

# Service Specification – Medicine Support Service for Domiciliary Care

## 1. This agreement is between

**NHS England (Yorkshire and The Humber)** (the commissioner)

Unit 3  
Alpha Court  
Monks Cross  
YORK  
YO32 9WN

**And the Provider:**

## 2. Introduction

This agreement set outs the framework for the provision of medicines compliance assessments, and supply of any identified compliance aids, during normal hours [the pharmacies core plus supplementary hours] for patients referred from Adult Care Management and/or Community Support Services at East Riding of Yorkshire Council to the community pharmacy, and has been agreed with Community Pharmacy Humber (Humber LPC). The implementation, administration, monitoring and review of this agreement is the responsibility of the service commissioner.

## 3. Period

This agreement is for the period 1<sup>st</sup> July 2021 – 31<sup>st</sup> March 2024

## 4. Termination

Three months' notice of termination must be given if the pharmacy wishes to terminate the agreement before the given end date.

Three months' notice of termination must be given if NHS England (Yorkshire and The Humber) wishes to terminate the agreement before the given end date.

NHS England (Yorkshire and The Humber) may suspend or terminate this agreement forthwith if there are reasonable grounds for concern including, but not limited to, malpractice, negligence or fraud on the part of the pharmacy.

## 5. Obligations

The pharmacy will provide the service in accordance with the specification (Schedule 1).

The Service commissioner will ensure that Adult Care Management and Community Support Services, all Domiciliary Care Agencies, all pharmacies and GPs within the locality are made

aware of the pharmacies providing the Medicine Support Service for Domiciliary Care annually along with any updates during the year.

The service commissioner will provide a link to the joint policy “Administering Medicines Safely in the Home Care Sector” annually along with any updates during the year via a message on PharmOutcomes and the LPC weekly digest.

## 6. Payments

NHS England (Yorkshire and The Humber) will pay the following:

**Medicines compliance assessment** A one off fee of £35 will be made to the pharmacy for each undertaken during the preceding month and follow up calls

### Tier 1 - fee £5 per month

Simple changes such as

- Deblistering into medication bottles
- Addition of coloured symbols to labels
- Provision of one-off compliance aids such as winged bottle tops, Haleraids, eye drop administration devices (see resource pack), which will be reimbursed at cost (+VAT)

### Tier 2 – fee £10 PER MONTH

Provision of Medication Reminder charts

### Tier 3 – fee £30 per month

Monitored Dose Systems (MDS) – only when

- evidence is supplied demonstrating that no other intervention will provide the necessary support to enable adherence to medication
- evidence that the patient has demonstrated ability to use the MDS safely

### Housebound patients

The pharmacy will claim fees incurred in Tiers 1-3 for patients assessed by the corresponding housebound MSS, however the medicines compliance fee is not claimable.

Where a housebound patient is **assessed by the corresponding service** as requiring delivery, a monthly fee of £4 per patient per delivery can be claimed.

The pharmacy will enter the service delivery information onto the PharmOutcomes system and invoices will be generated automatically.

Payments will be made by BACS within 28 days of the submitted invoice.

## 7. Standards

The service will be provided in accordance with the standards detailed in the specification (Schedule 1).

## 8. Confidentiality

Both parties shall adhere to the requirements of the Data Protection Act 1988 and the Freedom of Information Act 2000.

Any approaches by the media for comments or interviews must be referred to NHS England (Yorkshire and The Humber).

## **9. Indemnity**

The pharmacy shall maintain adequate insurance for public liability and professional indemnity against any claims which may arise out of the terms and conditions of this agreement.

Any litigation resulting from an accident or negligence on behalf of the pharmacy is the responsibility of the pharmacy who will meet the costs and any claims for compensation, at no cost to NHS England (Yorkshire and The Humber).

## Schedule 1

### Service Specification – Domiciliary Medication Support

#### 1. Service description and background

- 1.1. This service is commissioned as a local enhanced service under the powers given to NHS England by The Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 paragraph 14 (1) (i).
- 1.2. An 'authorised person' in this service specification is a person acting under arrangements with the service commissioner for the purpose of coordinating access to this service.
- 1.3. Community pharmacies can help patients to stay in their own homes, rather than other care settings, by supporting them to self-medicate where safe and appropriate.
- 1.4. Ambulatory patients will be referred to the pharmacy by East Riding of Yorkshire Council Adult Services Assessment Team or Community Support Services team for discussions about the appropriate level or kind of support required by the person to help them take their medicines as intended. The Pharmacy will agree with the person the nature of that support and inform the Adult Services Assessment or Community Support Services teams.
- 1.5. Housebound patients will be assessed by the corresponding Medication Support Service (Housebound) and potential support discussed and agreed with the pharmacy.
- 1.6. The pharmacy may provide advice, support and assistance to the person and/or, with the patient's consent, family member or informal carer with a view to improving the patient's knowledge and use of their drugs and their compliance. A medicines compliance review, supplemented by a clinical medication review by a practice pharmacist, may be needed to reduce medication burden or otherwise enable the patient to self-medicate. Liaison with the GP or practice pharmacist should take place as an integral part of the assessment

#### 2. Aims and intended outcomes of the service

- To support independent living.
- To help people manage their medicines safely and appropriately.
- To reduce wastage of medicines.
- To improve patient compliance with therapy by:
  - improving the patient's understanding of their medicines;
  - identifying practical problems in taking their medicines and where appropriate providing extra support;
  - Identifying changes to medication where this will improve compliance
  - monitoring, reviewing and amending the support given

#### 3. Service specification

##### 3.1. Ambulatory Patients

- 3.1.1. The part of the pharmacy used for provision of the service provides a sufficient level of privacy and safety, ideally a consultation room.
- 3.1.2. The pharmacy will nominate TWO key members of staff who will be the regular point of contact for the patient and other authorised persons.

3.1.3. All ambulatory patients who have undergone an assessment by ERYC Adult Services and identified as Low and Medium risk, using the Fuller Self-Administration risk assessment tool, will be eligible for this service. Certain patients identified as High Risk may also be appropriately referred into the service, depending on the reasons contributing to this level of risk.

3.1.4. Pharmacies will receive a Medication Support Request from ERYC Adult Care/Community Support Services for consideration. The request will be received electronically directly into the pharmacy chosen by the patient.

The Medication Support request form and applicable patient consent forms will have been completed, agreed and captured by the ERYC Adult Care/Community Support Services prior to the referral into a pharmacy for the MMS service. See Appendix 1

### 3.1.5. **Initial Pharmacy Assessment:**

3.1.5.1. Assessment of the problems being experienced by the patient – the Medicines Support Service Assessment Tool (Appendix 2) should be completed for all ambulatory people referred into this service. It can either be completed in the pharmacy during the assessment or the patient can be asked to complete it and return it to the pharmacy prior to the assessment to allow the pharmacist or technician to prepare for the meeting. The pharmacist or registered pharmacy technician assessing the patient should obtain as much information from the patient as possible to ensure they are fully aware of the problems being experienced and to enable identification of appropriate solutions.

3.1.5.2. If the person is found to be non-compliant, the pharmacist/technician must liaise **with the patient** and their GP/practice pharmacist to establish which medications, if any, should be reinstated or stopped.

3.1.5.3. Once the required support has been identified it is essential that the patient is shown how to use it and their understanding of the support provided is checked.

3.1.5.4. A follow up appointment (face to face or telephone) must be undertaken **before each new medication supply** to consider whether the support provided has met the patient's needs and to address any problems experienced.

3.1.5.5. If following assessment, the pharmacy is unable to provide a suitable solution for the client, then the client will be referred back to the ERYC Adult Services.

## 3.2. **Equality Act 2010 Assessment**

3.2.1. The pharmacist/technician must establish whether the patient meets the requirements of the Act and complete the relevant section on the assessment tool. If this is not completed the pharmacy cannot claim payment for the service. Under the Act, a person has a disability if he has a physical or mental impairment which has a substantial and long-term (usually lifelong or at least 12 months) and **which adversely impacts on their ability to take their medication**

Certain medical conditions qualify as automatic under the EA:

- Cancer.
- HIV infection.
- Multiple sclerosis.

- Severe disfigurement (not including tattoos and piercings).
  - Certified blind, severely sight impaired, sight impaired or partially sighted by a consultant ophthalmologist.
- 3.2.2. Pharmacy staff providing this service should refer to the PSNC website for further information.
- 3.2.3. Patients identified as requiring support under the Equality Act are required to make “reasonable adjustments” free of charge to the patient and cannot claim under this service specification
- 3.2.4. Every patient must be reviewed annually to ensure the support provided is still meeting all the patients’ needs and to update the assessment of the patient under the DDA. The DDA assessment form must be completed as part of this review.

### 3.3. Housebound Patients

- 3.3.1. For the purpose of this service, based on the ERY SERVICE COMMISSIONER previous definition of housebound:

***“Patients are eligible for home visits for routine treatment only when a patient is unable to leave their home due to physical or psychological illness as this type of appointment takes much more time than if the patient is able to make it into their local clinic or GP surgery.***

***A patient will be deemed to be housebound when they are unable to leave their home environment through physical and/or psychological illness.***

***A patient will not be eligible for a home visit if they are able to leave their home environment on their own or with minimal assistance to visit public or social recreational public services (including shopping)”***

- 3.3.2. All housebound patients who have undergone an assessment by ERYC Adult Services and identified as Low and Medium risk, using the Fuller Self-Administration risk assessment tool, will initially be referred to the Medicines Support Service (Housebound). Certain patients identified as High Risk may also be appropriately referred into the service, depending on the reasons contributing to this level of risk.
- 3.3.3. The Medicines Support Service (Housebound) will carry out a medicines assessment and identify any necessary compliance aids to support medicines adherence.
- 3.3.4. In providing the medicines assessment, the Medicines Management Service (Housebound) will liaise with the patient’s preferred pharmacy commissioned to provide this service, to advise the pharmacy of the results of the assessment and agree any appropriate aids.
- 3.3.5. The pharmacy will not carry out a further assessment but will provide and claim for the requested aids only

## 4. Training, premises and other requirements

- 4.1. The pharmacy contractor has a duty to ensure that all pharmacists and staff involved in the provision of the service have relevant knowledge and are appropriately trained in the operation of the service. Staff must attend any local training facilitated by the service commissioner.
- 4.2. The pharmacy should ensure that the staff who currently (or may in the future) complete the PharmOutcomes records are fully aware of the necessity to follow the correct procedures with regards to data protection.
- 4.3. The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.
- 4.4. The pharmacy participates in an annual audit of service provision and referral pathways, by the service commissioner in liaison with the LPC.
- 4.5. The pharmacy co-operates with any locally agreed commissioner-led assessment of service user experience.
- 4.6. The pharmacist should be trained to deliver, monitor and review medicine management support systems effectively.
  - 4.7. The pharmacist will follow the agreed protocol for monitoring and review i.e. all patients assessed and requiring additional support must be followed up at **one or two months for additional support** and at **one week and at one month if an MDS is supplied**.
- 4.8. The service commissioner will provide a robust and responsive referral system for complex patient issues that arise with patients already enrolled on the service.
- 4.9. Pharmacists will share where appropriate relevant information with other health care professionals and agencies, in line with locally determined confidentiality arrangements, including, where appropriate, the need for the permission of the client to share the information.
- 4.10. The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and audit. Records will be confidential and should be stored securely and for a length of time in line with local NHS record retention policies.
- 4.11. The service commissioner will provide a framework for the recording of relevant service information for the purposes of audit and the claiming of payment. Where data is missing or unclear then claims for payment will be returned to the pharmacy for clarification and re-submission.
- 4.12. Claims for payment will be submitted monthly by the pharmacy on PharmOutcomes.
- 4.13. The service commissioner will provide up to date details of other services which pharmacy staff can use to refer service users who require further assistance

4.14. The service commissioner will be responsible for the promotion of the service locally, including the development of publicity materials, which pharmacies can use to promote the service to the relevant and appropriate professionals and care agencies.

## 5. Service availability

5.1. The pharmacy contractor should seek to ensure that the service is available throughout the pharmacy's opening hours.

## 6. Service exclusions

### 6.1 Equality Act 2010

Patients eligible for Support under the Equality Act 2010, who will receive "reasonable adjustments" free of charge from the pharmacy

### 6.2 Patient Preference

If a patient believes they need or they want a MDS but the assessment indicates this is not required, then this is outside the scope of the NHS. In this eventuality, the payment must be negotiated between the patient and the community pharmacy, or the MDS request can be refused.

### 6.3 Formal/Informal Carers

People who are not receiving a commissioned package of care from Adult Care Services are not eligible for support under this service.

## 7. Governance

7.1 Community Pharmacy contractor providers of this service will comply with the General Pharmaceutical Council standards of conduct, ethics and performance at all times.

7.2 The pharmacy reviews its standard operating procedures and the referral pathways for the service on an annual basis.

7.3 The pharmacy can demonstrate that pharmacists involved in the provision of the service have undertaken continuing professional development (CPD) relevant to this service

7.4 The pharmacy participates in any NHS England - North (Yorkshire and The Humber) led audit of service provision.

7.5 The pharmacy co-operates with any NHS England - North (Yorkshire and The Humber) led assessment of service user experience.

## 8 Payment arrangements

Community Pharmacy Humber will provide access to a PharmOutcomes platform for the recording of relevant service information for the purposes of audit and the claiming of payment.

## Medicines Support Service – Supplementary Information

The MSS applies to patients living in their own home and in receipt of a package of Care from East Rising of Yorkshire Council Adult Management team. It **DOES NOT** extend to patients in nursing/residential homes.

The Compliance Needs Assessment is a tool to assess the pharmaceutical needs of patients having difficulty complying with or managing their prescribed medication.

For many patients, a reduction in the number of medicines can be a useful aid to improving compliance. This should be considered as part of the assessment and a recommendation made to the GP, where relevant.

All patients assessed and requiring additional support must be followed up at one or two months for additional support and at one week and at one month if an MDS is supplied.

The community pharmacist must ensure that there is a robust medication record system in place.

It will be the responsibility of the assessing community pharmacist to notify Adult Care Management and the patient's GP of the result of the assessment.

The compliance assessment will remain valid unless a change in circumstances arises which warrants a reassessment. However, good practice would be to review patients should there be any changes to medication or circumstances and at least yearly to confirm continued suitability.

### Monitored Dosage systems

**The pharmacist will assess compliance issues and provide a monitored dosage system (MDS) only if compliance cannot be addressed by other methods.** The pharmacist will check that the patient can use the MDS.

Referrers should be made aware that the assessing pharmacist may conclude that provision of prescribed medications in a MDS is inappropriate for the patient and may offer alternative advice as to how the patient's compliance may best be addressed.

The community pharmacist must adhere to standards for dispensing into compliance aids according to Medicines Ethics and Practice RPSGB.

The community pharmacist is responsible for considering the stability of medication in the device. Certain medications should not be placed in monitored dosage systems. These include significantly hygroscopic preparations and solid dose cytotoxic preparations.

The community pharmacist is responsible for supplying Patient Information Leaflets in accordance with EEC Directive on the labelling of medicinal products for human use and on package leaflet (31/3/1992(2001/83) and SI 1992/3274 The Medicine (Leaflet) Amendment Regs 1994 number 3274.

**Funding of MDS by SERVICE COMMISSIONER will not be given without full justification.**

**Appendix 1:**

**MEDICINES SUPPORT SERVICE REFERRAL FORM**

(Completed by ERYC Adult Care/Community Support Services prior to pharmacy referral)

<p><b>Service Users Name:</b></p> <p><b>PID No:</b></p> <p><b>D.O.B:</b></p> <p>Lives Alone: Y/N</p>	<p><b>Address:</b></p>  <p><b>Telephone:</b></p>						
<p>E-mail referral form to NECS Medicines Optimisation team at <a href="mailto:necsu.dommedssupportservice@nhs.net">necsu.dommedssupportservice@nhs.net</a></p>							
<p><b>GP:</b></p> <p><b>Surgery Address:</b></p>  <p><b>Telephone:</b></p>	<p><b>East Riding of Yorkshire Adult Services Care Management team:</b></p> <p><b>Assessors Name:</b></p> <p><b>Address:</b></p> <p><b>Telephone:</b></p>						
<p><b>Pharmacy / Dispensing Practice:</b></p> <p><b>Contact Name:</b></p> <p><b>Address:</b></p> <p><b>Telephone:</b></p>							
<p><b>Fullers Self Medication Risk Assessment (attach)</b></p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"><b>Low Risk</b></td> <td style="width: 50%;"><b>Yes/No</b></td> </tr> <tr> <td><b>Medium Risk</b></td> <td><b>Yes/No</b></td> </tr> <tr> <td><b>High Risk</b></td> <td><b>Yes/No</b></td> </tr> </table>	<b>Low Risk</b>	<b>Yes/No</b>	<b>Medium Risk</b>	<b>Yes/No</b>	<b>High Risk</b>	<b>Yes/No</b>
<b>Low Risk</b>	<b>Yes/No</b>						
<b>Medium Risk</b>	<b>Yes/No</b>						
<b>High Risk</b>	<b>Yes/No</b>						
<p><b>Please indicate the level of risk.</b></p>							
<p><b>NB If high risk due to mental capacity, referral is not appropriate. Refer direct to DomMAR service.</b></p>							
<p><b>Any Informal Carer input: Y/N</b></p> <p>Relationship to patient:</p> <p>Contact address (if different from above)</p> <p>Telephone:</p>							

**Information Sharing Consent Form – Medication Reviews**

Where you (the service user) agree to give consent please complete section 1 and where you do not please complete section 2. The Social Worker / Care Co-ordinator should complete section 3 regardless of the outcome.

**Section 1 – Service user agrees to give consent:**

I \_\_\_\_\_ give my permission for East Riding of Yorkshire Council to share my personal information with my nominated Community Pharmacy, North of England Commissioning Support Unit (for housebound service users) and / or East Riding of Yorkshire Clinical Commissioning Group (NHS) Medicines Clinical Advisor to access my health record as part of a medication review.

If there appears to be opportunity for my medication needs to be met differently I agree to a referral being made to North of England Commissioning Support Unit or the Community Pharmacy and the organisations sharing information to consider alternative options for my care.

**Statement of Consent:**

- I understand that East Riding of Yorkshire Council will share my information (contact details, Fullers Assessment, medication details) with my nominated Community Pharmacy, the North of England Commissioning Support Unit and / or the Medicines Clinical Advisor at East Riding of Yorkshire SERVICE COMMISSIONER.
- I understand that the North of England Commissioning Support Unit / the Medicines Clinical Advisor at East Riding of Yorkshire SERVICE COMMISSIONER will access my health record in order to review my medication.
- I understand that if appropriate a referral may be made to a relevant provider (for example my GP practice or Community Pharmacy)
- I understand that if appropriate my medical information may be shared with East Riding of Yorkshire Council in order to review my care and support.
- I have had the opportunity to discuss the implications of sharing or not sharing the information about me.

I agree to my information being shared

**Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Your rights under the Data Protection Act will not be affected.** Should you have any questions about this process, or wish to withdraw your consent at any time please contact your social worker or care co-ordinator.

**Name** .....

**Address** .....

**Post code** ..... **Date of Birth** .....

**Signature** .....

**Date** .....

**Section 2 – Service user does not wish to give consent:**

I do not wish for my information to be shared

**Signature** .....

**Date** .....

**Section 3 – Social Worker / Care Co-ordinator to complete:**

**PID No.** .....

**Signature of professional** .....

**Print name** .....

**Job title** .....

**Appendix 2 Medicines Support Service – Assessment Tool  
(For pharmacy use)**

<b>Patient details:</b>  Name Address  Tel no	<b>GP details:</b>  GP Name  GP Practice  Tel No
<b>ERYC - Adult Care Management Team details:</b>  Team:  Assessor's Name:  Tel No:	<b>Domiciliary Care Agency details:</b>  Agency Name:  Contact Name:  Tel No:

**Does the Equality Act apply to this patient?**

Further guidance is available at:

<https://psnc.org.uk/contract-it/pharmacy-regulation/dda/>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/570382/Equality\\_Act\\_2010-disability\\_definition.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/570382/Equality_Act_2010-disability_definition.pdf)

Does the patient have any of the automatic disabilities listed below, <b>which impact on their ability to take their medication:</b>	YES	NO
• cancer, including skin growths?		
• visual impairment - certified as blind, severely sight impaired, sight impaired or partially sighted by consultant ophthalmologist?		
• multiple sclerosis?		
• HIV infection?		
• Severe disfigurement (not including tattoos and piercings)?		
Does the patient have any other long-term health condition as defined by the Equality Act? Provide further information:		
Is the patient able to come to the pharmacy to discuss their needs?		

If questions are answered “yes” then the patient *is* covered by the Equality Act and the pharmacy/dispensary must make a reasonable adjustment, for which they are funded via the Community Pharmacy Contractual Framework. See Drug Tariff; part V1A.  
Claims for payment under the Medicines Support Service will not be processed

### Step 1 Medication Compliance Review

Current medication arrangements e.g. in original packaging, self-filled dosette box:					
Ascertain the following information from the patient:			Yes	No	Comments
Mental	Understanding	Understand the importance of each medicine?			
		Understand what each medication is for?			
		Do they take all their medications?			
		Understand each medicine dosage instructions – how and when to take?			
		Understand how to take PRN (when required) medication?			
		Understand how to take variable doses (e.g. Warfarin?)			
	Memory	Remember to take their medication regularly and at the appropriate time?			
		Remember to order their repeat			
Physical	Swallowing	Swallow all their tablets/capsules?			
	Dexterity	Open medicines boxes?			
		Open blister strips?			
		Open and close child-resistant lids?			
		Open and close winged lids?			
		Grip medicine bottles?			
		Halve tablets themselves (if required)			
	Sensory	Read standard print labels?			
		Read large print labels (16/18-point Arial)?			
Can the patient hear an alarm/Alexa/App?					

If the answer to each question is “yes” it is unlikely that the patient requires additional compliance support. Proceed to Step 4.

## Step 2 Which simple adjustments might be appropriate?

Problem	Suggested solutions	Action plan
<b>Understanding</b>	Add indication to dispensing label. Provide a medication reminder sheet. Simplify medication regime via recommendations to Practice Pharmacist/GP Relative/carer prompts to take medication. Relative/carer prepares medications and prompts to take.	
<b>Memory</b>	Add indication to dispensing label. Provide a medicines reminder sheet. Simplify medication regime. Relative/carer prompts to take meds. Relative/carer prepares medication and prompts to take. Organise repeat prescription. Collection/delivery service. Assistive technology e.g. Lifeline calling up to 4 times a day, Alexa or Phone Apps.	
<b>Swallowing</b>	Provide alternative licensed or “special” formulations where appropriate. Simplify regime to once daily/combination products. Refer to recommendations made by Speech and Language therapy (SALT) service.	<i>e.g. Liaise with GP for alternative formulations</i>  <i>e.g. Refer to GP for Speech and Language assessment if not already done</i>
<b>Dexterity</b>	Provide screw/winged lids. Provide large bottles/boxes. Provide deblistering device if patient can use. Dispense blister packed medicines into bottles. Provide medication tube squeezers. Relative/carer prepares medication and prompts to take.	
<b>Vision</b>	Provide large print labels. Provide symbols on each box. Relative/carer prepares medication and prompts to take.	

If a suitable adjustment can be made proceed to step 4. If none of the suggested adjustments are suitable for the patient, proceed to Step 3.

**Step 3 Is a Monitored Dosage System blister pack appropriate?**

	Yes	No
Can the patient's medication regime be included in a compliance aid blister?		
Can the patient select medication from correct compartment?		
Can patient remove medication from the blister pack?		
Is patient willing to change current medication system?		
Does the patient understand how the MDS is to be used?		
Please provide further information to justify the need for an MDS in this patient:		

If the answer to each question is "YES" a 28-day MDS might be a suitable adjustment.

	Yes	No
Is the medication regime stable in an MDS?		
Is there a risk to patient or others from having too much medication at home?		
Please provide further information to justify the need for a weekly MDS in this patient:		

If the answer to any of the questions in Step 3 is "NO" an MDS system may not be appropriate.

#### Step 4 Assessor details

Name		Profession	
Signature		Date	Contact details
Outcome of assessment: (Delete that which does not apply)			
<ul style="list-style-type: none"><li>• It is my opinion that this patient <b>does not</b> have a medicines compliance problem</li><li>• It is my opinion that this patient <b>does</b> have a medicines compliance problem but no appropriate solutions are available (refer back to the person who made the original referral)</li><li>• It is my opinion that this patient <b>does</b> have a medicines compliance problem and would benefit from the following adjustments:</li></ul>			
Review date:			
Comments/considerations:			

**Step 5 Patient Consent****This assessment is correct at the time of completion, any changes in circumstances or medication may require further**

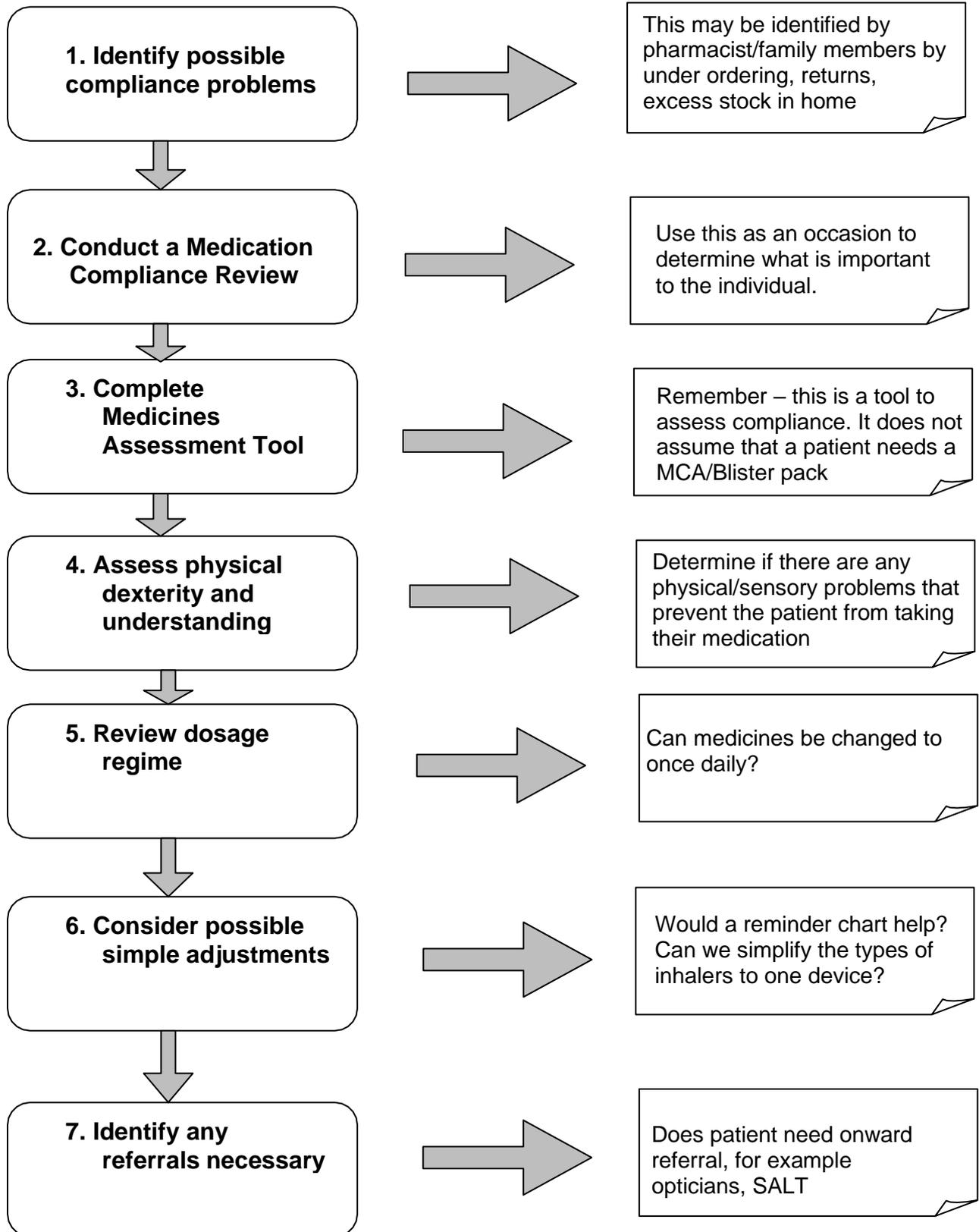
I agree to the information contained on this assessment being shared with other Health AND Social Care Professionals involved in my care. I understand that my Pharmacist or Dispensing Doctor may need to make further amendments dependent on my medication regime.

Name

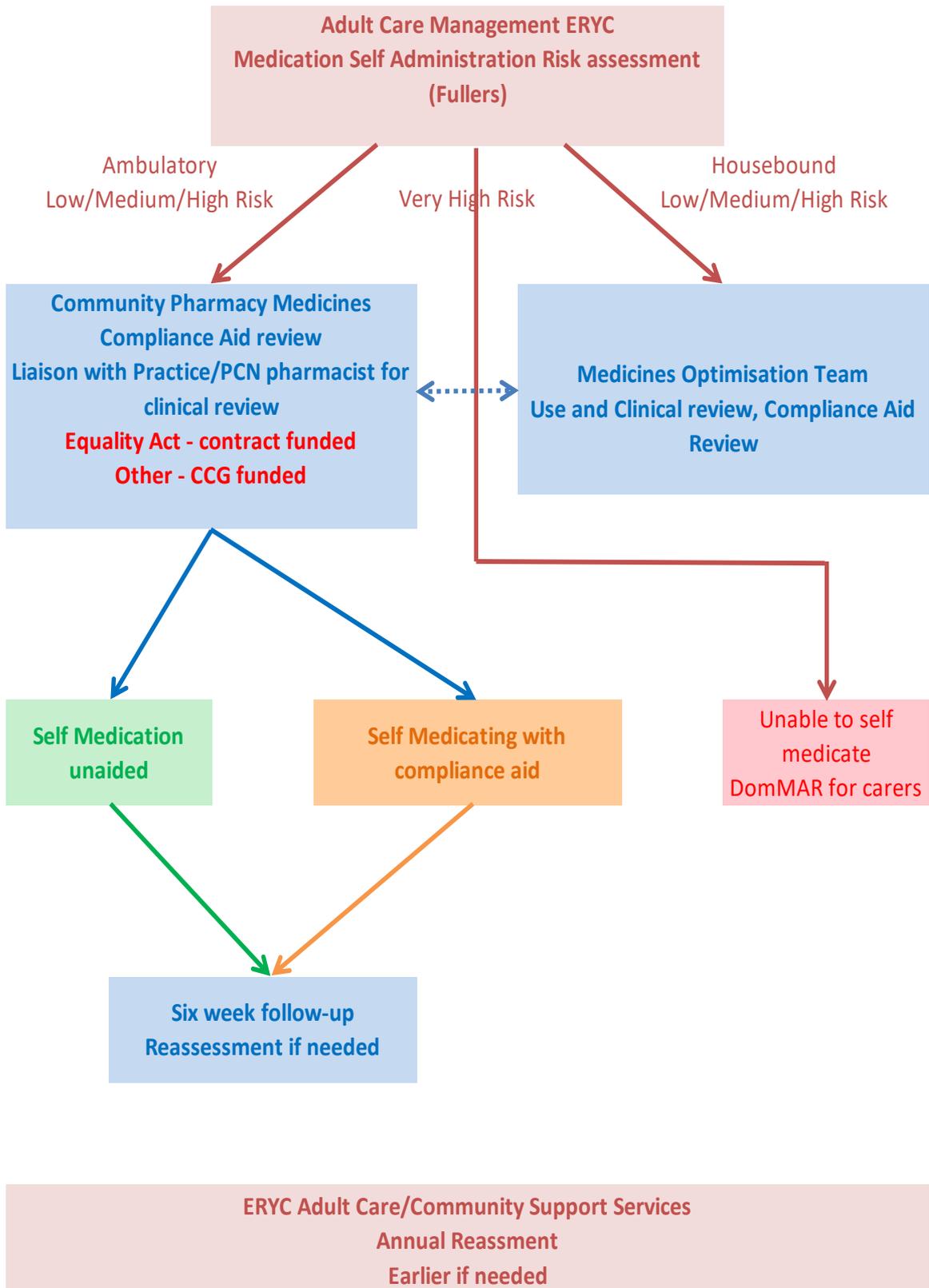
Signature

Date

<b>Copy to:</b>	<b>✓</b>	<b>Date</b>
GP		
Adult Care Management		
Domiciliary Care Agency		
Patient		



## Medication Support Service Summary



**APPENDIX 5**
**RESOURCE PACK FOR MEDICATION SUPPORT SERVICE**

## Resources for Compliance Aids

<b>DEVICE</b>	<b>DESCRIPTION</b>	<b>SUGGESTED SUPPLIER</b>	<b>FEE CLAIMABLE (Include VAT)</b>
Easy open tops/ screw caps	For those having difficulty opening containers.	Pharmacy via wholesaler One new bag should be claimed periodically when a new supply is required.	£5.60
Eye drop dispensers	To aid application of eye drops (Brand specific) e.g., Auto Drop	May be available from prescriber/consultant. Claim through service when provided by pharmacy	£7.00
Larger containers	For easier handling & to accommodate larger labels	Already available in the pharmacy	Zero
Large print labels	For partially sighted	Provided Free of charge through Pharmacy System Supplier	Zero
Oral syringes	For measuring smaller volumes of liquid doses	Already available in the pharmacy	42p
Pill crusher	Crushes tablets when licensed or accepted Practice (See SPS website)	Pharmacy wholesaler	£4
Pill popping / de- blistering device	Assists in removing medications from blister packaging	Pharmacy wholesaler	£3.50
Pill splitter / cutter	Splits tablets more accurately	Pharmacy wholesaler	£2.50
Symbol chart and Symbol stickers	For partially sighted	As available within the pharmacy system	Zero
Tube squeezer	Assists in removing cream/ ointment from tube	Amazon range of prices	£8
Turbohaler grip	Alternative to spacer	Contact relevant inhaler manufacturer - free of charge	Zero
'Other device'	Details of the device supplied, and its cost must be recorded on PharmOutcomes for data collection and analysis purposes.		£1 - £8 Maximum allowance £8
Talking labels	For partially sighted	Patient to purchase	ZERO Patient to Fund
Alarms Watch Phone App Smart speaker e.g., Alexa	To remind the person the time to take their medication	Patient to purchase	ZERO Patient to fund
Telehealth/Care	Funding may be available from Social Care	Social Care after assessment	ZERO

**REMINDER CHART TEMPLATES**

**Patients Name**

**DATE PREPARED**

**Doctors name/Surgery**

NAME & STRENGTH OF MEDICINE	NUMBER OF TABLETS TO TAKE				USE AND ACTION
	BREAKFAST	LUNCH TIME	TEA TIME	BEDTIME	

**Patient:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**GP:** \_\_\_\_\_

**Date of Preparation:** \_\_\_\_\_

**Patient**

**Date of Birth**

**Date Prepared**

**Address**

**GP**

	<b>Medication</b>	<b>Form</b>	<b>Strength</b>	<b>Dose</b>	<b>Time</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thur</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>1</b>												
<b>2</b>												

3												
4												
5												
6												
7												

Week commencing:  / /	MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				SUNDAY							
	B	L	T	B e d	B	L	T	B e d	B	L	T	B e d	B	L	T	B e d	B	L	T	B e d	B	L	T	B e d	B	L	T	B e d	B	L	T	B e d
<u>Medication</u>																																

**Personal Medication Reminder Chart**

Name of Medication 	How I Describe It	How much to take and when to take it				What it is used for	Other Information
		Breakfast 	Lunch 	Tea Time 	Bedtime 		


**Patient:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Date completed:** \_\_\_\_\_

**GP :** \_\_\_\_\_

**Warfarin Prompt Chart**

Patient Name:

NHS number:

Week commencing:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Warfarin (brown)  1mg							
Warfarin (blue)  3mg							
Warfarin (pink)  5mg							