

Frequently Asked Questions

Background

The Medication Administration Record (MAR) Scheme is an integral part of a new type of service for patients who take medicines and receive domiciliary care (care in their own home).

This new way service for patients is delivered by carers who have been trained to administer drugs from “normal” containers (bottles and boxes) rather than requiring medicines to be supplied in a medicine compliance aid (MCA). To do this safely the carers require a MAR so that they can record what has been administered to patients accurately and easily.

Full details including the SLA and claim forms can be found on the LPC website under **enhanced services**.

The SLA is purposely written to empower you as professionals to help make this service work effectively and safely and does not cover every scenario that may happen. This allows you to be responsive to patient needs and is purposefully permissive.

The LPC understand that as this service develops situations will arise that may require further guidance and this document of frequently asked questions will hopefully provide this.

Please contact the LPC (0113 261 4663) if you have any questions or feel there is something to add to this document

Frequently Asked Questions

1. Do I just add the medications on the current prescription to the MAR chart?

No. MARs must be generated using your Patient Medication Record. You must include all current medication that the patient may be administered (e.g. if a patient received salbutamol inhaler last month but it is not on the prescription this month it must still be added to the MAR). If items do not appear on the MAR then carers will not be able to help the patients take them.

2. I have not had a prescription this month. Do I still need to produce a MAR chart?

Yes, if there are any medications which are still being administered or could be reasonably expected to be (e.g. if a patient receives a two-monthly prescription for lactulose you will still need to generate a MAR each month). You will still be able to claim for a MAR each month.

3. The first request for a MAR has arrived mid prescription cycle. When should I start supplying a MAR?

Unless informed otherwise you should start the MAR as soon as possible (within 48 working hours at the latest). This MAR should be supplied for the remaining duration of the prescription cycle. A new MAR should then be generated at the start of the next cycle. You would claim £11 set up fee for the first MAR and then £5 for each subsequent 28 day period.

4. The carer has requested a MAR but still wants the medicines in a MCA should I supply both?

No. The policy that the carer is working to states that if they are administering medication (i.e. assisting the patient to take them) then this should be done from “normal” containers.

If the carer is only prompting the patient then the patient’s medication can be supplied in an MCA but you should not supply a MAR chart under this scheme.

The service providing support to your patient should use their own recording system to evidence the level of support provided on each visit.

5. My patient does not need help with medicines but requires help applying creams (or taking liquids, inhalers etc.) so will need their medication in a MCA. What can I do?

Many patients will be able to manage their own tablets without help if they are in an MCA but will still need help with other items. In this situation you should supply a MAR chart for only those items they require support with (i.e. creams, inhalers, liquids). The tablets can still be supplied in an MCA in line with your normal policy on supplying MCAs.

If the patient requires prompting to take their medication out of the compliance aid then this should be added to the MAR. To do this:

- Create a drug called “Medication Prompt”
- Add this to each MAR
- This will ensure that only one recording system is used for each patient.

A patient should not be receiving a compliance aid (MCA) and a MAR listing drugs contained within it for patients within this scheme. It is important to remember that patients still have a right to confidentiality and may not wish a full list of medication to be available to the person supporting them with applying creams etc.

It is important that the MAR chart should be clearly annotated to indicate that it is not a full list of the patient’s drugs. You must ensure

that any MARs which are not a complete list of drugs are obvious as such.

One method of doing this would be to create a drug called "Not all medication on MAR" and add to each MAR as appropriate.

6. A patient who receives a MAR from my pharmacy has had an emergency supply of medication over the weekend but has not had it added to the MAR. What should I do?

The patients MAR should have been taken to the pharmacy that dispensed the medication so that details could have been added.

This may not happen every time and carers will be unable to continue administering medication if it is not added to the MAR chart.

Pharmacists who are supporting a patient may add items to a MAR chart that have been dispensed by another pharmacy and we would suggest that the following steps are followed:

- Obtain evidence of what was prescribed. A copy of the prescription would be best but you may only have access to the dispensed medication. If the latter is the case you may wish to carry out further checks.
- You may have access to more information (your PMR) than either the prescriber or dispensing pharmacy so you should check the appropriateness of the prescribed medication. If you believe the medication is not appropriate you should not add the item to the MAR chart and should contact the patients GP.
- If you are confident that you are adding the correct information and the item is appropriate for the patient you should add the medication to the MAR.
- Some PMRs will allow you to add items that can be marked as "not dispensed" for others you may have to enter a quantity of zero.
- You should also add text to the label that makes it clear that you have added the item without dispensing it. Suggested wording could be "Not dispensed by this pharmacy"
- Detail what you have done as a patient intervention in your usual way.

Changes made after the production of the MAR should be evident. They should be dated, signed and clearly indicate who made the change. Changes can only be made by a doctor or pharmacist.

A spare label can be attached to the MAR but this should only be done by a pharmacist or doctor and must include the details listed above. The signature should start on the label and finish on the MAR so that any attempt to tamper with the label is evident.

7. How long should I leave items on the MAR chart after I have stopped receiving prescriptions for them?

There is no definite answer to this. An antibiotic would be expected to come off the MAR once the course was finished but a GTN spray would stay on for much longer.

Discussions should be had with the patient (or carer, with the patient's consent) to decide when it is appropriate to remove items from the MAR. You should keep records of these conversations including the name of the person you have discussed this with.

8. Should I add over the counter (OTC) medication on the MAR chart?

You should add OTC medication to the MAR. You are only required to do this if the product has been purchased from your pharmacy. You should obviously ensure that any purchases are appropriate for the patient and are removed from the MAR when no longer required.