

NHS Lanarkshire

Service Level Agreement

SLA Reference	Community Pharmacy Support for Care at Home Care Providers in the Safe Management of Prescribed Medication (for Level C Administration only)
Version	1
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Approved By	North and South Lanarkshire Health and Social Care Partnerships

Revision Chronology		
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1. Introduction

- 1.1 This Service Level Agreement acts as a contract between NHS Lanarkshire and the pharmacy contractor and commits the contractor to provide the services as defined by, and using documents provided in, this Service Level Agreement. Services will be provided within the legal and ethical framework of pharmacy as a whole.
- 1.2 A three-month notice period must be provided if either party wishes to terminate this contract. Where a breach in terms of the SLA has occurred the 3 months' notice period may not apply.

2. Background to service

- 2.1 The MAR Chart Service supports community pharmacies in Lanarkshire to produce Medicines Administration Recording (MAR) Charts for patients whose medicines are to be administered by a Care at Home Service.
- 2.2 Many patients who live at home may require support to manage their activities of daily living, with support often provided by family members and other unpaid carers, social care services and health services, or any combination of these.
- 2.3 Some people will require support with their prescribed medication as part of a social care package. For these people, an assessment of the level of medication support required will be undertaken by social care services in order to identify a level of medication support that matches the person's needs.
- 2.4 Social care services are non-clinical in nature, and it is therefore important that robust systems are in place to facilitate the safe use of medicines.

3. Medicines Management Levels

- 3.1 Levels A/B/C relate to the person's requirement for medication support by a Care at Home service, and Level D relates to any District Nursing/ Healthcare medicines support.

LEVEL A = ABLE to manage own medication

- The supported person is **ABLE** to manage their medication (retain control of decisions) independently of Care at Home services, due to one of the factors listed in the paragraph below
- There is no requirement for Care at Home support with medication

The person may already receive Care at Home assistance with other activities of daily living (ADLs), e.g. personal care, but they do not have a Care at Home requirement in relation to their medication. This may be because they;

- have no prescribed medication, or
- manage their medication independently with no support requirement, or
- have family members or unpaid carers who can deal with **all** their support requirements relating to medication

If the person has family/ unpaid carer support for their medication, then this should be documented in the Personal Support Plan. Should the family/ unpaid carer medication support input alter, there will be a requirement to reassess the person's medication support need.

LEVEL B = BASIC assistance required

- The supported person can manage their medication and retains control of all decisions regarding medication
- **BASIC** assistance is provided by the Care at Home service and is the following;

A prompt question asked by the home carer/home support worker to the supported person to act as a reminder that some medication is due, but not which medication.

The prompt question starts a conversation with the supported person about their medication. It acts as a gentle reminder and not an instruction, and should therefore be asked as an open question, such as 'What about your medication this morning?'

The person may require physical support to carry out their decisions around medication. The home carer/home support worker can provide physical assistance at the request/direction of the supported person, as long as the physical assistance being provided has been authorised and documented within the Personal Support Plan. Definition of Medicines Management Levels – January 2022

Level C = CHART and administration

- The supported person is unable to manage their medication and is unable to retain control of decisions relating to medication
- This means that they are **unable** to take, remember and communicate informed decisions in relation to their medication
- The service provider takes over control and responsibility for the medication
- home carer/home support worker administration is required, with a Medicines Administration Recording (MAR) **CHART** to meet Care Inspectorate requirements

LEVEL D = DISTRICT NURSE or other appropriate healthcare professional

- The supported person is unable to manage this specific medication/device
- The specific medication/device is not appropriate for Care at Home services to support with
- A **DISTRICT NURSE** or other suitably trained healthcare professional is required to support with the medication/device

4. Service Aims

- 4.1 The MAR chart service allows community pharmacies to provide clinically checked and up-to-date MAR charts for patients who require medicines administration (Level C) from a social care service via the local authority. Independent providers are not covered by this agreement. The use of a MAR chart allows social care services to comply with the Care Inspectorate requirements for administration of medication to be recorded onto a MAR chart, and missed doses highlighted to health staff in order to maximise patient safety. Implementing the MAR chart service may involve liaison with social care service providers, GP Practices, hospital services and others.

5. Roles and Responsibilities

The Health & Social Care team will:

- 5.1. Contact the Community Pharmacy to seek whether Community Pharmacy has capacity to support LEVEL C patient. If agreement, complete and send MAR Notification Form in appendix 1 when an individual has been assessed as requiring LEVEL C assistance with medication (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. Notify the Community Pharmacy which Care Provider (local authority) will provide care at home for the individual and agree a start date and collection/delivery date for the first 28-day supply of medication taking into consideration current medication supplies the individual has at home.
- 5.3. Notify the General Practice (appendix 1) when an individual has been assessed as requiring Level C assistance with medication, or changed level of care e.g. C > B, to allow the patient record to reflect level of care required and initiate process for medicines to be issued via MAR.

The Pharmacy Contractor will:

- 5.4. Sign and return the SLA agreement to the board prior to service implementation
- 5.5. Notify NHS Lanarkshire of any changes in circumstances whereby they can no longer deliver the service effectively or safely
- 5.6. Ensure staff involved in the provision of the service are aware of and operate within the service specification
- 5.7. Ensure staff involved in the provision of service are trained in the operation of the service as outlined in subsection 4.
- 5.8. Remain accountable for delivery of their professional responsibilities and standards
- 5.9. Ensure the site has enough skilled and qualified staff to provide a safe and effective pharmacy service as detailed in the GPhC Guidance for contractors: Guidance to ensure a safe and effective pharmacy team
- 5.10. Ensure that they have procedures in place to identify and manage the risks involved in providing and managing prescribing pharmacy services as detailed in GPhC Guidance In Practice: Guidance for pharmacist prescribers
- 5.11. The pharmacy contractor will identify a nominated person(s) responsible for delivering the service and where applicable ensure a Standard Operating Procedure (SOPs) is in place to ensure service is delivered as stipulated in the SLA

The nominated person(s) responsible for delivering the service will:

- 5.12. Maintain client confidentiality and privacy at all times
- 5.13. Dispense medication in their original dispensing packs in four weekly quantities and provide a 28-day MAR Chart that complies with the RPS Principles of Safe and Appropriate Production of Medicine Administration Charts and includes:
- A start and end date
 - All medication currently prescribed for the individual including oral, topical, inhaled and injected. Dressings are not included
 - Clear directions for administration e.g. morning, lunchtime, teatime and bedtime. The Pharmacist should use their professional judgement and liaise with the care service and or prescriber to include appropriate administrations. In some instances, specific medicines may require specific times e.g. Parkinson's medicines.
 - While PRN medication should be included on every MAR (unless specifically notified from the prescriber to remove) they may not be ordered every 28 days due to variance in patient usage
 - When issuing a MAR with a PRN medicine, clear directions for administration should be available e.g. Paracetamol 500mg, TWO tablets to be taken FOUR times a day, when required for pain.
 - Any discontinued medicines notified by the prescriber should be removed from the MAR. This will require Community Pharmacy liaising with the care team and where required, returning stopped medicines and current MAR to be annotated to reflect the change.
- 5.14. Community Pharmacy will be responsible for ordering patients medicines that fall into a 28-day cycle. 'When Required' medicines will be ordered by the Community Pharmacy following prompt from the provider.
- 5.15. Will develop and maintain a close working relationship with the prescriber and home carer/home support worker providers. This should include a process to allow information sharing where required.
- 5.16. Ensure all patients requiring a MAR chart are highlighted via electronic Patient Medication Record (PMR) and that records are maintained and up to date.
- 5.17. Adhere to the Principles of Safe and Appropriate Production of Medicine Administration Charts when Ad hoc MARs are required / mid cycle MARs
- 5.18. In the event a PMR system cannot produce a MAR chart for a mid-cycle change, a blank MAR chart can be used. Details from the dispensing label should be written on the MAR chart including all BNF warnings. Dispensing labels must not be attached directly to a MAR chart.
- 5.19. The community pharmacist should ensure that the correct processes are in place to record, communicate, monitor and document any change to patient's circumstances.
- 5.20. Under the Service Level Agreement, pharmacies are not required to produce MAR charts for patients receiving monitored dosage systems/blister packs.

- 5.21. Community Pharmacies will be unable to provide MAR charts for medication that have been dispensed by another site
- 5.22. Community Pharmacies will support medicine related queries, liaising with the prescriber where appropriate.

6. Training requirements

- 6.1. It is essential that members of the Community Pharmacy Team participate in any local training initiatives identified by NHS Lanarkshire.
- 6.2. All Community Pharmacy staff involved in the provision of MARs will be aware of and operate within local guidelines.

7. Claims and payment

- 7.1. A fee will be paid for maintenance and production of MAR charts for patients assessed at the appropriate level and requiring this service. Community pharmacies should submit invoices, **[Appendix 2]**, for those service users who received a MAR Chart Service requested by an approved social care service within North and South University Health and Social Care Partnership, namely:
- Care at Home Services (South HSCP)
 - Care and Support Service (South HSCP)
 - Home Support Service (North HSCP)
 - Locality Support Service (North HSCP)

Invoices should be submitted by the Community Pharmacy to the following contacts by no later than **the 5th of each month**:

North HSCP Nicola Smith: SmithNic@Northlan.gov.uk

South HSCP Audrey Cowan: audrey.cowan@southlanarkshire.gov.uk

- 7.2. Fees under 7.1 relate to provision of a MAR chart service to a patient who will have their medication administered by a Social Care service. It does not include patients in care homes (where payment is via LES agreement), or situations where a Social Care service does not administer the person's medication.
- 7.3. This service content and fees will be reviewed annually
- 7.4. Pharmacies should monitor the reimbursement they have received for the service and raise any concerns within 3 months of when payment should have been received. Any claim queries raised after this time will be deemed as an historical claim and will only be considered by the Pharmacy Performance and Governance Group for payment if information detailing why the issue wasn't raised earlier is supplied.
- 7.5. General business costs such as insurance, servicing finance, banking charges, business administration, payment tracking etc. are reflected in national arrangements for community pharmaceutical services and as such do not form part of local arrangements/ service level agreements.

8. Monitoring & evaluation

- 8.1 It is a requirement of the service that appropriate records are kept and maintained by the pharmacy contractor, to enable verification of service provision and training undertaken by staff. These records may be used for information for internal and external audit and evaluation purposes. Notification forms will need to be kept for a period of 7 years
- 8.2 NHS Lanarkshire regularly monitors service provision across all contractors. Data is submitted on an annual basis for service review & evaluation.
- 8.3 Where requested, participating pharmacies will be required to participate in service evaluation and audit.
- 8.4 Post-payment verification checks will be undertaken in line with the process established and agreed via National Services Scotland. Pharmacy Contractors participating in the service should support this exercise by providing information if requested.

9. Confidentiality

- 9.1 All parties will maintain patient confidentiality and comply with all relevant GDPR regulations. The General Data Protection Regulation (GDPR) (EU) 2016/679 and Data Protection Act 2018 came into force on 25 May 2018. All organisations that process personal data are required to comply with the requirements of this legislation. This means that personal information will be:
- Processed lawfully, fairly, and in a transparent manner.
 - Collected for specified, explicit and legitimate purposes.
 - Only collected so far as required for our lawful purposes.
 - As accurate and up to date as possible.
 - Retained for a reasonable period, in accordance with retention policies.
 - Processed in a manner which ensures an appropriate level of security.

10. The Health and Care (Staffing) (Scotland) Act 2019

- 10.1 The Health and Care (Staffing) (Scotland) Act 2019 ("the 2019 Act") places requirements on the Health Board stating that: "In planning and securing the provision of healthcare from another person under a contract agreement must have regard to:
- a) The guiding principles for health and care staffing; and
- b) The need for the person from whom the provision of health care is to be secured to have appropriate staffing levels in place."
- 10.2 The Pharmacy Contractor will ensure that they have taken into consideration provisions set out in the Health and Care (Staffing) (Scotland) Act 2019 so that the level of support available to operate the service is in line with the aims of the Act and that sufficient staff are available to safely and effectively provide the service.

11. Contacts

- 11.1 Currently this contract is delivered by NHS Lanarkshire Health and Social Care Team.

South Lanarkshire patient queries should be directed to:

Locality	Telephone No:	Duty Email Address
Clydesdale	0303 123 1008	SWLanarkHomecare@southlanarkshire.gov.uk
East Kilbride	0303 123 1008	SWEastKilbrideHomecare@southlanarkshire.gov.uk
Hamilton	0303 123 1008	SWHomecareHamilton@southlanarkshire.gov.uk
Rutherglen/Cambuslang	0303 123 1008	homecareduty ruth_camb@southlanarkshire.gov.uk

North Lanarkshire patient queries should be directed to:

Locality	Telephone No:	Duty Email Address
Airdrie	07973 986393	FindlayNat@northlan.gov.uk
Bellshill		mccgonnaglej@northlan.gov.uk
Coatbridge	07583 124 244	CollDe@northlan.gov.uk
Cumbernauld		ChisholmJ@northlan.gov.uk
Motherwell	07946 703457	LennonPa@northlan.gov.uk
Wishaw	07583060638	ClelandJo@northlan.gov.uk

12. References

Care Inspectorate: guidance about medication personal plans, review, monitoring and record keeping in residential care services

NICE Guidance: Managing medicines for adults receiving social care in community

Principles of Safe and Appropriate Production of Medicine Administration Charts

Appendix 1 – MAR Chart Notification Form

MAR Chart Notification Form	
Patient Details	
Date:	
Service user name:	
Service user contact number:	
Service user home address & postcode:	
Next of Kin Name & Contact Number:	
Service user GP surgery:	
Service user Community Pharmacy:	
Care Provider Details	
Name of care provider:	
Contact number for care provider:	
Details of service users care package:	(Tick all that are appropriate) - Morning - Lunch - Teatime - Bedtime - Other
Medicine Collection or Delivery:	Tick all that are appropriate - Family will collect - Safe for home delivery if required - Not safe for home delivery
MAR Notification	
MAR Chart start date:	
Submitted by (print name and job title):	
I have sent a copy of the MAR notification to service user GP for: - Patient record to be updated to Level C - Rx amended to 'Dispense monthly via MAR' - Work in collaboration with CP to sync medicines	(tick when completed)
I have sent a copy of the MAR notification to service user CP to fulfil Service Level Agreement.	(tick when completed)

Appendix 2 – Community Pharmacy MAR invoice

INVOICE

Pharmacy invoice no:

Email To:		From:	Pharmacy Head Office/ Accounts	Pharmacy site address

Invoice date	Pharmacy Contractor Number

The fee is £25 per calendar month for each Level C Care at Home service user who is provided with a MAR Chart(s) that month.

Month	No of Mar Charts*	Patient Identifier CHI Number	Patient Name	Patient Post Code
Total no of patients provided with a MAR Chart in month				
Total at £25 per month per patient			£	
Invoice total			£	

.....
Name of person completing invoice (BLOCK CAPITALS)

.....
Signature of Officer in charge (or equivalent)

*No of MAR Charts should be provided for audit purposes only, payment based on number of service users only.