

1 **NATIONAL INSTITUTE FOR HEALTH AND CARE**
2 **EXCELLENCE**

3 **Guideline scope**

4 **Managing medicines for people receiving**
5 **social care in the community**

6 ***Topic***

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

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

12 ***Who the guideline is for***

- 13 • People receiving social care in the community, their families and carers.
14 • Social care practitioners (for example, home care workers and social
15 workers).
16 • Health professionals providing care for people receiving social care in the
17 community (for example, GPs, pharmacists, community nurses, specialist
18 nurses and mental health professionals).
19 • Commissioners of services for people receiving social care in the
20 community (for example, local authorities and clinical commissioning
21 groups).
22 • Providers of services for people receiving social care in the community (for
23 example, home care providers, supplying pharmacies, community nursing
24 providers, GPs, dispensing doctors and appliance contractors).
25 • Organisations that regulate or monitor how services for people receiving
26 social care in the community are provided (for example, the Care Quality
27 Commission [CQC]).

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

31 ***Equality considerations***

32 NICE has carried out an equality impact assessment during scoping. The
33 assessment:

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

36 **1 What the guideline is about**

37 **1.1 Who is the focus?**

38 **Groups that will be covered**

- 39 • Adults (aged 18 years and over) who take or use medicines¹ who are
40 receiving social care in the community (and their family members or
41 carers).

42 For the purpose of this guideline, social care in the community is defined as
43 care and support in their own home for people whom the local authority has to
44 discharge a duty or responsibility under either the Care Act 2014 or the Mental
45 Health Act 1983, and care and support received in their own home by people
46 who self-fund.

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

- 49 • people taking multiple medicines (polypharmacy)
- 50 • people with chronic or long-term conditions
- 51 • people who lack capacity to manage their own medicines

¹ The term 'medicines' covers all prescribed and non-prescribed (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

- 52 • people who have communication difficulties, such as people with a hearing
- 53 impairment, or people who are visually impaired
- 54 • people living on their own
- 55 • people approaching the end of their life.

56 **1.2 Settings**

57 **Settings that will be covered**

- 58 • People's own homes, including:
 - 59 – sheltered housing (such as warden-supported or specialist
 - 60 accommodation)
 - 61 – extra care housing
 - 62 – Shared Lives Scheme (formerly Adult Placement Scheme) living
 - 63 arrangements
 - 64 – supported living
 - 65 – temporary accommodation.

66 **Settings that will not be covered**

- 67 • Residential or nursing care homes (these are covered by the NICE
- 68 guideline on [managing medicines in care homes](#)).
- 69 • Hospices.
- 70 • Inpatient hospital settings, including intermediate care and inpatient
- 71 rehabilitation units.
- 72 • Other hospital settings, including accident and emergency departments,
- 73 outpatient departments and day care.
- 74 • Secure environments, such as prisons.

75 **1.3 Activities, services or aspects of care**

76 **Key areas that will be covered**

- 77 1 Medicines risk assessments to identify the level and type of medicines
- 78 support needed.
- 79 2 Medicines-related safeguarding, including deliberate withholding of
- 80 medicines, incorrect use of medicines, deliberate attempt to harm

- 81 through the use of medicines and accidental harm caused by a
82 medication error.
- 83 3 Communication, including documentation (for example, care and support
84 plans, home care provider medicines policies and medication
85 administration records), information sharing and recording decision-
86 making.
- 87 4 Handling medicines, including:
- 88 – ordering medicines
 - 89 – supplying medicines (including provision of dispensing services for
90 acute and repeat medicines and medication administration systems)
 - 91 – storing medicines at home
 - 92 – disposing of medicines (including waste medicines).
- 93 5 Administering medicines, including:
- 94 – care workers administering, assisting or monitoring administration of
95 medicines to people in their home
 - 96 – interventions to support self-administration (for example, simplifying
97 medication regimens, telehealth, reminders and alarms, positioning of
98 medicines in visible places, routine times, opening containers, reading
99 labels and compliance aids)
 - 100 – refusal by the person to take their medicines.
- 101 6 Medicines governance, including:
- 102 – multi-agency working and medicines governance
 - 103 – knowledge and skills of health and social care practitioners
 - 104 – roles and responsibilities of health and social care practitioners,
105 including additional support from specific health professional roles (for
106 example, community pharmacists, community nurses and GPs).

107 **Areas that will not be covered**

- 108 1 Specific named medicines.
- 109 2 Specific clinical conditions, including multimorbidity and those conditions
110 that are likely to need additional social care and support (for example,
111 dementia and stroke rehabilitation) (see the NICE guideline on
112 [multimorbidity](#) [in development]).

- 113 3 Patient consent and capacity (see the NICE guideline on [patient](#)
114 [experience in adult NHS services](#)).
- 115 4 Patient and service user experience (see the NICE guidelines on [patient](#)
116 [experience in adult NHS services](#) and [service user experience in adult](#)
117 [mental health](#)).
- 118 5 Person-centred care and shared decision-making (see the NICE
119 guidelines on [patient experience in adult NHS services](#), [medicines](#)
120 [optimisation](#) and [home care](#) [in development]).
- 121 6 Medicines adherence (see the NICE guidelines on [medicines adherence](#)
122 and [medicines optimisation](#)).
- 123 7 Medicines reconciliation (see the NICE guideline on [medicines](#)
124 [optimisation](#)).
- 125 8 Medication review (see the NICE guideline on [medicines optimisation](#)).
- 126 9 Reporting and learning from medicines-related patient safety incidents
127 (medicines-related safeguarding will be covered in this guideline) (see
128 the NICE guideline on [medicines optimisation](#)).
- 129 10 Self-management plans (see the NICE guideline on [medicines](#)
130 [optimisation](#)).
- 131 11 Transitions when people move to or from community settings (see the
132 NICE guidelines on [medicines optimisation](#), [transition between inpatient](#)
133 [hospital settings and community or care home settings for adults with](#)
134 [social care needs](#) [in development] and [transition between inpatient](#)
135 [mental health settings and community or care home settings](#) [in
136 development]).
- 137 12 Personal budgets (see the NICE guideline on [home care](#) [in
138 development]).
- 139 13 Access to medicines, including local-decision making for drugs not
140 included on local formularies (see the NICE guideline on [developing and](#)
141 [updating local formularies](#)).
- 142 14 Electronic prescribing systems.
- 143 15 Controlled drugs (see the NICE guideline on [the safe use and](#)
144 [management of controlled drugs](#) [in development]).
- 145 16 Medicines shortages, including supply issues and discontinued
146 medicines.

- 147 17 Prescription charges.
- 148 18 Patient education and public information campaigns.
- 149 19 Education and training of health and social care practitioners. This is the
- 150 role of [Health Education England](#).

151 **1.4 Economic aspects**

152 We will take economic aspects into account when making recommendations.

153 We will develop an economic plan that states for each review question (or key

154 area in the scope) whether economic considerations are relevant, and if so

155 whether this is an area that should be prioritised for economic modelling and

156 analysis. We will review the economic evidence and carry out economic

157 analyses as appropriate.

158 **1.5 Key issues and questions**

159 While writing this scope, we have identified the following key issues, and key

160 questions related to them:

- 161 1 Medicines risk assessment:
- 162 – What is the effectiveness of risk assessment tools and approaches to
- 163 identify the level and type of medicines support needed?
- 164 – Which people receiving social care in the community need additional
- 165 support with their medicines?
- 166 – What should the medicines risk assessment include?
- 167 – Who should carry out the medicines risk assessment?
- 168 – What are the triggers for reviewing the medicines risk assessment?
- 169 2 Medicines-related safeguarding:
- 170 – What medicines-related safeguarding practices are effective?
- 171 – What interventions and approaches are effective for raising concerns
- 172 about medicines?
- 173 – How should a person's mental capacity to safely manage their
- 174 medicines be assessed?
- 175 3 Communication, documentation and information-sharing:
- 176 – What is the effectiveness of home care provider medicines policies?

- 177 – What information about medicines needs to be shared, and by whom?
178 Who should this information be shared with?
- 179 – What information and decision-making about medicines needs to be
180 recorded, and by whom? Where should this information be recorded
181 (for example, in a person’s care and support plan)?
- 182 4 Handling medicines:
- 183 – What interventions, systems and processes are effective for ordering
184 medicines?
- 185 – What interventions, systems and processes are effective for supplying
186 medicines (including provision of dispensing services, medication
187 administration systems, acute and repeat medicines)?
- 188 – What interventions, systems and processes are effective for storing
189 medicines safely at home?
- 190 – What interventions, systems and processes are effective for disposing
191 of medicines (including waste medicines)?
- 192 5 Administering medicines:
- 193 – What is the effect of care workers administering, assisting, or
194 monitoring administration of medicines to people in their own homes?
- 195 – What is the effect of health professionals administering, assisting, or
196 monitoring administration of medicines to people in their own homes?
- 197 – What interventions and approaches are effective in supporting people
198 to self-administer their medicines (for example, simplifying medication
199 regimens, telehealth, reminders and alarms, positioning of medicines
200 in visible places, routine times, opening containers, reading labels and
201 compliance aids)?
- 202 6 Medicines governance:
- 203 – What medicines-related organisational governance arrangements
204 need to be in place?
- 205 – What is the effectiveness of profession-led and multi-agency models
206 of care and support for medicines use?
- 207 – What knowledge and skills (competency) of health and social care
208 practitioners are needed?

- 209 – What are the roles and responsibilities of health and social care
210 practitioners (including the effectiveness of additional support from
211 specific health professional roles)?

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

214 **1.6 Main outcomes**

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

- 217 1 Mortality.
- 218 2 Service user-reported outcomes, including:
 - 219 – medicines adherence
 - 220 – service user experience, views and satisfaction
 - 221 – independence
 - 222 – ability to carry out activities of daily living.
- 223 3 Carer-reported outcomes, such as satisfaction, views and experience.
- 224 4 Health and social care practitioner-reported outcomes, such as
225 satisfaction, views and experience.
- 226 5 Medicines-related patient safety incidents, including:
 - 227 – prescribing errors
 - 228 – dispensing errors
 - 229 – administration errors
 - 230 – recording errors
 - 231 – potentially avoidable adverse events
 - 232 – inadequate review or follow-up
 - 233 – missed doses of medicines
 - 234 – near misses (a prevented medicines-related patient safety incident
235 which could have led to harm
 - 236 – misuse, such as missing or diverted medicines
 - 237 – other unintended or unexpected incidents that were specifically
238 related to medicines use, which could have, or did, lead to harm,
239 including death.

- 240 6 Health and social care related quality of life.
- 241 7 Health and social care utilisation, including:
- 242 – hospital admissions and readmissions
- 243 – primary care health professional appointments
- 244 – attendance at accident and emergency departments, walk-in centres
- 245 and out-of-hours providers
- 246 – other planned and unplanned contacts with health and social care
- 247 services.
- 248 8 Clinical outcomes, including problematic polypharmacy.²
- 249 9 Economic outcomes.
- 250 10 Compliance with legislation, regulation and national policy.

251 **2 Links with other NICE guidance and NICE**

252 **Pathways**

253 **2.1 NICE guidance**

254 **NICE guidance about the experience of people using NHS services**

255 NICE has produced the following guidance on the experience of people using

256 the NHS. This guideline will not include additional recommendations on these

257 topics unless there are specific issues related to managing medicines for

258 people receiving social care in the community:

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

263 **NICE guidance in development that is closely related to this guideline**

264 NICE is currently developing the following guidance that is closely related to

265 this guideline:

² The prescribing of multiple medications inappropriately, or where the intended benefit of the medication is not realised. [King's Fund](#) (2013)

- 266 • [Home care](#) NICE guideline. Publication expected September 2015.
- 267 • [Social care of older people with multiple long-term conditions](#) NICE
268 guideline. Publication expected October 2015.
- 269 • [Transition between inpatient hospital settings and community or care home
270 settings for adults with social care needs](#) NICE guideline. Publication
271 expected November 2015.
- 272 • [The safe use and management of controlled drugs](#) NICE guideline.
273 Publication expected March 2016.
- 274 • [Transition between inpatient mental health settings and community or care
275 home settings](#) NICE guideline. Publication expected August 2016.
- 276 • [Multimorbidity: Assessment, prioritisation and management of care for
277 people with commonly occurring multimorbidities](#) NICE guideline.
278 Publication expected September 2016.
- 279 • [Regaining independence \(reablement\)](#) NICE guideline. Publication
280 expected July 2017.
- 281 • [Care and support of older people with learning disabilities](#) NICE guideline.
282 Publication expected October 2017.

283 **2.2 NICE quality standards**

284 **NICE quality standards that may need to be revised or updated when** 285 **this guideline is published**

- 286 • [Managing medicines in care homes](#) (2014) NICE quality standard 85
- 287 • [Medicines optimisation](#) NICE quality standard. Publication expected March
288 2016.

289 **NICE quality standards that may use this guideline as an evidence** 290 **source when they are being developed**

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

293 **2.3 NICE Pathways**

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

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

300 **3 Context**

301 **3.1 Key facts and figures**

302 According to the Department of Health's 2013 policy on [health and social care](#)
303 [integration](#), the number of people in England who have health problems
304 requiring both health and social care is increasing. For example, in the next
305 20 years, the percentage of people aged over 85 years will double. This
306 means there are likely to be more people with complex health needs (more
307 than 1 health problem), who require a combination of health and social care
308 services.

309 In 2013/14, 470,000 people in England made use of home care support
310 funded by their local authorities in the form of non-direct payments. Of these
311 people, almost 80% were aged 65 years or older ([Community care statistics,](#)
312 [social services activity, England 2013-14](#); Health and Social Care Information
313 Centre 2014). Spending on home care provision for older people (those aged
314 65 and over) was £1.8 billion in 2013/14, approximately one-fifth of the total
315 social care expenditure on older people ([Personal social services: expenditure](#)
316 [and unit costs, England 2013-14](#); Health and Social Care Information Centre
317 2014).

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

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

324 Medicines are the most common intervention in healthcare. In England in
325 2014 1.1 billion prescription items were dispensed in the community, at a cost
326 of £8.9 billion ([Prescription cost analysis, England 2014](#), Health and Social
327 Care Information Centre 2015). According to a Department of Health-funded
328 report on the [evaluation of the scale, causes and costs of waste medicines](#),
329 the cost of waste prescription medicines in primary and community care in
330 England is estimated to be £300 million per year, with up to half of that figure
331 likely to be avoidable. An estimated £90 million of unused prescription
332 medicines are retained in people's homes at any one time.

333 In the Health and Social Care Information Centre's [Health survey for England](#)
334 [2013](#), almost all people aged 65 years and over who needed help with
335 activities of daily living (social care) were taking at least 1 prescribed
336 medicine. These people were also most likely to report that they had taken
337 multiple prescribed medicines in the last week: most were taking at least
338 3 medicines and many were taking at least 6.

339 **3.2 Current practice**

340 Several services may be offered to people assessed as needing social care
341 and support, such as home care, residential care, respite care, day care and
342 intermediate care. The range and type of social care and support provided in
343 people's own homes varies, but usually includes:

- 344 • personal care, for example, help to wash
- 345 • support with the activities of daily living
- 346 • essential domestic tasks.

347 Home care is sometimes seen as a low-paid, low-expectation service, rather
348 than a professional integrated service ([Commissioning home care for older](#)
349 [people](#) Social Care Institute for Excellence 2014). There is variation in staff
350 training and low pay, which leads to high turnover of paid carers (32% leave

351 within 12 months; 56% within 2 years). This can lead to a lack of continuity of
352 care and a lack of flexibility in changing care arrangements.

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

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

371 **3.3 Policy, legislation, regulation and commissioning**

372 **Policy**

373 As well as setting minimum standards, government policy states the values
374 that need to underpin social care and support services. The white paper
375 [Caring for our future: reforming care and support](#) (2012) sets out the
376 government's vision for a reformed care and support system. It announced the
377 transfer of funding from NHS England to local authorities in 2013/14. The
378 [Better Care Fund](#) (2013) requires NHS commissioners and local authorities to
379 pool budgets to shift resources into social care and community services for
380 the benefit of the NHS and local authorities, to promote integration across
381 health and social care.

382 **Legislation, regulation and guidance**

383 The Care Act (2014) introduced new responsibilities for local authorities,
384 including responsibilities to act on behalf of people who self-fund their own
385 care. It also has major implications for adult care and support providers,
386 people who use services, carers and advocates.

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

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

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

- 403 • HM Government (2014) [Care Act](#)
- 404 • Department of Health (2014) [Care and support statutory guidance](#)
- 405 • HM Government (2014) [Health and Social Care Act 2008 \(Regulated](#)
406 [Activities\) Regulations 2014](#)
- 407 • HM Government (2012) [Health and Social Care Act](#)
- 408 • HM Government (2009) [Care Quality Commission \(Registration\)](#)
409 [Regulations 2009](#)
- 410 • HM Government (2005) [Mental Capacity Act](#)
- 411 • HM Government (1983) [Mental Health Act](#)
- 412 • HM Government (1974) [Health and Safety at Work Act](#)

413 **Commissioning**

414 Good commissioning of home care may help people to stay in their own home
415 when otherwise they would need to be in residential care. The Social Care
416 Institute for Excellence has published guidance on [Commissioning home care](#)
417 [for older people](#).

418 **4 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 15 May to 15 June 2015.

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.

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