

**PHARMACEUTICAL SERVICES  
(SCOTLAND)  
ADDITIONAL SERVICES**

**Provision of a Community Pharmacy Care Home Service**

**1. Introduction**

This service specification is intended to be an information and support tool for community pharmacies contracted to provide care home services in NHS Forth Valley. This document only applies to care homes registered as such with the Care Inspectorate.

**2. Background**

Care homes provide care for patients with additional needs who can no longer live at home. Community pharmacists can contribute to the care a patient receives by providing advice to the care home on medication and ensuring patients receive appropriate pharmaceutical care.

**3. Service aim**

3.1 To provide pharmaceutical care and advice to the care home relating to:

- Administration e.g. safety or missed doses of medication
- Ordering, storage and disposal of medicines and appliances.
- Record keeping e.g. Controlled Drugs
- Drug recalls
- Medication reviews e.g. checking for overdoses or interactions
- Medication queries from care home staff or patients
- Medicines policies and procedures

3.2 To follow the locally agreed procedure for accepting returned medicines from a care home. No medication should be accepted if it is not accompanied by a Care Home Medication Returns Form with valid reason stated for return.

**Situations when medicine should be returned to the pharmacy:**

- Treatment is changed or discontinued – the remaining supplies should be disposed of safely (with the person's consent).

- Medication is refused or medication is dropped.
- Expired stock. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops.  
Deceased resident – Care Inspectorate advice is to keep medicines under lock and key within the service for at least 7 days in case there are any police investigations into the death.

3.3 To promote partnership working between multi professional teams including General Practice, Hospitals, Community Pharmacy and Care Homes.

#### **4. Service outline and standards**

- 4.1 The community pharmacy contractor will have a separate agreement with each care home to provide this service.
- 4.2 The community pharmacy contractor will take full responsibility for ensuring compliance with all aspects of this Service Specification
- 4.3 Where a care home refuses to comply with the situations where a medicine should be returned to the pharmacy as detailed in 3.2 and further training does not resolve this issue then the Community Pharmacy Development team should be informed.
- 4.4 The Community Pharmacy Care Home Service will be provided by the nominated community pharmacist or appropriately trained pharmacy staff members.
- 4.5 The pharmacist will be responsible for providing a user-friendly, non-judgmental, person-centred, confidential service.
- 4.6 The pharmacist must ensure compliance with GPhC standards for registered pharmacies 1.8, namely that children and vulnerable adults are safeguarded.
- 4.7 The pharmacist will provide an initial assessment (appendix 1)\* and provision of advice (as detailed in 3.1). The initial visit will cover training as specified by Forth Valley Health Board on medicines management and waste minimization. Subsequent visits should be carried out yearly.

\* or community pharmacy's own Care Home Assessment providing all information within appendix 1 is covered

4.8 The pharmacist or appropriately trained member of the pharmacy team will provide/contribute to care home staff training if required.

4.9 The pharmacist will identify causes of unnecessary waste and suggest to the GP and the care home ways of reducing unnecessary waste.

4.10 The community pharmacy contractor will give immediate written notice of intention to withdraw from the service or cessation of service provision to any care home to the Community Pharmacy Development Team and the Pharmacy Contracts Officer.

## **5. Documentation**

5.1 The pharmacist will maintain records in the form of a diary log which show tasks undertaken, identified outcomes including waste reduction and patient safety to complete an auditable record of the service.

## **6. Training Requirements**

6.1 The community pharmacy contractor is responsible for ensuring all staff involved in the provision of the service have up-to-date knowledge and are appropriately trained in the operation of the service. Staff involved in provision of the service must be aware of, and operate within, local protocols.

6.2 Records of any training attended / completed by pharmacy staff must be kept for audit purposes

6.3 The community pharmacist must ensure that he/she maintains an up-to-date knowledge relevant to providing pharmaceutical care including for people with severe and enduring mental illness (e.g. NES resources).

## **7. Monitoring and Evaluation**

7.1 It is a requirement of the service that appropriate records are kept and maintained by the pharmacist to enable verification of service provision and training requirements, and to provide information to NHS Forth Valley for internal and external audit and evaluation purposes. Records must be available should they be required for payment verification.

7.2 NHS Forth Valley should ensure effective monitoring and audit of the service.

7.3 The community pharmacist is responsible for participating in local and national evaluation and facilitating local customer feedback initiatives.

## **8. Claims and Payments**

8.1 Fees will be paid for the provision of the care home service as defined by NHS Forth Valley.

### **Useful references:**

#### **GPhC Principles and Standards of Service Provision (June 2018 edition)**

[https://www.pharmacyregulation.org/sites/default/files/document/standards\\_for\\_registered\\_pharmacies\\_june\\_2018\\_0.pdf](https://www.pharmacyregulation.org/sites/default/files/document/standards_for_registered_pharmacies_june_2018_0.pdf)

#### **Achieving Excellence in Pharmaceutical Care (2017), Scottish Government**

<https://beta.gov.scot/publications/achieving-excellence-pharmaceutical-care-strategy-scotland/>

#### **Use of medicines in Social Care**

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

#### **Scottish Government – Support and Social care**

<https://www.gov.scot/Topics/Health/Support-Social-Care>

#### **MAR chart guidance**

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Hub/production-medicine-administration-charts.pdf>

#### **MDS in Care Homes guidance**

<http://hub.careinspectorate.com/media/83986/rps-multi-compliance-aids.pdf>

#### **Medication review**

<https://www.rpharms.com/resources/quick-reference-guides/medication-review>

Appendix 1

<i>PHARMACIST CARE HOME VISITS</i>	
Name of Home:	
Staff member in Charge during visit:	Number of beds:
Care type (Elderly, Learning disability, EMI, Children)	
Pharmacy Address:	Pharmacist making visit:
Date of visit:	Time spent at home:
Date of previous visit:	
	Comment
Date of latest Inspectorate report:	
What score did the home achieve on the last inspection?	
Action points regarding medication in Care Inspectorate report:	
Has the Care home taken action to address medication issues identified	

in Care Inspectorate report?	
Have there been any medication incidents or near misses in the home, and has any action been taken as a result of these?	
Has the home carried out any medication audits since the last visit? Are there any actions completed/ incomplete?	
<b>SYSTEMS AND PROCESSES</b>	
Are there appropriate systems in place for :	
The care home to access advice from a pharmacist?	
Safe administration of medicines?  In particular:  - Doses given are signed for - Reasons given for missed doses	
Ordering, receipt and disposal of patient medicines?	
Controlled drugs? Specifically:  - Ordering, receipt and disposal - Record keeping - Storage - Administration (double signed)	
Safe storage of medicines including fridge items?	
Drug recalls?	

CLINICAL INPUT	
How frequently do the GPs visit?	
	Comment
Are there nominated people for communication of medication information in the:	
<ul style="list-style-type: none"> <li>Care home</li> </ul>	
<ul style="list-style-type: none"> <li>GP practice</li> </ul>	
<ul style="list-style-type: none"> <li>Community pharmacy</li> </ul>	
Do service users have their medication reviewed at least every year?	
Are triggers in place for medication review if required more often than annually? (e.g. returns for the same patient for 2 consecutive months should trigger a medication review)	
Is there any evidence of secondary dispensing in the home e.g. medicines left out in containers to be taken later by the resident?	
Are there appropriate systems in place to cover unusual situations such as:	
<ul style="list-style-type: none"> <li>Covert administration e.g. is an appropriate care plan (Mental Welfare Commission or health board) in place, is there evidence of planned review of the care plan, has a pharmacist been involved?</li> <li>Patients requiring medication via PEG?</li> </ul>	

<p>Are there clear instructions or care plans in place for “as required” medicines e.g. how to assess whether medication is required, how to monitor the effect, what symptom is being treated, the duration of treatment and when this will be reviewed?</p> <p>Where a variable dosage is prescribed is it clear when the higher and lower doses should be used? For medicines such as Lactulose as required, is it clear that this needs to be given regularly for a few days until the symptom is relieved?</p>	
<p>What system is in place to facilitate sharing information about the resident’s medicines when they move from one care environment to another (e.g. admission to hospital)?</p> <p>Does the home keep a record of medicines transferred with a resident when they move out of the service (e.g. for a hospital admission, or transfer to another care setting).</p>	
<p>Details of advice given:</p>	



*Signatures:*

Pharmacist

Officer-in-charge