

PRIMARY CARE COMMUNITY PHARMACY

LOCAL PHARMACY SPECIFICATIONS

PARTICIPATION IN

MEDICATION ADMINISTRATION RECORD

(MAR) CHART SERVICE FOR PERSONAL CARERS

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Specification for Participation in Medication Administration Record (MAR) Chart Service for Personal Carers

1. Background/ Introduction

- 1.1 Health and Social Care Partnerships in North, South and East Ayrshires, with the assistance of NHS Ayrshire and Arran Pharmacy Team, have developed Medication Policies and Guidelines for the Management and Administration of Medication in Care Services for Adults and Older People, which provide clear and consistent guidance to the social care staff on the management of medication within the homecare setting.

Lack of medication policy, and no pharmacy input, led to inappropriate management of medication, misappropriate and extensive use of monitored dose systems, increased medication incidents, and impacted on patient safety.

- 1.2 Social Services will include an assessment of the level of medication support required as part of the initial holistic assessment of the individual. The assessment will facilitate the promotion of independence and enablement to allow the individual to safely manage their own medicines and self care wherever possible.

Level 1: Individuals require **no support** (including prompting or assistance) with medication

Level 2: Individuals will be able to manage their medication with some **prompting** or **assistance**. They will retain overall responsibility for the administration of their medication.

Level 3: Individuals will be unable to **administer** their medication themselves. Employees (local authority employed/commissioned carers) will be responsible for ensuring that the individual gets the correct medication at the correct time and in the correct way according to Medication Policy Guidelines.

MAR Chart Service

Level 4: Individuals require support beyond the skills of social care staff. The level of support that individuals require would be provided by health professionals.

MAR Chart Service enables suitably trained personal carers to administer medicines in accordance with a Medicine Administration Record chart, recording administration of all medicines to those individuals who have been assessed as being unable to manage their own medication. (Care Inspectorate Guidance)

- 1.3 The community pharmacy will help support the MAR Chart Service by the provision of a medication administration record (MAR) chart with medication in original dispensing packs, for patients assessed as required **Level 3 medication support**. The pharmacist will also provide appropriate information and advice as required.

2. Aim of Service

- 2.1 To establish a safe medication administration system managed by care staff for people living at home.

3. Objectives of Service

- 3.1 Provision of MAR Chart Service to support personal carers to safely administer medication for people who no longer have either the mental or physical capacity to carry out this task, enabling them to live at home or homely setting rather than admission to care home or hospital.
- 3.2 Promote safe and effective use of medicines in the home setting, preventing unplanned admission to care home or hospital due to inappropriate use of medicines.
- 3.3 To achieve maximum health benefits attainable through compliance with medication regimes.
- 3.4 To reduce inappropriate requests for 7 day prescriptions and the concomitant use of monitored dosage systems and similar compliance aids
- 3.5 To reduce waste caused by non-adherence.

4. Benefits of the Service – The benefits of the scheme to the service user /contractor/GP/ NHS/ carers.

- 4.1 Service User Benefits.
- The assessment of needs around medication support will enable the promotion of independence in the managing of medication wherever possible, whilst enabling the individual to remain safely at home.
 - Vulnerable service users will have their medicines safely administered and the administration recorded by Personal Carers.
- 4.2 Contractor Benefits.
- Knowledge of Pharmaceutical Care will be employed to recommend ways of enabling patients to safely self medicate.
 - Partnership working with Community Care Services will allow the Pharmacist to maximise their contribution to the health care of the individual, leading to greater professional fulfilment.
 - Inappropriate requests for monitored dosage devices will be reduced.

4.3 GP Benefit

- Reduced call on their time to solve problems caused by non-adherence and the reassurance that their patient is receiving their medication as prescribed.

4.4 NHS Benefit.

- Quality of care in Elderly vulnerable patients receiving Personal Care will improve.
- The number of hospital admissions associated with medication errors will fall. Waste of medicines caused by non-adherence will be reduced.
- Reduction of residential care admissions for individuals who simply cannot self medicate.

4.5 Carer Benefit.

- Working with a safer medication administration system.
- Professional satisfaction from their increased level of contribution in terms of being able, to safely administer medications according to agreed protocols.

5. Service Outline

- 5.1 The pharmacy will be contacted by HSCP social services when an individual has been assessed as requiring **LEVEL 3** assistance with medication, to seek participation of the pharmacy in the provision of the MAR chart service to the individual. This would require medication to be dispensed in original dispensing packs in four weekly quantities and the provision of a 28 day MAR Chart.
- 5.2 The pharmacy will be informed which Care Provider (local authority or commissioned carers) will provide care at home for the individual. The pharmacy should agree a start date and collection date for the first 28 day supply of medication taking into consideration current medication supplies the individual has at home.
- 5.3 HSCP social services will contact the individual's GP to inform them of the need for Level 3 medication support, initiation of the MAR Chart Service, and to request the patient record is coded L3MAR (8BMc). Prescription for individuals on the MAR Chart Service should be annotated with 'L3MAR' in the directions field. If this annotation is missing, the pharmacy must contact the practice to ensure the patient is coded correctly, to ensure the information appears on the Emergency Care Summary, should the individual be admitted to hospital, or attend an out of hours consultation.
- 5.4 The initial set up of an individual for the MAR Chart Service may require reconciling all medication, including confirmation of specific dosage instructions e.g. One tablet to be taken in the Morning with the GP practice of all current medication. If simplification of medication regime can be made to facilitate the administration of medication it should be considered at this time.
- 5.5 The pharmacy will annotate the patient medication record that the patient requires a MAR Chart. A MAR Chart will be issued every time a prescription is received for the service user. If medication is prescribed at a

different time to regular prescriptions then a mid-cycle MAR Chart will be issued. In North Ayrshire an Emergency MAR chart will be produced by the care provider instead of a mid-cycle MAR chart.

5.6 The MAR Chart will include:

- **All medication** currently prescribed for the individual. Do not include dressings and appliances.
- PRN medication may not be ordered every 28 days, but should still appear on every MAR Chart, and only be removed when pharmacy has been notified this has been stopped.
- Remove any discontinued medication, to ensure this is not ordered in error.
- Clear directions for administration e.g. One tablet to be taken at Night, When required medication should include an indication, where appropriate e.g. Paracetamol 500mg, Two tablets to be taken Four Times a day, when required for pain.
- Administration times must be stated as morning, lunchtime, teatime, and bedtime **NOT** specific times (e.g. 9am, 12pm, 6pm, 9pm) to allow for any slight variation in carer attendance at individuals home. Note: Some medicines may require specific times e.g. Parkinson's medicines.
- The medication cycle start date. The MAR Chart must be dated with administration dates for the cycle, to enable carers to administer medication safely on the correct date.

5.7 The pharmacy will keep the prepared MAR Chart and dispensed medication together for collection. Any requests for delivery must be risk assessed by the care service.

5.8 Where new medication is prescribed mid-month the pharmacy may be required to assist in the synchronisation of medication quantities for future prescriptions. A mid-cycle MAR chart should be issued, to be used with the existing chart. In North Ayrshire an Emergency MAR chart will be produced by the care provider instead of a mid-cycle MAR chart.

Medication labels, to attach to existing chart, must NOT be issued.

East Ayrshire only: When a patient's regular pharmacy is closed, carers may present at another pharmacy with an emergency prescription (e.g. antibiotics) and request the pharmacist transcribes details of new medication onto the blank Emergency MAR chart.

5.9 Ordering prescriptions for MAR Chart Service patients remains the responsibility of the care provider, unless local alternative arrangement has been agreed.

Carers are advised to order all regular medicines listed on the MAR chart on week 3 of the cycle, only order what is required (PRN medicines may not be needed every month, but must remain on the MAR chart), collect prescriptions and hand into the pharmacy (where not sent direct to pharmacy by practice) and always use the same pharmacy for regular and any additional Rx.

5.10 Discontinued and unwanted medicines, or any refused at time of administration, will be returned to the pharmacy, with a disposal form which must be signed and returned to carer, to comply with Care Inspectorate Guidance.

5.11 If an individual on the MAR Chart service is admitted to hospital, the community pharmacy will be notified via an email to their clinical mailbox.

On discharge from a hospital in NHS Ayrshire & Arran, the pharmacy will receive a shortened version of the Immediate Discharge Letter (IDL) via an email to their clinical mailbox.

This will enable the pharmacist to amend medication, if any changes have been made during the hospital admission.

The Unscheduled Care PGD can be used to supply medicines where required.

'Patient recently discharged from hospital with new medication and has not organised a further supply of medication with their own prescriber who is now unavailable' Unscheduled Care PGD v27.

5.12 On discharge from a hospital in NHS Ayrshire & Arran, the hospital pharmacy will supply the patient with a new MAR Chart and medication for 28 days if it is known they are on the MAR Chart Service, from information available on the Emergency Care Summary, or from a relative or carer.

5.13 The pharmacy will maintain appropriate records to ensure effective ongoing service delivery and facilitate audit.

6. Hours of Service Provision

6.1 The service is to be provided within the normal Community pharmacy opening hours.

7. Responsibilities of the Contractor

7.1 The pharmacy contractor will 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.

8. Breach of Contract

8.1 Where prima facie evidence of a breach of the terms of this scheme comes to the notice of NHS Ayrshire and Arran the matter will be referred in the first instance to the pharmacy contractor concerned for comment. If appropriate, the pharmacy contractor will be invited to submit proposals for the rectification of the breach. Failure to provide a satisfactory response, or to rectify the breach, will result in the matter being referred to the Chief Executive of the NHS Ayrshire and Arran for consideration by the NHS Board and determination of any further action or sanctions to be taken, including termination of the contract under this scheme and recovery of any payments made in respect of services which have not been provided.

9. References

9.1 The Handling of Medicines in Social Care Royal Pharmaceutical Society, 2007.

9.2 Prompting, assisting and administration of medication in a care setting. Guidance for professionals, Care Inspectorate, Royal Pharmaceutical Society, Social Work Scotland, April 2017.

9.3 Review of Medicine Management Procedures, Care Inspectorate, 2017.

10. Acknowledgements

10.1 We thanks and acknowledge the support of NHS Dumfries and Galloway in supplying advice and training material.