NHS Highland Community Pharmacy Care at Home Service Specification General Service Level Agreement September 2026

Contents

Throughout this document there will be reference to the following:

The Community Pharmacy Contractor: the party agreeing to provide the service.

The Community Pharmacy Services Team: the party who set up the service and own it.

1. Introduction

This Service Level Agreement (SLA) sets out the terms, expectations, and governance arrangements for delivery of the Community Pharmacy Care at Home Service across NHS Highland. It forms an agreement between NHS Highland and the Community Pharmacy Contractor and must be read alongside the relevant appendices.

2. Background to the Service

2.1 The Community Pharmacy Care at Home Service has been developed to provide structured medicines support for people living in the community who may be frail, have complex health needs, or find it difficult to manage medicines independently.

2.2 Community pharmacy teams are well placed to provide this support through their accessibility, medicines expertise, and established relationships with patients, carers, GP practices, care providers, and other healthcare professionals.

2.3 The service supports medication adherence, safe administration, and timely access to medicines, helping to reduce medication-related harm and avoidable escalation of care needs.

2.4 This reflects national and local priorities to deliver person-centred care closer to home, improve outcomes, and use healthcare resources effectively.

3. Service Aims

3.1 The Community Pharmacy Care at Home Service aims to:

- Support individuals to manage medicines safely at home and maintain independence
- Improve adherence and reduce risks associated with complex medication regimens
- Ensure timely access to medicines, advice, and support for patients and carers
- Strengthen communication between community pharmacy, primary care, and care providers
- Identify medication-related issues early and escalate concerns appropriately
- Support care closer to home, reduce avoidable harm, and improve patient wellbeing
- Deliver the service consistently in line with agreed clinical, legal, and governance standards

4. Roles and Responsibilities

4.1 The Community Pharmacy Contractor will:

- Deliver the service in accordance with this SLA and all relevant clinical, legal, professional, and governance requirements
- Ensure staff are trained, competent, and aware of service requirements, including safeguarding and referral pathways.
- Provide timely and accurate dispensing, supply, advice, and support to patients and carers.
- Assess medicines compliance needs and provide appropriate support solutions where clinically justified.
- Work collaboratively with patients, carers, GP practices, care providers, and other healthcare professionals.
- Identify, resolve, or escalate medication-related, clinical, safeguarding, or supply concerns as required.
- Maintain accurate patient records, service documentation, stock management, and audit information when required.

4.2 The Community Pharmacy Services Team will:

- Lead the development, implementation, and ongoing management of the service across NHS Highland.
- Maintain service documentation, guidance and supporting materials.
- Act as the main point of contact for contractors, providing advice and support on service delivery.
- Facilitate communication between community pharmacies and relevant stakeholders where required.
- Oversee monitoring, data collection, audit, reporting, and service evaluation
- Review performance, address operational or governance issues, and update the SLA when required.

5. Maintaining Confidentiality and Compliance with GDPR Regulations

5.1 All parties involved in the delivery of this service must ensure that patient confidentiality is maintained at all times and that all activities are compliant with the Data Protection Act 2018 and the UK General Data Protection Regulation (UK GDPR).

5.2 All staff involved in the service must adhere to local confidentiality policies, information governance requirements, and professional standards, ensuring that information is only shared where there is a legitimate need to do so, such as safeguarding concerns or onward referral to other services.

5.3 Any personal data collected as part of the service must be lawful, proportionate, and limited to what is necessary for the purposes of service delivery, monitoring, and evaluation. Data must be stored, handled, and shared securely in accordance with NHS Highland information governance policies.

6. Service Outline and Standards

6.1 The service will include, as appropriate:

- Support for medication adherence, including provision of compliance support solutions where clinically appropriate and following a needs assessment.
- The provision of advice and support to patients and carers to promote safe and effective use of medicines.
- Identification and resolution of medication-related issues, including liaising with prescribers and other healthcare professionals where required.
- Maintenance of accurate patient records, supporting continuity of care and clinical decision-making.

6.2 The components of the service that attract remuneration, are detailed in Sections 17–19.

6.3 The service must be available during normal contracted opening hours.

6.4 All staff involved in the service must be appropriately trained and aware of service requirements, including safeguarding and signposting pathways.

6.5 Contractors must participate in audit and service evaluation processes to support ongoing service development and improvement.

7. Assessment, Information and Data Collection

7.1 The service requires a proportionate, patient-centred assessment to determine the most appropriate medicines support.

- Patients requiring additional support should receive a medication or compliance needs assessment in line with NHS Highland guidance or another appropriate tool.
- The assessment should consider the patient's ability to manage medicines, medication complexity, physical, cognitive or social factors, and involvement of family and or care givers.
- Based on the assessment, the Community Pharmacy Contractor should determine the most appropriate level of support, which may include:
- Standard dispensing with additional advice.
- Provision of compliance support solutions where appropriate, such as colour coding, larger labels, or reminders. In line with The Royal College of Pharmacy guidance https://www.rcpharm.org/pharmacy-guides/multi-compartment-compliance-aids-mcas/#h-risks-and-benefits-of-mcas a Multi-compartment Compliance Aid (MCA or MDS) should be considered only when the benefits outweigh the risks where other suitable options have been unsuccessful or unsuitable.
- Increased communication with carers or healthcare professionals.

7.2 Data Collection:

- Assessments should be documented and reviewed annually, or sooner if there is a change in the patient's condition or circumstances.
- Where patients are identified as requiring support that cannot be provided within the pharmacy, appropriate referral or transfer arrangements should be initiated.

8. Training

8.1 Useful Links/Resources:

Microsoft Word - id305 - Medicines Management in Adult Care at Home Services Policy.docx

Care homes and Care At Home resources | NHS Highland

https://www.rcpharm.org/pharmacy-guides/multi-compartment-compliance-aids-mcas/#h-risks-and-benefits-of-mcas

9. Environment

9.1 Community Pharmacy Contractors must ensure that the service is delivered from premises that support the safe, effective, and confidential provision of care, while also considering the needs of patients receiving support within their home environment.

- The pharmacy environment must: Provide a clean, safe, and organised setting suitable for the preparation, dispensing, and supply of medicines.
- Ensure appropriate security and storage arrangements for medicines, including compliance with legal and regulatory requirements.
- Enable access to a private consultation area where confidential discussions with patients or carers can take place when required.
- Support effective communication with patients, carers, and healthcare professionals, including access to appropriate IT systems and communication tools.

10. Provision of Equipment

10. 1 Community Pharmacy Contractors will utilise existing pharmacy resources, systems, and infrastructure to support the delivery of the service. All medicines, materials, and processes must be managed in accordance with current legislation, professional standards, and NHS Highland policies.

11. Payment Arrangements

11.1 The Community Pharmacy Care at Home Service annual fee will be paid by the CPS Office each year.

11.2 The MAR and MDS/MCA reimbursement are paid monthly on submission of the monthly claim form.

11.3 Should an overpayment be made for this service, it will be reclaimed.

11.4 The contractor must inform the Health Board if they cease to provide any element of the Community Pharmacy Care at Home Service on either a temporary or a permanent basis.

11.5 The liability of each party should be capped to the total fees paid or payable.

11.6 Indirect losses should be specifically referenced as excluded.

11.7 All fees are exclusive of any applicable VAT.

11.8 Compliance Needs Assessment and Annual Check in

Each pharmacy participating in the service will receive an annual payment determined by a banding scale, based on the number of patients aged 65 years and over attending the pharmacy, as identified through PIS data. Payment levels will be communicated separately and are structured to reflect workload and service demand, recognising that pharmacies with higher dispensing volumes are expected to undertake a greater number of assessments. Annual payments to contractors will range from £110 to £880.

11.9 Monitored Dosage System (MDS or MCA) Tray reimbursement - £0.28 per week/patient

11.10 Payment for the Medicine Administration Record (MAR) Chart Provision element of the Community Pharmacy Care at Home Service will be made as follows:

	Payment
New managed support patient (MAR provision)	£25
Ongoing managed support patient (MAR provision)	£5

12. Health and Safety

12.1 The Health and Care (Staffing) (Scotland) Act 2019 ("the Act") places requirements on the Health Board stating that: "In planning and securing the provision of health care from another person under an contract agreement must have regard to the guiding principles for health and care staffing, and the need for the person from whom the provision of health care is to be secured to have appropriate staffing arrangements in place"

12.2 The service provider will ensure that appropriate staffing arrangements are in place for the operation of this service.

13. Monitoring and Evaluation

13.1 The Community Pharmacy Services Team are responsible for the ongoing monitoring and evaluation of the service to ensure it is safe, effective, and meeting its intended aims.

13.2 The service may be subject to periodic formal review, and the SLA updated accordingly to reflect changes in practice, policy, or service needs.

13.3 NHS Highland reserves the right to give notice to withdraw the service from a community pharmacy based on closure history, failure to engage with other locally negotiated services and/or failure to meet requirements of the SLA.

14. Termination

14.1 Should either party require to terminate this arrangement, they will only do so after three months' notice has been provided, in writing. However, the Community Pharmacy Services team reserves the right to withdraw this arrangement immediately should there be a failure to comply with the terms of the Service Level Agreement.

15. Version Control

Version Number	**Date implemented**	**Review Date**	**Brief Description of Change**
Version 1	September 2026	September 2029	

16. Abbreviations

MCA…Multi-Compartment-Aid
MDS…Monitored Dosage System
CPS… Community Pharmacy Services
GP… General Practitioner
GPhC… General Pharmaceutical Council
NHS… National Health Service
IT… Information Technology
MAR… Medicine Administration Record
MDS/MCA… Monitored Dosage System
SLA… Service Level Agreement
SOP… Standard Operating Procedure
VAT… Value Added Tax

17. Section 1: Compliance Needs Assessment

17.1 Service Aims and Objectives:

The Compliance Needs Assessment confirms whether the level and type of medicines support remain appropriate, safe, and effective. Health and social care professionals involved in a person's care should be able to identify when they may be having difficulty managing their medicines.

An assessment should be completed when support is first considered, during medication review, or when the person's capabilities or circumstances change. Assessments will usually take place in the pharmacy but may be completed at home where necessary.

The objectives of the compliance needs assessment are to:

- Identify any changes in the patient's condition, circumstances, or medication regimen that may impact their ability to manage medicines
- Support the safe and effective use of medicines, reducing the risk of medication errors, missed doses, or inappropriate administration
- Provide an opportunity to review patient understanding, adherence, and any concerns relating to their medicines
- Identify any need for intervention, escalation, or referral where additional support is required
- Ensure that all assessments are appropriately documented and recorded, supporting governance, audit, and service monitoring processes

Objectives of an annual check in are all of the above and to:

- Confirm that the patient's current medication support arrangements remain clinically appropriate, based on their individual needs.

17.2 Assessment

When assessing patients in the Community Pharmacy Care at Home Service, the Community Pharmacy Contractor must utilise the NHSH Compliance Needs Assessment to guide clinical decision-making or equivalent. This ensures that all assessments are consistent, structured, and based on patient need, supporting appropriate identification of individuals who require additional medication support. The use of the policy helps to ensure that any compliance support solutions, including monitored dosage systems,

are clinically justified, regularly reviewed, and tailored to the individual, while maintaining alignment with NHS Highland governance standards and promoting safe, effective patient care.

17.3 Output following Compliance Needs Assessment

A compliance support solution may be required for patients who can continue to manage medicines independently but need structured, clinically appropriate support. Any support must be based on a formal compliance needs assessment, tailored to the patient, documented, and reviewed regularly as appropriate and at least annually.

Support may include larger-print labels, clearer instructions, reminder prompts, colour coding, or other proportionate interventions to improve adherence and safe medicine use.

A Monitored Dosage System (MDS/MCA/MCA) should be considered when the benefits outweigh the risks, where clinically justified and where less restrictive options are unsuitable or have been unsuccessful.

Alternative measures that could be included, but not limited to:

- Simplify medication regimens through medication review (e.g. reducing polypharmacy or dosing frequency)
- Use accessible packaging, such as easy-open containers
- Improve labelling, including larger font, colour coding, or clearer instructions
- Provide memory aids, such as reminder charts
- Link medicine-taking to daily routines (e.g. with meals or regular activities)
- Encourage support from carers or family members
- Identify and address underlying causes of poor adherence (e.g. side effects, understanding of medicines)
- Consider weekly dispensing as an alternative support option

Patients and carers should always be involved in decision-making, with a formal assessment undertaken before considering MDS/MCA and alternative support options explored first if appropriate . MDS/MCA is not suitable for all patients or medicines, and its use carries additional clinical responsibility as medicines are removed from original packaging and introduces additional risk when dispensing. It may also lead to de-skilling of patients and carers, increased medicine wastage, and inconsistent administration.

The provision of Monitored Dosage Systems (MDS/MCA) is not appropriate for patients residing within care home settings, where trained care staff are responsible for the safe administration of medicines. In these environments, the use of MDS/MCA introduces additional risks, including potential transcription

errors and duplication of processes where MAR charts are already in use. As such, MDS/MCA should not be supplied for patients living in care homes or where a MAR chart is in use.

17.4 Supply:

The Community Pharmacy Contractor will be responsible for the preparation and supply of compliance support tool for patients identified as requiring compliance support following a formal assessment.

- Compliance aid provided under this service must be prepared within the pharmacy dispensary, in line with appropriate clinical, legal, and professional standards
- Each compliance aid must be accurately created and accuracy checked to ensure safe administration of medicines
- The Contractor must ensure that all medicines included as part of a compliance aid are clinically appropriate, up to date, and reflective of the current prescribed regimen
- The Contractor must also ensure that appropriate records are maintained for all compliance aids, supporting audit, governance, and payment verification processes.
- Appendix 6 can be used to support the accurate dispensing of MCA/MDS/MAR patients.

18. Section 2: Medicine Administration Record (MAR) Chart Provision

18.1 Service Aims and Objectives

Medicine Administration Record (MAR) charts support the safe, accurate, and consistent administration of medicines by Care at Home staff by providing a clear auditable record of administration, omissions, and related issues.

MAR charts are appropriate for patients receiving Care at Home support with medicines administration, following appropriate assessment and **confirmation of incapacity** arrangements to support shared decision-making, see Flow chart – appendix 2.

The service also supports communication between community pharmacy teams, care providers, and healthcare professionals to reduce medication-related risk in the home environment.

Objectives of the service are to:

- Ensure MAR charts accurately reflect current prescriptions and support safe administration
- Provide a clear record for Care at Home staff and relevant care providers
- Reduce medication errors, omissions, duplication, and administration difficulties
- Support timely communication between pharmacy, care providers, and healthcare professionals

- Maintain auditable records to support governance, accountability, and service monitoring
- Promote a consistent approach in line with NHS Highland policies, legal requirements, and professional standards

18.2 Supply

The Community Pharmacy Contractor will be responsible for the preparation and provision of Medicine Administration Records (MAR charts) for patients receiving Care at Home support, where appropriate.

- MAR charts must be accurately prepared and reflect the current prescribed medication regimen, including any recent changes
- The Contractor must ensure that MAR charts are clear, legible, and structured in a way that supports safe administration by patients, carers, or Care at Home staff
- MAR charts should be supplied in a timely manner, aligned with dispensing cycles to ensure continuity of care
- Any updates to a patient's medication must be promptly reflected within the MAR chart, ensuring that the most current version is in use
- The Contractor must ensure that appropriate communication is maintained with care providers and healthcare professionals regarding any changes regarding supply or issues identified with supply.
- Where appropriate, the Contractor should provide care staff with guidance on the use of the MAR chart to support safe medicines administration. This should include, where necessary, an overview of the chart, recognising that MAR chart formats may differ between PMR systems.
- All MAR charts supplied must be supported by appropriate record keeping, enabling audit, governance, and verification of service delivery

19. Appendix 1: Service Level Agreement Signing Sheet

In signing this document, I declare that the below named community pharmacy agrees to provide Community Pharmacy Care at Home in line with the NHS Highland Service Specification dated September 2026, as agreed in conjunction with the Highland Pharmacy Contractors Committee.

A copy of the Service Specification referred to above and this agreement shall be retained on the pharmacy premises at all times and be readily available for all pharmacy staff involved in the provision of this Service.
Community Pharmacy:

Name:	
Address:	
Contractor Code:	
Nominated Pharmacist	
Nominated Pharmacy Technician	

Name: ……
(Please print)
Signed: …… Date: ……..

Please return this signed form to: nhsh.cpsoffice@nhs.scot Or Community Pharmacy Service Office, Assynt House, Beechwood Park, Inverness. IV2 3BW.

20. Appendix 2: Summary of Levels of Support

Support level	Points to consider	Next steps
No support (supported self management	Person has the capacity and capability to self- manage medicines but may require some additional support for example: • Simplifying medication regime — consider NHS Scotland Polypharmacy guidance • Easier packaging • Large print labels • Memory aids (reminder charts, technology) —trial first to check person finds them useful • Monitored dosage systems — refer to NHS Highland MDS policy for appropriate use • Support from family/informal carers (ordering/collecting medicines, opening packages, reading labels) • Weekly dispensing	• Provide support directly • Arrange with person's community pharmacist • Discuss with family/informal carers
Prompting with medication	Person has the capacity to make decisions about medicines and retains responsibility for managing medicines. The person must have been assessed as being able to follow a prompt. The carer is not responsible for checking which medicines are being taken. Prompting with medication can involve: • Telling/reminding the person the time • Reminding the person to take/use medicines • Asking if medicines have already been taken.	Refer to District care co-ordinator who will arrange provision of care at home

Assisting with medication	People who require assistance with medication retain responsibility for their medicines but need help with simple mechanical tasks. The person has the capacity to make decisions about medicines but lacks the physical capability to self-manage. The carer's role is to provide assistance, not take any decision-making responsibility. Assisting with medication can involve care staff in one, all, or a combination of the following tasks: • Ordering and collecting repeat prescriptions from GP practices. • Collecting medicines from a pharmacy/dispensing practice. • Bringing medicines to a person at their request so that the person can take the medicines. • Reading labels on medicines. • Performing mechanical tasks under the person's direction and instruction. • Returning unwanted medicines to a pharmacy for safe disposal. • Purchasing and assisting with over-the-counter medicines at the request of the person.	Refer to District care co-ordinator who will arrange provision of care at home
Administering medication	If a person is assessed as not being able to self-manage their medication and does not have the capacity to make decisions about their medication then care staff will need to take responsibility and administer their medication. The significant difference with this level of support is that care staff are taking control away from the person by following the written direction of the prescriber to ensure that the right person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way. The carer must record medicines administered on a medication administration record (MAR chart) and must only administer medicines listed on the person's medication chart. Administering medicines involves the carer: Identifying which medicines have to be taken or applied from the MAR chart (Including topical preparations) Being responsible for selecting those medicines Giving a person a medicine to swallow, apply or inhale. Applying medicines (eg, a cream, eye drop, ear drop or nasal spray)	Refer to District care co-ordinator who will arrange provision of care at home Provide MAR chart to enable discharge and/or refer to patient's usual community pharmacist to arrange long-term MAR chart provision

Health professional support	Is support needed from the nursing team? Examples include: • Injections • Removal of stitches • Insertion of catheters • Stoma care in post-operative phase • Testing for diabetes • Administering medicines which need skilled observations before/after administration • Insertion of pessaries • Insertion of suppositories or microenemas • Changing of dressings • Changing catheter/colostomy leg bags • PEG (percutaneous gastrostromy) feeding • Naso-gastric tube feeding • Administration of medicines via PEG or naso-gastric tube	Refer to community nursing team

21. Appendix 3: Care at Home Brief Assessment Tool

Using this assessment tool, Lead Professionals will be able to identify what level of support a person may need.

Person's information	
Person's name	Person's GP practice
Person's address	Person's community pharmacy
CHI number	Name and location of person completing assessment
or place patient ID sticker over these boxes (above)	Date of assessment

Current level of support with medication provided (tick all that apply)	
No care at home support i.e. self-administers medicines	
Prompting with medication	
Assisting with medication	
Administering medication	
Administration by health care professional e.g. community nurse	

Support already in place (tick all that apply)					
Prescriptions ordered by carer or community pharmacy		Medicines collected from pharmacy by carer		Medicines delivered by pharmacy	
Medication reminder chart prepared by self/carer		Medication reminder chart completed by community pharmacy		Medicines administered by relative/informal carer	
Compliance aid filled by relative/informal carer		Compliance aid filled by community pharmacy		Other (please detail)	

Assessment questions				
	Yes	**No**	**Current support in place**	**Comments**
1. Does the person have a level of cognitive impairment that may affect their ability to manage their medicines?				
2. Do you know when and how to take/use your medicines?				
3. Do you usually remember to take/use your medicines?				
4. Do you have any problems physically taking/using your medicines?				
5. Do you sometimes choose not to take medicines the way they were prescribed?				
6. Do you ever run out of medicines?				
7. Do you have a significant excess of medicines at home?				
8. Do you have problems ordering/getting your medicines?				

- If no shaded boxes are ticked – there is no requirement for additional assessment or support with medication.
- Shaded box(s) ticked but support is currently in place and is adequate - there is no requirement for additional assessment or support with medication.
- Shaded box(s) ticked and there is no current support, or current support is not adequate – further assessment may be necessary and so should be discussed with person's community pharmacist to determine if a full assessment by a member of pharmacy staff is necessary

22. Appendix 4: Care at Home: Short-Term Care (Interim) Assessment Tool

(2 pages)

The aim of this assessment is to identify the short-term support a patient needs with medicines to:

- Enable hospital discharge (form completed by hospital pharmacist or other clinician)
- Or to step up the care provided in the community when a patient is acutely unwell (form completed by community pharmacy team or dispensing doctor)

Section 1: Referral information – to be completed by referrer and sent to assessor	
Person's name	Person's GP practice
Person's address	Person's community pharmacy
CHI	Name and location of referrer
or place patient ID sticker over these boxes (above)	Date of referral
Reason for referral	Assessor name and location
Person's current support/care	Date of assessment

Section 2: Assessment details – to be completed by assessor. Refer to notes overleaf first.		
Medication prescribed	In hospital — attach a copy of person's authorised IDL In primary care — attach a copy of person's repeat medicines list	
List issues identified		
Support recommended for **up to 4 weeks** (tick one option and provide details):		
No change to current support		
Supported self management		
Care at home Assisted support		
Care at home Managed support		
Health professional support		
Follow up required		

NOW SEND THIS FORM TO THE APPROPRIATE PERSON TO ARRANGE CARE (see over)

Patient consent after assessment:

I agree with the outcome of this assessment and agree for the outcome to be shared with other agencies (eg, GP, hospital, Care at Home service, carer, care home).

Patient name Signature Date

23. Appendix 5: Community Pharmacy Care at Home Service Flowchart

Person has issue(s) taking prescribed medications. Identification of need by either Care at Home Staff, Community Nurse, GP, Community Pharmacist (list not exclusive), or during hospital assessment. This will be the role of the Lead Professional.

↓

Lead Professional completes Appendix 2 (Brief Assessment Tool) to determine level of support required

Prompt, Assist, Administered, or Healthcare Professional Input

Prompt / Assisted Support Identified

↓

Pass to Care at Home Service

↓

Outcome Recorded on Patient Records (Service User Pack). Care first record, and/or as appropriate.

↓

Prompting / Assisted Support Recorded – exact need should be stated in the care plan. i.e., Client needs carer to take from the packs and put into left hand.

↓

Carers should Record any prompting or assisting on the Team Communication Record

↓

If unsure due to complexity, refer to Pharmacist who will complete a Full Assessment Tool (Appendix 3)

↓

Outcome of this assessment may be to provide different packaging or confirming lack of capacity

↓

If changes identified by pharmacist, they complete Appendix 4 and send copy to relevant Care at Home Service/GP

↓

Pharmacist to Flag Patient Record with Support Level

↓

Administered Support need identified, refer to GP for Certificate of Incapacity (also onto Care at Home for allocation where applicable)

↓

GP practice to flag patient's record (Vision and KIS) with support level

↓

GP advises Pharmacist who will issue a MAR chart to CAH Team

↓

CAH will put all appropriate paperwork into SU file and ensure competency of carer to deliver this level

↓

Healthcare Input – Refer to District Nursing Team

↓

Community nurses record on Community Nursing Record

↓

ALL PATHWAYS LEAD TO: Assessor provides medicines management leaflet and Care at Home information where applicable

Appendix 6: MCA/MAR/MDS patient Medication Care Profile Template

Patient details	
Patient name	
Patient address	
Patient DOB	
Patient telephone number	

Care profile options	
Care Type	☐ MDS ☐ MCA ☐ MAR
Dispensing frequency	☐ Weekly ☐ Fortnightly ☐ Monthly
Supply method	☐ Delivery ☐ Collection
Medical practice	

Annual review	
Annual review date	
Assessment complete	☐ Yes ☐ No
Name	

Medication administration profile						
Medication name / Quantity / Form / Dose	**Morning**	**Lunch**	**Tea time**	**Bed time**	**Date added**	**Accuracy check of sheet complete**

Additional information

Record of change		
What the change was	**Date of change**	**Additional communication from change**