

**Community Pharmacy Service
Specification to support Care Homes in
Medicines Management**

March 2011

Background

- 1.1 The pharmacy will provide advice and support to the residents and staff within the care home, in line with the Care Quality Commission's Essential Standards of Quality and Safety¹ (Outcome 9), over and above the Dispensing Essential service, to ensure the proper and effective ordering of drugs and appliances and their clinical and cost effective use, their safe storage, supply and administration, disposal and proper record keeping.

Proposed patient benefit:

- Improved clinical outcome through better treatment compliance;
- Effective use of medicines;
- Improved safety through reduction of risks.

Proposed Care Home benefit:

- Guidance on best practice and measures required to ensure compliance with CQC Outcome 9 and Local Authority inspections;
- Introduction of a more systematic and streamlined medication ordering and administration process;
- Ad hoc education and training for staff managing medicines;
- Assistance and advice in communications with prescribers and dispensing pharmacists.

- 1.2 It is expected that Care Homes will continue to receive medicines management support through the Care Home Support Team via the Elderly Care Pharmacist, training provision at Brockwood (eg Outcome 9) Medicines Standards Officer Care Homes – NHS Sheffield and their dispensing pharmacy.

1. Service Description

- 2.1 The pharmacist will visit the Care Home in April to May to carry out the assessment using the Care Home Assessment/Action Plan (Appendix 1) with the relevant staff member. A copy of the Assessment/Action Plan will be supplied to the Care Home for their consideration and implementation. A copy must be submitted to NHS Sheffield (Jacqui Crook). (This document will be shared with the Care Home's Local Enhanced Service (LES) GP and the NHS Quality Manager for their annual contractual visit.)
- 2.2 The pharmacist or other pharmacy staff will view the Care Home waste returns book for the previous quarter. An analysis of the avoidable medication waste is to be undertaken and appropriate actions identified to reduce avoidable waste (refer to Care Home Best Practice Expiry Date Guidance). The Care Home will be advised and supported in implementing these actions with the view to reducing the avoidable waste in future. A further analysis will be carried out at 6 months to identify reduction in avoidable waste or otherwise.

¹ Care Quality Commission: Guidance about compliance Essential standards of quality and safety; December 2009

2.3 The service is likely to involve advising the Care Home in:

- Medication management procedures;
- Ideas for staff training – including signposting to relevant training;
- Communications required with the prescriber;
- Communications required with the dispenser.

2. Aim and intended service outcome

- Support the Care Home in achieving the standards for medicines management required by the CQC.
- Provide a baseline regarding Care Home practice for the NHS Sheffield Quality Manager to inform their annual contractual visit with the Local Authority.
- Reduce the annual avoidable medication waste generated by the Care Home.
- Complement and support delivery of the GP Care Home LES.
- Produce evidence of improvements in Care Home medicines management as a result of Community Pharmacy intervention.

3. Service Outline

3.1. The pharmacist will contact the Care Home to arrange their visit. It is recommended that the Care Home will be advised to prepare for the visit by gathering together the following evidence for 'inspection' on the day:

- Procedures and protocols around medicines management;
- Example completed MAR charts;
- Example completed care plans;
- Staff training records (in relation to medicines management);
- Waste return or destruction register.

3.2. The pharmacist may wish to send a copy of the Action Plan paperwork to the Care Home prior to the visit. (These have been made available to Care Homes via other routes.)

3.3. The pharmacist will visit the Care Home in April or May and no later than 31 May for the first visit. A meeting will take place with the Care Home representative responsible for medicines management. The assessment will be carried out with the Action Plan being completed. This will involve viewing and checking evidence prescribed on the Action Plan and will include a site visit of relevant areas of the Care Home premises, observation of equipment and facilities as specified in the Action Plan.

3.4. The Care Home will be supplied with the completed Action Plan. This will indicate specific changes that the Care Home is advised to implement in order to improve its medicines management and comply with CQC standards.

- 3.5. The Action Plan may identify issues of such concern that immediate action is recommended to the Care Home and/or notification to other agencies may be required eg to the Controlled Drugs Governance Officer or Medicines Standards Officer for Care Homes. Immediate necessary action will be guided by prompts in Action Plan.
- 3.6. Additional follow up actions for NHS Sheffield will be guided by a traffic light system associated with the Action Plan. The pharmacist delivering this service is not expected to implement this. On receipt of the Action Plan, NHS Sheffield will audit the responses. The top 10% of Care Homes with negative answers will be referred automatically to the NHS Sheffield Quality Manager.
- 3.7. The pharmacist will provide advice and support to the nominated Care Home staff member about the implementation of actions identified in the Action Plan.
- 3.8. The nature of advice and support to the Care Home will vary according to the type and scale of issues identified. The pharmacist may be required to:
 - advise on training requirements for relevant members of Care Home staff;
 - produce example protocols, procedures or other documents;
 - suggest questions and requirements to be asked of the prescriber or dispensing pharmacy;
 - signpost to other professionals or agencies for support, etc.
- 3.9. The Care Home waste return or destruction register for the preceding 3 months will be examined.
- 3.10. The pharmacist will identify the medication waste that was avoidable and trends that may be apparent using Appendix 2. Advice will be given to the Care Home about how they can rectify the problem areas being highlighted.
- 3.11. A follow up visit will take place 6 months later, normally September and no later than 31 October for the 2nd visit. In order to assure standards have been maintained, a full assessment (as Appendix 1) will be carried out including a review of progress on the actions suggested from the previous visit. The Care Home waste return or destruction register for the 3 months preceding the visit will be examined and Appendix 2 completed.
- 3.12. Further advice and support as outlined in 4.8 will be provided as necessary.
- 3.13. It is expected that each visit including the subsequent follow up actions may take up to 2 hours.
- 3.14. The provider will offer a user-friendly, non-judgmental, client-centred and confidential service.

4. Duty of Provider

- 4.1. The provider has a duty to ensure that pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service (see section on training).
- 4.2. The provider has a duty to ensure that pharmacists and staff involved in the provision of the service are aware of and operate within the service specification.
- 4.3. The pharmacist accredited to provide the service must ensure all staff operating the service are fully aware of the service specification and are monitored in delivery.
- 4.4. The provider will maintain records of the Action Plan, 6 month follow up visit and the avoidable waste monitoring on the relevant proformas (Appendices 1 and 2).

5. Service Location

- 5.1. The pharmacist or pharmacy staff member will primarily deliver the service on site at the Care Home.
- 5.2. Follow up action may require telephone or email communication from a site of the provider's choosing.

6. Training

- 6.1. The pharmacist must have completed the CPPE Care Homes training.
- 6.2. Pharmacists and staff must be fully aware of their responsibility to maintain patient confidentiality at all times in accordance with Caldicott guidelines and the Data Protection Act.
- 6.3. Pharmacists and staff must be fully aware of their responsibility to safeguard children and vulnerable adults.

7. Audit

- 7.1. The following data will be recorded for audit purposes:
 - Copy of the Action Plan at April/May and September/October;
 - Copy of avoidable waste analysis – Appendix 2 (a copy for each of the 3 months preceding both visits).
- 7.2. This data should be submitted by **10 June 2011** (first visit) and **9 December 2011** (6-monthly revisit) to NHS Sheffield with the claim form (Appendix 3).

7.3. In order to respond to the CHUMS recommendations, the Care Home will be encouraged to participate in returning the monthly audit form, 'record of dispensing errors', to their dispensing pharmacy and the PCT.

7.4. A post payment verification check may be required.

8. Service Funding and Payment Mechanism

8.1. The provider will be paid according to the following schedule:

- An annual payment in respect of each Care Home that the Pharmacy Contractor contracts with to provide the service. For 2011/12 this will be set at £200 and paid in 2 instalments: after submission of the Action Plan; and 6-monthly follow up (Appendix 1) (including both sets of the avoidable medication waste analysis (Appendix 2));
- A further payment in respect of each registered place at the Care Home that the Pharmacy Contractor contracts with to provide the service. For 2011/12 this will be set at £12.40 and paid in 2 instalments: after submission of the Action Plan; and 6-monthly follow up (including both sets of the avoidable medication waste analysis).

9.2. Data must be submitted according to 8.1 and 8.2 to ensure full payment for the service.

9. Quality Indicators

9.1. The provider should ensure the following:

- The accredited pharmacist has undertaken CPD relevant to the service;
- The provider has a complaints procedure for monitoring the service provided;
- Co-operation with any review of the client experience;
- Participation in any audit of the service.

9.2. The quality standards for the pharmacist are:

- Completion of relevant CPPE packages

10. Contacts

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