

**Community Pharmacy  
Service Specification for  
Medicines Information Exchange  
Scheme  
(Pilot Enhanced Service)**

**December 2008**

## **Background**

This scheme is designed to pilot a pathway for community pharmacy to alert the community mental health team (CMHT) whereby a client has not collected their repeat medication (prescribed for mental health disorders) from community pharmacy. Currently there is no mechanism by which the mental health team can be alerted if a client fails to collect their medication from pharmacy. Whilst this collection is no guarantee of compliance it is an assurance collection of medicines.

It has been designed collaboratively between NHS Sheffield and the Sheffield Health and Social Care Foundation Trust and in consultation with the Local Pharmaceutical Committee (LPC).

By exchanging information between the community pharmacy and the CMHT, the scheme aims to help manage risks which may arise if the patient does not take their prescribed oral medicines regularly.

### **1. Service Description**

- 1.1. The CMHT enrol appropriate clients onto the medicines information exchange scheme (verbal consent obtained) and notify pharmacy (as selected by client) and GP.
- 1.2. The pharmacy registers client on the scheme and orders repeat prescriptions, for registered clients, from the GP at appropriate intervals.
- 1.3. The client collects the medicines from the pharmacy.
- 1.4. The pharmacy has a robust system in place in terms of expected client collection date.
- 1.5. Whereby the client does not collect their medication within a specified number of days the pharmacy faxes a notification of non collection to the community mental health team.
- 1.6. Once informed of non-collection the community mental health team acts in accordance with the clients specific care plan.

## **2. Aim and intended service outcome**

- 2.1. The aim of the service is to identify clients with mental health conditions who do not collect their prescribed medication and thereby enable the CMHT to manage clients appropriately and reduce the risk of harm for clients not taking their prescribed oral medicines regularly.

## **3. Service Outline and eligibility criteria**

- 3.1. The scheme only applies to clients of Adult Mental Health Services who are subject to ongoing care and treatment under the Care Programme.
- 3.2. The scheme only concerns oral medicines prescribed for mental disorders and associated side effects. It is not intended to cover the wide range of medicines prescribed for other physical illnesses unless these have a clear and ancillary role in maintaining positive mental health.
- 3.3. Certain medicines such as depot preparations, methadone and clozapine are excluded from the scheme because they have specific administration and monitoring requirements. It is also not intended to cover routine primary health care checks such as screening blood for clients taking lithium or other medicines. Medicines prescribed on a PRN basis may not be monitored in the most effective way through this scheme.
- 3.4. Clients have to agree to collect their medication from a named pharmacy (of their choice) and participation in the scheme is voluntary.
- 3.5. The scheme is intended for clients who have a significant risk resulting from non-collection of medication and therefore non-compliance with treatment plans. This may be as a result of social circumstances, disengagement from services, negative beliefs about medicines, problems of substance misuse etc.
- 3.6. It is accepted that collection of medicines does not necessarily mean a client is compliant with treatment. Clients who are included within the scheme are responsible for the collection and self administration of their medicines themselves and the role of clinical staff is to support and encourage compliance.

- 3.7. The scheme will generate an exchange of information between primary care and secondary mental health teams to enable a prompt review and response to clients who do not collect medicines. Community mental health team administration staff will bring this to the attention of the care co-ordinator or duty worker within 1 working day of receipt of notification of non-collection. The type and urgency of the response would be agreed by the clinical team, and this arrangement should be included in the Care Programme Approach (CPA) care plan and documented on INSIGHT prior to including a client in the scheme. The response must be practicable to implement by the clinical teams and duty systems.
- 3.8. Referring clinicians will obtain clients consent to participation in the scheme and then a completed MEDS/01 form (Appendix 1) will be sent to the named pharmacy selected by the client. Pharmacists will notify the responsible CMHT of non collection by sending a fax of MEDS/02 form (Appendix 2) to the named care coordinator/duty worker. Clinicians will need to communicate any changes in clients' circumstances or treatment that have any relevance to their ability to collect medication from the community pharmacist.
- 3.9. The scheme is not intended to replace the usual systems for reviewing and prescribing medicines in outpatients and CPA meetings and notifying primary care about treatment plans and dose adjustments. Participation in the scheme will be reviewed at each CPA review.

#### **4. Notification of concerns**

- 4.1. If the client discloses any worrying mental health symptoms or details circumstances of concern, during consultations with the pharmacist, the named care coordinator should be notified.

#### **5. Duty of Pharmacy**

- 5.1. Prior to registration on the scheme the pharmacy must supply a Standard Operating Procedure (SOP) to the PCT, detailing how the system will operate. This is to provide assurance to the PCT that a robust process is in place.
- 5.2. On receipt of a MEDS/01 form the pharmacy must register the client on the scheme (internal process) and start ordering and collecting the clients repeat prescriptions from the GP surgery.

- 5.3. **The pharmacy contractor must be sure that non-collection will be reported every time it occurs.** There can be no instances whereby the mental health team is not alerted to non-collection. With this in mind the pharmacy contractor must ensure that a regular pharmacy team is in place during the working week and failsafe measures are in place to ensure all non-collection is identified and acted upon.
- 5.4. The pharmacy contractor has a duty to ensure that pharmacists and staff involved in the provision of the service have the relevant knowledge and are appropriately informed about the operation of the service.
- 5.5. The pharmacy contractor 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.
- 5.6. The pharmacy will maintain records of dispensing activity to clients. Records are confidential and should be stored and managed in line with the Data Protection Act.
- 5.7. The pharmacy will feedback any concerns regarding the process or clients to the CMHT.

## **6. Duty of Sheffield Health and Social Care Foundation Trust**

- 6.1. The CMHT will enrol appropriate clients (as detailed in the service outline) onto the scheme, gain verbal consent from the client and notify the GP.
- 6.2. The CMHT will notify the pharmacy of enrolled clients via MEDS/01 form.
- 6.3. The CMHT will inform the pharmacy of any relevant changes to the client's circumstances.
- 6.4. The CMHT will follow up any clients who have not collected their medication in line with the care plan.
- 6.5. The CMHT will support the pharmacy with any queries they have about this service.

## **7. Duty of NHS Sheffield**

- 7.1. NHS Sheffield will provide pharmacies with the following forms:
  - MEDS/02 form (notification of non-collection)
  - Audit Forms

- Claim Forms
- 7.2. Forms will be available from the Community Pharmacy Development Unit.
  - 7.3. NHS Sheffield will provide payment to the pharmacy for providing the service in line with the service specification and service level agreement.
  - 7.4. NHS Sheffield will work collaboratively with Sheffield Health and Social Care Foundation Trust, LPC and Community Pharmacies in ensuring the pilot service is as streamlined as possible and in audit and evaluation processes.

## **8. Premises**

- 8.1. The pharmacy must have a private consultation area which ensures privacy when explaining the service and offering advice to clients in a way that ensures confidentiality.

## **9. Training**

- 9.1. No formal training is required although the pharmacist and support staff must be fully aware and operate within this service specification.

## **10. Audit**

- 10.1. For the duration of the pilot the pharmacy must keep records of dispensing activity to all clients registered with them and report to the PCT monthly on the data collection forms provided (Appendix 3).
- 10.2. The following data will be recorded for audit purposes
  - Date prescription collected/received from GP surgery
  - Date client expected to collect prescription
  - Date of medication collection by client
  - In cases of non-collection after specified number of days confirm notification fax has been sent to the CMHT.
- 10.3. Pharmacies will not be paid unless this audit information is received with pharmacy invoice/claim form.
- 10.4. NHS Sheffield has the right to visit pharmacy premises, inspect paperwork and monitor adherence to this service as detailed in the service level agreement (SLA).

## **11. Service Funding and Payment Mechanism**

11.1. The pharmacy contractor will be paid according to the following schedule:

- A set up fee of £35 on receipt of SOP and SLA.
- A service fee of £10 per registered client per month.

11.2. Claim forms (Appendix 4) and audit forms (Appendix 3) should be submitted to the Community Pharmacy Development Unit on a monthly basis.

## **12. Quality Indicators**

12.1. The pharmacy contractor may wish to ensure the following:

- Any relevant and appropriate health promotion literature is available in the pharmacy;
- The pharmacist has undertaken relevant CPD for this type of service
- The pharmacy has a complaints procedure for monitoring the procedures provided;
- Co-operation with any review of the client experience;
- Participation in any audit of the service.

## **13. Contacts**

### **Sheffield Health and Social Care Foundation Trust:**

For individual patient queries contact the care co-ordinator (named on the meds/01 form).

Chris Hall, Senior Pharmacist; Tel: (0114) 2718632, Fax: (0114) 2718634  
Pharmacy Department, Michael Carlisle Centre, Osborne Road Sheffield,  
S11 9BF

### **NHS Sheffield:**

Sarah Wright, Project Facilitator; Tel: (0114) 305 1274, Fax: (0114) 3051001

NHS Sheffield, Community Pharmacy Development Unit, 722 Prince of Wales Road, Sheffield, S9 4EU

**Appendix 1: Letter and Patient Registration Form (MEDS/01)**



Sheffield Health and Social Care  
NHS Foundation Trust



Date: .....

Dear Pharmacist

**SHEFFIELD MEDICINES INFORMATION EXCHANGE SCHEME**

Background Information

Thank you for participating in this scheme, which is a collaboration between NHS Sheffield and Sheffield Health and Social Care FT. Community pharmacies participating in the scheme will receive payment from NHS Sheffield.

By exchanging information between your community pharmacy and the community mental health team, the scheme aims to help manage risks which may arise if the patient does not take their prescribed oral medicines regularly.

Once the person is registered with the scheme, the pharmacy should obtain repeat prescriptions from the GP at the appropriate intervals. The person will collect the medicines from the pharmacy as agreed. (Registration form meds/01 attached.)

If the medicines are not collected within the specified number of days of the expected collection, then the pharmacy contacts the community mental health team. This is done by faxing the team (using form meds/02).

Once the community mental health team is informed of non-collection, then they will act in accordance with a specific care plan for that person. The care co-ordinator will liaise with you about arrangements for next collection.

Patient registration

Please register in the scheme the person detailed in the attached form. The care co-ordinator named will liaise with you to confirm when collection will start.

Payment

To trigger payments for participating in this scheme, send audit and claim forms monthly to Community Pharmacy Development Unit, NHS Sheffield, 722 Prince of Wales Road, Sheffield, S9 4EU.

Thank you  
Yours sincerely

Name: .....  
Care Co-ordinator

**CONFIDENTIAL**

**SHEFFIELD MEDICINES INFORMATION EXCHANGE SCHEME**  
**ENROLMENT INFORMATION (MEDS/01 Form)**

Client (Name and address)			
Date of Birth		(SHSC Insight No)	
NHS No			

Community Mental Health Team	
Care Coordinator	
Tel :	Fax :

GP (Name and address)	
Tel :	Fax :

Pharmacy (name and address)	
Tel :	Fax :

Current medicines			
Frequency of prescriptions (e.g. 7, 14, 28 days)		Start date	

**Action required:**

**Care Co-ordinator**

Liaise with pharmacy above to initiate scheme. Copy this form to GP

**Pharmacy**

Please arrange to collect prescriptions from the named GP.

If .....(name) does not collect the medicines from your pharmacy within .....days of the expected collection date then fax the care co-ordinator named above, as detailed in the scheme.

**GP**

Note participation in scheme, and supply prescriptions to the pharmacy.

**Consent**

The person named has given verbal consent to join the scheme (to their care co-ordinator). This consent covers sharing of information between all the health professionals involved, and collection of prescription from GP surgery by pharmacy staff.



**URGENT – ACTION REQUIRED**  
**SHEFFIELD MEDICINES INFORMATION EXCHANGE SCHEME**

**FAX NOTIFICATION OF NON COLLECTION**

Client (Name and address)	
Date of Birth	SHSC Insight no
NHS No	

Community Mental Health Team	
Care Coordinator	
Tel :	Fax :

Pharmacy	
Address	
Tel :	Fax :

Medicines	
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***THE ABOVE MEDICINE IS NOW OVERDUE FOR COLLECTION***

***Date collection expected: .....Today's date:.....***

**ACTION REQUIRED:**

***Pharmacy:*** Fax to Community Mental Health Team.

**CMHT administration/clerk:**

Bring to attention of named care co-ordinator or duty worker within 1 working day

**CMHT Care Co-ordinator or duty worker:**

Initiate action plan for non-collection of medicines as detailed in care plan.

Liaise with the pharmacy about arrangements for collection.

Please contact the Pharmacist if there has been any change to the client's circumstances or a change in the prescription or if notifications are no longer required as part of the care plan.



*Appendix 4: Claim Forms (to be submitted to the PCT monthly)*

# INVOICE

Pharmacy Medicines Information Exchange Scheme

**TO: Community Pharmacy Development Unit  
 NHS Sheffield  
 722 Prince of Wales Road  
 Sheffield  
 S9 4EU**

**FAO: Sarah Wright**

<b>NAME AND ADDRESS OF PHARMACY</b>

<b>CLAIM PERIOD:</b>
MONTH .....
YEAR .....

Number of clients	Tariff	Total cost of claim
	£10 per client registered per month	

**Audit Forms enclosed:**

**Signed by Pharmacist in charge**

Signed ..... Date .....

Print name .....

**APPROVED BY (PCT use):**

Sarah Wright	Signature .....
BUDGET CODE:	Date .....

## **Glossary of Terms**

### **CPA process:**

The Care Programme Approach [CPA] is the cornerstone of the Government's mental health policy. It was introduced in 1991 and is intended to be the basis for the care of people with mental health needs outside hospital. It applies to all people with serious mental health problems who are accepted as clients of specialist mental health services.

In many cases, the CPA comes into play while someone is a psychiatric hospital in-patient (not necessarily detained under the Mental Health Act), and creates the framework for discharge planning and aftercare. The CPA framework can be used in relation to aftercare which has to be provided in accordance with Section 117 of the Mental Health Act, but the statutory health and social services agencies need specifically to ensure that their Section 117 duties are being fulfilled within any CPA care plan agreed. The CPA also links in with Care Management practised by local authority social services departments, where social services departments are undertaking their duties of assessing needs and purchasing appropriate services, under the NHS and Community Care Act.

If the relevant bodies are co-operating, and have consistent procedures, then the CPA, Care Management and (where applicable) Section 117 duties, can all often be integrated into a single process.

### **Four Stages of the CPA**

The CPA process has four stages:

- 1 A systematic assessment of the person's healthcare and social care needs
- 2 The development of a care plan agreed by all involved, including the person her/himself and any informal carers, as far as this is possible, and addressing the assessed needs
- 3 Identifying a key worker, to be the main point of contact with the person concerned and to monitor the delivery of the care plan
- 4 Regular review of the person's progress and the care plan, with agreed changes to the plan as appropriate.

### **INSIGHT**

This is the Care Trust's electronic care record system.