Medication Management Service Referral Form

MEDICATION MANAGEMENT SERVICE REFERRAL

A referral to this service, using this form, should ONLY be made if the patient:-

- **Is living independently within their own home AND**
- **Is receiving a formal package of care which has been put in place, AND**
- **The patient or their representative has consented to receiving a formal package of care and also verbally to a referral to this service AND**
- **Their needs have been assessed using the two checklists below which ensures they have a medication support need for which no alternative options of medication support are available (see notes below).**

I …… (insert name) can confirm consent has been given to enter this service and to share the following information with the Pharmacy teams, this has been given by ……. (insert name).

If the patient isn't able to give consent I can confirmed that the patient's representative had the legal powers to do so.

CHECKLIST 1 - IDENTIFIED MEDICATION SUPPORT NEEDS

Factor(s) which affect their ability to take medicines – please describe the factor(s)	
Examples:- Cognitive impairment Mobility Sensory Grip	
Allergies – any known?	
Any additional medicines risk e.g. non-adherence with medicines	
Current medications – if known (please list). Pease give as much information as possible below. (including any over the counter medicines e.g. vitamins)	
Any access requirements	

Please provide information about access and contact below e.g. key safe access only

Who is providing the formal package of care?	

Carers visit on
Please indicate – if known; provide as much information as possible

AM		**MD**		**TT**		**Evening**	

CHECKLIST 2 – OPTIONS OF MEDICATION SUPPORT WHICH HAVE BEEN CONSIDERED - see further guidance on Page 3

Medication Support Option	**Please confirm each has been investigated by writing YES within the respective box below and link these to the factors which affect their ability to take their medicines within Checklist 1 above**
Altering medication presentation is able to be put in place to enable the patient to access their medication. **Examples:-** **large print labels** **larger containers for easier grip** **screw tops instead of no child resistant tops** **blister pack popper can be provided**	
Family support	
Self Management skills/education	
Unpaid carer support	
Assisted technology for prompts	
Reminder chart	
Support phone call from district nurses	

At the point of the initial assessment some simple problems preventing self-

medication may be identified. Solutions can be implemented to overcome the barriers to self-medication with the supplying Pharmacy.

Problem	Solution
Patient has difficulty reading their labels.	Large print labels are available.
Patient cannot access child resistant containers.	Screw-top lids are available, and medication can often be easily supplied in simple bottles rather than those supplied by the manufacturer, the pharmacist will be able to advise if this is appropriate.
Patient cannot manipulate small bottles.	The pharmacy may be able to supply in larger containers that the patient can grip better.
Patient cannot remember when to take multiple medications.	The pharmacy may be able to print out a simple reminder chart to help the patient to manage their medication routines. Not all will be able to handle this request, so discuss with the supplying pharmacy.
Patient is at risk of duplicating doses due to poor memory.	Domiciliary MAR (medication administration record) charts may be available. The patient can mark such sheets to confirm they have taken their doses.
Patient cannot manage the collection of their medication from the pharmacy.	Many pharmacies offer a prescription delivery service.
Patient cannot manage the ordering of their medication from the surgery.	There are additional support options available from GP practices if they are aware the patient requires additional support. Some pharmacies can offer a prescription ordering service with the agreement of the GP practice (possibly in addition to their collection and delivery service).

REFERRAL PROCESS

Contact information for all of the Pharmacies which currently deliver the service is available from the Medicines Management Team or at the link http://psnc.org.uk/barnsley-lpc/lpcs-work/barnsley-pharmacies/

1. **Telephone the Pharmacy; Ask to make a "Medication Management Service" referral. It's very important that this exact language is used and particularly that the term MUR is NOT used (as this refers to a different type of review being undertaken as part of a national service).**

If for any reason the Pharmacy declines to accept the referral then they should be able to advise you of the Pharmacy nearest to them who may accept a referral. Any problems finding a Pharmacy then please contact the Medicines Management Team 01226 433798. Arrange with the Pharmacy how a completed referral form will be received by them e.g. PharmOutcomes, nhs.net mail address or secure email account, post or secure fax (fax should be avoided if at all possible). If sending by email then a test email should be first sent by the referrer.

2. **Complete a referral form (attached) and send it using a secure method of transmission i.e. NHSmail, PharmOutcomes or to a secure fax. Always follow up with the Pharmacy to ensure it has been received. If emailed, ask for a confirmation email to be sent to you or follow up with a call. Email a copy of this form to community nursing team swy-tr.communitynursingreferrals@nhs.net**

Once the Pharmacy has received the form they will have **10 WORKING days to obtain an up to date record of medicines from the GP surgery and undertake a review and complete paperwork.** *Please note that this is not the timeframe for planning any handover of care which will need to be separately planned and agreed.* The Pharmacy will contact the referrer if there are any problems that arise e.g. unable to get a medicines record from the GP surgery OR unable to access patient to undertake the review. Ten working days is a short turnaround time for everything to be completed by the Pharmacy.

It is the Pharmacist's discretion which medicines go into a monitored dosage system (MDS) and sometimes even with the scheme in place there may be a need for nursing or other staff to separately administer some medicines.

3. **The person completing this form (the referrer, section 7) will RECEIVE the completed Medication Management Service care plan from the Pharmacy and it is their responsibility to ensure this is passed on to the Care Provider and that a record is kept.**

4. **The person completing this form (the referrer, section 7) can nominate for someone else to receive the completed Medication Management Service care plan from the Pharmacy (complete section 8). It will then be their responsibility to ensure they Pharmacy care plan is passed on to the Care Provider and that they hold a record.**

5. **If the details of the Care Provider are known at the point of referral then section 9 should be completed so that they will receive a copy of the completed Medication Management Service care plan from the Pharmacy.**

6. **If there are any <u>CHANGES</u> made to medication for any patient using this scheme then the Pharmacy must be contacted by the patient's care coordinator/referrer to inform them. The Pharmacy will complete another review and issue the referrer or those nominated (section 8 and section 9) with a new Medication Management Service medication plan. Whilst this review is ongoing, neighbourhood nursing staff may need to be asked to temporarily administer medicine. When an updated care plan is received from the Pharmacy then it must be issued to the Care Provider who should then remove any previous paperwork which exists in the patient's home**.

7. Referrer Details	
Name of Referrer	
Job Title	
Place of Work	
Work Telephone Number	
Date	

**** please email a copy of this referral to the community nursing team on swy-tr.communitynursingreferrals@nhs.net *****

8. Accepting Pharmacy Details **Pharmacy Name, Contact Details.**	

9. **Please RETURN the medicine management service care plan for this patient to:-**

10. Please also SEND A COPY of the medicine management service care plan for this patient (if appropriate) to:-

Patient's Personal Details	
Title	
Forename	
Surname	
Preferred Name	
Gender	
Date of Birth	
Age	
NHS Number	
First Language	
Second Language	
Address Details	
House/Flat Name/Number	
Street	
Town/City	
Postcode	
Telephone (Landline)	
Telephone (Mobile)	

GP	
GP Name	
GP Surgery Name	
GP Surgery Telephone Number	
GP Address (if known)	

Support Networks	
Next of Kin	
Contact Name and relation to service user	
Home Telephone Number	
Mobile Telephone Number	
Emergency Telephone Number	
First Contact (if not next of kin)	
Contact Name	
Home Telephone Number	
Mobile Telephone Number	
Emergency Telephone Number	
Second Contact	
Contact Name	
Home Telephone Number	
Mobile Telephone Number	
Emergency Telephone Number	

For any complaints, queries or feedback regarding Medication Management Scheme please contact the Barnsley CCG Medicines Management Team on (01226)433798, or email MMSBarnsley@nhs.net

Hierarchy of Responsibility for Completion and Submission of a Medication Management Service (MMS) Referral Form

The MMS Referral form should be populated with as much information as possible to enable the Community Pharmacy to undertake their responsibilities within the service; meet with the client, produce a care plan and communicate with the clients care provider.

An assessment of medication need MUST be undertaken PRIOR to any referral into the service (to prevent an unnecessary referral) and guidance is contained within the referral form to enable and check this has been completed. The person undertaking the referral MUST also provide details of whom should receive copies of the completed care plan.

Whoever undertakes the medication need assessment should provide / pass on as much information as possible to the person responsible for completing and submitting the service referral form.

Hierarchy

1. Staff involved in putting in place and/or reviewing a formal package of care. i.e. Social Care , Continuing Health Care , Re-Enablement, Discharge Liaison

2. If there are no staff involved with the client described within box 1 (above) then the referral form can be completed by clinical staff directly involved with the patients care i.e. Neighbourhood Nursing Service (NNS) nurses, GP's, GP Practice Nurses or Clinical Pharmacists working within GP surgeries

3. If there are no staff involved with the client in boxes 1 & 2 (above) then the referral form can be completed by the a member of the CCG Medicines Management Team. Tel : 01226 433798

Help

Issues regarding form completion or support requests should be made to the CCG Medicines Management Team

Tel 01226 433798