

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Medication Management Service (MMS)
Commissioner Lead	Chris Lawson
Provider Lead	Barnsley Registered Pharmacies (under contract)
Period	2023/24
Date of Review	March 2023

1. Population Needs		
<p>1.1 National/local context and evidence base This service aims to provide the service user and/or their carer with support in relation to medication, which has been prescribed. Pharmacies participating in the service will undertake a review with the patient, from which they produce a Medication Plan, detailing appropriate support to meet the specific needs of the service user. Whether the service user suffers from cognitive decline or degenerative disease, the service aims to enable them to remain in their own home.</p> <p>The specification 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.</p>		
2. Outcomes		
2.1 <u>NHS Outcomes Framework Domains & Indicators</u>		
Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	x
Domain 3	Helping people to recover from episodes of ill-health or following injury	x
Domain 4	Ensuring people have a positive experience of care	x
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Local defined outcomes

- Service users will be given every opportunity to self-medicate where they are able to do so by overcoming the barriers to self-medication to promote their independence.
- Service users who are unable to self-medicate will receive medication support in a manner that meets their individual needs and choices.
- Service users will be safeguarded from the potential risks of medication through their individually tailored MMS plan* implemented by a Pharmacist. * **Medication plans are not a requirement of the service during Covid-19 – please refer important changes to the service in section 3.2. It has been identified that medication plans have created delays in the transfer of care.**
- Home carers will be able to deliver medication support which may involve assisting or controlled administration in the homes of service users in a safe controlled environment having received the necessary training and supporting operating guidance through the previously implemented MMS plan*.
- Service users discharged from Hospital will have their needs and choices met and be safeguarded through the implementation of a MMS plan* where they are unable to self-medicate.
- Service users will be far less likely to be re-admitted into hospital as a result of inappropriate medication regimes
- Medication wastage will be reduced delivering service efficiencies as a result of appropriate medication management service reviews and plans with medication replenished in line with the patients' needs by the supporting Pharmacy.
- Service user's ongoing changing needs will be met through the provision of regular MMS reviews* by Community Pharmacists and Home Carer training on the identification and notification of changes to service user needs.
- The identification of side effects and drug interactions should be reduced and there should be an improvement in the clinical cost effectiveness of drugs, which will reduce drug wastage.

3. Scope

3.1 Aims and objectives of service

The aim of the Medication Management Service is to implement a controlled safe environment where Home Care Services and their managers are able to carry out the controlled administration of medication that meets the specific needs of each service user.

The medication policy governs all home care service provision throughout Barnsley and has been developed in conjunction with service providers, care management, health care workers and pharmacists.

The main objectives of the Medication Management Service are:

- To ensure that service users (older people, vulnerable adults, other identified groups e.g., learning disability, physical or sensory impaired or mental health patients who might benefit from the service) have a system in place to ensure medication compliance that meets their own personal needs
- To improve patient care by ensuring medicines are taken correctly by service users reducing the risk of non-compliance and medication errors
- To provide the necessary support to service users who are unable to self-medicate to enable them to stay in the safety and security of their own homes and prevent unnecessary admissions into residential care.
- To reduce the admission rates into Hospital associated with poor medication

regimes.

- To safeguard vulnerable service users from the risks associated with medication and comply with the legislation in respect of the Care Quality Commission.
- To implement a system to ensure regular MMS reviews.

3.2 Service description/care pathway

This Medication Management Service supports service users who are unable to self-medicate largely as a result of cognitive decline, and/or frailty.

The aim is to implement a controlled safe environment where Home Carers are able to carry out the controlled administration of medication that meets the specific needs of each service user.

IMPORTANT CHANGES TO SERVICE DURING THE COVID-19 PANDEMIC

In response to COVID-19 amendments need to be made to the Medication Management Service Guidance, Specification and service pathway (Appendix 1) to eliminate the requirement for face-to-face patient medication reviews.

Additionally, there are reports that some pharmacies are unable to provide Medication Management Service reviews due to the intense pressures they are facing in relation to workload pressures.

At the beginning of the Pandemic the CCG made a pragmatic decision to temporarily suspend requirement to deliver the medication management reviews/plans (MMR's) as part of the medication management service specification. This was in situations where pharmacies are unable to practically undertake a face-to-face medication review prior to producing a care plan. It has also been identified that pharmacies producing medication plans introduced delays to the transfer of care and in the current climate where there is significant pressure on services this is not acceptable. The pharmacist should use their professional judgement and consider one of the following two options: -

Community pharmacy process for delivery of the Medication Management Service (this section is a guide for the accepting community pharmacy to determine how to deliver the MMS to the service user based on resource and capacity, this should not delay handover to the service user's confirmed care agency or re-ablement team)

Option 1: Preferred option

Provide the domiciliary care provider with a MAR chart and medicines dispensed into original packs or an MDS (whichever is practical for the pharmacy) , giving particular consideration to MDS only being provided where there is reablement potential.

Option 2:

Provide the MMS review over the telephone and provide a care plan from information provided. Implementing any necessary adaptation e.g. Monitored Dosage System (MDS) provided where appropriate.

There is no requirement for a **MDS (Venolink, tray, NOMAD) to be requested; all care staff should be adequately trained to administer medicines from a professionally dispensed and labelled source, i.e. original pack dispensing. MDS should ONLY be considered where this

enables the patient to maintain independence of their management of their medicines.

A network of pharmacy contractors will be identified to provide the Service to service users. Details of the service providers will be disseminated to GP's, Community Nursing Staff, Community Care Teams and Hospital Pharmacists in order that they can direct service users to the most appropriate provider of The Service.

Pharmacies will only accept referrals where the current ICB BARNESLEY PLACE endorsed Referral form (Appendix 2) 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). The referral form should be submitted to the pharmacy using a secure method of transmission i.e. NHS mail or to a secure fax, the referrer would be expected to ring the pharmacy before transmitting the referral to ensure that the pharmacy has capacity and is aware that the referral is coming through.

Initial CONSENT is obtained by referrer and recorded on the referral form. This will be checked at the registration of the Medications Management Service assessment. No further consent will be required for care plans or medication to be issued by the Pharmacy. Care Providers will need to obtain consent in line with CQC requirements regarding care plans, which they use. Consent should be sought in accordance with the requirements of the General Data protection regulation (GDPR). The consent request should be prominent, concise, separate from other terms and conditions, and easy to understand. It should include the name of your organisation; the name of any third party controllers who will rely on the consent; why you want the data; what you will do with it; and that individuals can withdraw consent at any time.

MMS process for *medication plans – due to the important changes this is not an essential requirement during the covid-19 pandemic

Once a referral has been made the pharmacist in receipt of the referral will contact the service user and/or next of kin to arrange an appointment to undertake a MMS Assessment and begin the initial process of the service.

The service is usually delivered in the patient's home, if it is suitable for the patient the assessment may also be conducted in the pharmacy; this may also provide quicker access to the delivery of the assessment. Prior to the review being carried out the Pharmacy must obtain the service users consent to the Medication Management Service (appendix 3 – template consent forms).

Pharmacy staff qualified to level 2/3 – as accredited and delegated by the superintendent and/or responsible pharmacist, may also undertake the assessment. The responsible pharmacist will be accountable for the completion of the care plan and recommendations based on the information provided within the review. The community pharmacy will be responsible for the quality of the service it delivers.

On completion of the MMS assessment a Medication Plan* will be forwarded by the pharmacist in line with the details recorded on the referral form, a copy should also be forwarded to GP practices allocated Clinical Pharmacist's email address (Appendix 5).

Secure medication cabinets with keypad entry systems will be utilised funded by the service

user or family with their requirement identified from the MMS assessment by the supporting pharmacist.

It is the responsibility of the home care provider to ensure that Medication plans* completed as part of the MMS assessments/reviews will be stored in the service user's communication log located in their home to enable home care workers to reference the information.

3.3 Population covered

This service covers all home care services provision throughout the Borough of Barnsley and has been developed in collaboration between other service providers, care management and Pharmacists

3.4 Any acceptance and exclusion criteria and thresholds

Acceptance for all Barnsley patients who are referred by those included in the Hierarchy of Responsibility for Completion and Submission of a Medication Management Service (MMS) Referral Form

3.5 Interdependence with other services/providers

The service requires close liaison with patients, relatives and carers, GP practices, support services, pharmacist, hospital, community services and social services.

4. Applicable Service Standards

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.

During the Covid-19 pandemic community pharmacies should take a pragmatic approach to the delivery of the service ensuring that as a minimum option 1 is provided along with continued additional support to ensure medicines are provided on a ongoing basis and MAR charts are up to date in line current prescribed medications

Community pharmacy process for delivery of the Medication Management Service during the Covid-19 pandemic - this section is a guide for the accepting community pharmacy to determine how to deliver the MMS to the service user based on resource and capacity, this should not delay handover to the service user's confirmed care agency or re-ablement team.

Option 1: Preferred option

Provide the domiciliary care provider with a MAR chart and medicines dispensed into original packs or an MDS (whichever is practical for the pharmacy) – consideration to MDS only being provided where there is reablement potential.

Option 2:

Provide the MMS review over the telephone and provide a care plan from information provided. Implementing any necessary adaptation e.g. Monitored Dosage System (MDS) provided where appropriate.

Once the pharmacy has agreed to accepting the MMS referral and have confirmed they will provide ongoing MAR charts and supply/delivery of medications then the MMS is completed and the care agency/re-ablement is able to take over the medication administration.

Lack of pharmacy patient review should not be a barrier to transfer of care from

neighbourhood nursing teams to care/re-ablement agencies *Pharmacies may wish to carry out a MMS patient review with the patient following confirmation to establish any additional needs and adaptations such as dose rationalisation - these must be communicated with administering care agency/re-ablement teams*, and should not create any delays to the transfer of care

On receipt of a fully completed Medication Management referral form confirm with the referrer that MMS referral has been accepted and the ongoing provision of medication, Mar charts will be supplied. There is no requirement for a MDS (Venolink, tray, NOMAD) to be requested as all care staff should be adequately trained to administer medicines from a professionally dispensed and labelled source, e.g., original pack dispensing. MDS should only be considered for patients that could maintain independence with their medicines.

- The ordering and processing of prescription.
- 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 GP practice 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.
- Where required arrange mutually beneficial supply arrangements with Service User.
- MCP and DOM-MAR should be stored within the pharmacies electronic records, which are secured and meet GDPR 2018 data protection and NHS retention schedule requirements.
- Ensure pharmacy support staff are trained appropriately
- Ensure pharmacy support staff has completed the relevant Mental Capacity Act 2005 (MCA) training and are up to date with a record of this stored within the pharmacy.
- Submit monthly claims by the 5th working day of each month.
- **Pharmacies to notify ICB BARNESLEY PLACE if they are CLOSED TO REFERRALS** for any reason, even if temporary – to enable up to date Provider list to be maintained. RAG status Green (accepting) Amber (limited) or Red (no capacity) reporting (contact 01226433798)
- Report by telephone/email using the above contact details to ICB BARNESLEY PLACE (depending on urgency) any ISSUES OR INCIDENTS. Additionally, reports should be made to NHSE to comply with national incident reporting requirements.
- Pharmacists and Level 3 Pharmacy technicians will be covered by their GPHC professional registration to carry out the reviews within the patient's home, Level 2 pharmacy staff will be required to have a an enhanced Disclosure and Barring Service (DBS) check.

Post Covid-19 pandemic may be required to return to the pre-covid process, which is outlined below. Contractors will be given 3 months of any intention to revert to the pre-covid process: -

- On receipt of a fully completed Medication Management referral form, to contact Service User and/or the appropriate carer to arrange a MMS assessment at either the pharmacy or the Service User's home within 10 days of the referral
- Gain consent from the patient to receiving the Medication Management Service (Template consent forms Appendix 3)
- Conduct the MMS assessment and devise an appropriate Medication Plan* within

10 days of receipt of the referral. (If there is an issue with completing the plan within the 10 days contact the referrer to advise of this so that this can be communicated to the community nursing teams or another pharmacy can received the referral).

- As part of the MMS assessment/review, establish any problems that the Service User is experiencing which prevents them from self-medicating. This includes reminding issues
- Medication plans* will be produced electronically to reduce the risk misinterpretation.
- Electronic transmission of the completed Medication Plan* to the relevant Care Team/Care provider is best practice and where possible plans should be converted into a non- amendable PDF format, also a copy should forwarded to the GP practice's Clinical Pharmacist (Appendix 5).
- Deliver the level of support indicated by the Medication Plan* within 15 days of the receipt of the referral.
- 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 Medication Administration Record (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 level of Home Care available (as stated on the referral), and investigate the need to consolidate dosage regimes to fit in where possible.
- 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 medicines requiring special attention
- The ordering and processing of prescription.
- 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 GP practice 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.
- To review the Medication Plan* as necessary should there be significant changes to the Service User's condition/treatment/circumstances – the care plan should be reviewed every 12 months.
- Forwarding updated Medication Plans* to the relevant Care Team and Clinical Pharmacist at the GP practice after each review.
- Where required arrange mutually beneficial supply arrangements with Service User.
- MCP and DOM-MAR should be stored within the pharmacies electronic records, which are secured and meet GDPR 2018 data protection and NHS retention schedule requirements.
- Ensure pharmacy support staff are trained appropriately
- Ensure pharmacy support staff has completed the relevant Mental Capacity Act 2005 (MCA) training and are up to date with a record of this stored within the pharmacy.
- Submit monthly claims by the 5th working day of each month.
- Pharmacies to notify ICB BARNSELEY PLACE if they are CLOSED TO REFERRALS for any reason, even if temporary – to enable up to date Provider list to be maintained. RAG status Green (accepting) Amber (limited) or Red (no capacity) reporting (contact 01226433798 or) report by telephone/email using the above

contact details to ICB BARNESLEY PLACE (depending on urgency) any ISSUES OR INCIDENTS. Additionally, reports should be made to NHSE to comply with national incident reporting requirements.

- Pharmacists and Level 3 Pharmacy technicians will be covered by their GPHC professional registration to carry out the reviews within the patient's home, Level 2 pharmacy staff will be required to have an enhanced Disclosure and Barring Service (DBS) check.
- Pharmacy will be required to carry out annual self-audits to check quality of medication plans* in line with the medication management service operating guide (v1 at the time of this specification)
- The ICB BARNESLEY PLACE will routinely monitor quality of medication plans* at a GP practice level, where quality issues are identified the ICB BARNESLEY PLACE will support the pharmacy to put in place an action plan to meet the service quality requirements.

Training

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 ICB BARNESLEY PLACE 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>

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

6. Location of Provider Premises

The Provider's Premises are located at:

7. Individual Service User Placement

Financial 2020/21

Community Pharmacies would in any month claim ONE of the following fees for each service user being managed under the service. This claim would include work involved in dispensing of medicines:

Covid-19 financial arrangements

- Registration, supply of initial MAR (in line with confirmed prescribed medication) and medications - £75
- Monthly routine management of patient (where medication/MAR is supplied) £11
- Follow up review and/or updated DOM-MAR paperwork produced £25

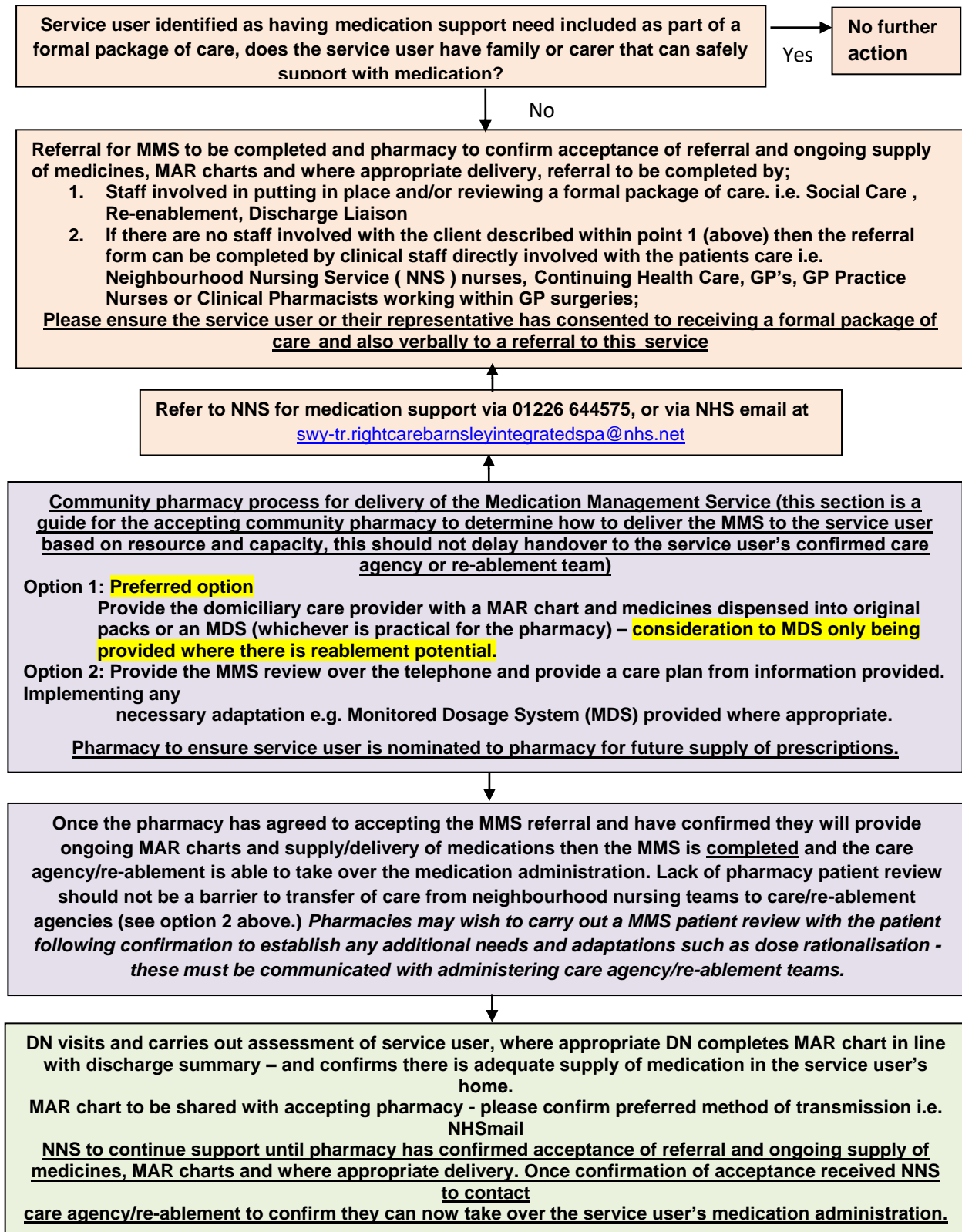
Pre-covid19 financial arrangements

- Registration and initial assessment, MCP production and DOM-MAR paperwork produced **£75**
- Monthly routine management of patient (where medication is supplied) **£11**
- Follow up review and/or updated MCP and DOM-MAR paperwork produced **£25**


Each year the ICB BARNSELY PLACE review and consider applying uplift in line with other local services.

Medication Management Service – COVID-19 – V4 July 2021

In response to COVID-19 amendments to Medication Management Service Guidance and Specification have been necessary to support capacity and resources within the health and care systems in Barnsley, this will also support new discharge processes that have been implemented in Barnsley.



For any issues relating to the Medication Management service please contact the medicines management team on 01226 433616 or email Janine.lee@nhs.net



NNS fully withdraw their service

MEDICATION MANAGEMENT SERVICE REFERRAL

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

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

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

If the patient isn't able to give consent, I can confirm 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
Altering medication presentation can be put in place to enable the patient to access their medication. Examples: - large print labels larger containers for easier grip screw tops instead of child resistant tops blister pack popper can be provided	
Family support	
Self Management skills/education	
Unpaid carer support	
Assisted technology for prompts	
Reminder chart	
Support phone call from district nurses	

At the point of the initial assessment some simple problems preventing self-medication may be identified. Solutions can be implemented to overcome the barriers to self-medication with the supplying Pharmacy.

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

REFERRAL PROCESS

Contact information for all of the Pharmacies, which currently deliver the service, is available from the Medicines Management Team or at the link

<http://psnc.org.uk/barnsley-lpc/lpcs-work/barnsley-pharmacies/>

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

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

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

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

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

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

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

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

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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

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 who should receive copies of the completed care plan.

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

Hierarchy

Help

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



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



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



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

Tel 01226
433798

Appendix 3: Consent Form Templates.

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 WHOM 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 3: Consent Form Templates.

Consent to the Summary Care Records template

	<p style="text-align: center;">Summary Care Records</p> <p style="text-align: center;">Consent to access record</p>
<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 4: Medication Management Service Guide Mar19 v1

Link to Medication Management Service Guide:

<http://barnsleybest.nhs.sitekit.net/prescribing-guidelines/domiciliary-care-medication-guidelines/17103>

All templates for the delivery of the Medication Management Service can be found within this guide.

Appendix 5: GP practice contact list

Please share a copy of the medication plan with the patient's GP practice via email

GP Practice	Clinical Pharmacist email address
Hoyland - Walderslade	mohammad.asghar@nhs.net
Hoyland Medical Practice	mohammad.asghar@nhs.net nichola.read@nhs.net
Huddersfield Road	khawer.ashfaq@nhs.net
Lakeside Surgery	mohammed.hussain26@nhs.net
Caxton House Surgery	farhan.rashid@nhs.net
Hill Brow Surgery	senthil.baskaran@nhs.net
Wombwell - Chapelfield	erica.carmody1@nhs.net a.efuribe@nhs.net
BHF Brierley Medical Centre	a.efuribe@nhs.net
BHF Highgate Surgery	helen.cleary@nhs.net
The Rose Tree - Cudworth	patrick.cleary1@nhs.net a.efuribe@nhs.net
Kingswell Surgery	richard.daniszewski@nhs.net
Penistone Group Practice	c.applebee@nhs.net
Victoria Medical Centre	shalini.desai@nhs.net sana.hussain1@nhs.net
Apollo Court	i.saleem@nhs.net
Royston Group Practice	helen.cleary@nhs.net
High Street - Royston	sana.hussain1@nhs.net
Holly Green Practice	adil.hussain@nhs.net mohammed.hussain26@nhs.net
The Dove Valley Practice	laura.white11@nhs.net chinonso.atinsanya@nhs.net
Grimethorpe Surgery	mohammed.hussain26@nhs.net
Dr Mellor and Partners	katherine.lawson6@nhs.net
Lundwood Medical Centre	ruthhydes@nhs.net
Monk Bretton Health Centre	
BHF Lundwood Practice	
Wombwell Medical Centre	kirtan.purohit@nhs.net
The Kakoty Practice	kirtan.purohit@nhs.net
The Grove Medical Practice	kelly.tyers@nhs.net
Burleigh Medical Centre	farhan.rashid@nhs.net
Dearne Valley Group Practice	chinonso.akinsanya@nhs.net
St Georges Medical Centre	brendan.walker@nhs.net sana.hussain1@nhs.net
Darton Health Centre	brendan.walker@nhs.net
BHF Goldthorpe Medical Centre	i.saleem@nhs.net
Ashville Medical	melissa.walker5@nhs.net
Woodland Drive	laura.white11@nhs.net