP recommended intermediate Nursing Care. After five days was given a bed in a private nursing home in Hertfordshire. Again she was given too much morphine and liquid morphine (Oromorph) was left in the room next to the bed. I saw pills put in her mouth after they had been dropped on the floor.

Some of the staff were patronizing and condescending. They then suggested it was the family's responsibility to organize oxygen for my mother! My sister (a university lecturer) challenged the rather bossy person who seemed to be in charge and was told "You don't understand my job" my sister replied "No, you don't understand your job". The oxygen arrived.

They continued to overmedicate with morphine and I overheard a joke about 'keeping the patients quiet'. They asked if I wanted my mother resuscitated if she "had a funny turn". As a non-medical doctor (PhD Biology) I felt I knew more about my mother's drug regime than they did; I had to keep chasing them up for pills and inhalers etc. They failed to replace her ventolin inhaler for four days - forgetting to order it then losing it - they blamed her for that. Then it turned up, only after using it for a day or two my mother realized it had someone else's name on it and was a different strength. She pointed it out to the bossy one who surreptitiously dropped it in the bin. At this point the visiting GP recommended I put in a formal complaint - my mother asked me not to as it was she who was left alone with them every night.

I gave up work for five weeks and moved back to my mother's so I could be around - this I think helped a lot in ensuring she got reasonable care. She began to get better and after five weeks a remarkable transformation had taken place. She returned home and called it 'a little miracle'. I think it was sheer determination.

Unfortunately after a few weeks she had a fall and was taken back to hospital where her spirit finally broke and she died. I am convinced that had she been a younger woman, her treatment would have been entirely different. I am very sad that as a society we place such a low value on older people. We should think on... we are all going to be old one day.

Dr Justine Butler
Senior Health Campaigner

Cathy Moulton Care Advisor at Diabetes UK said:
"All people with diabetes need to ensure that they take their prescribed medications correctly. Problems can occur as people get older and get more forgetful. It can be a challenge for people in residential accomodation to maintain good level of physical activities and to eat healthily.
Staff may find they have the added responsibility of insuring that correct treatment is administered. If tablets or injections are repeatedly missed or given at the wrong time, this may lead to incorrect blood glucose levels and lead to complications. Diabetes is a serious condition and its complications include blindness, amputation, heart disease, strokes and kidney disease.
This means that people with diabetes in care or nursing will need adequate support to help them maintain good blood glucose levels. Diabetes UK is working towards developing clear guidelines that care and residential homes can adopt to make sure that elderly people with diabetes get all the help they need."