

Medication Management Service



Operating Guide 2019

Definitions – for the purpose of this guideline the terms below are described.

Carers/ Care Staff /Care Worker/Provider

The term ‘carer’ or care worker is used for a paid carer who is commissioned to provide appropriate care and support to a client/service user. For the purposes of this policy the care provided is medicines management.

Commissioners are those individuals who undertake commissioning, which is ‘the process used by health services and local authorities to identify the need for local services; assess this need against the services and resources available from public, private and voluntary organisations; decide priorities; and set up contracts and service agreements to buy services. As part of the commissioning process, services are regularly evaluated’.

Medicines Administration Record is the term used to describe the chart used to record all current medication which is to be administered together with essential information as illustrated in the example provided.

Organisation includes all commissioners and providers (including care providers), unless specified otherwise in the text.

Pharmacist is used for all pharmacists, primary care pharmacists, care home pharmacists and supplying pharmacists. Primary care pharmacists work in the primary care setting and may have a role working with care homes. Care home pharmacists have a dedicated role working in care homes. Supplying pharmacists work in a community pharmacy or may be more remote suppliers operating from registered premises.

Service User/ Client is the term used for the person/people in receipt of care.

Neighbourhood Nursing Service (NNS) the neighbourhood nursing service is essential in preventing unnecessary admission to hospital. Community matrons provide case management for individuals within community settings who have complex long-term conditions requiring support from both health and social care services. District Nurses

Monitored Dosage System (MDS) also known as multi- compartment compliance aids, are medicine storage devices with compartments divided into days of the week and various times of each day, designed to simplify the administration of solid oral dose medication. MDS can potentially address the issues of difficulty accessing medication and following the regimen due to sight impairment and/or confusion /forgetfulness.

Medication Usage Review involves the pharmacist reviewing the patient's use of their medication, ensuring they understand how their medicines should be used and why they have been prescribed, identifying any problems and then, where necessary, providing feedback to the prescriber.

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SERVICE OVERVIEW:

This operating guide highlights the key operating process for the Barnsley Medication Management Service pertinent to Home Care Providers and to which any staff making referrals into the service or involved with a service user receiving the service must comply.

If any of us have a long term condition (often as we grow older) it is not uncommon for us to rely on medication to maintain our health to the best possible. Should we, for whatever reason, be unable to take our medication as prescribed (time, dose etc.) we often rely on those close to us to assist us i.e. this is a skill we are all capable of acquiring. When individuals, or their families, are - for whatever reason – unable to manage this activity – and are in receipt of a care package – those employed to assist them need an effective framework to ensure their capability to undertake this responsibility.

The Barnsley Medication Management Service (MMS) supports Domiciliary Care Services to adhere to and comply with safe working practices. The MMS is intended to support service providers meet the Care Quality Commission (CQC) “Fundamental standards” and following the NICE and Quality standards (NG67 & QS171) for managing medicines for people receiving social care in the community, ensuring patients are receiving appropriate treatment and are supported in using it correctly and communicating that medicines support has started

The operating guide has been developed to enable any person involved with or using the service to understand the operating model for the service and their responsibilities in line with this service.

Establishing the Service

Care managers in line with the “*Barnsley Joint Medicines Management Policy (Adults) for Domiciliary Care Agencies*” will promote service user independence by working closely with them to overcome any barriers to self-medication. This will be done in partnership with pharmacies by offering solutions such as large print labels or easy to open bottle tops.

Where service users are unable to self-medicate, primarily as a result of cognitive decline, a referral can be made to community pharmacies delivering this service. Pharmacies accepting a referral for a service user, would undertake a MMS review in the homes of service users or at the pharmacy when service users have the ability to travel. A Medication Plan will then be produced by the Pharmacy, with the aim of implementing a controlled, safe environment where Home Carer’s are able to carry out assisting and the controlled administration of medication (if required) that meets the specific needs of service users.

Replenishment and disposal arrangements will be discussed and agreed with the service user (and/or family) as part of the MMS review with the pharmacists ultimately responsible for the replenishment and disposal of medication, excluding sharps which can be disposed of at the Sharps Bins Disposal Locations (Appendix 14).

Medication Plans will be forwarded by the pharmacist to those detailed within the referral form. The referrer will have responsibility to dispatch these to the Home Care providers along with the care plans, unless they include within the referral form that the Pharmacist send copies to the Care Agency.

MMS plans will be developed in full consultation with service users, their representatives and carers as part of the MMS review process. The objective is to meet the service user's individual needs and choices. Although Monitored Dosage Systems (MDS) will be utilised in many cases, it should not be the automatic choice of support. Other support such as Medication Administration Records (MAR) for recording purposes, (particularly where medication is deemed unsuitable for MDS such as liquid medication), large print labels etc. may also be considered.

The need for Secure Medication Cabinets (funded by the service user or family) will have been determined during the MMS review by the supporting pharmacist.

To ensure that the environment is as safe as possible, Home Care providers will only undertake assisted and/or controlled administration of medicines when a MMS plan has been established that is based on a robust Medication Plan. Medicines will be replenished by the service users' nominated pharmacy in line with the medication plan and under the accountability of a qualified pharmacist.

Maintaining the Service

When appropriate a service user will be reviewed at intervals to be determined by the Community Pharmacy delivering the service. This may include another MMS review and reissue of an updated medication plan with the service user and/or representative, the carer and where appropriate, the service user's GP, to ensure that it is meeting the needs of the service user. The Medication plan will be re-issued at least every twelve months by the Pharmacy in line with Care Quality Commission requirements.

Home Carer's will be prohibited from collecting prescriptions and returning unwanted or out of date medication to pharmacies for service users. This is due to health & safety and legal implications around Environmental Regulations and controlled drugs. Where prescriptions cannot be collected or medicines returned by the service user or their family/representatives participating pharmacies will arrange to deliver (and collect where redundant medication has been quarantined and made available to be collected from the patients home by the carer). In extreme emergencies Care Managers may collect prescriptions and medication on behalf of the service user.

Medication Plans completed as part of the MMS review will be stored by Home Care providers in the service user's communication log located in their home to enable Home Carer's to reference the information.

Pharmacists will complete an annual MMS review to ensure that the medication is meeting service user's needs. Regular monitoring support will be provided by Home Carer's during their visits, particularly where medication is being reminded. Changes in need will be communicated to domiciliary (Home Care) management for discussion with the community teams who in turn will inform pharmacists where MMS reviews are required.

Changes in medication will be communicated by the GP to the supporting pharmacy along with the necessary new prescription(s) and information on the urgency of the change. The Pharmacy will

then take the necessary steps to incorporate the new medication into any, MDS and/or MAR Chart systems and issue an amended medication plan through the care management team.

Any changes to the service users medication identified by domiciliary (Home Care) staff e.g. GP changes to medication should be immediately communicated to the Community Pharmacy delivering the service, home care staff will update the plan until the community pharmacy is able to provide a review and issue new medication plan. The home care staff will add any short term medicines to the plan e.g. antibiotics.

Service Governance

The medication policy is supported by a clearly defined business process with supporting procedures and underpinned by a robust training plan to ensure that all contributing parties have the appropriate skills and knowledge to discharge their duties and responsibilities.

Participating pharmacy contractors will ensure that staff completing MMS reviews currently have made the appropriate DBS declaration to their professional body OR have the appropriate DBS Check for working with vulnerable adults in line their own Pharmacy employment policies. They should also have had training on the Mental Capacity Act.

All domiciliary (Home Care) providers will be contractually required to ensure that all employed Home Carer's complete rigorous training in respect of the policy, procedures and business process with the appropriate knowledge and skills acquired, underpinned by the "*Barnsley Joint Medicines Management Policy (Adults) for Domiciliary Care Agencies*" and this Operating Guide.

Reporting Incidents / Complaints

All incidents or complaints relating to the MMS will be reported identifiably to the Barnsley CCG generic email for concerns/complaints/queries qualityteam.safehaven@nhs.net

Roles & Responsibilities

Role	Responsibilities
Referrer	
Community Care Team	<p>It is the responsibility of the Community Care Team, when involved with a client, to assess needs and wants and establish the support required and document this on the Care Plan for the service user. Referring for medication support requirements on to the Pharmacist where MMS support is required for assisting or the controlled administering of medication.</p> <p>The Neighbourhood Nursing Service Team are also responsible for working with the Pharmacists to overcome the barriers to self-medication to prevent the need for the MMS such as the removal of child proof lids for people with physical disabilities.</p> <p>The Community Care Team are responsible for reviewing incidents where dangerous medication occurrences have taken place and documented by Domiciliary (Home Care) Managers on Contact Assessments, with referrals made to Safeguarding where deemed necessary in line with current Policies and Procedures.</p>
Pharmacist	<p>It is the responsibility of the Pharmacist to carry out a MMS review. This will identify the specific support requirements in line with the needs and choices of each Service User. The MMS will be introduced through the production of the Medication Plan which will details the type of administration such as MDS or MAR Chart, replenishment and disposal arrangements along with specialist needs such as the requirement for a Secure Medication Cabinet.</p> <p>Pharmacists are responsible for complying with the “Pharmacists Service Continuity Protocols” as detailed in the Operating Guides.</p>
Home Care Worker	<p>It is the carer’s responsibility to ensure they are aware of the service user’s requirements with regards to reminding, assisting & controlled administering of medication, this will be clearly documented in the Care Plan and/or the Medication Plan.</p> <p>It is their responsibility to review the Environmental Risk Assessment and Service User Plan held within the Communication Log prior to you providing medication support.</p>

	<p>To follow intently the Policy, Procedure and Process for Reminding, Assisting and Controlled Administering of Medication.</p> <p>They must contact their Home Care manager if they have any concerns prior to assisting or administering medication.</p> <p>Notify their manager immediately of any problem identified or where they believe that a service user's needs have changed which require a re-assessment or review.</p> <p>It is their responsibility to comply fully with the Dangerous Medication Occurrences Procedure detailed in this Guide.</p>
<p>Home Care Manager/ Registered Manager</p>	<p>The Home Care Manager has the responsibility to support the care worker by referring any concerns carers may raise back to the Community Care Team. They are there to provide further support and guidance if Home Carer's have any questions regarding the Service Users health and well-being.</p> <p>It is your responsibility to comply fully with the Dangerous Medication Occurrences Procedure detailed in this Guide (see Page 33 & Appendix 8).</p>
<p>Team Leaders/Senior Home Carer's</p>	<p>Responsible for working within the homes of service users to offer support and guidance on medication to Home Care workers as well as auditing working practices such as record keeping to ensure compliance to the Medication Policy.</p>

SERVICE POLICIES:

Scope

This procedure applies to all persons responsible for managing Home Carer's and Home Carer's themselves involved with a MMS User.

Training requirements - Home Carer's

All Home Carer's as part of their induction will receive training in the Medication Policy, Procedures and supporting Business Process and be required to provide refresher training every 3 years, with their first line mentors/supervisors such as Senior Home Carer's/Team Leaders contractually required to complete the "Safe Handling of Medication" training.

Training requirements – Pharmacy Staff

All Pharmacies delivering the service will ensure that staff delivering the service is trained and aware of this guide and the processes contained within it. Any further training requirements identified by the pharmacy should be highlighted to the CCG via the Medicines Management team by contacting 01226 433798 or barnsleyccg.mmsbarnsley@nhs.net . Pharmacy staff involved in delivering the service should undertake training on both the Mental Capacity Act and Safeguarding training. A log of the pharmacy staff that has completed the training requirements should be stored within the pharmacy.

*Health Education England provide free training modules on Level 1 and 2 Safeguarding Adults <https://portal.e-lfh.org.uk/>

It is best practice for pharmacies to send representation to the Pharmacy BEST event where the MMS service is on the agenda.

The Barnsley Health & Social Care Medication Guidelines for Domiciliary Care should be adhered to when delivering this service. These can be found at <http://www.barnsleyccg.nhs.uk/members-professionals/domiciliary-care.htm>

They will be registered on PharmOutcomes as delivering the service AND have made the appropriate current DBS declaration to their professional body OR have the appropriate DBS Check for working with vulnerable adults in line their own Pharmacy employment policies . (All requirements are contained within the Service Specification)

MMS reviews may also be undertaken by Pharmacy staff qualified to level 2/3 – as accredited and delegated by the superintendent and/or responsible pharmacist.

Consent

The Law states that medication support may only be given with the written consent of the Service User.

This is obtained at the time of undertaking the initial MMS referral when the Care Plan detailing the activities to be undertaken by the appropriately trained Home Carer(s) is completed and subsequent documents such as the Service User Plan and Medication Plan are produced ahead of

services commencing. The Pharmacy may also obtain consent before undertaking the MMS review with the patient.

Where consent is unable to be given by the Service Users themselves, consent should be obtained from an authorised person acting on behalf of the Service User e.g. Guardian, 3rd Party, Next-of-Kin.

In situations where consent is refused, the refusal should be documented and it would not be appropriate to make a referral to the service.

Definition of Medication

Medication for the purpose of this guidance only includes products prescribed for the treatment of Service Users, which are taken by mouth or applied externally in line with approved Medication and Healthcare activities.

Oral medication

Taking prescribed/non prescribed tablets or medicine is the responsibility of the Service User. Where a Service User is living alone and is unable to perform this activity safely then, following a MMS review by a pharmacist, a Home Carer can undertake the controlled administering of medication as detailed on the Care Plan and the Medication Administration Record (MAR) in line with the *“Barnsley Joint Medicines Management Policy (Adults) for Domiciliary Care Agencies.*

Remind

Reminding for the purpose of these guidelines means an occasional reminder or prompt from the Home Carer for the Service User to take their medicines after checking that the medication is required (refer to Work Roster Communication Log/Care Plan).

Medication Management Service

The above is implemented once the pharmacist has completed a MMS review and is detailed in the Medication Plan with Monitored Dosage Systems (MDS) and/or a Medication Administration Record (MAR) established.

MMS is implemented in full consultation with the service user to ensure that it meets their needs and individual choices. The system establishes a safe environment in which assisting and controlled administration of medication can be undertaken by Home Carer’s in line with the regulations and standards stipulated by the Care Quality Commission.

Under the control of the MMS Home Carer’s who have received the required training will be able to assist with medication or undertake the controlled administration of medication.

Assist

An assist with medication is defined as when a Home Carer removes the tablets or capsules out of a MDS or other container using a non-touch method and passes them to a service user along with a drink of water.

Assist would also be required whereby a Home Carer was instructed to observe and record that a Service User had taken their medication.

Controlled Administration

Controlled Administration of medication is defined where a carer removes the tablets from a MDS or other container and with the previous written consent of the service user or advocate provided through the Care Plan and Medication Plan places them on his/her tongue and encourages the service user to swallow the drugs by offering a cup of water to his/her lips.

The above may also be defined where a Home Carer measures out a dose of liquid medication as instructed by information detailed in the supporting MAR Sheet

COMMUNITY CARE TEAM PROCESSES

Initial Service User Assessment & Service Establishment

An initial assessment of the service user should be made to determine whether they have the capacity to self-medicate.

If not then it should be determined whether a member of the service user's family could ensure that adherence to medication is achieved.

Where a decision is made to refer a client to a Community Pharmacy for a MMS plan to be put in place then the family should be encouraged to respect the time required to set up the service which may be greater than 10 working days from a referral being accepted by the Pharmacy.

Where family are unable or not available to provide medication support, the Neighbourhood Nursing service may be able to provide this until a MMS plan is established.

How to overcome the Barriers to Self-Medication

At the point of the initial assessment simple problems preventing self-medication maybe identified. Solutions can be implemented to overcome the barriers to self-medication with the supplying Pharmacy, to prevent or delay the Service User’s referral to the MMS

The table below should be used to address these common problems prior to considering an MMS referral.

Problem	Solution
Service User has difficulty reading their labels.	Large print labels are available.
Service User 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.
Service User cannot manipulate small bottles.	The pharmacy may be able to supply in larger containers that the Service User can grip better.
Service User cannot remember when to take multiple medications.	The pharmacy may be able to print out a simple reminder chart to help the Service User to manage their medication routines. Not all will be able to handle this request, so discuss with the supplying pharmacy.
Service User is at risk of duplicating doses due to poor memory.	MAR (medication administration record) charts may be available. The Service User can mark such sheets to confirm they have taken their doses.
Service User cannot manage the collection of their medication from the surgery and/or pharmacy.	Many pharmacies can offer a prescription collection and delivery service.
Service User cannot manage the reordering of their medication from the surgery.	Some pharmacies offer a prescription ordering service (possibly in addition to their collection and delivery service).
Service User cannot remember when to order their regular medication from the surgery.	If the pharmacy offers a prescription ordering service, they may be able to schedule a regular order for the Service User to help reduce the risk of them running out of their regular medication.

This covers the majority of “simple” problems. Where multiple problems are present, or there is any uncertainty, the Service User should be referred into the MMS. Pharmacists are experts in handling more complex problems and have great experience providing advice to patients to improve their compliance with prescribed medication.

This document provides guidance in handling simple problems. It may be appropriate to try something from the above table, but the Service User should be monitored closely to gauge its success or failure.

Referral

Referral can be made by anyone who is professionally competent to undertake a Medication Needs assessment i.e. Social Care Manager, Neighbourhood Nursing Service Nurse, GP, Clinical Pharmacist, discharge liaison or another similar source refers service user into the MMS. **Referrals cannot be made by a Home Care Agency.**

Pharmacies only accept referrals where the current CCG endorsed referral form (Appendix 1) is appropriately completed by those able to undertake an assessment as outlined in the Hierarchy of Responsibility for Completion and Submission of a MMS Referral Form (Appendix 2)

On hospital discharge, if the service user has previously been in receipt of MDS they will be discharged on one. If they were previously on a medication management system, the discharge note will be used temporarily as a medication plan in lieu of a new medication plan being issued by their community pharmacy.

If they have not and are identified as being unable to self-medicate, they will be referred to their regular pharmacy (if participating in the medication management service) and enough medication will be dispensed to see the Service User through to the end of the assessment period.

Confirm with the Patients nominated Pharmacy that they are able and capable of providing an MMS service to the patient.

Details of the discharge will be sent electronically or faxed to the pharmacist and GP, along with a named contact at the hospital to ease discharge.

For service users referred into the MMS by social care agencies or Neighbourhood Nursing Service, they will first conduct an initial assessment of ability of SU to self-medicate.

If “simple” barriers to self-medicating are identified then the Service User will be provided with a summary of how these can be tackled without referral into the MMS.

If the service user’s regular pharmacy is not undertaking delivering the MMS then service users should be referred to a participating pharmacy most local to them delivering the service.

If the barriers cannot be overcome, and the service user meets criteria for referral into the service (included on the service referral form) then service users will be referred to a Pharmacy participating in the service using the referral form.

Follow the Pharmacy Processes section to understand actions within undertaken by the Pharmacy.

Once the Medication Plan has been received it should be placed within the service user's care plan and accessible by all carers involved in the Service User's care (as appropriate). Service users may be cared for by a number of different carers.

MAR sheets and other documentation to be used by carers to record their activity in relation to the administration/reminding support outlined in the Medication Plan.

COMMUNITY PHARMACY PROCESSES

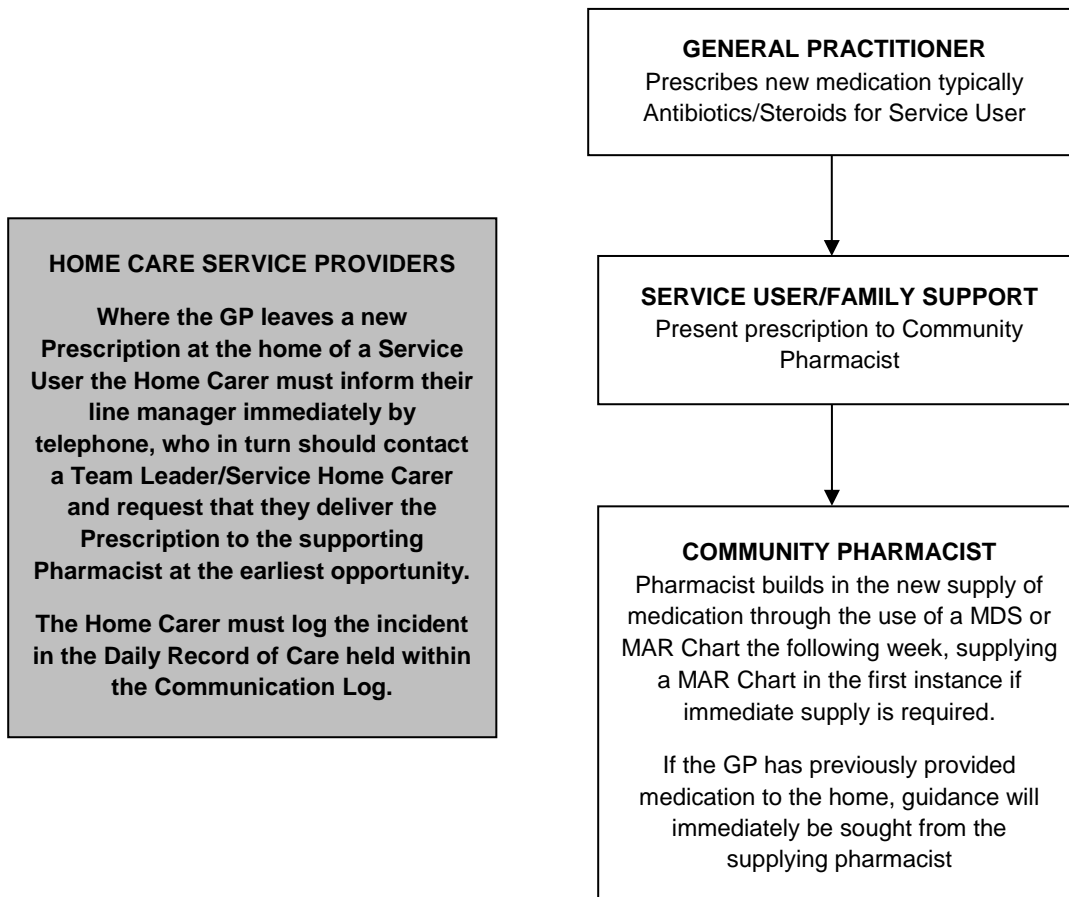
Summary

Step 1a	Request made from either patient, family member or GP. Refer this request into the MMS by contacting the appropriate Community Care Team.
Step 1b	Referral received – see Referral Form
Step 2	MMS Review to be arranged with Service User, consent to the review obtained
Step 3	MMS Review conducted (at Service Users home or in Pharmacy) and Medication Plan written.
Step 4	Copy of Medication Plan sent to Referrer within 10 working days and record within PharmOutcomes. Copy of medication plan also sent to the patients GP practice via the practices allocated Clinical Pharmacist (Appendix 13)
Step 5	Support as per medication plan supplied within at least 15 days of Medication Plan production.
Step 6	Respond to changes to medication from interim prescriptions received/information gathered from carer/family/GP. Where antibiotics supplied mid-week home carers/GP will notify pharmacy and pharmacy will provide MAR chart with interim medication.
Step 7	Continue support and ongoing undertake recording of activity monthly within PharmOutcomes.
Step 8	Forward amended medication plans as directed by most recent referral form.
Step 9	Review medication plan at least every 12 months via a MMS Review (or earlier if circumstances necessitate) and forward new medication plans as directed on most recent service Referral form and record within PharmOutcomes. Updated plans should also be shared with the patients GP practice (appendix 13).

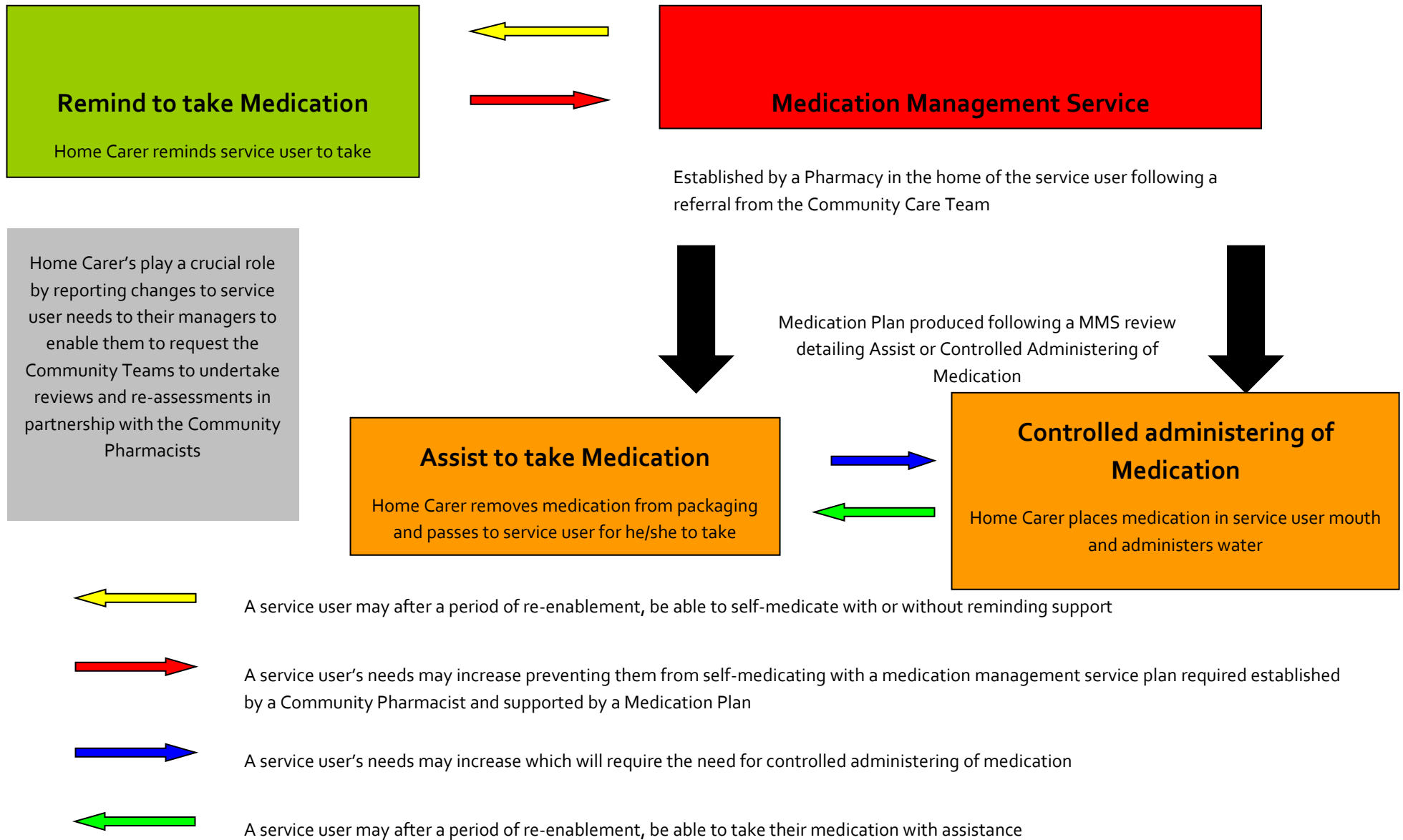
Medication changes

Home Care Medication Management Process Community Based Changes to Medication

The process enables a controlled environment in which a Medication Management System can be implemented to meet the needs of Service Users enabling the reminding or controlled administering of medication by Home Carers in line with the regulations & standards stipulated by the Care Quality Commission.



Remind, Assist and Controlled Administering of Medication



Protocol for Assessment by Community Pharmacist Medications prior to inclusion in the Medication Management Service and who provides medicines within an MDS

1	Identify medications not prescribed for daily use. (e.g. once weekly) and confirm what day of the week this medication is taken
2	Are there any medications that cannot be included in an MDS due to stability issues?
3	Pharmacist should make a judgement as to the clinical appropriateness of inclusion in MDS of any high risk medications (e.g. methotrexate, warfarin) Typically administered by District Nurses NOT Home Carer's.
4	Where the pharmacist makes the judgement that a drug may be included, consider the practical aspects of the dosage regime for that drug (e.g. risedronate must be taken 30 minutes before first food, drink or other medication of the day). ➤ <i>Ensure that this is recorded clearly on the Medication Plan, and sufficient notes are made and attached to the Service Users PMR. These notes must incorporate all the necessary information to allow the Carer to be aware of how this drug is taken safely.</i>
5	Consider the need for additional labelling to clarify any special instructions. As a minimum this should include a note in the dosage field stating "Check the Medication Plan".
6	Ensure that the Service User and/or carer receive adequate counselling to explain both the adjusted regimen and the reasons for this. This is likely to involve the issue of a patient information leaflet for the relevant drug.

Responsibilities of the Pharmacist

This acts as a summary of the key responsibilities of the participating pharmacist (this includes the staff under their supervision) in the execution of the LES.

- On receipt of a valid referral, to contact Service User and/or the appropriate Next of Kin/representative to arrange a MMS REVIEW at either the pharmacy or the Service User's home within 10 days of the referral.
- Devise an appropriate Medication Plan.
- Transmission of the completed Medication Plan to the relevant Care Team and a copy sent to the patients GP practice (appendix 13)
- Deliver the level of support indicated by the Medication Plan within 15 days of the receipt of the referral.
- The ordering and processing of prescriptions.
- Monitoring changes to the Service User's medication through mid-cycle changes and interim prescriptions (where this is possible). Liaising with the Service User's surgery as necessary.
- Putting changes into place to account for discharges from hospital (using details provided by the hospital pharmacy).
- Liaising with care staff to ensure appropriate supplies continue and contingency plan.
- To review the Medication Plan establishment, annually thereafter; and as necessary should there be significant changes to the Service User's condition/treatment/circumstances.
- Forwarding updated Medication Plans to the relevant Care Team after each medication change and review, and a copy sent to the patients GP practice (appendix 13)
- Arranging mutually beneficial delivery schedules with Service User.
- Forwarding details of how to purchase secure medication storage boxes where this is appropriate.
- Maintaining appropriate records within the pharmacy to ensure safe and effective continuity of support.
- Ensure that support staff are appropriately trained.
- Submit monthly claims by the 5th working day of each month.
- Comply fully with the Pharmacists Service Continuity Protocols (Appendix 6)

How to complete the MMS review / Assessment

- Once a Service User has been referred into the MMS, the pharmacist has a period of **10 days to arrange, carry out an MMS Review and fax or send via secure email the Medication Plan** to the referrer, unless it is included within the referral that the pharmacist can send copies to the care agency.
- The MMS REVIEW may take place within the pharmacy if the Service User is able to get there. If this isn't possible the MMS REVIEW is to take place in Service User's home.
- It may be appropriate for the Service User to be accompanied by a carer or family member (this must be with the consent of the Service User or under Mental Capacity Act requirements). As one of their problems may well be cognitive decline, this may enable a better collation of facts and clarification of responses.
- At the point of referral, the referrer will have provided any necessary information pertaining to the care package available to the service user such as number of visits per day.
- Gain consent from the patient to receiving the Medication Management Service (consent forms Appendix 16)
- As part of the MMS REVIEW, establish any problems that the Service User is experiencing which prevents them from self-medicating.
- Please take note of any references to the amount of daily visits Service User's receive from Home Care Providers as it may be appropriate to consolidate dosage intervals and timings to best accommodate the support available. For example, Simvastatin, may normally be prescribed and taken at night, but carer support may not be available or necessary. In this instance, moving the dosage to early evening (i.e. teatime) is both appropriate and clinically preferable, if necessary refer such issues to the GP and action point on the MMS REVIEW. **(NOTE: Adjustments should ONLY ever be made that are in the service users best interest)**

Completing the Medication Plan

- After the MMS REVIEW is completed and any necessary actions have been referred to the Service User's GP, the Medication Plan must now be written if Assist or Controlled Administration is needed. Best practice is that the plan is computer generated as it reduces workload when amending, reduces chances of transcription errors and reduces problems associated with faxing.
- The Assessing Pharmacy team member *must make their own decision* as to the capacity of the service user and indicate this in the "Service User Capacity" section. If self-medicating is not suitable due to a lack of mental capacity a record should be kept of this decision on the Service user's PMR record (see Mental Capacity Act)
- Clear direction must be provided through the Medication Plan to Home Care service providers and include under the "Service User Capacity" section whether the Home Carer will be required to **Assist** or undertake the **Controlled Administration** of medication. Definitions of assisting and controlled administration of medication can be found in Appendix 5
- At this point you may feel a secure storage box is appropriate to recommend to the Service User and their family.
- Details about the Service User's Home Care Provider and secure storage box code, and location will be completed by the Home Care Provider after the Medication Plan has been completed and forwarded to the appropriate Community Care Team by the pharmacist.
- When completing the medication details, separate the drugs into those in the MDS and requiring carer support, those not in the MDS and requiring carer support and then those not in the MDS and requiring support from someone else e.g. Community Nurses.
- For Medication not included in the MDS but requiring support, a MAR should be provided. Where medication may not be taken every day e.g. weekly dose or when required (PRN) medication, a cross "X" should be used to indicate the time of day this should be taken.
- Complete the collected by box in consultation with the Service User and family/representatives only where delivery is not appropriate for whatever reason.
- Complete Disposal arrangements and any additional notes where appropriate

Now the Medication Plan is complete, provide a copy to the Service User, the relevant Care Team and carry forward the necessary support.

Maintaining the Service

- Effective maintenance of the service relies heavily on communication with the Carer and the service user's GP.
- Review of the service may be required for a number of reasons including carer feedback, medication left in the MDS or annual review.
- After Review, if there are any changes, a new Medication Plan has to be produced and transmitted immediately to the Home Care provider to be included in the Care Plan.
- When dispensing the Service User's medication, pay particular attention to labelling needs, so that the Service User and their carer is able to understand any special precautions/instructions with any of the items involved.
- When supplying a MAR sheet, ensure a label is attached to any MDS pack stating, "Please see MAR sheet for medication not supplied in this pack".
- Consider the impact of any special precautions of particular drugs, and make changes to dosage times as appropriate.
- Ensure NPSA guidance is followed in respect to drugs such as Warfarin and Methotrexate.

Reviewing the Medication Plan

- **The principle aim of the review is to provide support to the Service User to be able to self-medicate**, with or without simple reminding support from their carer.
- Once the review is complete, a judgement has to be made as to whether the service user can self –medicate, "self-medicate with reminding support", needs assistance or controlled administration. This box **MUST** be completed to complete the process.
- If, after providing necessary support, you believe that reminding support is needed, tick the appropriate box. If this isn't ticked, it will not happen.
- Reminding support is defined by the Barnsley Health & Social Care Medication Procedure and will not require a MMS referral to be established if the barriers to self-medication have been overcome by, for example the use of large print labels or removal of Child Proof Containers.

CARER PROCESSES

It is important that Home Carer's review the Medication Plan held within the Communication Log during each visit as the Plan may change as a result of the MMS reviews (MMS REVIEW) or a change to medication.

Remind

Reminding for the purpose of these guidelines means an occasional reminder or prompt from the Home Carer for the Service User to take their medicines after checking that the medication is required (refer to Work Roster Communication Log/Medication Plan).

Having reminded the service user to take their medication, the Home Carer will complete the document titled "Record of Medication Reminded by Home Carer" (Appendix 9) located in the Communication Log and make an appropriate record in the Daily Record of Care.

A persistent need for reminders or where a service user is forgetting to take his/her medication may indicate that a Service User does not have the capacity (mental or physical) to take responsibility for their own medication and should trigger a review of the Medication Plan, which may require a MMS review by the pharmacist and a MMS being established.

The Home Carer must notify their Manager immediately so that they can request that the Medication Plan be reviewed and record the notification in the Daily Record of Care.

The Home Care Manager will then notify the Care Manager by immediately completing a Contact Assessment form to ensure suitable provision is made at the earliest opportunity by the Care Management team.

The Home Care Provider should await confirmation that the Care Management team has made alternative arrangements for support with medication and notify Home Carer's accordingly.

Home Carer's must not undertake assisting or controlled administration of medication until such time as the supporting documentation is received (i.e. Care Plan and Medication Plan).

Assist and/or Controlled Administration

Having completed both the assisting or controlled administration of medication from a MDS the Home Carer will complete the document titled “Record of Medication Assisted or Controlled Administering by Home Carer” (Appendix 10) located in the Communication Log and make the appropriate record in the Daily Record of Care.

Where medication has been assisted or administered from the originally prescribed packaging (i.e. not in an MDS), the MAR Sheet should be completed and the appropriate record placed in the Daily Record of Care.

Where a service user is no longer able to take medication as part of the existing MMS plan with assistance, the Home Carer after approval from his/her Line Manager, can undertake controlled administering of medication until such time as the Medication Plan has been updated by the participating Pharmacist.

The Line Manager once notified of the above by the Home Carer must complete a Contract Assessment ASAP to request through the Community Care Team that a Pharmacist complete a MMS review and provide an updated Medication Plan.

General Forms of Administration of prescribed Medication and Health Related Activities

- From Monitored Dosage System (MDS)
- From original container (when it cannot be placed in MDS)
- Liquid medication
- Creams / gels – Refer to Approved Moisturising Cream List (Appendix 3)
- Inhaled medication*
- Eye, ear and nose drops*
- TED and compression stockings*

*** The above activities may NOT be undertaken by a Home Carer without current appropriate training by a District Nurse who confirms that the Home Carer is competent to undertake the activity. This confirmation must be in written form and must be kept by the organisation.**

From MDS / Original Container as Detailed Above:

Always follow instructions for administration issued on the MDS

- Check the Service User's identity.
- Check that the medication is for the correct Service User and any MAR sheets relate to this Service User.
- Confirm that this activity is detailed on the Care Plan.
- Check the communication log and MAR to ensure medication has not already been taken.
- Check the time indicated on the MDS and/or MAR is the actual time assisting and controlled administration is taking place.
- Check how the medication has to be given (e.g. after food, not with certain drinks).
- Undertake the controlled administration of the medication in line with Care Plan/ Medication Plan.
- Record on the "Record of Medication Assisted or Controlled Administering by Home Carer" (and MAR if appropriate).
- Where antibiotics have been prescribed, record in ink the full instructions from the originally prescribed packaging on a blank MAR Sheet and into the appropriate record in the Daily Record of Care.

The Pharmacist may have decided that certain drugs (such as Warfarin or Methotrexate) **SHOULD NOT** be assisted/administered by Home Carer's. These should then be administered by either a family member or District Nurse and this will be indicated on the medication plan.

Where medication is found in the home which is not detailed on the MAR Sheet, Home Carer's should:

- Contact their line manager for guidance.
- The Home Care Manager should contact the participating Community Pharmacy immediately to establish whether or not the medication should be given and agree arrangements for the Pharmacist to include the medication as part of the Medication Management Service ASAP if it should be taken.
- The Home Care Manager should advise the Home Carer of the decision made.
- Home Carer to record the outcome on the Daily Record of Care in the Communication Log and, if medication is to be given, on the Service Users Medication Record and the Blank MAR Sheet provided, until such time as it is included within the Medication Management System if it is required to be taken on an ongoing basis.

Liquid Medication

- Check the Service User's identity.
- Check that the medication is for the correct Service User and the MAR Sheet relates to the correct Service User.
- Check that the medication is still in date & stored in accordance with manufactures instructions.
- Record in ink on the container label and in communication log the date the container was opened if you are opening it for the first time.
- Confirm the dosage on the label is the same as detailed on the MAR Sheet.
- Confirm that this activity is detailed on the Care Plan.
- Check the documents in the service users Communication Log and MAR Sheet to ensure medication has not already been taken.
- Check the time indicated on the MAR sheet is the actual time being given.
- Check how the medication has to be given (e.g. after food, not with certain drinks).
- Measure out the correct dosage using the measuring container provided by pharmacy.
- Undertake the controlled administration of the medication in line with Care Plan/Medication Plan.
- Record on the "Record of Medication Assisted or Controlled Administering by Home Carer" and MAR Sheet.

Creams / Gels

Approved Moisturising skin creams (see Appendix 3) should be applied **ONLY** and only as part of an ongoing treatment for a skin condition.

Always check with your Line Manager prior to applying creams which are not detailed on this list.

- Check the Service User's identity.

- Check that the cream is for the correct Service User and the MAR relates to the correct Service User.
- Check that the cream is still in date & stored in accordance with the manufactures instructions.
- Record in ink on the container label and in communication log the date the container was opened if you are opening it for the first time.
- Confirm that this activity is detailed on the Care Plan.
- Check the communication log and MAR Sheet to ensure the Cream has not already been applied.
- Always follow your organisation’s infection control procedures when applying creams.
- Apply as detailed on the container and MAR Sheet (moisturisers are NEVER rubbed in but should be smeared on and left to absorb)
- Record on the “Record of Medication Assisted or Controlled Administering by Home Carer” and MAR Sheet.

Inhaled Medication – includes Inhalers, Nebulisers and Oxygen

This may not be undertaken by Home Carer’s without current appropriate training by a District Nurse who confirms that they are competent to undertake the activity. This confirmation must be in written form and must be kept by the organisation, and updated annually.

Where oxygen is to be provided, any risks relating to Control of Substances Hazardous to Health (COSHH) should be recorded on the Environmental Risk Assessment undertaken by the Locality Manager. In addition to this, further guidance regarding oxygen is provided by the installing contractor.

- Check the Service User’s identity.
- Check that the medication is for the correct Service User and the MAR Sheet relates to the correct Service User.
- Check that the medication is still in date.
- Record in ink on the container label and in communication log the date the container was opened if you are opening it for the first time.
- Confirm that this activity is detailed on the Care Plan and Medication Plan
- Check the communication log to ensure medication has not already been taken.
- Check how the medication has to be given.
- Assist with the inhaler as detailed on the MAR Sheet, Medication Plan and Care Plan. **Care must be taken to give the inhaler in the order stated if there is more than one.**
- Record on MAR sheet. If there is more than one inhaler the care worker should record the order in which they were given.

Eye, Ear and Nose Drops

Controlled administration of these may not be undertaken by a Home Carer without current appropriate training by the community nurses who confirms that the Home Carer's is competent to undertake the activity. This confirmation must be in written form and must be kept by the organisation.

Refer to the Barnsley CCG Eye, Ear and nose drops that can be administered by domiciliary care providers ([link to guidance to follow](#))

- Check the Service User's identity.
- Check that the medication is for the correct Service User and the MAR relates to the correct Service User.
- Check that the medication is still in date.
- Record in ink on the container label and in communication log the date the container was opened if you are opening it for the first time.
- Confirm that this activity is detailed on the Care Plan and/or Medication Plan.
- Check the communication log to ensure medication has not already been taken.
- Check how the medication has to be given.
- **Always follow your organisation's infection control procedures when instilling drops.**
- Instil as detailed on the container and MAR Sheet.
- Record on MAR Sheet.

Thrombo-Embolitic Deterrent (TED) / Compression Stockings

Fitting of these may not be undertaken by a Home Carer without current appropriate training by the community nurses who confirms that the Home Carer is competent to undertake the activity. This confirmation must be in written form and must be kept by the organisation. This activity must also be detailed in the Care Plan.

Dispensing and Storage of Medication

Medication should be stored in a safe but accessible place which should be detailed in the providers Service User Plan and in accordance with the manufacturer's instructions.

Where a Medication Plan states that a secure box is necessary, the access code and location of the box should be detailed in the Service User Plan as part of the initial service establishment visit. The copy of the Service User Plan held within the Communication Log in the service users home should have the access code deleted or obscured to prevent the service user from accessing the Secure Medication Cabinet.

Disposal of Unused, Out of Date and No Longer Needed Medication

Unused, out of date or no longer needed medication should be returned to the pharmacist in line with the Medication Plan provided by the pharmacist. Home Carer's are prohibited from returning medication, where service users and family/representatives are unable to return medication participating pharmacists may collect but the medication will need to be quarantined and made available when the pharmacy next make a delivery. Arrangements should be made to return unused PRN medication to the Pharmacist each Month to prevent stock piling.

Sharps such as needles should not be returned to the pharmacy. Details of sharp bins locations (appendix 14)

Collection of Prescriptions

Arrangements for the collection of prescriptions will be detailed in the Medication Plan provided by the pharmacist. Home Carer's are prohibited from collecting prescriptions. Where service users and family/representatives are unable to collect participating pharmacists will deliver.

New Prescriptions

Home Carer's must notify their line manager by telephone immediately when discovering new prescriptions left by GPs in the homes of service users and record the telephone conversation in the Daily Record of Care located in the Communication Log.

The Home Care Manager will request that a Senior Home Carer/Team Leader visit the service user's home at the earliest opportunity to collect and deliver the new prescription to the participating pharmacist.

Environmental Risk Assessment

In line with the Care Quality Commission regulations a comprehensive Environmental Risk Assessment is carried out by the Home Care Provider prior to services commencing, which includes assessment of any risks associated with the Service User's medication.

A copy of the Environmental Risk Assessment is available within the body of the Communication Log held in a safe place within the Service User's home, as a key reference point for all Home Carer's. The original document is maintained in the Service Users file at the Home Care providers Headquarters.

The levels of risk associated with medication will be reviewed and monitored on an ongoing basis.

Home Carer's must notify their Line Managers immediately of any incidents

relating to medication that may be harmful to the service user or themselves and record the incident in the Daily Record of Care.

Data Protection & Confidentiality

Consent

The service user has confirmed consent to entering the service, and to share personal data with the pharmacy teams. If the patient is unable to give consent the patient's legal representative is able to do so.

Accessing Records

Permission should be sought from the service user prior to accessing any data.

Completing Records

It is essential that all records relating to the service user are completed accurately and are kept up to date, producing a clear audit trail

Storage

All records are required to be stored securely to prevent unauthorised access.

HOME CARER'S MUST NOT:

- Undertake controlled administration of any medication unless a Medication Management plan has been implemented and is replenished by the pharmacist.
- Give injections
- Make up measured dosages boxes
- Apply or change any dressings
- Apply creams other than moisturising products, or if signed off as competent by the community nursing team.
- Undertake treatment baths as part of wound care or where there is exacerbation of skin disease
- Administer any other forms of medication or homely remedies
- Give any rectal suppositories
- Give insulin
- Administer through Percutaneous Endoscopic Gastrostomy 'PEG' (unless they have completed the relevant extra training)
- Change stoma, colostomy or ileostomy bag (unless they have completed the relevant extra training)
- Change catheters

Dangerous Medication Occurrences

The purpose of the procedure is to ensure that dangerous occurrences in respect of medication are rectified in a consistent, timely, effective and communicative manner with the aim of safeguarding the service user. Care and attention by Home Carer's to the established medication management system for each individual service user is paramount to minimising the incidents of dangerous occurrences.

1	<p>Home Carer on realising that he/she may have provided the wrong medication, (that contravenes the Barnsley Medication Policy & Procedural Guidance) at the wrong time or dosage or missed dosage when assisting or controlled administering, will immediately contact the supporting Pharmacy detailed on the Medication Plan (during normal office hours) to seek advice on how the problem should be rectified (Out of Hours - NHS 111)</p>
2	<p>Home Carer will act immediately on the advice given by the Pharmacy or NHS 111 and record the actions taken accurately in the Daily Record of Care.</p>
3	<p>Home Carer will immediately on completing the Daily Record of Care contact their Care Coordinator or the Out of Hours Manager to communicate the issues and request an Accident and Incident Form which they will complete and submit in a timely fashion to their Line Manager. The out of hours manager may also authorise an Ambulance be requested where there has been no response from NHS 111 within 30 minutes of the initial call or if the service users health deteriorates.</p>
3	<p>Home Carer will immediately on completing the Daily Record of Care contact their Care Coordinator or the Out of Hours Manager to communicate the issues and request an Accident and Incident Form which they will complete and submit in a timely fashion to their Line Manager. The out of hours manager may also authorise an Ambulance be requested where there has been no response from NHS 111 within 30 minutes of the initial call or if the service users health deteriorates.</p>
4	<p>Medicines related safeguarding reporting: BARNSELY SAFEGUARDING ADULTS BOARD DECISION SUPPORT GUIDANCE 2018-2019 Supporting a proportionate, person-centred response to keeping adults in Barnsley safe. https://www.barnsley.gov.uk/services/children-families-and-education/safeguarding-families-in-barnsley/safeguarding-adults-in-barnsley/for-professionals-and-volunteers/</p>

Extracted from the guidance in relation to dangerous medication occurrences and when to report as a safeguarding concern;

Limited impact on adult/no or limited risks to other adults MAY not need to be referred as S42 concerns example;

- One-off medication error for one adult, no harm occurred, and adult does not want any action taking.

Serious risk to adults or significant harm occurred. Likely involvement of medical, police or other emergency services must be shared as S42 concerns example:

- Recurring missed or incorrect medications even if they did not result in harm to adult
- Deliberate maladministration of medication by family or staff
- The care provider runs on high use of agency staff who are not given appropriate inductions and multiple errors occur in providing care to adults

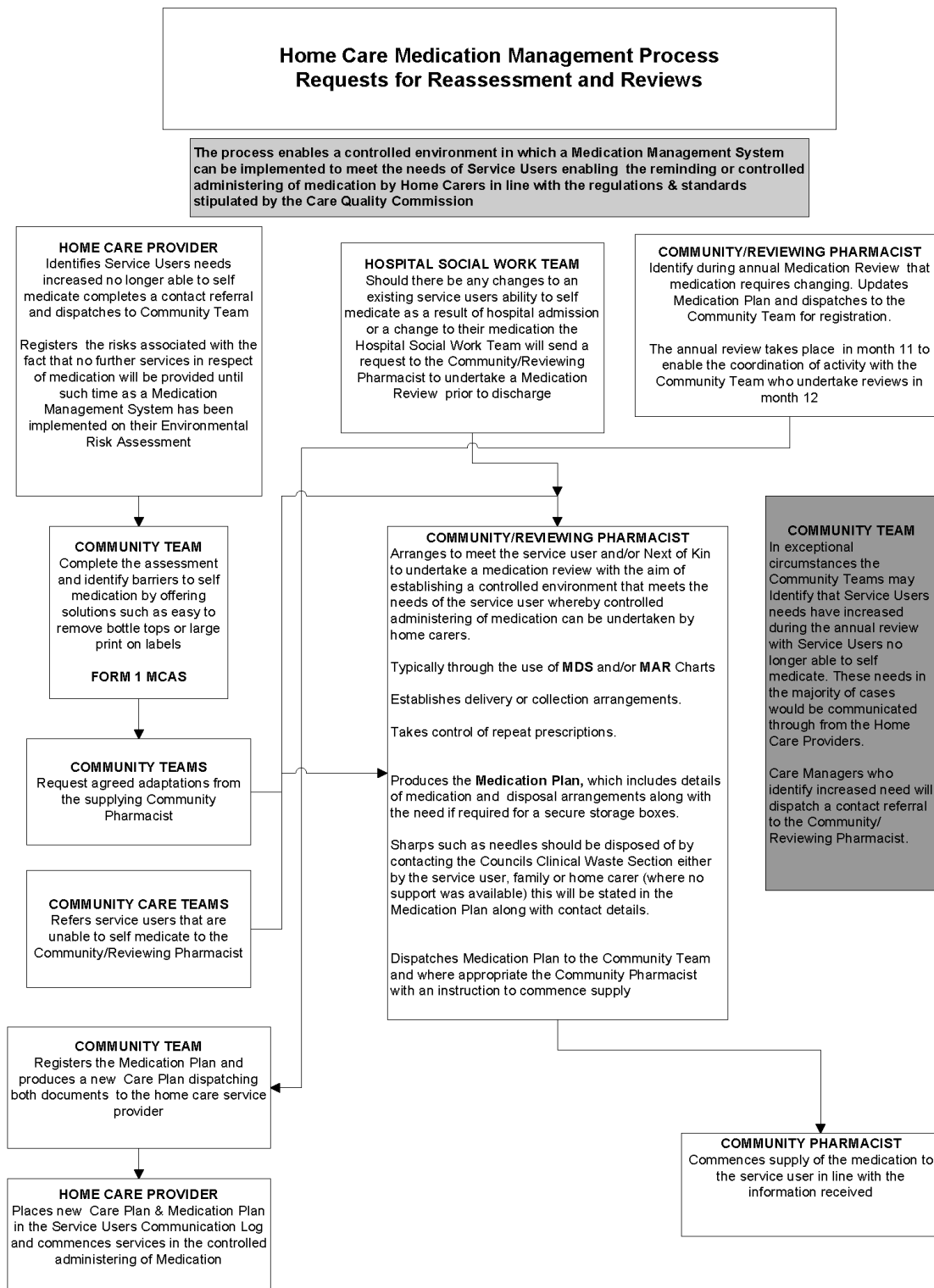
If a partner or independent organisation decides not to raise a safeguarding concern with the local authority, they must be able to evidence: A detailed record of the incident, evidencing the vulnerability of the adult, the impact on the adult, what actions have been taken to address the immediate risks and to prevent further harm? (For independent providers this record must be shared with commissioners/contract management colleagues as required), A recording system that supports identification of repeat concerns about the same issues and /or adult(s) and not be reliant on memory of managers/staff and that discussions have taken place with the adult or their advocate/family about their views on what responses are required/available, this should include the option to raise a safeguarding concern with the local authority. If any doubt exists about the need to raise a safeguarding concern, advice should be sought via the Customer Access Team: Telephone: 01226 773300

Email: Adultsocialservices@barnsley.gcsx.gov.uk (please use fax if you do not have a secure email –nhs, gcsx, gsi etc; workers within BMBC can use their email address – barnsley.gov.)

Fax; 01226 774949 (Safehaven)

Repeat low level concerns relating to the same adult or issues MUST be shared in a timely manner with the Local Authority. Failure to do so may result in an organisational safeguarding enquiry being commenced.

Home Carer request for Reassessment and Review



COMMUNITY NURSING PROCESSES

The role of community nurses in this service will vary depending on service user requirements and medication issues.

Full Medication Support

Community nursing may be required to supply full medication support for the service user during the period between Initial Assessment by the Community care team and establishment of the MMS.

At this point, pressure should not be put on the community pharmacy to complete their assessment quickly or influence their professional judgements.

Partial Medication Support

Once a MMS plan is established, District nursing support may still be necessary for the administration of certain medications (e.g. Warfarin, methotrexate) and medicated creams.

For the administration of Inhaled medication, eye drops, ear drops, nose drops and the fitting of TED or Compression hosiery, District nursing support is only required when the individual Home Carer has not been trained and confirmed as competent.

Training of Home Carer's

Training and confirmation of competence for Home Carer's to administer Inhaled medication, eye drops, ear drops, nose drops and the fitting of TED or Compression hosiery

GP (Prescriber) PROCESSES

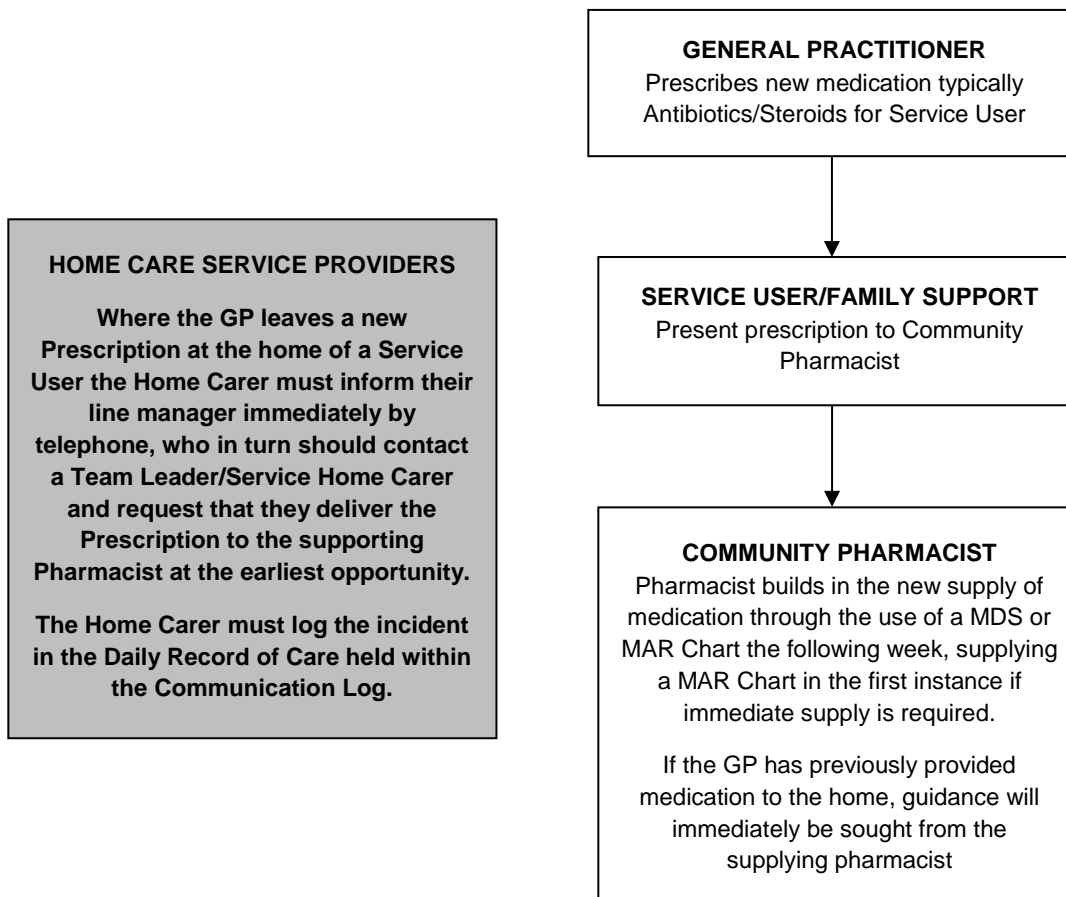
Provision of Correct prescriptions

Communication with Pharmacy with regard to medication

Changes

Home Care Medication Management Process Community Based Changes to Medication

The process enables a controlled environment in which a Medication Management System can be implemented to meet the needs of Service Users enabling the reminding or controlled administering of medication by Home Carers in line with the regulations & standards stipulated by the Care Quality Commission.



APPENDIX 1: MEDICATION MANAGEMENT SERVICE REFERRAL FORM



Barnsley Clinical Commissioning Group

NHS Barnsley CCG, Hillder House, 49/51 Gawber Road, BARNSELY, S75 2PY

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 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). Please 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
<p>Altering medication presentation is able to be put in place to enable the patient to access their medication.</p> <p>Examples:-</p> <p>large print labels</p> <p>larger containers for easier grip</p> <p>screw tops instead of no child resistant tops</p> <p>blister pack popper can be provided</p>	
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 **CHANGES** 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

APPENDIX 2: Hierarchy of Responsibility for Completion and Submission of a Medication Management Service (MMS) Referral Form



Barnsley Clinical Commissioning Group

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. Referral can be made by anyone within the following groups who are clinically competent to undertake a Medication needs assessment: Staff involved in putting in place and/or reviewing a formal package of care. i.e. Social Care , Re-enablement Team, 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

APPENDIX 3: Home Care Services Approved Moisturising Creams

The following list of moisturising creams may be applied and is not exhaustive. Please contact your manager or the supplying Pharmacist if you come across a cream that is not on the list.

Under no circumstances should medicated, prescribed creams (e.g. Hydrocortisone, Betametasone cream) be applied by Home Carer's unless signed off as being competent by the community nurses.

Home Carer's must avoid putting creams onto infected pressure sores, ulcerated skin, post-surgical areas, malignant or contagious areas or areas of broken skin. Please seek advice from your manager if you are unsure.

Light or Creamy Emollients

Aqueous Cream
 E45 Cream
 Diprobath Cream
 Hydromol Cream
 Oilatum Cream
 Humiderm cream
 ZeroAqs Cream
 Zerobase Cream
 Zerocream Cream
 Zerodouble® Gel

Rich Cream Type emollients

Hydrous Ointment
 Uguentum Merck
 Lipobase Cream
 Zeroguent Cream

Grease Emollients

Emulsifying Cream
 White Soft Paraffin
 White Soft Paraffin 50% Liquid
 Paraffin 50%
 Epaderm Ointment
 Zeroderm Ointment

Preparations Containing Urea

Calmurid Cream
 Natraplus Cream
 Aquadrate Cream
 Balneum Plus Cream

Soap Substitutes

Aqueous Cream
 E45 Wash Cream
 Dermal Shower Emollient
 Oilatum Shower Emollient

Bath Emollients

Emulsifying Ointment
 Hydromol Emollient
 E45

Oilatum

Oilatum Fragrance Free
 Balneum
 Balneum Plus
 Diprobath
 Zeroneum Liquid

Barrier Creams

Cavilon
 Sudocrem

Apply the Cream as directed and store the cream as directed

Home Carer's must always use disposable gloves and aprons and follow infection control procedures.

APPENDIX 4 – Medication Plan

(GP PRACTICE NOTE: Read code as 'Domiciliary care worker to administer medication')

Service User Name:	
1 st Line of Address:	
Date of plan	

MEDICATION PLAN: New / Updated (Delete as appropriate)

Implementation Day:		Implementation Date:	
Delivery Day (if different to normal – see page 3):			

Service User Full Address:	
Telephone Number:	
Date of Birth:	
GP:	

Next of Kin Name:	
Relationship to Service User:	
Telephone Numbers:	

Home Care Provider:	
Date of Birth:	

Pharmacy Name:	
Address:	
Telephone Numbers:	
Contact Name:	
Responsible Pharmacist Name:	

Service User Capacity:

Able to Self-medicate:		Can Self-medicate with Remind Support:	
Needs ASSIST with medication:		Needs CONTROLLED ADMINISTRATION:	

Support Required:

MAR Sheet supplied:		Non-Child Proof Lids:	
MDS:		Large print labels:	
Inhaler device:			

<u>Medication Name(s)</u>	<u>Change</u>	<u>Reason(s)</u>

Service User Name:	
1 st Line of Address:	
Date of Plan	

Other Medication (Not for Carers e.g. Responsibility may be District Nurse)						
Name	Strength	Form	Dose	When		Responsibility

Medication Special Instructions e.g. PRN guidance & Tablets to be taken after Food

--

Supply Details:

Collected by:	Service User / Family (delete as appropriate)		
Weekly or Four weekly Supply	Weekly / Four Weekly (delete as appropriate)		
Delivered by Pharmacy	Yes/No	Delivery Day:	
When delivered, any special instructions?			

Secure Storage Box required:	Yes/No (delete as appropriate)
Access Code:	
	(Delete on copy to be held in service users Communication Log)
Location:	

Signatures:

Pharmacist Name:	Date:
Print name:	

Service User Name:	
1 st Line of Address:	
Date of plan	

Disposal Arrangements:

Are collections of waste medicines (not to include sharps such as needles) made on delivery?	Yes/No (delete as appropriate)
--	---------------------------------------

Waste may be returned to any Pharmacy. Sharps such as needles cannot be returned to the pharmacy and/or care provider but need to be taken to a Health Centre.

Person responsible for arranging for the disposal of sharps e.g. needles	Service User / Family / Home Carer (delete as appropriate)
--	--

Any Additional Notes following review:

Date of review:	
Medication issues	
Service User-centred issues	
MMS issues	
Advice given	
Changes recommended	

APPENDIX 5 - Medication Plan Example

Service User Name:	Jane Bloggs
1 st line of Address:	2 Little Lane

MEDICATION PLAN: New / Updated (Delete as appropriate)

Implementation Day:	Thursday	Implementation Date:	3/2/2013
Delivery Day (If different to normal – see page 3):			

Service User Full Address:	2 Little Lane Anytown Somewhere
Telephone Number:	01226 2121212
Date of Birth:	4/2/1934
GP:	Dr G Practitioner

Next of Kin Name:	Mrs Diane Orter
Relationship to Service User:	Daughter
Telephone Number(s):	07935263783

Home Care Provider:	Annette curtain
Telephone Number:	078834567

Pharmacy Name:	Barnsley Pharmacy
Address:	56 The High street Anytown
Telephone Number:	01226 32323232
Contact Name:	Jane
Responsible Pharmacist Name:	Miss T Chem

Service User Capacity:

Able to Self-medicate:		Can Self-medicate with Remind support	
Needs ASSIST with medication	X	Needs CONTROLLED ADMINISTRATION	

Support Required:

MAR Sheet supplied:	X	Non-Child Proof Lids:	
MDS:	X	Large print labels:	
Inhaler device:			

CHANGES FROM PREVIOUS MEDICATION PLAN:

<u>Medication Name(s)</u>	<u>Change</u>	<u>Reason(s)</u>

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- 1 of 4 -

Service User Name:	Jane Bloggs
1 st line of Address:	2 Little Lane

MEDICATION: Assist / ~~Controlled Administration~~

(Delete as appropriate)

Medication supplied in MDS								
Drug name	Strength	Form	Dosage (match terminology to dosette box i.e. morning or breakfast; lunchtime or mid-day etc)	Frequency (match to MDS terminology)				Notes
				Morning	Lunchtime	Teatime	Night	
Amlodipine	10mg	Tablets	One each morning	1				
Ramipril	10mg	Capsules	One each morning	1				
Bisoprolol	5mg	Tablets	One each morning	1				
Simvastatin	20mg	Tablets	One at night				1	
Medication NOT supplied in MDS (but on MAR Sheet & requiring support from Carer)								
Gaviscon Advance		Liquid	10ml when required	X	X	X	X	Take after food and at night if required
Adcal D3		Tablets	One twice a day	1		1		Take with food, chew or suck
Paracetamol		Tablets	Two when required	X	X	X	X	Not more than four times a day

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- 2 of 4 -

Service User Name:	Jane Bloggs
1 st line of Address:	2 Little Lane

Other Medication (<i>Not for Carers</i> e.g. Responsibility may be District Nurse)						
Name	Strength	Form	Dose	When		Responsibility
Methotrexate	2.5mg	Tablet	Six tablets weekly on Thursdays			District Nurse

Medication Special Instructions e.g. PRN guidance & Tablets to be taken after Food

--

Supply Details:

Collected by:	Service User/Family (Delete where appropriate)
Weekly or Four-Weekly Supply:	Weekly/Four Weekly (Delete where appropriate)
Delivered by Pharmacy:	Yes/ No Delivery Day: Wednesday
When delivered, any special instructions?	Daughter will be there all morning – only leave if daughter is there to receive otherwise call her on her mobile

Secure Storage Box required:	Yes / No (Delete where applicable)
Access Code:	(Delete on copy to be held in service users Communication Log)
Location:	

Signatures:

Pharmacist signature:	Date:
Print name:	
Service User (or representative) signature:	Date:
Print name	

02/01/2013

- 3 of 4 -

Service User Name:	Jane Bloggs
1 st line of Address:	2 Little Lane

Disposal Arrangements

Are collections of waste medicines (not to include sharps such as needles) made on delivery?	Yes/No (Delete where appropriate)
--	--

Waste may be returned to any Pharmacy. Sharps such as needles **cannot** be returned to the pharmacy and or care provider but need to be taken to a Health centre.

Person responsible for arranging for the disposal of sharps e.g. needles:	Service User / Family / Home Carer (Delete where appropriate)
---	---

Any Additional Notes following review

Date of review	
Medication issues	
Service User-centred issues	Prefers peppermint Gaviscon
MMS issues	
Advice given	Reinforced Paracetamol dose – much more effective if taken two tablets four times a day, every day
Changes recommended	

APPENDIX 6 - Pharmacists Service Continuity Protocols

Pharmacist on long-term absence and no pharmacist oversight of service quality and safe delivery.

1. Pharmacist is to be away from their pharmacy for an extended period (i.e. sickness or extended leave), and is not replaced by a pharmacist competent in line with MMS training requirements to act as responsible pharmacist for the quality and safe delivery of the MMS.
2. Pharmacy continues to supply all existing MDS under the MMS. Unless there is need for reassessment (See point 4.)
3. Pharmacy continues to claim each month as normal, using the pharmacists name as “providing support”.
4. No new assessments (or reassessments) take place until pharmacist returns or is replaced by an accredited pharmacist. *The pharmacy informs the CCG of this and their name is removed from the database until resolution* (contact the CCG on 01226433798 or barnsleyccg.mmsbarnsley@nhs.net)
5. Arrangement can be made with another accredited pharmacist that they will provide the support required. In this case the CCG must be informed and this pharmacist becomes the name used on the monthly claim (Appendix 16 Guide to PharmOutcomes claims)
6. The pharmacy returns to normal when either the regular pharmacist returns to work, or a permanent replacement is in place AND meet the all the training/DBS requirements to deliver the service.

Pharmacist leaves employment

1. The Contractor informs the CCG on (01226 433798) and nominates a suitable substitute (as above) if appropriate.
2. The pharmacy is removed from the database until further notice.
3. Existing MDS provided under the MMS is continued to be provided and paid, claiming against the (previous) pharmacist’s name. This will be paid for up to 6 months (to allow for recruitment) unless a substitute is arranged as above)
4. The substitute’s name will be used for claims after notification is made to CCG of this arrangement.
5. When a new, permanent pharmacist starts, they start their training and DBS requirements, and the pharmacy returns to normal once this is completed.

Usual Pharmacy does not provide the service

Where the service user’s normal pharmacy does not provide the service (or is unable to provide the service within the contracted timescales due to capacity/holiday/sickness etc.) they will be given the choice of which other pharmacy to use. (This may or may not be the nearest contracted Pharmacy).

APPENDIX 7 – PHARMACY ABBREVIATIONS

Standard abbreviations used on discharge letters and prescriptions. Numbers of tablets/capsules are usually represented by numbers however, on occasion are represented by roman numerals (i = 1, ii = 2, iii = 3, iv = 4, v = 5 etc.).

Labels on dispensed medicines will always have any abbreviations “translated” into Plain English.

Abbreviation	Meaning
OD	Daily
BD	Twice a day
TDS (or TD or TID)	Three times a day
QDS (or QD)	Four times a day
OM (or M)	Morning
ON (or N)	At night
CC	With food
PC	After food
AC	Before food
PRN	When required/necessary
MDU (or MD or UT)	As directed by the prescriber
4h (also qqh, or 4 ^o)	Every four hours (number indicates number of hours)
2p	Two puffs/metered doses of inhaler (and so on)
MN (sometimes appears as NM)	Morning and night
PO	Administer orally
PR	Administer anally/rectally (unless this seems odd, as PRN may mean when required, this should be obvious however as the item will not be a suppository or enema)
PV	Administer vaginally
BNO	Both nostrils
BEY	Both eyes
LE/RE	Left eye/right eye

APPENDIX 8 – Dangerous Medication Occurrences Incident Log

Pharmacist Responsible for replenishing the MDS/Providing MAR Charts:Telephone Number:

To be completed by the office based teams of each Home Care Service to record all dangerous medication occurrences in line with the Procedure documented in the Operating Guide.

Home Care Provider Name:		Month:	
--------------------------	--	--------	--

Service User	Postcode	Date of Occurrence	Community Care Team	Home Carer	Incident	Remedial Action Taken	Line Manager Signature

APPENDIX 9 – Record of Medication Reminded by Home Carer

Service User Name & Address.....

Abbreviations: B = Breakfast L = Lunch T = Tea E = Evenings

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date

B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	

- Home Carer should initial to confirm that they have reminded the service user to take the medication in the appropriate box for each day (B, L, T, E) If a Service User states that they are not going to take their Medication, enter "R" in the relevant box and notify your Care Coordinator immediately
Pharmacist Responsible for replenishing the MDS/Providing MAR Charts:Telephone Number:

Comments Daily Record of Care: (Notified Care Coordinator to call Care Manager. GP. District Nurse to include date and time of the call)

APPENDIX 10 – Record of Medication Assisted or Controlled Administering by Home Carer

Service User Name & Address:

Abbreviations: B = Breakfast L = Lunch T = Tea E = Evenings

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	

T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	
Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday		Week Commencing Date
B	L	B	L	B	L	B	L	B	L	B	L	B	L	
T	E	T	E	T	E	T	E	T	E	T	E	T	E	

- Home Carer should initial and enter the time in the appropriate box for each day (B, L, T, E) to confirm that they have assisted or undertaken the controlled administration of the service user's medication.
- If you experience difficulties whilst assisting or administering medication then you must enter the relevant letter from the below key in the appropriate box and notify your care coordinator immediately.

KEY: R = Refused N = Nausea/vomiting DRC = Record other incidents dated in the Daily Record of Care

APPENDIX 11 - Operational Records

Record	Purpose
Care Plan	Produced by the Community Care Teams following an assessment with the service user states (1) Remind to take Medication, (2) Medication Management Service.
Referral form	<p>Referral can be made by anyone who is professionally competent to undertake a Medication Needs assessment i.e. Social Care Manager, Neighbourhood Nursing Service Nurse, GP, Clinical Pharmacist , Pharmacy or another similar source refers service user into the MMS. Referrals cannot be made by a Home Care Agency.</p> <p>Pharmacies only accept referrals where the current CCG endorsed referral form (Appendix 1) is appropriately completed by those able to undertake an assessment as outlined in the Hierarchy of Responsibility for Completion and Submission of a Medication Management Service (MMS) Referral Form (Appendix 2).</p>
Medication Plan	Produced as part of the Medication Management Service by the Pharmacist to direct the Home Carer during assisting or the controlled administering of medication, details; medication regime, replenishment and disposal arrangements along with special needs such as Secure Medication Cabinet.
MAR Sheet	Provided by the Pharmacist to direct and record prescribed medication during and after supporting to assist or the controlled administering by the Home Carer of medication.
MAR Sheet Blank	Located in the Communication Log for use when new medication is found such as Antibiotics.

Record of Medication Reminded by Home Carer	Found in the service user's Communication Log used by the Home Carer to record that Medication has been reminded.
Record of Medication Assisted or Controlled Administering by Home Carer	Found in the service user's Communication Log used by the Home Carer to record assisting or the controlled administering of medication from the MDS.
Environmental Risk Assessment	<p>Produced by a member of the Home Care team ahead of services being implemented identifies and provides actions to mitigate the risks associated with Medication.</p> <p>Will be used to state no assisting or controlled administering of medication whilst a Medication Management Service plan is outstanding.</p>
Service User Plan	Produced by a member of the Home Care team prior to services being implemented describes the manner in which objectives around medication will be delivered in line with the service user's wishes, values and preferences.

APPENDIX 12 – INCIDENT REPORT FORM template

Reports are submitted via the online portal www.cdreporting.co.uk

Controlled Drug Incident Reporting Form

Please refer to Guidance and Example prior to completing

Name of Pharmacy/Practice:	Address:
Details of person Completing form:	Contact Number:
Email Address:	Date of Incident:
Name of professional involved in incident:	Designation:
Place of work/contact details:	

Type of Incident:

Please tick the type of incident you are reporting in the relevant boxes below:

Prescribing Error:			
Drug: <input type="checkbox"/>	Quantity: <input type="checkbox"/>	Omitted/delayed drug	<input type="checkbox"/>
Strength: <input type="checkbox"/>	Form: <input type="checkbox"/>	Dose: <input type="checkbox"/>	
Other - Please State:			

Dispensing Error:			
Drug: <input type="checkbox"/>	Quantity: <input type="checkbox"/>	Omitted/delayed drug	<input type="checkbox"/>
Strength: <input type="checkbox"/>	Form: <input type="checkbox"/>	Dose: <input type="checkbox"/>	
Other - Please State:			

Labelling/Recording Error:			
Patient: <input type="checkbox"/>	Drug: <input type="checkbox"/>	Strength: <input type="checkbox"/>	Form: <input type="checkbox"/>
Dose: <input type="checkbox"/>	Directions: <input type="checkbox"/>		
Other - Please State:			

Collection/Delivery Error:		
Wrong Patient: <input type="checkbox"/>	Omitted/delayed: <input type="checkbox"/>	Wrong address: <input type="checkbox"/>
Lost/missing: <input type="checkbox"/>		
Other - Please State:		

Loss/Theft/Spill:		
Loss: <input type="checkbox"/>	Balance discrepancy: <input type="checkbox"/>	Destruction Error: <input type="checkbox"/>
Theft: <input type="checkbox"/>		
Other - Please State:		

Generic drug name prescribed	
Brand name of drug prescribed	
Generic drug name dispensed	
Brand name of drug dispensed	
Detailed description of Incident <i>Please include what happened, who was involved, why it happened and also if it is a patient safety incident.</i>	
Immediate action taken to rectify the incident	
Actions taken to prevent reoccurrence of a similar event	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
Lessons learnt <i>Please include a detailed description of what will you do differently in future, what actions or changes to process/procedure you have put in place</i>	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
How will this incident be shared with the wider team	

Incidents Reports are completed and submitted via the NHS England portal – www.cdreporting.co.uk

APPENDIX 13 - Clinical Pharmacist Contact list ; Please copy the practices allocated pharmacist into completed/amended Medication Plans

GP Practice	Clinical Pharmacist email address
Hoyland - Walderslade	mohammad.asghar@nhs.net
Hoyland Medical Practice	
Huddersfield Road	khawer.ashfaq@nhs.net
Lakeside Surgery	
Caxton House Surgery	
Hill Brow Surgery	senthil.baskaran@nhs.net
Wombwell - Chapelfield	erica.carmody1@nhs.net
BHF Brierley Medical Centre	patrick.cleary1@nhs.net
BHF Highgate Surgery	
The Rose Tree - Cudworth	
Kingswell Surgery	verity.cross@nhs.net
Penistone Group Practice	
Victoria Medical Centre	shalini.desai@nhs.net
Apollo Court	
Royston Group Practice	a.efuribe@nhs.net
High Street - Royston	
Holly Green Practice	adil.hussain@nhs.net
Grimethorpe Surgery	mohammed.hussain26@nhs.net
Dr Mellor and Partners	
Lundwood Medical Centre	ruthhydes@nhs.net
Monk Bretton Health Centre	
BHF Lundwood Practice	
Wombwell Medical Centre	kirtan.purohit@nhs.net
The Kakoty Practice	
The Grove Medical Practice	farhan.rashid@nhs.net
Burleigh Medical Centre	
Dearne Valley Group Practice	nichola.read@nhs.net
St Georges Medical Centre	brendan.walker@nhs.net
Darton Health Centre	
BHF Goldthorpe Medical Centre	melissa.walker5@nhs.net
Ashville Medical	
Woodland Drive	
The Dove Valley	laura.white11@nhs.net

APPENDIX 14 : SHARPS BINS DISPOSAL LOCATIONS

Please telephone the site before attending to confirm that a service is available:

CLINIC	OPENING HOURS	TELEPHONE NUMBER
The Hoyland Centre High Croft, Hoyland, Barnsley, S74 9AF	Monday to Friday 9 am to 12 noon	01226 355 869
Roundhouse Medical Centre Wakefield Road, Athersley, S71 1RH	Monday 11:30 am to 5 pm Tuesday 9 am to 12.30 pm Thursday 9 am to 12.30 pm	01226 720 230
The Cudworth Centre Carlton Street, Cudworth, Barnsley , S72 8SU	Monday to Friday 8 am to 12.30 pm or 1 pm to 4 pm	01226 438708
New Street Health Centre Upper New Street, Barnsley, S70 1LP	Monday to Friday 9 am to 4.30 pm	01226 644801
Penistone Health Centre Shrewbury Road, Penistone, Sheffield, S36 6DY	Monday to Wednesday 9 am to 3 pm Thursday 9 am to 2.30 pm Friday 9 am to 12 noon	01226 763205
The Thurnscoe Centre Holly Bush Drive, Thurnscoe, Rotherham , S63 0LT	Monday to Friday 8 am to 4 pm (Avoid Lunchtimes)	01709 886462
Worsbrough Centre West Street, Worsbrough, Barnsley	Monday to Friday 8 am to 12.30 pm or 1 pm to 4 pm	01226 648043

APPENDIX 15: Community Pharmacy consent forms has/does not have capacity



Barnsley Clinical Commissioning Group

Consent to Medication Management Service.

Form 1 - This form indicates that the person named below has capacity and has consented to the Community Pharmacy Medication Management Service.

Section A

Patient:	DOB:	
NHS Number:	Date of Interview:	
Does this person require an interpreter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an interpreter present at the interview?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the person have capacity to consent to the Community Pharmacy Medication Management Service? *	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the person has capacity to consent to Community Pharmacy Medication Management Service, has their consent been obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I give my consent to the Community Pharmacy Medication Management Service and for the sharing of information with other professionals involved in determining the patients medication requirements and needs, I understand that I may withdraw my consent at any stage and that if I do this may prevent care from being provided for me:

Patient Signature _____

Print Patient Name _____

Date _____

Assessor Signature _____

Print Assessor Name _____

Date _____

Pharmacy Name _____

Pharmacy Address _____

I am the patient named above and **Access to Summary Care Records** has been explained to me by staff at my Community Pharmacy.

I consent to the stated pharmacy to access my Summary Care Record to support pharmacist checks on medication for the period of time which they are dispensing my medication.

I understand that this consent can be withdrawn at any time without jeopardising the continued supply of medication.

I must contact the pharmacy at such time as I wish to withdraw my consent

Patient Signature _____

Date _____

Consent for accessing SCR to be renewed every 12 months

*Where the patient **does not** have capacity to consent to this decision, please complete Form 2

Consent to Medication Management Service

FORM 2 – for people that DO NOT HAVE capacity to consent to the Medication Management Service review.

This form indicates that the person named below **does not** have the capacity to consent to capacity to consent to the Community Pharmacy Medication Management Service.

Section A

Patient:	DOB:	
NHS Number:	Date of Interview:	
Does this person require an interpreter:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an interpreter present at the interview:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of Assessor:		

Does the person have capacity to consent to the Community Pharmacy Medication Management Service.

Yes No

I confirm that the person above **lacks capacity** to give consent to the Community Pharmacy Medication Management Service. The reason they lack capacity is [.....], which is an impairment of, or a disturbance in the functioning of the mind or brain.

And although all reasonable steps have been taken to support and empower the person to make the decision, they are therefore **unable** to (please indicate):-

- Understand information about the initial screening, full assessment process and arranging care for them **and/or**
- Retain that information in their mind **and/or**
- Use or weigh that information as part of the decision making process **and/or**
- Communicate their decision (this could include sign language, Makaton etc)



Section B: IDENTIFYING THE DECISION MAKER FOR PEOPLE WHO LACK CAPACITY

If the person lacks capacity to consent for the Community Pharmacy Medication Management Service.

Is there a **registered** health and welfare Lasting Power of Attorney? Yes/No

Is there a Court of Protection appointed Health and Welfare Deputy? Yes/No

If you have answered yes to either of the above, please can you provide information in the box below:

Who has been identified as the decision maker* (please print name):

.....

* In the absence of a registered health and welfare LPA or court appointed health and welfare Deputy, a community pharmacist may act as the decision maker.

Section C: BEST INTERESTS IN RESPECT OF RELEVANT DECISIONS

The best interests principle underpins the Mental Capacity Act 2005. In trying to reach a best interests decision in relation to a particular decision the decision maker should encourage P to participate in the decision making process, identify all relevant circumstances, find out P’s views and consult with others. Please see the attached guidance in relation to assessing a person’s best interests.

Specifically, I have considered P’s best interests per s4(6) MCA, including their past wishes and beliefs that would be likely to influence the decision in question. In order to assess P’s best interests I have consulted others, in accordance with s4(7) MCA, namely [Please state who and their relationship to P]:

.....

Section D: RE SHARING INFORMATION WITH OTHERS to consult re best interests

- (a) P has capacity to consent to information being shared with others for this purpose, and has consented to sharing information with the people listed above

Signed:
 (by P)

Date:

OR

- (b) P lacks capacity to consent to sharing information with others for this purpose, and information shared in this way is in P’s best interests as assessed by the decision maker

Signed:
 (Decision maker)

Section E: DECLARATION BY THE DECISION MAKER

After any consultation, my opinion is that it **is/is not** (delete as appropriate) in P’s best interests to undergo the Community Pharmacy Medication Management Service, and for the sharing of information with other professionals and relevant providers of care, because

.....

I understand consent may be withdrawn at any stage and that if I do this may prevent care from being provided for the patient concerned:

Signature of the decision maker:

Please state role/job title:

Date:

If the decision maker is a health and welfare Deputy or registered health and welfare LPA, please attach a copy of the sealed COP order or registered LPA.


Any additional comments:

In this form the following definitions apply:

- ‘P’ means the patient names in section A
- ‘LPA’ means Lasting Power of Attorney
- ‘COP’ means Court of Protection
- ‘MCA’ means the Mental Capacity Act 2005

APPENDIX 16 : Summary Care Record Access Consent Form


Barnsley Clinical Commissioning Group

	<h3>Summary Care Records</h3> <h3>Consent to access record</h3>
<p>Patient Name:</p> <p>Address:</p> <p>.....</p> <p>Contact Telephone Number:</p> <p>Date of Birth</p> <p>NHS Number:</p>	
<p>I am the patient named above and Access to Summary Care records has been explained to me by staff at my Community Pharmacy. I consent to the stated pharmacy to access my Summary Care Record to support pharmacist checks on medication for the period of time which they are dispensing my medication.</p>	
<p>Name and Address of Nominated Dispenser:</p> 	
<p>I understand that this consent can be withdrawn at any time without jeopardising the continued supply of medication. I must contact the pharmacy at such time I wish to withdraw my consent.</p>	
<p>Signature:</p> <p>Date: Consent to be renewed every 12 months</p>	

Appendix 17: Medication Management Service Monthly Claim on PharmOutcomes

1. **Services:** under Medication Management Scheme: Pharmacist Claim

2. **Date of review:** will be auto filled but can be changed by clicking on the date. As with all PharmOutcomes dates it must follow the convention of

dd-mmm-yyyy (i.e. 13-Feb-2019)

3. **Patient Name:** type in patient name, if not already registered then click on the link to BCCG Medication Management System

4. **First claim:** You can only claim one service per patient per month.

PROVISION HISTORY	
Where 'Patient Name' is Michael Mouse	
2019-02-13	BCCG Medication Management System - Registration and Review
2019-02-13 - [This record]	2. Pharmacist Claim *IMPORT 25-10-2018*

If you have already claimed for that patient then there will be a service provision history on the top left of the claim page.

If you need to amend a claim then click on the previous claim and amend accordingly

5. **New Patient:** see flowchart below.

6. **Date of Current Medication Plan:** Medication plan must have been updated at least once in the previous year, even where there have been no changes.

7. **Name of responsible pharmacist:** The responsible pharmacist has a duty to confirm that the claim is appropriate and that the pharmacy is complying with the specification of the scheme. They do not personally have had to undertake the review.

8. **Save:** Always save after each entry. There is an option to Save and enter another, which can be used when making multiple claims.

Date of Review

NB: You can only claim for one activity per month per patient. If you enter more than one intervention you will not be paid if this falls within the same month

Patient Name

If Patient Name is not registered, click here to enter BCCG Medication Management System - Registration and Review

Is this the first time you are claiming for this patient on PharmOutcomes this month?

First claim Yes No
Check provision history on left hand side

New Patient Yes No

Date of current medication plan
Enter as dd-mmm-yyyy (eg 23-Feb-1989)

Name of responsible pharmacist

If you are unable to take on any new referrals, even on a temporary basis, please call the Medicines Management Team :01226 433798 or email barnsleyccg.mmsbarnsley@nhs.net

Medication plans should be updated annually, even where there have been no changes.

Save and enter another