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**PHARMACEUTICAL SERVICES (SCOTLAND)**

**ADDITIONAL SERVICES**

**Community Pharmacy Support for Care at Home Care Providers**

**in the Safe Management of Prescribed Medication ( for Level 3 Administration only)**

**1. Service aim**

1.1 To support integrated health and social care policies & practice for assessment and delivery of safe management of prescribed medication across health and local authority for children and adults living at home in Falkirk Council Area.

1.2 To support safe management of prescribed medication process for patients where home care providers have responsibility for administering medicines to patients in their own home.

1.3 To support home care providers by production of MAR charts for patients assessed at Level 3 following guidelines in Falkirk Council Care & Support at Home Medication Policy. This includes maintenance of the MAR chart when changes are communicated.

1.4 Patients requiring a MAR chart will have been assessed as requiring this level of support with medication by a member of Falkirk Health and Social Care Partnership

1.5 Falkirk Health & Social Care Partnership will inform the community pharmacy that the patient has been assessed as requiring medicines administration and therefore requires a MAR chart along with original pack dispensing.

**2. Service outline and standards**

2.1 The community pharmacy contractor will ensure that the pharmacist and staff offer a user-friendly and patient-centred service.

2.2 The community pharmacist will develop and maintain a close working relationship with the prescriber and home care providers. This should include a process to allow information sharing where required.

2.3 The community pharmacist will ensure that patient medication records are maintained and that up to date Medicine Administration Record (MAR) charts can be produced to support home care providers when required. This will include ad hoc production of MAR charts for acute prescriptions when required. All patients assessed as requiring a MAR chart will have this flagged in their patient medication record. In the event a PMR system cannot produce a MAR chart for a mid cycle change, a blank MAR chart can be used. Details from the dispensing label should be written on the MAR chart including all BNF warnings. Dispensing labels must not be attached directly to a MAR chart.

2.4 There may be a requirement to provide Care at Home staff with a supply of blank MAR charts for use during the Out of Hours period.

2.5 The community pharmacy team will produce a MAR chart for all regular oral and topical prescribed medications.

2.6 The community pharmacist will adhere to the Principles of Safe and Appropriate Production of Medicine Administration Charts produced by the Royal Pharmaceutical Society.

2.7 The community pharmacist should ensure that the correct processes are in place to record, communicate, monitor and document any change to patient’s circumstances.

2.8 Delivered medicines must never be posted through the door (unless explicit consent has been gained and SOPs followed).

2.9 Discontinued medication will normally be returned by family members. If returned by Care at Home staff a member of the pharmacy team will be asked to sign for receipt of medication. Where a patient receives a delivery service, no returned medication should be returned via that route.

2.10 The community pharmacist will record any medicine incident and complete a Significant Event Analysis if appropriate where the incident occurs within the Community Pharmacy. This will be shared with Care & Support at Home if relevant.

**3. Role of the Care at Home Pharmacy Technician**

3.1 The care at home pharmacy technician will provide a liaison role between community pharmacy, care at home and health board staff to support the delivery of this service.

3.2 The care at home pharmacy technician will complete a compliance needs assessment where appropriate.

4. **Role of Care at Home Staff**

4.1 Care at Home staff will communicate any important information to community pharmacies regarding a change in patients circumstances or medication. This includes communicating any changes to medication mid – cycle if Care at Home staff are aware.

4.2 Care at Home staff are responsible for ensuring there is a process in place for ordering medication. Community pharmacy teams will not be expected to order medication for patients except in exceptional circumstance.

4.3 In the event a patient receives a supply of medication directly from a prescriber, Care at Home staff will annotate a blank MAR chart with the medication details.

**5. Training**

5.1 It is essential that the community pharmacist and staff should participate in any local training initiatives identified by NHS Forth Valley.

5.2 The community pharmacist will ensure that all staff involved in the provision of the service are aware of and operate within local guidelines.

**6. Monitoring and evaluation**

6.1 It is a requirement of the service that appropriate records, including patient medication records are kept and maintained by the community pharmacist to enable verification of service provision and training requirements, and provide information to NHS Forth Valley for audit and evaluation purposes.

6.2 A standard operating procedure should be in place in the pharmacy and cover all aspects of service provision.

**7. Payment**

7.1 A fee of £25.00 per patient will be paid as a set up fee.

7.2 A fee of £5.00 per patient per month will be paid for maintenance and production of MAR charts for patients assessed at the appropriate level and requiring this service.

7.3 This service will be reviewed 12 months after implementation.

**Background information**

RPS Medicines, Ethics and Practice (current edition)

Current version of RPS Guidance on Medicine Administration Charts

Falkirk Council Care & Support at Home Medication Policy

Review of Medicine Management Procedures, Guidance for Care at Home Services ( Care Inspectorate)

The Handling of Medicines in Social Care ( RPS)

Adults with Incapacity (Scotland ) Act 2000