

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Managing medicines for people receiving social care in the community

Topic

The Department of Health in England has asked NICE to develop guidance on managing medicines for people receiving social care in the community (also known as home care or domiciliary care).

This guideline will be used to develop the NICE quality standard for managing medicines for people receiving social care in the community.

For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

Who the guideline is for

- People receiving social care in the community (see section 1.1 for definition), their families and carers.
- Social care practitioners providing care for people receiving social care in the community (for example, home care workers, personal assistants and social workers).
- Health professionals providing care for people receiving social care in the community (for example, GPs, pharmacists, community nurses, specialist nurses and mental health professionals).
- Commissioners of services for people receiving social care in the community (for example, local authorities and clinical commissioning groups).
- Providers of services for people receiving social care in the community (for example, home care providers, community pharmacies, community health

providers, GPs and other independent prescribers, dispensing doctors, appliance contractors, voluntary agencies and charities).

- Organisations that regulate or monitor how services for people receiving social care in the community are provided (for example, the Care Quality Commission [CQC]).

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

1 What the guideline is about

1.1 Who is the focus?

For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:

- who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983
- who receive any social care component of an NHS Continuing Care package
- who self-fund their own care and support.

Groups that will be covered

- Adults (aged 18 years and over) who take or use medicines and who are receiving social care in the community (and their families and carers).

In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:

- people taking multiple medicines (polypharmacy)
- people with chronic or long-term conditions
- people who lack capacity (including people with fluctuating capacity) to manage their own medicines
- people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired
- people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections
- people with limited or variable access to informal carers
- people who are homeless
- people approaching the end of their life.

Groups that will not be covered

- Children and young people (aged under 18 years).
- Adults (aged 18 years and over) who are not receiving social care in the community.
- Adults (aged 18 years and over) who are not taking or using medicines.

1.2 Settings

Settings that will be covered

- People's own homes, including:
 - extra care housing
 - Shared Lives Scheme (formerly Adult Placement Scheme) living arrangements
 - sheltered housing (such as supported housing or specialist accommodation)
 - supported living
 - temporary accommodation (such as for people who are homeless).

Settings that will not be covered

- Day services.
- Hospices.
- Inpatient hospital settings.

- Other hospital settings, including accident and emergency departments and outpatient departments.
- Residential or nursing care homes (these are covered by the NICE guideline on [managing medicines in care homes](#)).
- Secure environments, such as prisons.

1.3 *Activities, services or aspects of care*

Key areas that will be covered

- 1 Person-centred medicines assessment to identify and manage the type of medicines support needed.
- 2 Handling medicines, including processes for:
 - ordering medicines
 - supplying medicines
 - transporting medicines
 - storing medicines
 - disposing of medicines (including waste medicines).
- 3 Administering medicines, including:
 - supporting people to look after and take their medicines themselves (self-administration)
 - to people in their home when they unable to look after and take their medicines themselves
 - to people without their knowledge (covert administration)
 - non-prescription (over-the-counter) medicines (homely remedies).
- 4 Identifying, reporting and learning from medicines-related problems, including:
 - raising concerns about inappropriate or incorrect medicines use
 - reporting adverse effects of medicines
 - learning from medicines-related incidents, such as medication errors
 - refusal by the person to take their medicines.
- 5 Medicines-related communication, documentation and information sharing about a person's medicines.

- 6 Roles and responsibilities of organisations and health and social care practitioners, including:
 - knowledge and skills (competency) of health and social care practitioners
 - multi-agency coordination of medicines-related support
 - monitoring and evaluation of medicines-related support.

Areas that will not be covered

- 1 Specific named medicines.
- 2 Specific clinical conditions, including multimorbidity and those conditions that are likely to need additional social care and support (for example, dementia and stroke rehabilitation) (see the NICE guideline on [multimorbidity](#) [in development]).
- 3 Shared decision-making (see the NICE guidelines on [patient experience in adult NHS services](#) and [medicines optimisation](#)).
- 4 Access to medicines, including local-decision making for medicines not included on local formularies (see the NICE guideline on [developing and updating local formularies](#)), medicines shortages and prescription charges.

1.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses as appropriate.

1.5 Key issues and questions

The following key issues and key questions have been identified for this topic:

- 1 Person-centred medicines assessment to identify and manage the type of medicines support needed:

- What is the effectiveness of medicines assessment tools and approaches to identify the type of medicines support needed?
- Which people need additional support with their medicines?
- How should a person's mental capacity to safely manage their medicines be assessed? What if the person has fluctuating capacity?
- When should the medicines assessment be carried out and what should it include?
- Who should carry out the medicines assessment?
- When should the medicines assessment be reviewed?

2 Handling medicines:

- What interventions, systems and processes are effective for ordering medicines and when should they be used?
- What interventions, systems and processes are effective for supplying acute and repeat medicines (for example, monitored dosage systems and multi-compartment compliance aids) and when should they be used?
- What interventions, systems and processes are effective for transporting medicines (for example, a care worker collecting medicines from the pharmacy and transporting them to a person's home)?
- What interventions, systems and processes are effective for storing medicines safely at home?
- What interventions, systems and processes are effective for disposing of medicines (including waste medicines)?

3 Administering medicines:

- What interventions and approaches are effective in supporting people to look after and take their medicines themselves (self-administration) (for example, help from a carer, care worker or health professional, simplifying medication regimens, telehealth, reminders and alarms, positioning of medicines in visible places, routine times, opening containers, reading labels and compliance aids)?
- If a person is unable to look after and take their medicines themselves, who should do this and how should this be done

- (including “when required” medicines, injections and medicines given via a feeding tube)?
- What approaches are effective for administering medicines to people without their knowledge (covert administration)?
 - What approaches are effective for administering non-prescription (over-the-counter) medicines (homely remedies)?
- 4 Identifying, reporting and learning from medicines-related problems:
- What interventions and approaches are effective for raising concerns about medicines-related problems (for example, inappropriate or incorrect medicines use, deliberate withholding of medicines, deliberate attempt to harm, missing or delayed doses and misuse and diversion of medicines)?
 - How should learning from medicines-related incidents (for example, medication errors) be shared and acted upon?
 - What interventions and approaches are effective for reporting adverse effects of medicines?
 - How should refusal by the person to take their medicines be managed?
- 5 Medicines-related communication, documentation and information-sharing about a person’s medicines:
- What is the effectiveness of a documented home care provider medicines policy?
 - What information and decision-making about medicines needs to be recorded, and by whom? Where should this information be recorded (for example, in a person’s care and support plan or medication administration record)?
 - What information about a person’s medicines needs to be shared (for example, changes to medicines), and by whom? Who should this information be shared with (for example, between the care provider and person receiving care, their families and carers)?
 - What information about medicines needs to be given to the person, their families and carers?

- 6 Roles and responsibilities of organisations and health and social care practitioners, including:
- What are the roles and responsibilities of organisations and health and social care practitioners, such as responsibilities for oversight and investigation, where relevant?
 - What approaches are effective for multi-agency coordination of medicines-related support?
 - What approaches are effective for monitoring and evaluating medicines-related support?
 - What knowledge and skills (competency) do health and social care practitioners need?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

1.6 Main outcomes

The main outcomes that will be considered when searching for and assessing the evidence are:

- 1 Service user-reported outcomes, including:
 - medicines adherence
 - experience, views and satisfaction
 - independence
 - ability to carry out activities of daily living.
- 2 Carer-reported outcomes, such as satisfaction, views and experience.
- 3 Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.
- 4 Medicines-related problems, including:
 - prescribing errors
 - dispensing and supply errors
 - administration errors (for example, missed or delayed doses, inappropriate or incorrect administration)
 - monitoring errors (for example, inadequate review or follow-up, incomplete or inaccurate documentation)
 - adverse events

- near misses (a prevented medicines-related patient safety incident which could have led to harm)
 - deliberate withholding of medicines or deliberate attempt to harm
 - restraint or covert administration has been used inappropriately
 - misuse, such as missing or diverted medicines
 - other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm, including death.
- 5 Health and social care related quality of life.
- 6 Health and social care utilisation, including:
- hospital admissions and readmissions
 - primary care health professional appointments
 - other planned and unplanned contacts with health and social care services.
 - attendance at accident and emergency departments, walk-in centres and out-of-hours providers
- 7 Mortality.
- 8 Clinical outcomes, including problematic polypharmacy.¹
- 9 Economic outcomes.
- 10 Compliance with legislation, regulation and national policy.

2 Links with other NICE guidance and NICE Pathways

2.1 NICE guidance

NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to managing medicines for people receiving social care in the community:

¹ The prescribing of multiple medications inappropriately or where the intended benefit of the medication is not realised. [King's Fund](#) (2013)

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:

- [Home care](#) NICE guideline. Publication expected September 2015.
- [Social care of older people with multiple long-term conditions](#) NICE guideline. Publication expected October 2015.
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) NICE guideline. Publication expected November 2015.
- [The safe use and management of controlled drugs](#) NICE guideline. Publication expected March 2016.
- [Transition between inpatient mental health settings and community or care home settings](#) NICE guideline. Publication expected August 2016.
- [Multimorbidity: Assessment, prioritisation and management of care for people with commonly occurring multimorbidities](#) NICE guideline. Publication expected September 2016.
- [Regaining independence \(reablement\)](#) NICE guideline. Publication expected July 2017.
- [Care and support of older people with learning disabilities](#) NICE guideline. Publication expected October 2017.

2.2 NICE quality standards

NICE quality standards that may use this guideline as an evidence source when they are being developed

- Managing medicines for people receiving social care in the community. NICE quality standard. Publication date to be confirmed.

2.3 NICE Pathways

When this guideline is published, the recommendations will be added to [NICE Pathways](#). NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

The guideline will overlap with the existing NICE guidelines on medicines optimisation and medicines adherence. The NICE Pathway will integrate the recommendations from both guidelines, showing clearly how they fit together.

3 Context

3.1 Key facts and figures

According to the Department of Health's 2013 policy on [health and social care integration](#), the number of people in England who have health problems requiring both health and social care is increasing. For example, in the next 20 years, the percentage of people aged over 85 years will double. This means there are likely to be more people with complex health needs (more than 1 health problem), who require a combination of health and social care services.

In 2013/14, 470,000 people in England made use of home care support funded by their local authorities in the form of non-direct payments. Of these people, almost 80% were aged 65 years or older ([Community care statistics, social services activity, England 2013-14](#); Health and Social Care Information Centre 2014). Spending on home care provision for older people (those aged 65 and over) was £1.8 billion in 2013/14, approximately one-fifth of the total social care expenditure on older people ([Personal social services: expenditure and unit costs, England 2013-14](#); Health and Social Care Information Centre 2014).

In addition, an increasing number of people fund their own care or receive direct payments from local authorities, which may be spent on home care or other care and support services (full data are not available). At some time during 2013/14, 155,000 people received a direct payment as one of their

community-based services ([Community care statistics, social services activity, England 2013-14](#); Health and Social Care Information Centre 2014).

Medicines are the most common intervention in healthcare. In England in 2014 1.1 billion prescription items were dispensed in the community, at a cost of £8.9 billion ([Prescriptions Dispensed in the Community, Statistics for England 2004-14](#); Health and Social Care Information Centre 2015).

According to a Department of Health-funded report on the [evaluation of the scale, causes and costs of waste medicines](#), the cost of waste prescription medicines in primary and community care in England is estimated to be £300 million per year, with up to half of that figure likely to be avoidable. An estimated £90 million of unused prescription medicines are retained in people's homes at any one time.

In the Health and Social Care Information Centre's [Health survey for England 2013](#), almost all people aged 65 years and over who needed help with activities of daily living (social care) were taking at least 1 prescribed medicine. These people were also most likely to report that they had taken multiple prescribed medicines in the last week: most were taking at least 3 medicines and many were taking at least 6.

3.2 Current practice

Several services may be offered to people assessed as needing social care and support, such as home care, residential care, respite care, day care and intermediate care. The range and type of social care and support provided in people's own homes varies, but usually includes support with activities of daily living (which may include help taking a medicine) and essential domestic tasks.

Home care is sometimes seen as a low-paid, low-expectation service, rather than a professional integrated service ([Commissioning home care for older people](#); Social Care Institute for Excellence 2014). There is variation in staff training and low pay, which leads to high turnover of paid carers (32% leave within 12 months; 56% within 2 years). This can lead to a lack of continuity of care and a lack of flexibility in changing care arrangements.

People receiving social care in the community are usually responsible for taking their own medicines. Sometimes an informal or formal carer is involved. Social care practitioners (for example, a care worker or personal assistant) and informal carers often help people to take medicines. This may be because the person is not physically able to do this or because they find it difficult to remember to take medicines ([Social care workers' professional responsibility in respect of administration of medications](#); Northern Ireland Social Care Council 2013). Responsibility rarely lies with a health professional and therefore, there is limited professional supervision of medicine taking by this group ([Helping older people to take prescribed medication in their own home: what works?](#); Social Care Institute for Excellence 2005). There is no current national guidance that describes the different types of medicines support that people receiving social care in the community may need.

Because people are living longer, the number of older people with complex needs who live at home is increasing ([Commissioning home care for older people](#); Social Care Institute for Excellence 2014). This means that more people living at home have several long-term conditions that are being managed with multiple medicines (polypharmacy). The risk of people suffering harm from their medicines increases with polypharmacy.

3.3 Policy, legislation, regulation and commissioning

Policy

The white paper [Caring for our future: reforming care and support](#) (2012) sets out the government's vision for a reformed care and support system. It announced the transfer of funding from NHS England to local authorities in 2013/14. The [Better Care Fund](#) (2013) requires NHS commissioners and local authorities to pool budgets to shift resources into social care and community services for the benefit of the NHS and local authorities, to promote integration across health and social care.

Legislation, regulation and guidance

The Care Act (2014) introduced new responsibilities for local authorities, including responsibilities to act on behalf of people who self-fund their own

care. It also has major implications for adult care and support providers, people who use services, carers and advocates.

Social care and support provided to people in the community may include both regulated and unregulated activity. All agencies in England that provide personal care to people in their own homes must register with the CQC and are subject to the [CQC's monitoring and inspection](#) to make sure they are meeting these national standards. The fundamental standards are the standards that everyone has the right to expect when they receive care.

CQC [guidance for service providers and managers](#) sets out what is expected of providers under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations \(2014\)](#) and the [Care Quality Commission \(Registration\) Regulations \(2009\)](#). There is no regulation of self-commissioned personal assistants or other home care workers directly employed by people who use social care and support services.

The following legislation and regulations relating to social care in the community have been published by the UK Government (not intended to be a comprehensive list):

- HM Government (2014) [Care Act](#)
- Department of Health (2014) [Care and support statutory guidance](#)
- HM Government (2014) [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- HM Government (2012) [Health and Social Care Act](#)
- HM Government (2009) [Care Quality Commission \(Registration\) Regulations 2009](#)
- HM Government (2005) [Mental Capacity Act](#)
- HM Government (1983) [Mental Health Act](#)
- HM Government (1974) [Health and Safety at Work Act](#)

Commissioning

Good commissioning of home care may help people to stay in their own home when otherwise they would need to be in residential care. The Social Care

Institute for Excellence has published guidance on [Commissioning home care for older people](#).

4 Further information

This is the final scope.

The guideline is expected to be published in April 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.