

Medication Administration Record (MAR) Chart Service for Domiciliary Carers

1. Background/ Introduction

Prior to this service, carers could not administer medications, and as a consequence monitored dosage systems were extensively (mis)used. This led to a weakness in the care of those vulnerable patients unable to safely take their medicines. With suitable training, a MAR Chart offers the opportunity for carers to safely administer to this group. Fullers Self Medication Risk Assessment Screening Tool will be employed by Care Managers as part of the initial holistic assessment, and medicine administration will be determined by the assessment score. Those patients assessed as unsafe to take their own medicines safely will be offered this MAR Chart service, enabling their carers to administer. Pharmacy will support the carers with pharmaceutical advice and the provision of MAR charts with the requisite medication supply.

2. Aims and Intended Outcomes

Aim: To establish safe medication administration systems in Domiciliary Care.

Outcomes:

- Patients in Domiciliary Care will receive the safest system of medicine administration based upon an estimate of the level of risk present with self administration.
- Patient independence in Self Care will be promoted
- The number of requests for 7 day prescriptions and the concomitant use of monitored dosage systems and similar compliance aides will be reduced
- All hands-on involvement in medicine administration by Domiciliary Carers will be in conjunction with the MAR Chart Service.
- To support care workers administering medications to patients with long term conditions, who otherwise may have required residential care.
- To support self care and maximise patient independence.
- To achieve the full health benefits attainable through compliance with medication regimes.
- To reduce waste caused by non-compliance.

3. Brief Overview

The pharmacy will help support domiciliary care workers by preparing a medication record administration (MAR) chart when a prescription is presented for a patient assessed as requiring the service.

4. Benefits of the Scheme

The benefits of the scheme to the patient/contractor/ GP and NHS.

Patient Benefits.

- Vulnerable patients will have their medicines safely administered by Carers. The Risk Assessment will facilitate enable the promotion of Independence in medicine taking and self care wherever possible.

Contractor Benefits.

- Knowledge of Pharmaceutical Care will be employed to recommend ways of enabling patients to safely self medicate.
- Partnership working with Community Care Services will allow the Pharmacist to maximise their contribution to the health care of the patient, leading to a greater professional fulfillment.

GP Benefit.

- As the number of patients on weekly compliance aides will decrease, the demand upon GPs to write 7 day prescriptions will fall.

NHS Benefit.

- Quality of care in Elderly vulnerable patients in Domiciliary Care will improve.
- The number of hospital admissions associated with medication errors will fall.
- Waste of medicines caused by non-compliance will be reduced.
- Reduction of residential care resources for patients who cannot self administer medicines

Carer Benefit.

- They will benefit from working with a safer medication administration system.
- Their professional satisfaction will rise from their increased level of contribution in terms of being able, for the first time, to safely administer medications.

5. Description of the Scheme/ How the Scheme Works

- The pharmacy will be contacted by Bradford Adult Community Care when they identify a service user who requires MAR Chart.
- As part of this service request, an MUR may be requested. Such a review will also present the Pharmacist with an opportunity to discuss with the GP how particular drug regimens may be simplified.
- The pharmacy will annotate the patient medication record that the patient requires a MAR Chart. The pharmacy will prepare duplicate labels for each dispensed medication at the time of dispensing the prescription and attach them to the MRC. The issuing of labels NOT attached to the chart is not permissible. Once the label has been attached to the chart the letters "MAR" will be written starting on the left hand side of the chart and continuing onto the label.
- The pharmacy will keep the prepared chart together with the dispensed medication for collection or delivery to the service user. If medication is prescribed at a different time to regular prescriptions then the MAR Chart will be returned to the pharmacy for labels to be attached.
- Where new medication is prescribed mid-month the pharmacy may be required to assist in the synchronisation of medication quantities for future prescriptions.
- The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and facilitate audit.
- If a service user is admitted to a hospital or clinic within NHS Bradford & Airedale, every effort will be made to give the MAR Chart and medications to ward or clinic staff.
- On discharge from a hospital in NHS Bradford & Airedale, the hospital pharmacy will supply the patient with a new MAR Chart and medications.
- See Appendix A for template SOP

6. Selection Criteria

All pharmacies will be eligible to participate in the enhanced service provided that they are currently fulfilling all essential services to a satisfactory level as identified by tPCT contract monitoring visits and are approved to conduct Medicine Use Reviews.

7. Data collection and record keeping

Data collection and record keeping are those routinely associated with good dispensing practice (see Appendix A for details).

The pharmacy will record the total number of MAR charts supplied per month.

Errors, near misses and other incidents relating to the supply of MAR Chart will be recorded and reviewed at regular intervals in line with the pharmacy's procedure for dealing with incidents.

8. Hours of Service Provision

The service is to be provided within the normal opening hours.

9. Responsibilities of the Contractor

- The pharmacy contractor will ensure that all pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. All staff involved in the dispensing process should have a basic knowledge of the SOP for MAR Charts. Suitably trained members of dispensing staff will prepare the MAR Chart and deal with routine queries. The pharmacist will deal with any clinical or complex queries.
- The pharmacy agrees to participate in any reasonable Community Care / PCT organised audit of the service (these will be no more than one per annum).
- The pharmacy co-operates with any locally agreed Community Care / PCT led assessment of service user experience (these will be no more than one per annum).

10. Responsibilities of the PCT

- NHS Bradford & Airedale will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment.
- Any queries beyond the scope of the normal dispensing process relating to the supply of MAR Charts should be referred to the Community Pharmacy Development Pharmacist, NHS Bradford & Airedale, tel 01274 237583

11. Training and Development

The PCT will provide training and service provision updates as required.

12. Payment

Pharmacists will be reimbursed at the rate of £4.00 per MAR Chart. Most service users will require one chart per 4 weeks, but pharmacists will be reimbursed at the same rate if further charts are required in the same month. Invoices should be submitted using the template invoice (see appendix B) no later than the 5th of each month.

13. References

Principle of Safe and Appropriate Production of Medicine Administration Charts. Royal Pharmaceutical Society Feb 2009

Professional Advice. The administration of medicines in domiciliary care. Commission for Social care Inspection. CSCI.

10. Acknowledgements. We thank and acknowledge the support of

Care Quality Commission

East Riding and Hull Local Pharmaceutical Committee

Hull Community Care Services

Ian Charles, Norfolk Social Services

Angela Mkandla, NHS Leeds

Appendix A

Template Standard Operating Procedure

The following SOP should be reviewed and adopted by each individual contractor to ensure it reflects their individual service.

Purpose

To ensure MAR Charts can be prepared by the pharmacy to support domiciliary care workers administering medicines.

To ensure duplicate labels are attached to MAR Charts at the time of dispensing

To ensure appropriate PMR records are made

To ensure appropriate claims for payment are made

Scope

Inclusions: Prescriptions for those patients for whom a MAR Chart request form has been signed and completed on behalf of Bradford Adult Community Care Services

Exclusions: Medicines purchased OTC by, or on the behalf of, the service user

Process

The Pharmacy's SOPs for dispensing will be followed with the addition of the following steps

1. A Care manager will contact the pharmacy to request an MUR and initiate the first supply of the MAR Chart for the service user. This will be followed up with a written request on the MAR Chart request Form.
2. Make a note on the patient's PMR that they require a MAR Chart with each supply.
3. Add the wording "as per MAR Chart" to directions on the labels.
4. Ensure a blank MAR Chart is available in the pharmacy for new patients
5. If medication is prescribed at a different time to regular prescriptions then it will be the carers responsibility of the person identified in the MAR Chart request form to return the MAR Chart to the pharmacy for the labels to be attached at the time of dispensing. Contact the Care Manager if you need to arrange for the current MAR Chart to be returned to the pharmacy.
6. Additional MAR Charts should only be provided in emergency situations.
7. When the prescription arrives check that the number of days supply does not exceed 28
8. If new repeat medication is prescribed at a different time to regular prescriptions then it may be necessary to liaise with the prescriber to synchronize future supplies
9. Ensure there are full dosage instructions for all the prescribed medications including "when required" medicines and that these instructions are transferred to the label (*Carers cannot help service users with their medicines if the instructions are incomplete. "As Directed" or similarly vague directions are not acceptable. Contact the prescriber / add appropriate instructions as necessary*)
10. Prepare duplicate labels for each medication that the carer will be helping the patient with AT THE TIME OF DISPENSING and attach these to the MAR Chart. (*RPSGB guidance states that it is not acceptable for labels to be produced and transferred to the MRC at a later date or for spare labels to be supplied directly to patients or carers*)
11. Once the label has been attached to the chart write the letters "MAR" starting on the left hand side of the chart and continuing onto each label to reduce the risk of labels being removed (*Carers may NOT remove or alter labels*)
12. Assemble dispensed items, prescription and MAR Chart ready for accuracy check
13. Accuracy check MAR Chart and place it with dispensed items ready for collection or delivery

14. Record the supply on the monthly claim form
15. At the end of each month complete and check the claim form and send to the Community Pharmacy Development team at NHS Bradford & Airedale

Appendix B

Invoice to: Simon Grant			
Organisation	Bradford and Airedale PCT	VAT No	
Address:	5NY Payables C435		
	Phoenix House Topcliffe Lane		
	Wakefield		
	WF3 1WE		
Invoice Date:			
Invoice Number:			
Payment to:			
Supplier Name:			
Supplier Number			
Address:			
			Amount (£)
Supplier	Description of Services		
MAR Chart Scheme:			
Month Claimed for _____			
Total number of MAR Charts supplied: _____ @ £4 per chart			
VAT			
Total			

