

# Making Time Project Guide



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Contents	
<b>What is Making Time?</b> .....	3
Background .....	4
<b>Flowchart of Service</b> .....	5
Before you start .....	6
Communication tips.....	6
Records .....	7
Consent .....	7
Safe Places.....	8
The key resources / terms.....	9
Making Time Framework.....	10
Registration and consent .....	10
Initial Assessment.....	14
Goal setting .....	17
Ongoing support and patient contact .....	19
Final Assessment .....	22
Feedback.....	23
PharmOutcomes .....	23
Training.....	24
Safeguarding .....	24
How to provide a successful service.....	25
<b>Funding</b> .....	25
Evaluation .....	26
Resources to support delivery of the service.....	26

#### Version Control

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1	First draft	RB	3 June 2015
2	Final Guide	RB	2 July 2015

#### Disclaimer

This Guide has been developed to assist pharmacies in delivering Making Time. It should be used alongside other reference sources, guidance provided and current published evidence. Community Pharmacy West Yorkshire does not accept any responsibility for any errors or omissions.

## What is Making Time?

### **Making Time Project Mission Statement**

The “Making Time” project is to try and make sure people with learning disabilities get the best service they can from their community pharmacy. It’s about making sure that pharmacy services can offer the kind of person centred service that people with a learning disability really need to stay safe and well.

From the community pharmacy perspective, Making Time is not about providing a new service. It’s about having more time to provide services already offered by pharmacy such as Medicines Use Review (MUR), signposting and health promotion but in a way which makes them accessible for the patient and easy to understand. Where appropriate, Making Time also enables community pharmacy to help the carers, parents and the members of the adult social care teams who support the patient.

The Making Time project is based on a year of care approach which is about a proactive process of planning the care and services offered to patients with improved patient involvement, a personalised approach which supports self-management.

There are a few key steps to Making Time; registration; initial assessment; goal setting; on-going support, and; final assessment. These key steps are the starting point for patients and pharmacies but as a person-centred offer the services, contacts and items discussed with the patients are not defined by Making Time but by the needs and goals of the patient. The role of the pharmacy team is to support the patient to achieve their goals. These could include any area of health and wellbeing, including prevention of ill health, self-care and long term conditions management, but as a pharmacy-based project medicines optimisation is likely to be a key element.

The Making Time project will support up to 200 individuals who are in supported living accommodation, living with a parent or carer or are living independently in a community setting.

Making Time Pharmacy is a new concept which is why this is being launched as a one year project. Throughout the project pharmacies will collect data to enable the impact of Making Time to be evaluated.

The Making Time project is based in the south of Leeds and has been developed by NHS Leeds North CCG and Community Pharmacy West Yorkshire in partnership with Leeds City Council Adult Social Care Learning Disability Services, Leeds and York Partnership NHS Foundation Trust and service users.

## Background

Around 1.5 million people, 2 out of every 100 people, in the UK have a learning disability. It is really important that people with Learning Disability (LD) are defined by who they are not what they have. Learning Disabilities are many and varied and can affect someone in a wide variety of ways. Mencap state that a learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

Learning Disability affects the way the individual understands information and how they communicate. This means they can have difficulty:

- understanding new or complex information
- learning new skills
- coping independently

For further information on what learning disability Mencap have some useful information which can be accessed here: [www.mencap.org.uk/about-learning-disability](http://www.mencap.org.uk/about-learning-disability)

### Learning Disabilities & Health Inequalities

It has been widely reported that life expectancy for people with learning disabilities is less than for the general population and that they suffer considerable morbidity as a result of physical impairments, medical problems and mental health problems.

People with learning disabilities are:

- 58 times more likely to die before 50 than the general population
- 5 times more likely to have SUDEP (Sudden Unexplained Death in Epilepsy)
- 4 times more likely to have preventable cause of death
- 3 times more likely to die from respiratory disease (the most common cause of death)
- Men with a learning disability die 13 years sooner than the general population.
- Women with learning disabilities die 20 years sooner than the general population

In addition people with learning disabilities experience higher rates of:

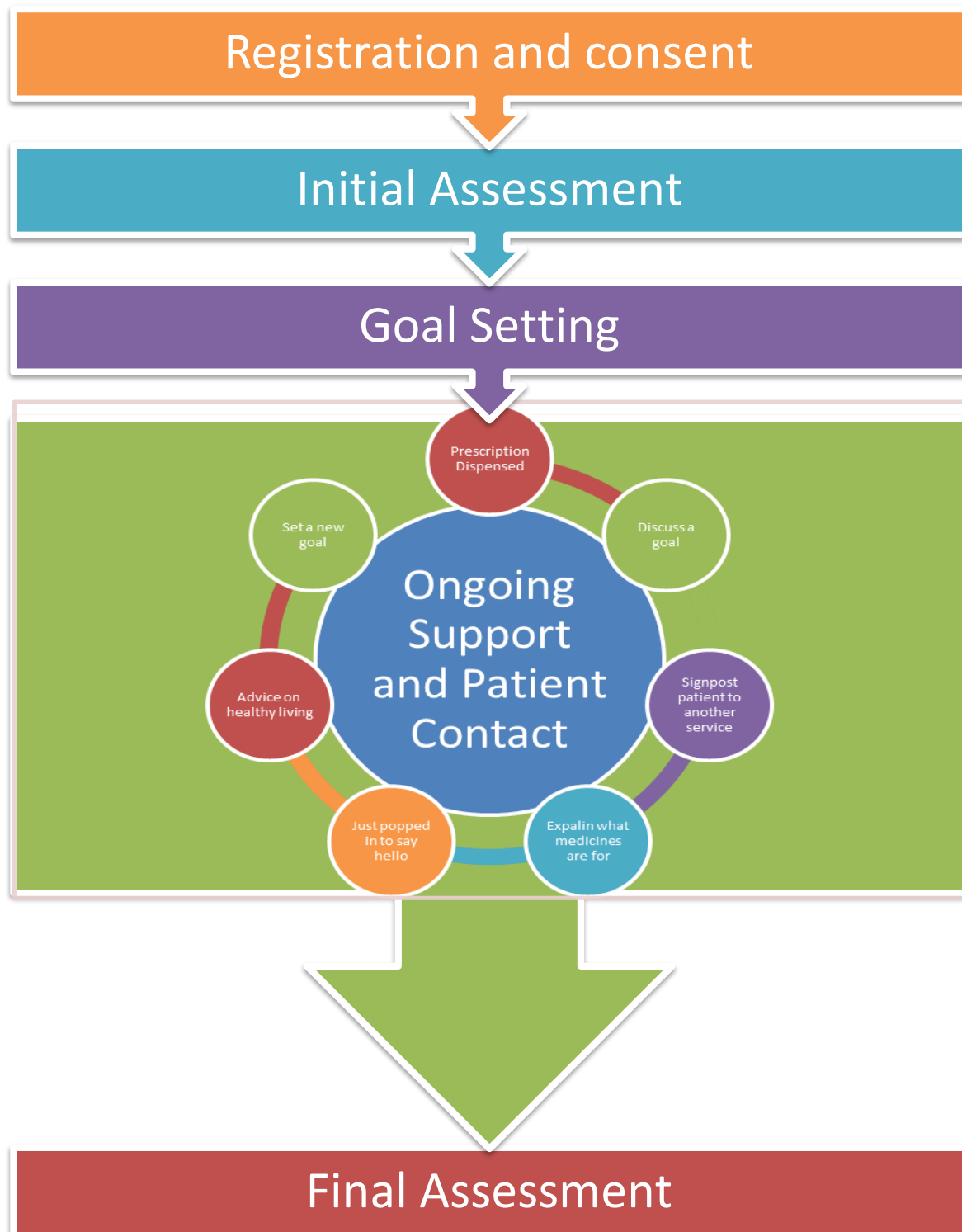
- Respiratory disease than the general population (19.8% to 15.5%)
- Epilepsy (22% to 1%)
- SUDEP (Sudden Unexplained Death in Epilepsy) 5 times more common in people with learning disabilities
- Dementia (21.6% to 5.7%)
- Schizophrenia (3% to 1%)

Only one in five have a GP who knows they have a learning disability and more than half are not known to any services.

These statistics demonstrate the massive potential to improve the health and wellbeing for those with learning disability.

## Flowchart of Service

The Making Time project is built on a flexible approach to be defined by the patient and the Making Time Pharmacy supporting them. There are however some key requirements for the community pharmacy to receive funding for the project. The flowchart below outlines the Making Time framework. The ongoing support and patient contact section gives some examples as to the possible contacts with the patient, however the approach taken for each patient will be different.



## Before you start

Below are some points for everyone within the pharmacy team to consider. This list is not exhaustive and you may find much of this obvious. However, a little time spent reflecting on these points for each of the Making Time patients may mean you slightly alter your approach. Small adjustments can often make a big difference to those accessing the pharmacy services.

Approachable	Flexible	Patient Led
Being approachable is key to building the relationship	What suits one patient won't suit another	Decision making must be led by the patient
<ul style="list-style-type: none"><li>• In all your interactions with patients you need to start by introducing yourself (<a href="http://hellomynameis.org.uk/">http://hellomynameis.org.uk/</a>)</li><li>• Ask the patient to repeat in their own words to check their understanding of your conversations</li><li>• Take your time, don't rush the patient</li><li>• Consider calling patient day before appointment to remind them</li><li>• Open offer for patient to come in at any time. eg If your medicines change or you are confused about your medicines please come and see me-we can go through any of this information again</li></ul>	<ul style="list-style-type: none"><li>• Spend time thinking about how to explain things to the patient</li><li>• Be prepared to explain something several times</li><li>• Patients are likely to have a range of communication needs.</li><li>• Personalise the offer to each patient so that the pharmacy interventions and contribute to reducing health inequalities</li><li>• Check when handing out any forms etc whether the person wants help with filling it out</li><li>• If a patient misses an appointment contact them to rearrange</li></ul>	<ul style="list-style-type: none"><li>• Work in partnership with patients and support self management and encourage the person to be independent</li><li>• Build and maintain a continuing, trusting and non-judgemental relationship</li><li>• Provide information in a format and language appropriate to the person's cognitive and developmental level (including spoken and picture formats, and written versions in Easy Read style and different colours and fonts)</li><li>• Encourage patients to show their making time card every time they come to the pharmacy</li></ul>

## Communication tips

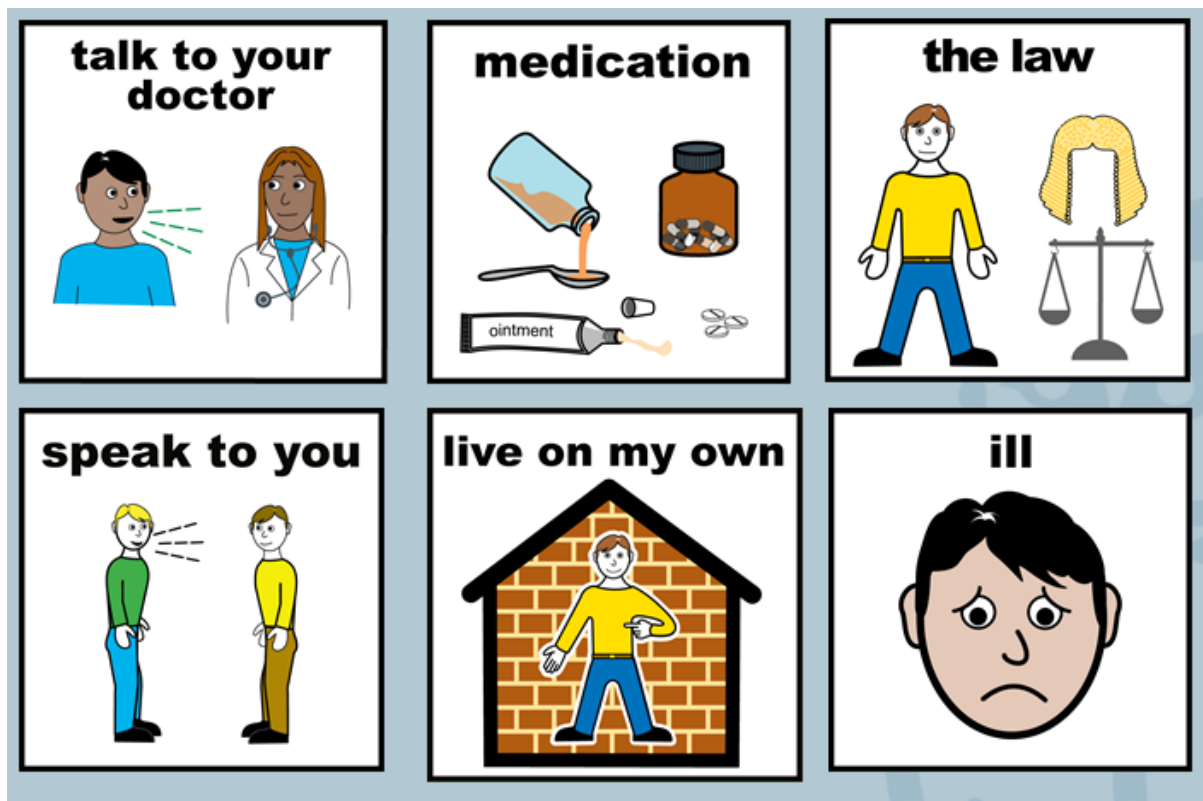
It is essential to adapt your communication style and approach to suit each patient. When communicating with a patient with a Learning Disability it is important to use simple instructions and sentences, speak clearly and take your time. Remember that those with LD may appear more able than they are. Use easy read resources, pictures, photos and symbols to assist your conversations.

Those with Learning Disability are more likely to have other sensory impairments affecting their sight, hearing or speaking as well as reduced literacy skills and ability to pay attention on what someone is saying.

These top tips from Mencap about how to communicate with someone with learning disabilities are useful aids to effective communication with anyone.

- Find a good place to communicate in – somewhere quiet without distractions.
- Ask open questions – questions that don't have a simple yes or no answer.
- Check with the person that you understand what they are saying – "You have a sore throat? Is that right?"
- If the person wants to take you to show you something, go with them.
- Watch the person – they may tell you things by their body language and facial expressions.
- Remember to talk to the patient themselves but don't feel awkward about asking parents or carers for their help if you need to.
- Written English might be hard for person to understand. Try drawing – even if your drawing is not great it might still be helpful.

- Take your time, don't rush your communication.
- Use gestures and facial expressions. If you are asking if someone is unhappy make your facial expression unhappy to reinforce what you are saying.
- Be aware that some people find it easier to use real objects to communicate, but photos and pictures can really help too.



## Records

The pharmacy will hold records of the interventions and consultations for each Making Time patient.

Each contact with the Making Time patient is recorded and then printed from PharmOutcomes (see PharmOutcomes, p23) and added to the Pharmacy Held Record for the patient.

No forms are provided to record the Making Time consultations. Ideally, the consultation / interaction should be added straight onto PharmOutcomes so that the paper record for the Pharmacy Held Record can be generated as part of the contact with the patient. If this is not possible then the details must be transferred onto PharmOutcomes ideally on the same day and within 48 hours of the contact.

The Making Time contacts must be recorded onto PharmOutcomes in order that there is a comprehensive record of the year of care support provided throughout Making Time. If a contact with a patient isn't on PharmOutcomes it will be as if it hasn't happened and it will not be included within the evaluation.

The Pharmacy Held Record will contain patient identifiable information so must be stored in a locked filing cabinet / drawer.

## Consent

Initial consent is gained at the Registration and recorded on the Making Time Pharmacy Leaflet, however consent should be gained at every patient intervention.

Consent may be withdrawn at any time by the patient, for example they may just stand up and walk out and which implies the withdrawal of consent for that particular consultation. The patient may state on the initial consent form that they don't agree to sharing information with their carer and then present for a consultation with a carer and state they are happy for the carer to be with them for the consultation.

It may be useful to summarise the last contact with the patient or the agreed actions / goals at each meeting to confirm that the patient is still happy with these.

"Last time we agreed ..... Is this still OK with you?"

Being flexible with patients and understanding that their consent may be fluid is part of Making Time.

In order to provide a sufficient amount of privacy, each Making Time contact should take place in the pharmacy consultation room.

## Safe Places

Every Making Time pharmacy will be part of the Safe Places scheme. Safe Places schemes help an adult with a learning disability cope with any incident that takes place while they are out and about, for example being harassed, getting lost or the person they are meeting fails to turn up which causes them to need assistance.



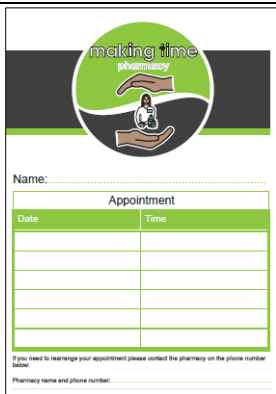
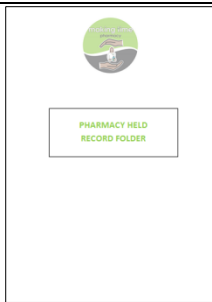
Pharmacies will have been sent a Leeds Safe Places Scheme application as part of the Making Time initial training.

Ensure that the Safe Places logo is clearly displayed in the pharmacy.





## The key resources / terms

Patient	The person with LD The person living with a learning disability will be referred to as a patient for Making Time.	
Carer	Any person who supports the patient in day-to-day activities	
Making Time Pharmacy	A pharmacy involved in the Making Time Project	
Patient Held Record	The folder held by the patient to keep all the information provided to them throughout their year of care	
Pharmacy Held Record	The file kept by the pharmacy where patient information is held. Each patient has a separate section and the PharmOutcomes summary of each contact must be placed within the folder. This will allow the pharmacy to keep comprehensive notes.	
Resources	A resource box is available within each pharmacy and includes a wide range of resources for Making Time including promotional materials, patient medicines information leaflets and health and wellbeing leaflets	See resources list (p26)

## Making Time Framework

The Making Time project is built on a flexible approach which is defined by the patient and the pharmacy supporting them. However the pharmacy must follow a basic framework for Making Time in order to receive funding for the project.

Framework elements:

- Registration and consent
- Assessment
- Goal setting
- Contacts
- Final assessment

Other than these elements there is no fixed structure around the contacts and support offered to the patient. Some patients may receive weekly support; others may only be seen a few times over the year of care. The patient contacts may vary throughout the year of care with possibly a patient been seen every week for a month but then no contact for the next 2 months. Some interactions may be brief or, from a pharmacy perspective, have very little content. This is just what Making Time is about; being flexible, approachable and based on the patient's needs.

### Registration and consent

#### Identification of patients

Recruitment of patients will be from a number of routes.

- Adult LD team will explain Making Time to patients and will either signpost or take patients to a Making Time Pharmacy
- Self-referral for example after seeing a poster or media activity
- Carers may see posters or media activity and ask the person they care for to attend
- GP identify a patient suitable for Making Time and asking them to attend a pharmacy
- Pharmacy teams can also identify and directly recruit patients

Pharmacy Action- Identification of Patients
<ul style="list-style-type: none"><li>• Talk to your patients with a learning disability about Making Time</li><li>• Explain what it will offer the patient and ask the patient if they'd like to be involved</li></ul>

## Initial Consent

All patients must consent to take part in Making Time. The consent form is p3+4 of the Making Time Pharmacy Leaflet. The forms have been designed to be “easy read” and where necessary the Adult LD team will assist the patients with completion of the consent form.

If patients don’t consent to sharing their details with their GP they are unable to take part in Making Time.

Patients who don’t consent to sharing their details with their carer can still take part in Making Time. However, the pharmacy will not be able to have a conversation about the patient, or their medicines, with the carer unless the patient is present and agrees to sharing information (this consent can be verbal). Patients may decide at a later date that their carer can have a conversation about them or their medicines without being present. If this is the case the consent form should be amended and the amendment signed by the patient and dated and signed by the pharmacy.

## Registration

Once a consent form is completed the pharmacy needs to register the patient onto the project using PharmOutcomes and giving the patient their Making Time patient held record. NB If a patient loses this record at a later date an additional record can be supplied.

Check that the consent form is fully completed. If a part of the form is not completed then you can offer to fill in the relevant sections of the form with the patient. Explain what you are writing so that the person understands the information that you are providing about them.

When adding details onto PharmOutcomes you will also need to add details for the patient’s carer. These are not captured on the consent form so you will need to ask the patient separately about this.

If more than one carer is present (eg both a parent and employed carer attend) both carer types should be recorded on PharmOutcomes.

Carer	Definition for Making Time
Family member	A relative of the patient who supports the person living with a learning disability in all aspects of daily life Not funded to provide care (may be in receipt of Carers Allowance)
Personal Carer	A paid support worker or PA (personal assistant) that is paid through direct payment or personal budget by the person living with a learning disability to support in all aspects of daily life
Employed Carer	Employed by a social care organisation to support the person living with a learning disability in all aspects of daily life

Friend	Not a family member, but a person who support the person living with a learning disability in all aspects of daily life. Not funded to provide care.
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The employing organisation of the funded carer is also requested. This will vary depending on if the carer is a personal or an employed carer. Examples include:

- Leeds Local Authority
- UBU
- St Ann's
- Mencap

### Pharmacy Action- Registration

The registration and consent element can be carried out by any member of the pharmacy team

- Check the consent form has been fully completed
- Carer details- not on consent form but need to capture
- Issue the patient with their patient held record
- Explain that you'd like them to bring their patient held record with them every time they come to the pharmacy
- Arrange a day and time with the patient for them to come back to the pharmacy
- Ask them to bring their medicines with them when they come
- Explain that if they want their carer can come to the next appointment too
- Consider having a brief discussion about pharmacy and what you can help the patient with using the 'what is community pharmacy' leaflet

#### Patient Held Record

- Fill in the patients name, pharmacy details and appointment time on the front of the patient held records
- Give the patient a Making Time patient card so they can easily identify that they are part of the Making Time project

#### Pharmacy Held Record

- Create a new section for the patient in the pharmacy held record folder
- File the consent form in the pharmacy held record folder- there is a wallet for each patients consent form
- File the PharmOutcomes registration record

#### PharmOutcomes

- Complete the Step 1 Making Time-Registration service
- Print out a Making Time Pharmacy Record

#### Resources

- Consent form on p3+4 of the Making Time Pharmacy Leaflet
- Making Time patient card

## Initial Assessment

The initial assessment with the patient is to start building up a relationship with the patient, to provide general information about Making Time, and to collect information which will highlight issues and assist in the setting of goals.

The initial assessment will be at a pace to suit the client and can be spread over a number of appointments if the patient requires this. In total it is envisaged the whole initial assessment will take up to 40 minutes to complete. The initial assessment is **based** on a MUR assessment with some added questions on health and wellbeing. The assessment will be recorded on PharmOutcomes.

### Discuss Making Time

Discuss with the patient that Making Time is help the patient get the most from what pharmacy can offer. Patients should be encouraged to ask questions about their medicines and their health. Explain that the patient must let you know if they don't understand something that is discussed.

The Community Pharmacy leaflet may be helpful to explain some of the services that you can offer.

### MUR

An MUR should be undertaken with the patient. Some patients may be able to complete the MUR in one appointment; however, you may need to split the MUR over several consultations in order to make the MUR accessible for other patients. NHS England West Yorkshire has confirmed that an MUR fee can be claimed, even if it is split over several contacts with a LD patient, as long as all the contractual obligations of an MUR are met.

Useful questions to gather information on adherence to medicines are:

- Do you sometimes forget to take your medicines?
- When away from home do you sometimes forget to take your medicines with you?

PharmOutcomes will record summary details from the MUR

- Total number of medicines recorded on MUR
- Number of medicines were use of the medicine is recorded as prescribed (Yes response to the 'Does the patient use the medicine as prescribed?' column on NHS MUR form)
- Number of medicines were patient understands what medicine is for (Yes response to the 'Does the patient know why they are using the medicine?' column on NHS MUR form)

### Monitored Dosage System (MDS)

Record if the patient uses an MDS.

### Smoking Status

Ask the patient if they smoke, or have ever smoked. The following will be recorded.

- Current every day smoker
- Current some day smoker

- Former smoker
- Never smoker

## Alcohol

A full-AUDIT questionnaire should be carried out with the patient. You may find it helpful to explain that you are going to ask a series of questions and the person should not be offended by the questions and to just answer them as honestly as possible.

Ask each question in turn offering as much assistance as the patient needs. For some questions you may want to reword in order to make it easier to understand.

<b>AUDIT Question</b>	
How often do you have a drink containing alcohol?	
How many units of alcohol do you drink on a typical day when you are drinking?	Ask the patient how many drinks they have and work out the unit within these drinks for them
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	It may be best to ask what a patient drinks and then work out the number of units for the patient
How often during the last year have you found that you were not able to stop drinking once you had started?	For example, have you opened a bottle of wine just to have one glass and found that you have had another glass or two?
How often during the last year have you failed to do what was normally expected from you because of your drinking?	For example, have you not gone shopping or met up with a friend because you have felt hungover
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	
How often during the last year have you had a feeling of guilt or remorse after drinking?	For example, have you felt bad because you said or done something you wished you hadn't after having a drink?
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	For example, have you ever forgotten how you got home (was it by taxi or bus) after you have been drinking?
Have you or somebody else been injured as a result of your drinking?	For example, have you found a cut or bruise after drinking that you got because you banged against something
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	

Calculate the patients AUDIT score by totaling the score from the ten AUDIT questions (or use PharmOutcomes to calculate this for you). The action to be taken depends on the AUDIT score.

The AUDIT questions can be directly accessed via PharmOutcomes or the questionnaires can be downloaded from here: <http://www.alcohollearningcentre.org.uk/library/AUDIT.doc>

## Weight and BMI

Weigh and take the height of the patient. Use these values to calculate their BMI (BMI calculator within the initial assessment service on PharmOutcomes).

Measurements should be taken with validated scales and height measure, not on patient reported values.

## Physical Activity

Complete the Physical activity assessment (GPPAQ) within the initial appointment service on PharmOutcomes.

The GPPAQ requires you to record if the patient has a job, and how active their job is and the number of hours exercise and/or cycling the patient undertakes per week. The tool will then return an assessment on the level of physical activity eg moderately active, inactive.

For the purpose of this assessment, exercise is classed as physical exercise such as swimming, jogging, aerobics, football, tennis, gym workout, etc. It does not include walking.

## PharmOutcomes

PharmOutcomes allows the recording of the Step 2 initial assessment details to be recorded over several consultations. When all the data is complete you must select "Provision Complete" and save the record.

Pharmacy Action- Initial Assessment	
<p>The Initial Assessment element must be carried out by a pharmacist</p> <ul style="list-style-type: none"><li>• Start by discussing what Making Time is about</li><li>• Offer the patient the What is a Community Pharmacy leaflet</li><li>• Briefly explain that today's appointment is about gathering information about the patient</li><li>• You will both use this information in further appointments to help set some goals with the patient</li><li>• Carry out an MUR with the patient using the standard paperwork</li><li>• Record MUR on NHS MUR form and complete any data recording / GP notification as within pharmacy contract</li><li>• Record<ul style="list-style-type: none"><li>○ Smoking status</li><li>○ Alcohol</li><li>○ BMI</li><li>○ Physical Activity</li></ul></li><li>• If any items which require urgent actions are identified (safeguarding issue / urgent medication enquiry) ensure these are actioned</li><li>• Arrange a day and time with the patient for them to come back to the pharmacy to discuss goal setting</li></ul>	
Patient Held Record	Pharmacy Held Record
<ul style="list-style-type: none"><li>• Add a copy of the NHS MUR form</li><li>• Add the date and time of the next pharmacy appointment</li></ul>	<ul style="list-style-type: none"><li>• Add a copy of the NHS MUR form</li><li>• Add the print out from PharmOutcomes</li></ul>
PharmOutcomes	Resources
<ul style="list-style-type: none"><li>• Complete the Step 2 Initial Assessment service on PharmOutcomes (ensure that the provision is marked complete when all the details have been added)</li><li>• Print out a Making Time Pharmacy Record</li></ul>	<ul style="list-style-type: none"><li>• What is a Community Pharmacy leaflet</li><li>• AUDIT screening tool</li></ul>



## Goal setting

Following the initial assessment the patient should be encouraged to set some health and wellbeing goals. The information gained during the initial assessment should guide the conversation with the patient as to the possible goals that can be set. This is an opportunity to build confidence and a shared understanding for what the patient wants to achieve.

It is essential that the goals set are the goals of the patient, not the pharmacist / carer, although the goals may be decided in partnership with the client's family member or support worker if appropriate.

It may be identified that patients need more information before they start to identify these health goals. If this is the case provide the information and set another appointment for the patient.

You can record up to 5 goals. It is often better to set, and achieve a couple of goals than to set too many and achieve none. New goals can be added later within the year, or goals amended if appropriate.

Suggested areas to consider for goals:

- Medicines Optimisation – improving patient's understanding and adherence to medicines
  - Able to use my inhaler better
  - Have less days where doses of medicines are missed
  - Know what each of my medicines are for
  - Know what each of my medicines look like
- Alcohol- reducing alcohol consumption
- Stop Smoking
- Increasing physical activity
- Losing weight
- Improving diet
- Flu vaccination

Depending on each patient the goals you set may be very basic. Goals do not need to be SMART (Specific, Measurable, Achievable, Realistic and Timely) they just need to be something that the patient wants to achieve. The goals set may be very simple such as 'thinking about my health and coming up with a goal' or to 'visit the pharmacy every month to ask them a question'.

The pharmacy may not be able to directly support the patient in achieving their goals. This must not stop the pharmacy suggesting this goal to the patient and supporting the patient should they choose this to be one of the goals set. For example, if the patient wishes to stop smoking but the pharmacy doesn't provide a stop smoking service then the patient should be signposted / referred by the pharmacy into the local Stop Smoking service. Pharmacy discussions with the patient about their smoking can continue by asking the patient how they are getting on and providing general encouragement.

## PharmOutcomes

The goals must be recorded onto PharmOutcomes in the Step 2 Goal Setting service.

Each goal is typed onto PharmOutcomes and then categorized. When inputting free text into PharmOutcomes no patient identifiable information (such as name, address) must be added. Any free text added can be viewed as part of the audit data viewed by other people involved in Making

Time (such as Community Pharmacy West Yorkshire) and unlike the other sections cannot be anonymised by PharmOutcomes.

Each goal will be categorised by the pharmacy as (some goals may fit into several categories)

- Medicines- a goal that relates to medicines such as use or understanding eg be able to use my inhaler better
- Lifestyle- a goal that which relates to the lifestyle of the patient including diet, physical activity, stopping smoking, reducing alcohol
- Wellbeing- a goal that relates to the welfare or mental wellbeing of the patient such as social, safety or happiness of the patient eg be fit enough that I can go to my Wednesday social group
- Health- a goal that relates to the patients long-term condition, self-management or keeping well and free from disease eg have my flu vaccination this year or understanding what my asthma is
- Other- if the goal doesn't fit into any of these categories then type a category that you think best describes the category of the goal into the other section

Pharmacy Action- Goal Setting	
<p>The goal setting must be carried out by the pharmacist</p> <ul style="list-style-type: none"> <li>• Summarise the findings of the Initial Assessment with the patient</li> <li>• Ask the patient if there is anything they would like to change</li> <li>• Discuss and agree up to 5 goals with the patient</li> <li>• Write these goals onto the Patient Held Record</li> <li>• Book an appointment for the patient to come for their next pharmacy visit</li> </ul>	
Patient Held Record	Pharmacy Held Record
<ul style="list-style-type: none"> <li>• Write the goals agreed onto the patient record</li> <li>• Health or Wellbeing leaflet from the resource box if relevant to goal / conversation</li> <li>• Add the details of the next appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Add the print out from PharmOutcomes into the Pharmacy Held Record</li> <li>• As the pharmacy will need to make regular reference to the goals set by the patient you may wish to file the goals set in with the patients consent wallet.</li> </ul>
PharmOutcomes	Resources
<ul style="list-style-type: none"> <li>• Complete the Step 3 Goal Setting service on PharmOutcomes</li> <li>• Print out a Making Time Pharmacy Record</li> </ul>	<p>The following links include the national guidance on targets for physical activity/ alcohol consumption etc:</p> <ul style="list-style-type: none"> <li>• <a href="http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx">http://www.nhs.uk/Livewell/fitness/Pages/physical-activity-guidelines-for-adults.aspx</a></li> <li>• <a href="http://www.nhs.uk/Change4Life/">http://www.nhs.uk/Change4Life/</a></li> <li>• <a href="http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx">http://www.nhs.uk/Livewell/alcohol/Pages/Alcoholhome.aspx</a></li> <li>• <a href="https://www.gov.uk/government/publications/uk-physical-activity-guidelines">https://www.gov.uk/government/publications/uk-physical-activity-guidelines</a></li> <li>• Resource box</li> </ul>

## Ongoing support and patient contact

The ongoing support and patient contact element of Making Time is not defined. This is where the offer to the patient is flexible and based around the needs of the patient.

This element can be carried out by any member of the pharmacy team. For example, if the contact is regarding medicines then the pharmacist or pharmacy technician would be best placed to provide the consultation. However, if the patient wants to discuss stopping smoking or improving their lifestyle the pharmacy health champion (HLP) may be the most appropriate member of the team.

The exact number of contacts and interventions is not prescribed. However, there is a minimum requirement of at least 5 interactions over the year of care. It is expected that some patients will have a large number of contacts.

The contacts with the patient maybe:

1. Ad-hoc
2. Planned (ie arranged for the patient to come in)
3. Prescription Dispensed

The contact can be to discuss:

- Goal - moving towards achieving a goal set
- Medicines
- Lifestyle
- Health
- Wellbeing

Contacts can be brief or in-depth (PharmOutcomes will be used to record how long the contact took) discuss a specific topic or, from a pharmacy perspective, have very little content.

### Resources

Resources may be given to support the consultation. These may be from the resources box or a different source (such as NHS Choices Information Prescription).

Any resource provided should be recorded on PharmOutcomes.

**When and how to take your medicine**

Your name is \_\_\_\_\_

Your medicine is called \_\_\_\_\_

You should take your medicine

- with food ☐
- after food ☐
- before food ☐

**NHS choices**  
Date created : 20/06/2015  
[www.nhs.uk](http://www.nhs.uk)

### Coronary heart disease - information prescription

#### Introduction

Coronary heart disease (CHD) is the leading cause of death both in the UK and worldwide.

It's responsible for more than 73,000 deaths in the UK each year. About 1 in 6 men and 1 in 10 women die from CHD.

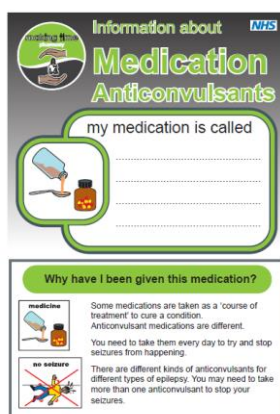
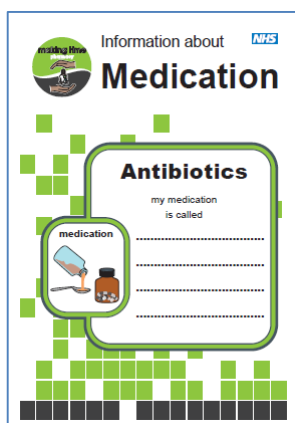
In the UK, there are an estimated 2.3 million people living with CHD and around 2 million people affected by angina (the most common symptom of coronary heart disease).

CHD generally affects more men than women, although from the age of 50 the chances of developing the condition are similar for both sexes.

As well as angina (chest pain), the main symptoms of CHD are heart attacks and heart failure. However, not everyone has the same symptoms and some people may not have any before CHD is diagnosed.

CHD is sometimes called ischaemic heart disease.

Read more about the symptoms of coronary heart disease.



Name of medication	What I call it	How much to take, when			How to take it	Where to keep it
		Breakfast	Lunch	Evening meal	Bed time	

## Signposting

Patients may be signposted to other services as part of the consultation. Pharmacies should use their existing local knowledge for signposting into services (as set out in Essential Service 5). If pharmacies feel they need additional signposting information relevant to the patient then they can contact Nigel Hughes, [nigel@cpwy.org](mailto:nigel@cpwy.org)

## Collection of prescription

There is also an expectation that patients will be offered a consultation every time a patient comes to have a medicine dispensed / supplied (even if this is a repeat medicine):

- Friendly, private meeting with pharmacist/ pharmacy technician in consultation room
- Allow client (with or without carer at client discretion) adequate time to feel confident to participate in the conversation
- Discuss appearance of tablets & any other changes
- Discuss new problems with taking medicines (e.g. side effects, forgetting, swallowing, not sure when or why to take) eg Since your last visit were there any days when you missed your medicines? Have you missed taking any medicines because of unwanted effects of the medicines?
- Provide easy read information about the medicine if wanted by the patient (When and how to take your medicine)
- Signposting where questions are not about medication.

## New Goal Set

As part of the contact with the patient it may be appropriate to change a goal or set a completely new goal. These would both count as a new goal set. The principles for setting a goal as discussed in the goal setting section should be followed. The new goal should be written into the patient held record.

If a new goal is set then this should be recorded in the Step 4 New Goal Set service on PharmOutcomes. The new goal set should be recorded in addition to the Step 4 Contact details. When recording the new goal the pharmacy needs to assign a goal number. This should follow on from the last goal set number so that for each patient. If the new goal set replaces a previous goal (because that goal has been met or the patient no longer wants to work towards the goal) the new goal must still have a unique number. This will allow the tracking of the total number of goals set.

## Consultations without the patient being present

The patient's carer may wish to have a consultation with the pharmacy about the patient's medicines in order for them to better understand what the patient's medicines are for and how they are best taken. This is permitted with patient consent and understanding that you will be discussing their medicines and what they are for. Consent can be verbally obtained.

This consultation with the carer is to be encouraged as it may lead to improved adherence to medication as the carer can better explain to the patient why each medicine is important to the patient.

### Recording on PharmOutcomes

All contacts with the patient should be recorded, even if these are brief or are as part of another service being provided such as dispensing a prescription or patient attended appointment with pharmacy stop smoking advisor.

PharmOutcomes provides a text box for a freetext summary of the contact with the patient. In this box should be summarised what was discussed with the patient and any actions undertaken. Patient identifiable information (such as use of the patients/ carers name) should not be included in the summary of the contact section. Examples of information to include in the summary of contact box include:

Brief advice on reducing alcohol intake given with an explanation that some drinks are stronger than others. Better to have a pint of beer than a large glass of wine. Explained that alcoholic drinks contain a lot of calories- a large glass of wine contains as many calories as a cornetto ice cream and 2 pints of beer as many calories as a burger

Came in to collect prescription. Brief chat but no issues raised / identified

Came in with carer (mum) who wants to know more about patient's medicines. Patient agreed I could meet Mum without them being there. Arranged an appointment for Mum to come in and discuss medicines next week

Patient came in and wants to lose weight. Spoke about taking exercise. Set a new goal- number 4. Was with carer and asked carer if they are aware of any suitable exercise classes. Asked patient to come back in 4 weeks time (time and date written in patient held record) so we can see how they are getting on. Spoke about exercise not needing to be formal- increased amount of walking can improve fitness and help with weight loss.

Patient came in with prescription for antibiotic. Explained what they are for and important to keep taking them until they have all gone. Gave patient the antibiotic leaflets

Patient attended appointment with pharmacy stop smoking advisor. No cigarettes for 3 weeks!

**Pharmacy Action- Ongoing support and patient contact**

<ul style="list-style-type: none"> <li>• Carry out consultation / intervention with patient, remembering to adapt to the needs of the patient</li> <li>• Offer a consultation every time the patient comes to have a prescription dispensed</li> <li>• If appropriate book an appointment for the patient to come for their next pharmacy visit</li> </ul>	
<b>Patient Held Record</b>	<b>Pharmacy Held Record</b>
<ul style="list-style-type: none"> <li>• Add any actions to be taken by the patient</li> <li>• Add Health or Wellbeing leaflet from the resource box if relevant to goal / conversation</li> <li>• Provide other information leaflet if relevant</li> <li>• Add the details of the next appointment</li> </ul>	<ul style="list-style-type: none"> <li>• Add the print out from PharmOutcomes</li> <li>• If a new goal has been set the PharmOutcomes printout for new goal set should be filed alongside the other goals set</li> </ul>
<b>PharmOutcomes</b>	<b>Resources</b>
<ul style="list-style-type: none"> <li>• Complete the Step 4 Contact service on PharmOutcomes</li> <li>• If a new goal is set complete the Step 4 New Goal Set service on PharmOutcomes</li> <li>• Print out a Making Time Pharmacy Record</li> </ul>	<ul style="list-style-type: none"> <li>• Resource box</li> <li>• NHS Choices</li> <li>• Other health promotion leaflets available in the pharmacy</li> </ul>

## Final Assessment

The patient and pharmacy team will decide when final assessment will take place but it is envisaged it will be in months 10-12 of the year of care. It will be an opportunity to evaluate the support and services given to the patient from the pharmacy and gain patient insight into their views, achievement of health and wellbeing goals.

The PharmOutcomes service for recording the final assessment will be made available later in the year. Information gathered is likely to include:

- Number of goals set
- Number of goals met
- Number of goals not continued
- Number of medicines
- Smoking status
- One thing that went well from patient
- One thing to improve from patient

Further information and guidance will be provided about the final assessment towards the end of 2015.

## Feedback

Making Time is a pilot. It is essential that the pharmacy teams provide feedback about Making Time. Community Pharmacy West Yorkshire need to know what works well, what doesn't, are there any additional resources you need, what barriers are you facing in providing Making Time.

Feedback is recorded and submitted via PharmOutcomes. We do request that you do regularly feedback about Making Time, ideally every month.

Community Pharmacy West Yorkshire will be producing regular Making Time updates where ideas and top tips will be shared.

Pharmacy Action- Feedback	
<ul style="list-style-type: none"><li>Record any feedback (both positive and negative) on the Making Time- Feedback Service</li></ul>	
Patient Held Record	Pharmacy Held Record
<ul style="list-style-type: none"><li>NA</li></ul>	<ul style="list-style-type: none"><li>NA</li></ul>
PharmOutcomes	Resources
<ul style="list-style-type: none"><li>Complete the Feedback service on PharmOutcomes</li><li>Only print from PharmOutcomes if you wish to keep a record</li></ul>	<ul style="list-style-type: none"><li>NA</li></ul>

## PharmOutcomes

### Accessing PharmOutcomes

PharmOutcomes is accessed at: [www.pharmoutcomes.org.uk](http://www.pharmoutcomes.org.uk)

If you have lost or forgotten your details please contact the Helpdesk by going to [www.pharmoutcomes.org.uk](http://www.pharmoutcomes.org.uk) and clicking the help key on the toolbar.

If you have misplaced or lost your log on details please contact the PharmOutcomes helpdesk by either

- Go to [www.pharmoutcomes.org.uk](http://www.pharmoutcomes.org.uk) and click the Help button
- Call the Helpdesk on 0330 660 0689 and leave a message clearly stating your location, your phone number and a brief description of the problem you are experiencing



### User Guides

There are several guides to assist you with using the new PharmOutcomes. These can be accessed by clicking the help tab. Guides are available for various topics such as creating new users.

### Recording Making Time Delivery and producing the notes for the Pharmacy Held Record

1. Log onto PharmOutcomes.
2. Click the Services Tab.
3. On the left-hand side find the relevant Making Time element (registration, initial assessment etc).

4. Enter the data.
5. Click Save. This will save the data onto the system.
6. Once the provision is saved, you will see a green box (similar to below) near the top of the screen which includes an option to print Making Time Pharmacy Record.



7. Through this link shown in the green bar, print off the Making Time Pharmacy Record (not the Basic Provision Record).
8. File the record of the consultation in the Pharmacy Held Record in the section for that specific patient. This will allow the pharmacy team to keep a comprehensive record of the interventions and interaction with each patient.

Pharmacies who require further information on the use of PharmOutcomes should contact Ruth Buchan, [ruth@cpwy.org](mailto:ruth@cpwy.org)

## Training

Each pharmacy team involved in Making Time were invited to a training event run by service users in April 2015. The event introduced the pharmacy teams to the project and the support they will receive. The event also ensured staff aware of how Making Time works and how to identify and signpost patients.

A second training event is planned in September 2015. This will be a 2 hour evening event and will be an opportunity for the pharmacy team to see the support resources and practice conversations in a supportive environment.

In addition to these training events:

- All Making Time pharmacies have signed up to the Leeds Safe Places scheme.
- All Making Time pharmacies will receive in pharmacy training and support throughout the Making Time project.
- Good consultation skills are essential to Making Time being a success. All pharmacists and pharmacy technicians involved with Making Time are expected to have completed the CPPE consultation skills training and associated assessment. The pharmacist / technician should share key learning from the consultation skills training with the whole pharmacy team.

Making Time pharmacies are supported in providing Making Time by Community Pharmacy West Yorkshire. Should you or your pharmacy require additional support please contact Nigel Hughes at [nigel@cpwy.org](mailto:nigel@cpwy.org) or telephone 07702 506 376.

## Safeguarding



Pharmacies and their staff are reminded of their existing obligations to comply with local and national guidance relating to child protection and safeguarding vulnerable adult procedures.

When dealing with all patients' pharmacy staff have a responsibility to consider if there is a potential safeguarding issue.

**KEEPING CHILDREN AND VULNERABLE ADULTS SAFE IS EVERYONE'S RESPONSIBILITY**

If anyone in the pharmacy team becomes aware of a potential safeguarding, child protection or vulnerable adult issue this should be dealt with using the pharmacy's Safeguarding Policy and discussed with social services.

Even if the concern feels to be minor, or if you are not sure if the concern is a safeguarding matter, social services would rather you contact them to discuss the concern than to assume someone else is dealing with the matter. Any person who is concerned about a child can ring and speak to an appropriately trained, qualified person who will have the experience to discuss the concern and agree with the caller the best way to reach the desired outcome for the child.

Safeguarding Vulnerable Adults Information	Safeguarding Vulnerable Adults Contacts
<a href="http://www.leedssafeguardingadults.org.uk/">http://www.leedssafeguardingadults.org.uk/</a>	Leeds Safeguarding Adults Partnership 0113 222 4401 (Office Hours)  Out of hours 0113 240 9536

## How to provide a successful service

Although Making Time consultations are delivered by a pharmacist, a team approach is essential in Making Time a success.

All the pharmacy team, including part-time staff and locum pharmacists, need to be aware of Making Time.

### Actions

- Discuss the Making Time with the whole pharmacy team
- Explain the target patients for Making Time and the aims of the project
- Decide how the staff will inform the pharmacist that a patient has presented for a Making Time consultation- this may be an ad-hoc visit by the patient
- Decide how the workload of the dispensary / counter will be managed if a member of staff needs to deal with a Making Time patient

## Funding

Each Community Pharmacy will receive the following funding

£150 one off fee	To go towards training costs Paid upon registration of first patient
£68	When initial assessment and goal setting has been completed for the patient

per patient	
£50 per patient	At 6 months into the project as long as at least 4 patient contacts have been recorded
£50 per patient	For completion of the final assessment as long as at least 5 patient contacts have been recorded

If the patient uses other commissioned pharmacy services such as a NMS, MUR, flu vaccination or stop smoking service the community pharmacy can charge the relevant commissioner for these services as per the agreement with that commissioner. It is the responsibility of the community pharmacy to ensure they are commissioned to provide these additional services.

## Evaluation

The Making Time project will be fully evaluated, incorporating 3 main sections:

1. Descriptive statistics from Making Time – Quantitative data retrieved from PharmOutcomes and paper based care plans
2. Commissioner/ Provider feedback – Quantitative / Qualitative
3. Service User Feedback – Quantitative / Qualitative
4. Number of interventions made including referral to other HCPs and care navigation

## Resources to support delivery of the service

The table below lists the resources provided to pharmacies within the Making Time resource box and how to order additional resources should they be required.

PHARMACY INFORMATION		
Item Description	Quantity	How to order extra copies
GP Letter	1	n/a
Introductory Letter	1	n/a
Making Time Pharmacies – a list of who is involved	1	n/a
Making Time Pharmacy - Consent Forms	10	Available to order via <a href="mailto:info@cpwy.org">info@cpwy.org</a>
Medicines Checklist – When and how to take your medicine	10	Available to order via <a href="mailto:info@cpwy.org">info@cpwy.org</a>
Medicines Compliance document	10	Available to order via <a href="mailto:info@cpwy.org">info@cpwy.org</a>
PHRC: Membership Registration Form	1	n/a
PHRC: Leaflet & Poster Order Form	1	n/a
Service Guide by CPWY	1	Available to order via <a href="mailto:info@cpwy.org">info@cpwy.org</a>
Acknowledgement and Partners Sheet	1	n/a
PROMOTIONAL MATERIALS		
Item Description	Quantity	How to order extra copies
Banners	n/a	Available to order via <a href="mailto:info@cpwy.org">info@cpwy.org</a>
Making Time A4 poster	2	
Making Time A3 poster	1 (separate)	
Making Time Stickers – 2 front cling, 2 back cling	4 total	
Making Time Patient Cards	15	
MAKING TIME EASY READ DOCUMENTS		
Item Description	Quantity	How to order extra copies
Medicine Leaflet – Antibiotics Medicines	7 of each	Available to order via <a href="mailto:info@cpwy.org">info@cpwy.org</a>

Medicine Leaflet – Anticonvulsants Medicines	7 of each	
Medicine Leaflet – Antidepressant Medicines	7 of each	
Medicine Leaflet – Antipsychotic Medicines	7 of each	
What is Community Pharmacy? Leaflet	20	
OTHER EASY READ MATERIALS		
Item Description	Quantity	How to order extra copies
An Easy Guide to Bowel Cancer Screening Leaflet	1	Order via the PHRC Leaflet & Poster Order Form
An Easy Guide to Breast Screening Leaflet	1	
An Easy Guide to Cervical Screening Leaflet	1	
Change 4 Life Leaflets – don't let drink sneak up on you	1	
Free NHS Health Check Leaflet	1	
Keep Yourself Healthy Leaflet – a guide to examining your breasts	1	
Keep Yourself Healthy Leaflet – a guide to examining your testicles	1	
Keep Yourself Healthy Leaflet – a guide to having a smear test	1	
Keep Yourself Healthy Leaflet – a woman's guide to keeping clean	1	
Keep Yourself Healthy Living with Cancer Leaflet – 1: What is cancer?	1	
Periods Leaflet – what you need to know	1	