

Medicines Governance Service to Care Homes (Care Home Service)



Locally Enhanced Service

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Executive Summary

The value of medication is the benefit it provides children and adults in improving the quality of their everyday lives. Appropriate medication, taken as intended, has the capacity of sustaining and maximising people's independence and personal dignity. The management of medication in care homes and children's homes is therefore one of the most important aspects of care for some of the most vulnerable people in this country¹.

Where adults and children in Care Homes need medicines, they differ in the degree to which they are able to manage the administration of medicines themselves. Some may be fully self-sufficient, while others may be wholly reliant on the support of care workers in the home. In many cases they may be vulnerable to the risk of mistakes being made¹.

In March 2004, the National Care Standards Commission (NCSC), a predecessor organisation to the Care Quality Commission, reported on homes' performance on managing medication². The report identified significant deficiencies in homes' performance with key areas of poor performance identified;

- wrong medication being given to residents;
- poor recording of medicines received and administered;
- medicines being inappropriately handled by unqualified staff;
- medicines being stored inappropriately.

In February 2006, the Committee of Social Care Inspection *Handled with Care?*¹ study followed up the NCSC report. Evidence from this report is that homes are still not placing enough importance on this critical area of care.

The 2009 Department of Health study 'The Care Homes Use of Medicines Study'³ found that care home residents (mean age 85 years) were taking an average of 8 medicines each and on any one day 7 out of 10 patients experienced at least one medication error. The DH Alert (2010)001 gateway reference 13238 specified that Primary Care Trusts should work with their primary medical care contractors, providers of pharmaceutical services and social care partners to determine how medication errors in care homes for older people can be reduced and specifically Primary Care Trusts should review the safety of local prescribing, dispensing, administration, and monitoring arrangements in the provision of medication to older people in care homes.

¹ *Handled with Care?: Managing medication for residents of care homes and children's homes, a follow up study.* Feb 2006. The Committee of Social Care Inspection

² *The management of medication in care services 2002-03, National Care Standards Commission 2004*

³ *The Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people.*

http://www.haps.bham.ac.uk/publichealth/psrp/PS025_Project_Summary.shtml

Aims and intended service outcomes of the service

The Medicines Governance to Care Home Service aims to improve patient safety within the care home with a particular focus on the following areas: ordering, storage, administration and disposal of medicines and appliances and use of residents' own medicines (prescribed and purchased) and systems and records required to facilitate the sharing of information about the person's medicines when they move from one care environment to another.

In addition to improving patient safety it is expected that the service will have other positive outcomes including:

- Reduced medicines wastage in Care Homes
- Reduced risk of errors on administration of medicines (by supporting good medicines handling practice)
- Improve compliance of the Care Home with the national minimum standards and legislation relating to handling and storage of medicines
- Identify issues relating to the supply of medication from the community pharmacy
- Identify training needs relating to medicines and medicines management
- Measurable improvement in compliance in the areas audited. This will be assessed by:
 - Increase in the ratio of number of indicators that are met: indicators not met over subsequent visits
 - A high level of implementation of the action plan points by the care home assessed at subsequent visits

If continued improvements are not shown, or action points are not met the pharmacist will highlight this to the PCT service co-ordinator so that an appropriate course of action can be agreed.

Brief service description

An accredited pharmacist will provide advice and support to the staff within the care home to ensure the proper and effective ordering of drugs and appliances, their safe storage, supply and administration and proper record keeping. Specifically this will include:

- ◆ Providing an assessment of the relevant systems, records and monitoring used within the care home against the set criteria;
- ◆ Providing advice and guidance to the care home on the appropriate systems, records and monitoring required by the care home;
- ◆ Identifying training needs relating to medicines and appliances to help improve the skills of the care home staff;
- ◆ Identifying problems regarding the safe storage and handling of medicines within the care home
- ◆ Agreeing SMART action points with the relevant care home staff so the care home understands the actions it needs to take to ensure safe and appropriate systems, records and monitoring for medicines and appliances
- ◆ Communication with the care home to confirm that the agreed action points have been implemented with the care home.

- ◆ Reporting information from the assessment and communication to the care home to the PCT
- ◆ Each care home will be assessed every 12 months

It is proposed to offer support to all registered care homes in Calderdale to ensure that medicines ordering, supply, administration and storage systems are within current guidance and good practices.

Resource implications

Within the boundaries of Calderdale PCT there are currently 44 care homes serving 1329 patients. The Medicines Governance Service to Care Homes would be on offer to all registered care homes in the Calderdale area.

Care Homes that operate separate units (e.g. EMI units) or on multiple sites and need to have each site/ unit assessed individually by the Medicines Governance Service to Care Homes Service.

The pharmacy will be paid £150 per annual visit and £25 per follow up discussion.

Service Specification

This service specification is underpinned by the Agreement for the provision of Community Pharmacy Enhanced Services (LES Agreement). The LES agreement specifies the terms of service, including duration of agreement, performance management, and should be read in conjunction with this Service Specification.

Purpose of the Agreement

This agreement relates to the Medicines Governance Service to Care Home by participating pharmacists from participating community pharmacies within NHS Calderdale.

The agreement is for the pharmacy to provide advice and support to the care home to ensure the proper and effective ordering of drugs and appliances, their safe storage, supply and administration and proper record keeping. This will be achieved through audit against specified criteria, advice and support to the care home and establishing and following up implementation of agreed action points with the care home.

Selection of provider

The Pharmacies for this service have been selected on the basis of:

1. Willingness to provide the service to a minimum of 5 care homes (to ensure competencies are up-to-date)

Once pharmacies have been selected to provide the service Care Homes will be allocated to a pharmacy using the following criteria:

1. Pharmacy has previously delivered the Care Home Support Service to the care home at a frequency as stated within the Service Specification

The service will not necessarily be provided by a pharmacy who currently supplies a dispensing service to the care home.

The Services

The service is to occur as per the service flow chart (appendix 1).

The pharmacist must be mindful of their responsibility to safeguard vulnerable adults and ensure that any concerns are raised to Sarah Antemes or Ann McPherson at NHS Calderdale and reported on the Visit Summary form.

During the provision of the service the pharmacy / pharmacist must not offer any inducements, financial or otherwise, to encourage the care home to

transfer business from their existing dispensing community pharmacy to themselves. If the PCT becomes aware of any such behaviour this may be dealt with as a breach in the terms of service.

During the MGSCH visit the pharmacist must only carry out the PCT enhanced service. The pharmacist should be clear with the home that they are carrying out the visit as an agent of the PCT and the visit does not relate to any service, dispensing or otherwise, that the pharmacy provides for the care home. Where a pharmacy has an agreement (as part of a dispensing service agreement) to provide advice visits to the care home these arrangements must be dealt with separately from the PCT enhanced service which includes that visits are carried out on different days.

Consent to provide service to care home

The PCT will disseminate information on the service to care homes in order that they are aware of the service prior to contact from the pharmacist.

1. The PCT will inform the pharmacy which care homes it is to provide the service to.
2. The pharmacist will contact the care home (this can be via telephone) to explain the service to the care home.
3. The pharmacist must gain the written consent of the care home for the community pharmacy to provide the service to the care home. This can be done by post and does not have to follow face-to-face contact.
4. The agreement to provide the service to the care home will be recorded on the Consent Form, a copy of which will be provided to the care home and a copy retained by the pharmacy.
5. Care Homes should be informed that the community pharmacist will be carrying out this audit on behalf of the PCT.
6. Care Homes should be asked to provide contact names of at least two key personnel for the point of contact for the community pharmacist with respect to this service. These members of staff should have a working knowledge of the care home's systems and policies for ordering, storing, supply, administration and record keeping of drugs and appliances. Additionally they must also be in a sufficient position of authority to allow them to affect change within the care home.
7. If a care home refuses to consent to the service the PCT Care Home Pharmacist (or Head of Medicines Management) should be notified.

Visit preparation

The pharmacy should arrange an appointment to visit the care home at a mutually convenient time whilst ensuring that the key care home personnel will be available for the visit. It is expected that the pharmacist can undertake two care home visits in one working day and the care home should be clearly advised of the expected time of arrival, length of visit and the personnel who need to be present. The pharmacist should send the care home a letter outlining these details (template provided) at the time of booking the visit.

The pre-visit review section of the Care Home Audit form must be completed by the visiting pharmacist prior to the visit. Particular note should be taken of previous problems with medications identified by the Care Quality Commission (CQC) reports.

The Review Action Plan section can be pre-populated with the indicators, dates and follow up responses from the previous action plan to reduce time during visit.

Care Home Visit

The care home visit is to be carried out by a pharmacist who is accredited with NHS Calderdale to provide the Medicines Governance Service to Care Homes (see accreditation p13).

The pharmacist will complete the Medicines Governance Service to Care Homes Visit Record which includes the Safe and Secure Handling of Medicines Audit, Previous Action Plan Review, Action Plan and Declaration sections with key care home personnel.

Safe and Secure Handling of Medicines Audit

The Safe and Secure Handling of Medicines Audit section of the visit record criteria have been based on the criteria provided in the Royal Pharmaceutical Society's (RPSGB) guidance on medicines in care homes and CQC assessment criteria. The criteria may be amended at a future date to reflect any changes in the General Pharmaceutical Committee (GPhC) and CQC guidance

For each indicator on the Safe and Secure Handling of Medicines Audit the pharmacist must:

- See the physical evidence required by the indicator. The indicator cannot be marked as being met if the care home cannot produce the necessary evidence. If a care home can only provide verbal assurance of meeting an indicator the not-met due to unavailable evidence box must be ticked.*
- Explain what is expected in terms of minimum standards
- Share relevant good practice

* It is not expected that this will occur for many indicators. If more than 10% of the indicators cannot be assessed due to the care home being unable to produce appropriate evidence the PCT Head of Medicines Management must be informed by the visiting pharmacist within 7 days of the Visit Summary Form.

During the visit the pharmacist will provide advice on safe and effective ordering, storage, administration and disposal of medicines and appliances and record keeping and associated policies, procedures and documentation that the care home should have in place. This will include advice on the content of the care home's medicines related policy documents, including the

administration of medicines for acute conditions, use of 'homely remedies' and procedures when there are alterations to resident's medication regimens.

If the pharmacist identifies training needs for care staff on medicines issues or any other issue, these will be recorded on the visit record.

If the pharmacist identifies a patient that requires referral to another health-care professional for an issue outside the remit of the service they should refer as appropriate and record the reason for referral and to whom the referral was made on the Medicines Governance Service to Care Homes Visit Record. Patient details should not be included on the report.

If the pharmacist identifies any controlled drug issues/ incidents the PCT Accountable Officer for CDs must be immediately notified by phoning the PCT and recording this on the Visit Summary Form.

Action plan review

Complete the action plan review with reference to the response from the previous follow up visit. It is expected that at least 80% of the indicators included in the previous action plan are met by the care home in the subsequent visit. If the level of implementation is less than 80% this should be highlighted to the service co-ordinator/ Head of Medicines Management by the visiting pharmacist within 7 days of the Visit Summary Form.

Agree action points

Once the Safe and Secure Handling of Medicines Audit and Action Plan Review have been completed the pharmacist must add all the indicators where the care home has not met the indicator into the action plan. In the case of indicators not met because the care home could not produce the necessary evidence the action for that indicator can be that the care home must store the required protocols in a manner so that they are readily accessible to all relevant staff and available for future monitoring visits.

The pharmacist should discuss and agree the actions required with the relevant care home staff. The actions must be SMART⁴. The pharmacist must use their professional judgement as to which areas are of greatest priority for action for the care home and assign timescales as appropriate.

The pharmacist must ensure that the person who is agreeing the actions on behalf of the care home understands the actions they need to take to ensure they complete the action point and meet the required standards, and has a sufficient level of authority to implement the actions.

The pharmacist will explain that they will contact the named care home personnel in 6 weeks to ask if care home has completed action or if further support is required.

⁴ SMART= specific, measurable, achievable, realistic and timed

The pharmacist will explain that they will monitor that the actions have been implemented, as verbally confirmed by the care home at the 6 week contact, at the next annual visit.

Declaration

The Medicines Governance Service to Care Homes Visit Record declaration must be completed at the time of the visit. The care home should be informed that the complete visit record will be shared with the PCT.

Reporting/ claiming payment

The pharmacy must photocopy the Visit Report and:

1. Return one copy to the Care Home addressed to the Care Home Manager
2. Retain one copy in the pharmacy for use during follow up and subsequent visits
3. Send one copy to the PCT along with the MGSCH Visit Summary Form to trigger payment for the visit

MGSCH Visit Summary Form

Complete and send with the Visit Report form within 7 days of the Care Home visit (or sooner if a CD concern is highlighted).

The summary form duplicates information within the report form. The rationale for this duplication is that the PCT requires a trigger (other than monthly claims processing) to quickly highlight potential problems in a care home. The Visit Summary form assists the pharmacy by providing a mechanism for them to report urgent issues to the PCT as specified in the service specification.

Six week Follow-up

The purpose of the follow up is to contact the care home to confirm that the agreed action points have been implemented. If a care home did not have any actions from the visit (i.e. all indicators were met) then no follow-up is required.

Six weeks after the care home visit the pharmacist will contact the key care home personnel to seek verbal assurance that the action points have been completed. If the pharmacist wishes this follow-up can be done by visiting the care home.

The follow-up column of the Action Plan should be completed based on the responses from the care home. If the care home cannot confirm that they have completed the action they must be informed that the PCT will be notified of this.

Complete a MGSCCH Follow-up form and submit to the PCT with a copy of the completed action plan sheets from the Visit Report to inform the PCT of the outcomes from the action plan and to trigger payment for the follow-up.

Frequency of visits

The home will receive a visit every twelve months and each visit report will be audited by the PCT.

If a pharmacy is not able to make 12 monthly visits, fall behind the timescales for visiting/ follow-up or the accredited pharmacist leaves the Head of Medicines Management should be immediately informed.

Cancelled/ incomplete visits

The pharmacist must inform the service lead or Head of Medicines Management within a week if any of the following criteria apply:

- The care home cancel the visit with less than one months' notice
- The pharmacist deems that the visit has not been effective as the relevant staff have not been made available for the visit
- The visit was ended after 3 hours but not completed due to the relevant staff not being available

The PCT will request the pharmacist provides copies of the relevant documentation (visit letter, MGSCCH Visit Record form) and a short report of the circumstances for the cancelled/ incomplete/ ineffective visit.

Providing the information requested by the PCT is provided the pharmacy will receive the usual service delivery payment.

Payment

The pharmacy will be paid £150 per visit. This will cover service delivery costs to include:

- Set up costs
- Pharmacist time to provide the care home visit
- Associated staff time to support the pharmacist in providing the service
- Training costs
- Postage costs
- Printing and photocopying visit reports
- Travelling time
- Pre-visit review
- Time and cost of phone calls to arrange visit and follow-up discussions
- Initial contact of care home and recording consent
- Completing summary forms

The pharmacy will be paid £25 per follow up discussion to include:

- Pharmacist time to make the follow up contact and complete the relevant paperwork
- Cost of phone call
- Postage costs
- Printing and photocopying reports

Payment will be made retrospectively on a monthly basis on receipt of the relevant paperwork (as outlined in The Services section) at the PCT.

Staff

Pharmacies operating the service must be authorised by the PCT to provide the service. This is via a schedule of services authorisation signed by both the service commissioner and the community pharmacy.

Each individual pharmacist providing the service must:

- be registered with the PCT to provide the Medicines Governance Service to Care Homes
- completed (and maintained) the required training
- be in possession of a current, expiry dated Care Home Service certificate provided by the accrediting PCT (this may be other than Calderdale PCT)

Core Competencies

All pharmacists providing the Medicines Governance Service have a professional responsibility to develop, reinforce and update their knowledge and skills in the following areas:

- Understands the aims, management, documentation and delivery of this service and the national service standards that govern service delivery. [G4, G5]
- Able to advise care home managers (and staff) on their accountabilities and responsibilities regarding medicines management, including the separation of responsibilities between the Care Home and Pharmacy providers. [G6]
- Able to advise care home staff about safe and efficient prescription management in line with current national guidance. [G6]
- Able to advise care home staff on appropriate systems for safe ordering, receipt, storage, administration (including self administration) and safe disposal of medicines and appliances. [G1, G5]
- Able to advise the care home manager (and staff) on the content of their medicines related policy documents, record keeping arrangements and how to access appropriate training. [G5]
- Able to advise on the safe administration of medicines for acute conditions, use of 'homely remedies' and procedures necessary when there are alterations to patients' medication regimens. [G1, G5]
- Able to provide effective medicines management guidance in order to reduce waste. [G1, G5]

- h) Understands the role of the local care home inspectorate (Care Quality Commission) and Commissioner of Services and is able to communicate effectively with them, when necessary, to discuss any medicines related issues [G1, G2].
- i) Understands the legislation, ethics and duty of care for the management of medicines in care homes [G1, G10].
- j) Understands confidentiality issues and has an awareness of the issues for safeguarding vulnerable adults [G8].

These core competencies have been linked, where appropriate, to the general pharmacist competences of the Royal Pharmaceutical Society of Great Britain which are shown in [] and are mapped to the General Level Framework (available at www.codeg.org).

Accreditation

Pharmacists must be accredited to provide the service.

Pharmacists must have successfully completed the current version of the CPPE Supporting Care Homes Open Learning Programme.

Accreditation is proven by possession of a current, expiry dated certificate provided by the accrediting PCT which, bears the HAG standard mark.

Pharmacists are expected to re-validate their accreditation at least every two years. This should be in the form of a self-declaration of competency or other method of assessment as considered appropriate by Calderdale PCT.

Underpinning Knowledge

A Centre for Pharmacy Postgraduate Education (CPPE) learning pack provides pharmacists with the necessary knowledge to underpin the provision of the Medicines Governance Service to Care Homes enhanced service:

- **CPPE Supporting Care Homes Open Learning Programme (15 Hrs)**

CPPE programmes provide pharmacists with a record of assessment, which must be retained, by the pharmacist, and copies sent to the accrediting PCT. Alternatively, individuals can also allow access to their online records by switching on the CPPE viewer via the My CPPE page on the CPPE website (www.cppe.ac.uk).

Current versions of learning programmes must be completed as part of any training undertaken. The latest versions of CPPE Open Learning Programmes can be confirmed by accessing the CPPE website.

Although not mandatory the CPPE Older Persons: Managing Medicines Open Learning Programme does support this service and Pharmacists may wish to complete this open learning programme as part of their CPD.

Although not mandatory pharmacists may wish to sign up to the free monthly CQC newsletter to receive news about the CQC and the world of health and social care. <http://www.cqc.org.uk/newsandevents/newsletter.cfm>

Resources to support delivery of the service

The following documents are provided to the pharmacists providing the service upon accreditation:

- Waste disposal- Guidance
- Waste disposal record sheet
- Re-ordering service users medication
- When required medication guidance
- PRN running balance sheet
- Amendment to medication: prescription adjustment form

Service delivery paperwork

The PCT will provide the necessary paperwork and claim forms for service delivery. Resources are to be ordered from Medicines Management using the stationary order form. At least 4 weeks for delivery of items should be allowed. The orders will be delivered by the internal mail van.

List of resources:

- Underpinning LES agreement
- Service Specification
- Maintenance of accreditation self-declaration form
- Care Home Consent form
- Care Home visit confirmation letter
- MGCHS Visit Record Form
- MGSCH Summary Form
- MGSCH Follow-up Form
- Monthly Form Submission to PCT

Quality Indicators

	Quality Performance Indicator	Threshold	Method of Measurement	Report Due
Performance monitoring	The routine visits by the care home inspection organisation do not highlight any major shortfalls in the systems for the management of storage, supply, administration and disposal of medicines.	80% compliance	Checks made by PCT as part of service review	PCT full service review (expected every 3 years) although information may be required for the PCT annual service review report

	Quality Performance Indicator	Threshold	Method of Measurement	Report Due
Performance monitoring	Over subsequent visits continued improvements in the areas audited. If continued improvements are not shown it is expected that the pharmacist has previously informed the PCT of this.	80% compliance	This will be assessed by: 1. monitoring the increase in the ratio of number of indicators that are met: indicators not met over subsequent visits 2: monitoring percentage of indicators attached to previous actions plans that are met on subsequent visits	PCT full service review (expected every 3 years) although information may be required for the PCT annual service review report
Clinical Governance- Patient Safety	The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis	100% compliance	PCT Contract Assurance process (including self-assessment)	Frequency of assurance visit as determined by the PCT
Suitably Qualified Workforce	The pharmacy can demonstrate that pharmacists and staff involved in the provision of the service have undertaken CPD relevant to this service	100% compliance	See accreditation section PCT Contract Assurance process (including self-assessment)	Annual renewal of service agreement
Improving Service Users & Carers Experience	The pharmacy participates in an annual PCT organised audit of service provision	100% compliance	Return of all audit forms within timescales specified by PCT.	PCT full service review (expected every 3 years) although information may be required for the PCT annual service review report
Improving Service Users & Carers Experience	The pharmacy co-operates with any locally agreed PCT-led assessment of service user experience	100% compliance	Evidence of all patient suggestions to enhance service and the investigation of these together with summary of outcome, e.g. taken forward/not taken forward as impractical	PCT full service review (expected every 3 years)

Service Evaluation

The service will be annually reviewed to ensure it is working correctly, meets the needs of patients, healthcare professionals and the NHS and to check whether any improvements could be made. Feedback will be to the LPC/PCT and any other stakeholder PCT groups (e.g. Medicines Management Committee) using the following criteria:

- Number of care homes audited as a total of the total number of care homes
- Frequency of visits to care homes on average and as delivered by each community pharmacy
- Number of residents in those care homes that have been supported
- Number of indicators not met
- Trend analysis on the indicators frequently not met
- Measurable improvement in areas audited. This will be assessed by:
 - ratio of number of indicators that are met: indicators not met over subsequent visits
 - percentage of indicators attached to previous actions plans that are met on subsequent visits
- If carried out, assessment of usefulness of the service from the care homes and GP practices

Point of contact for the service

Senior Pharmacist (Community Pharmacy)

Name: Ruth Buchan

Address: NHS Calderdale, 4th Floor, F Mill, Dean Clough, Halifax HX3 6AX

Direct Line: 01422 281474

Email: ruth.buchan@calderdale-pct.nhs.uk

Accountable Officer for CDs

Name: Matt Walsh

Address: NHS Calderdale, 4th Floor, F Mill, Dean Clough, Halifax HX3 6AX

Direct Line:

Email: Matt.walsh@calderdale-pct.nhs.uk

Senior Clinical Programme Manager (Cont. Care)

Name: Sarah Antemes

Address: NHS Calderdale, 4th Floor, F Mill, Dean Clough, Halifax HX3 6AX

Direct Line: 07795 825086

Email: Sarah.antemes@calderdale-pct.nhs.uk

Professional Lead Safeguarding Adults

Name: Ann McPherson

Address: NHS Calderdale, 4th Floor, F Mill, Dean Clough, Halifax HX3 6AX

Direct Line: 01422 281050

Email: Ann.Mcpherson@calderdale-pct.nhs.uk

Documents used in the development of service

- Royal Pharmaceutical Society guidance (2003) The Administration and Control of Medicines in Care Homes and Children's Services
- Commission for Social Care Inspection (2006) inspection reports
<http://www.csci.org.uk/>
- Centre for Pharmacy Post Graduate Education (CPPE) (2003) Supporting Care Homes with Medicines management open learning pack 3rd Edition
- NHS Community Pharmacy Contractual Framework Enhanced Service Specification – Care Home (support and advice on storage, supply and administration of drugs and appliances). Available at
http://www.psn.org.uk/uploaded_txt/EN5%20-%20Care%20home%20support.pdf
- East and South East England Specialist Pharmacy Services: Pharmacy support for Community Health Services (CHS) – a toolkit for developing Service Level Agreements (SLAs) for pharmacy support
- Harmonisation of Accreditation Group (HAG): Competency and Training Framework Provision of a Medicines Governance Support Service to Care Homes (MGSSCH) version 1

Appendix 1 - Service Flow Chart

