NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Health and social care directorate

Quality standards and indicators

Briefing paper

Quality standard topic: Medicines management: managing the use of medicines in community settings for people receiving social care

Output: Prioritised quality improvement areas for development.

Date of Quality Standards Advisory Committee meeting: 22 November 2017

Contents

1 Introduction

This briefing paper presents a structured overview of potential quality improvement areas for Medicines management: managing the use of medicines in community settings for people receiving social care. It provides the committee with a basis for discussing and prioritising quality improvement areas for development into draft quality statements and measures for public consultation.

1.1 Structure

This briefing paper includes a brief description of the topic, a summary of each of the suggested quality improvement areas and supporting information.

If relevant, recommendations selected from the key development source below are included to help the committee in considering potential statements and measures.

1.2 Development source

The key development source referenced in this briefing paper is:

Medicines management: managing the use of medicines in community settings for people receiving social care. NICE guideline 67.

Published March 2017. Next review March 2019.

2 Overview

2.1 Focus of quality standard

This quality standard will cover medicines support for people who are receiving social care in the community.

2.2 Definition

Medicines management for people who receive social care in the community means providing support for people to take and look after their medicines effectively and safely at home. This includes assessing if people need help managing their medicines, deciding who should provide medicines support and agreeing how health and social care staff should work together.

2.3 Incidence and prevalence

In 2013/14, 470,000 people in England made use of care and support funded by their local authority in the form of non-direct payments. Of these people, almost 80% were aged 65 or older[2].

In the Health Survey for England (NHS Digital 2014), almost all people aged 65 and over who needed help with activities of daily living (social care) were taking at least 1 prescribed medicine; most were taking at least 3 medicines and a substantial number were taking at least 6. Around 7% of people aged 65 and over needed help with taking their medicines, increasing with age in both sexes (12% of men and 19% of women aged 85 and over). The survey also suggested a gap between the number of people who need help taking their medicines and those who receive help.

2.4 Management

Several services are offered to people who need social care and support, such as home care, residential care, respite care, day care and intermediate care. These services can be funded by health or social care commissioners or the person using the services themselves. The range and type of social care and support provided in people's own homes varies, but may include help with taking medicines.

There is no single organisation which is responsible in law for managing medicines for adults receiving social care in the community. However, each health and social care organisation and practitioner has their own responsibilities.

The Better Care Fund (2013) requires NHS commissioners and local authorities to pool budgets and 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. Social care commissioners have legal duties under the Care Act 2014 to ensure that they assess, and commission care that meets an adult's needs (where that adult is eligible for such care).

Providers have legal duties under The Health and Social Care Act 2008 including ensuring that the medicines support needs and preferences of a person are assessed, reasonably met and reviewed when appropriate. CQC guidance for providers on meeting the regulations articulates 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. Providers also have a duty to ensure that they employ sufficient numbers of suitably qualified, competent, skilled and experienced staff. Care workers can legally give medicines under the Medicines Act 1968, provided they are suitably trained and act strictly in accordance with the directions of the prescriber.

[2] NHS Digital (2016) Community Care Statistics, Social Services Activity, England - 2015-16

There is no regulation of self-commissioned personal assistants or other care workers directly employed by people who use social care and support services (unregulated activity). The Care Certificate is a recognised set of standards for non-regulated health and social care practitioners. This has been developed jointly by Skills for Care, Health Education England and Skills for Health. It is designed to ensure that this workforce have a core set of skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support, within an introductory period of their employment. The Care Certificate contains 2 standards in relation to medicines (standards 13.5a and 13.5c).

Prescribers have a duty to prescribe, monitor and evaluate medicines, and a professional duty to communicate changes in a person's medicines to the person, a carer, care worker or other health professional as appropriate. Prescribers are required to follow their own regulator's professional standards, for example, the General Medical Council's Good practice in prescribing and managing medicines and devices.

Supplying pharmacists have duties under the Medicines Act 1968 to ensure that medicines are supplied in accordance with the prescription and to take into account a person's need for support with taking their medicines, for example, under the Equality Act 2010.

See appendix 1 for the associated care pathway and algorithms from NICE clinical guideline 67.

2.5 National outcome frameworks

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 Adult social care outcomes framework 2016–17

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	***Overarching measures*** 1A Social care-related quality of life** ***Outcome measures*** **People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs** 1B Proportion of people who use services who have control over their daily life
3 Ensuring that people have a positive experience of care and support	***Overarching measures*** **People who use social care and their carers are satisfied with their experience of care and support services** 3A Overall satisfaction of people who use services with their care and support

	3B Overall satisfaction of carers with social services *Placeholder 3E Effectiveness of integrated care* ***Outcome measures*** **Carers feel that they are respected as equal partners throughout the care process** 3C Proportion of carers who report that they have been included or consulted in discussions about the person they care for
4 Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm	***Overarching measure*** 4A Proportion of people who use services who feel safe** ***Outcome measures* People are protected as far as possible from avoidable harm, disease and injuries** 4B Proportion of people who use services who say that those services have made them feel safe and secure
Alignment with NHS Outcomes Framework and/or Public Health Outcomes Framework ** Indicator is complementary Indicators in italics in development	

Table 2 NHS outcomes framework 2016–17

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions** ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition **Improving quality of life for people with multiple long-term conditions** *2.7 Health-related quality of life for people with three or more long-term conditions***
3 Helping people to recover from episodes of ill health or following injury	***Overarching indicators*** 3b Emergency readmissions within 30 days of discharge from hospital* **Helping older people to recover their independence after illness or injury** 3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation service*
4 Ensuring that people have a positive experience of care	***Overarching indicators*** **Improving people's experience of integrated care** *4.9 People's experience of integrated care***
5 Treating and caring for people in a safe environment and protecting them from avoidable harm	***Improvement areas*** **Reducing the incidence of avoidable harm** **Improving the culture of safety reporting** 5.6 Patient safety incidents reported
Alignment with Adult Social Care Outcomes Framework and/or Public Health Outcomes Framework * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 3 Public health outcomes framework for England, 2016–2019

Domain	Objectives and indicators
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.11 Emergency readmissions within 30 days of discharge from hospital* 4.13 Health-related quality of life for older people
Alignment with Adult Social Care Outcomes Framework and/or NHS Outcomes Framework * Indicator is shared	

3 Summary of suggestions

3.1 Responses

In total 15 stakeholders responded to the 2-week engagement exercise 03/10/17-17/10/17.

Stakeholders were asked to suggest up to 5 areas for quality improvement. Specialist committee members were also invited to provide suggestions. The responses have been merged and summarised in table 4 for further consideration by the Committee.

Full details of all the suggestions provided are given in appendix 4 for information.

Table 4 Summary of suggested quality improvement areas

Suggested area for improvement	Stakeholders
Governance for managing medicines safely and effectively • Accountability and responsibility • Documented policies and procedures	M, NHSE, RCGP, SCM 1, SCM 3, SCM 4, SCM 5, SCM 6
Assessing and reviewing a person's medicines support needs • Assessing a person's medicines support needs • Reviewing a person's medicines support needs	NHSE, RCN, SCM 1, SCM 2, SCM 3, SCM 7, VODG,
Managing and sharing information about a person's medicines • Sharing information about a person's medicines • Records management	M, MHL, NHSSCCG, NPA, RCGP, SCM 1, SCM 2, SCM 3, SCM 4, SCM 7, VODG
Supporting people to take their medicines • Information to support people administering medicines • Medicines availability	M, NHSE, NPA, RCGP, RCN, SCM 2, SCM 3, SCM 4, SCM 6, VODG
Reporting medicines incidents	NHSSCCG, RCN, SCM 2, SCM 3, SCM 6, SCM 7, VODG
M, Mencap MHL, Moorlands Home Link NPA, National Pharmacy Association NHSE, NHS England NHSSCG, NHS Salford Commissioning Group RCGP, Royal College of General Practitioners RCN, Royal College of Nursing SCM, Specialist Committee Member VODG, Voluntary Organisations Disability Group	

3.2 Identification of current practice evidence

Bibliographic databases were searched to identify examples of current practice in UK health and social care settings; 291 papers were identified for Medicines

management: managing the use of medicines in community settings for people receiving social care. In addition, 21 papers were suggested by stakeholders at topic engagement and 13 papers internally at project scoping.

Of these papers, 9 have been included in this report and are included in the current practice sections where relevant. Appendix 2 outlines the search process.

3.3 Resource impact

We do not expect any of the suggested areas for quality improvement to have a significant impact on resources. Resource impact work performed during development of NICE guideline 67 suggested that implementing the guideline would cost less than £1m in England annually.

4 Suggested improvement areas

4.1 Governance for managing medicines safely and effectively

4.1.1 Summary of suggestions

Accountability and responsibility

Stakeholders indicated the need for clarity around accountability and responsibility for medicines support between commissioners and providers of health and social care, including local authorities and NHS providers. It was suggested that governance arrangements should be reviewed to make this clear. Differences in commissioning arrangements and sources of funding for medications between and within localities was also highlighted. Stakeholders felt that governance arrangements should be person-centred and integrated, recognising that the person requiring medicines support will also have other support in place.

Documented policies and procedures

Stakeholders suggested that care providers should have written policies and procedures so that those administering medicines understand their responsibilities, and have clear guidance to support them. This is intended to reduce the risk of adverse events related to medicines management.

4.1.2 Selected recommendations from development source

Table 5 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 5 to help inform the committee's discussion.

Table 5 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Accountability and responsibility	**Governance for managing medicines safely and effectively** NICE NG67 recommendation 1.1.1
Documented policies and procedures	**Governance for managing medicines safely and effectively** NICE NG67 recommendation 1.1.2

Governance for managing medicines safely and effectively

NICE NG67 – Recommendation 1.1.1

Health and social care commissioners and providers should review their local governance arrangements to ensure that it is clear who is accountable and responsible for providing medicines support.

NICE NG67 – Recommendation 1.1.2

When social care providers have responsibilities for medicines support, they should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the social care provider, but it is likely to include processes for:

- assessing a person's medicines support needs
- supporting people to take their medicines, including 'when required', time-sensitive and over-the-counter medicines
- joint working with other health and social care providers
- sharing information about a person's medicines
- ensuring that records are accurate and up to date
- managing concerns about medicines, including medicines-related safeguarding incidents
- giving medicines to people without their knowledge (covert administration)
- ordering and supplying medicines
- transporting, storing and disposing of medicines
- medicines-related staff training and assessment of competency.

4.1.3 Current UK practice

The All-party Parliamentary Group on Dementia[1] reported that health and social care services often treat conditions or illnesses in isolation from one another. Their 2016 report highlights that people with dementia who have several long- term conditions experience disjointed care and can become “stuck” between health and social care services, receiving support from neither.

[1] All-Party Parliamentary Group On; Dementia (2016) Dementia rarely travels alone: living with dementia and other conditions

4.2 Assessing and reviewing a person's medicines support needs

4.2.1 Summary of suggestions

Assessing a person's medicines support needs

Stakeholders commented that accurate assessment for managing medicines in people receiving social care in the community is necessary to ensure the correct level of support.

Reviewing a person's medicines support needs

Stakeholders highlighted that there is inconsistency in reviewing medicines for people receiving social care in the community and that timely medication reviews by a professional with sufficient skills and experience can reduce safety-related incidents which enables people to be independent at home for longer. Stakeholders indicated that a robust process for medication review should include identification of people requiring review, and clear referral processes for carers to request urgent reviews.

4.2.2 Selected recommendations from development source

Table 6 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 6 to help inform the committee's discussion.

Table 6 Specific areas for quality improvement

Suggested quality improvement area	Suggested source guidance recommendations
Assessing a person's medicines support needs	**Assessing and reviewing a person's medicines support needs** NICE NG67 recommendations 1.2.1, 1.2.4, 1.2.5
Reviewing a person's medicines support needs	**Assessing and reviewing a person's medicines support needs** NICE NG67 recommendation 1.2.6

Assessing and reviewing a person's medicines support needs

NICE NG67 – Recommendation 1.2.1

Assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment.

NICE NG67 – Recommendation 1.2.4

Engage with the person (and their family members or carers if this has been agreed with the person) when assessing a person's medicines support needs. Focus on how the person can be supported to manage their own medicines, taking into account:

- the person's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- the person's expectations for confidentiality and advance care planning
- the person's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition
- who to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

NICE NG67 – Recommendation 1.2.5

Record the discussions and decisions about the person's medicines support needs. If the person needs medicines support include the following information in the provider's care plan:

- the person's needs and preferences
- the person's expectations for confidentiality and advance care planning
- how consent for decisions about medicines will be sought
- details of who to contact about their medicines (the person or a named contact)
- what support is needed for each medicine
- how the medicines support will be given
- who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved
- when the medicines support will be reviewed, for example, after 6 weeks.

NICE NG67 – Recommendation 1.2.6

Review a person's medicines support to check whether it is meeting their needs and preferences. This should be carried out at the time specified in the provider's care plan or sooner if there are changes in the person's circumstances, such as:

- changes to their medicines regimen
- a concern is raised

- a hospital admission
- a life event, such as a bereavement.

4.2.3 Current UK practice

Assessing a person's medication needs

The All-party Parliamentary Group on Dementia[2] reported the views of clinicians in 2016 that they are routinely forced to make difficult decisions about medication for frail older people with multiple morbidities, without comprehensive guidance. Clinicians also have to ensure someone is supported and able to take their treatment.

Reviewing a person's medication needs

At a public engagement workshop about improving medicines for older people[3], older people reported a lack of awareness about their entitlement to a medication review from a pharmacist or GP.

[2] All-Party Parliamentary Group On; Dementia (2016) Dementia rarely travels alone: living with dementia and other conditions

[3] Orlu-Gul M; Raimi-Abraham B; Jamieson E; Wei L; Murray M; Stawarz K; Stegemann S; Tuleu C; Smith F J (2014) Public engagement workshop: how to improve medicines for older people? International Journal of Pharmaceutics, vol. 459, pp. 65-69

4.3 Managing and sharing information about a person's medicines

4.3.1 Summary of suggestions

Sharing information about a person's medicines

Stakeholders highlighted the need for improved communication around medication between staff in different settings, as failure to share information can lead to medicines errors and safety incidents. Stakeholders commented that information about medicines should be updated, with agreement from people taking medicines and their carers, and shared with receiving organisations during transfers of care. It was suggested that community pharmacists should form part of the multidisciplinary team receiving information about changes to medication.

Stakeholders suggested that information should include key contact details for each service, so that carers and professionals are aware of who is responsible for providing medicines support and can contact them. It was also suggested that information should include support people may need to take medication, and any reasonable adjustments that may be needed. It was highlighted that people's capacity to communicate with multiple agencies should be assessed and planned within communications pathways.

Records management

The importance of robust records management to support effective medicines administration and reduce the risk of errors was highlighted. Stakeholders suggested that there should be regular audit of records to ensure that medications administration is timely.

4.3.2 Selected recommendations from development source

Table 7 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 8 to help inform the committee's discussion.

Table 7 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Sharing information about a person's medicines	**Joint working between health and social care** NICE NG67 Recommendations 1.3.1 and 1.3.2
	Sharing information about a person's medicines NICE NG67 Recommendations 1.4.1, 1.4.2 and 14.4
Records Management	**Ensuring that records are accurate and up to date** NICE NG67 – Recommendations 1.5.1 – 1.5.6

Joint working between health and social care

NICE NG67 Recommendation 1.3.1

Social care providers should notify a person's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the person or a named contact).

NICE NG67 Recommendation 1.3.2

General practices should record details of the person's medicines support and who to contact about their medicines (the person or a named contact) in their medical record, when notified that a person is receiving medicines support from a social care provider.

Sharing information about a person's medicines

NICE NG67 Recommendation 1.4.1

When social care providers have responsibilities for medicines support, they should have robust processes for communicating and sharing information about a person's medicines that take account of the person's expectations for confidentiality. This includes communication with:

- the person and their family members or carers
- care workers and other social care practitioners
- health professionals, for example, the person's GP or supplying pharmacist
- other agencies, for example, when care is shared or the person moves between care settings.

NICE NG67 Recommendation 1.4.2

If a person has cognitive decline or fluctuating mental capacity, ensure that the person and their family members or carers are actively involved in discussions and decision-making. Record the person's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

NICE NG67 Recommendation 1.4.4

Prescribers should communicate changes to a person's medicines (for example, when stopping or starting a medicine) by:

- informing the person or their named contact **and**
- providing written instructions of the change or issuing a new prescription **and**
- informing the person's supplying pharmacy, if this is needed and agreed with the person and/or their family members or carers.

Ensuring that records are accurate and up to date

NICE NG67 – Recommendation 1.5.1

When social care providers have responsibilities for medicines support, they should have robust processes for recording a person's current medicines. These should ensure that records are:

- accurate and kept up to date
- accessible, in line with the person's expectations for confidentiality.

NICE NG67 – Recommendation 1.5.2

Care workers must record the medicines support given to a person for each individual medicine on every occasion, in line with Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes details of all support for prescribed and over-the-counter medicines, such as:

- reminding a person to take their medicine
- giving the person their medicine
- recording whether the person has taken or declined their medicine.

NICE NG67 – Recommendation 1.5.3

Care workers should use a medicines administration record to record any medicines support that they give to a person. This should ideally be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider (if they have the resources to produce them).

NICE NG67 – Recommendation 1.5.4

When social care providers have responsibilities for medicines support, they should have robust processes to ensure that medicines administration records are accurate and up to date. For example, changes should only be made and checked by people who are trained and assessed as competent to do so.

NICE NG67 – Recommendation 1.5.5

Ensure that medicines administration records include:

- the person's name, date of birth and any other available person-specific identifiers, such as the person's NHS number
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken
- how the medicine is taken or used (route of administration)
- the name of the person's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine and any known drug allergies.

NICE NG67 – Recommendation 1.5.6

When a family member or carer gives a medicine (for example, during a day out), agree with the person and/or their family member or carer how this will be recorded. Include this information in the provider's care plan.

4.3.3 Current UK practice

Sharing information about a person's medicines

A qualitative study[4] of professional and carer perceptions of the threats to safe hospital discharge for stroke and hip fracture patients found that medicines reconciliation following discharge was a key concern for hospital doctors, pharmacists and GPs, especially where information was not provided to inform the review of patients' ongoing medicine regimen.

There was concern about medicine use and adherence following discharge, often related to quality of instruction at discharge, or ongoing supervision of medicines use. People taking medicines and their family reported poor levels of communication at discharge relating to how medicines should be used after leaving the hospital.

[4] Waring J, Bishop S and Marshall F (2016) A qualitative study of professional and carer perceptions of the threats to safe hospital discharge for stroke and hip fracture patients in the English National Health Service, BioMed Central Health Services Research,

Ward staff highlighted problems with identifying or contacting named social workers to support communication about medicines, due to having a “single point of contact” or call centre number.

Records Management

The CQC[5] reported that between 2014-17 one of the key issues relating to medicines management was record keeping, including timeliness. Since 1 April 2015, CQC has had enforcement responsibility for health and safety incidents in the health and social care sector. While all prosecutions so far have related to a breach in safe care and treatment requirements, one recurring theme is issues with documentation, such as errors regarding medication dosages and strengths and timings not being accurately recorded.

[5] Care Quality Commission (2017) The state of adult social care services 2014 to 2017

4.4 Supporting people to take their medicines

4.4.1 Summary of suggestions

Information to support people administering medicines

Stakeholders commented that people taking medication/responsible for administering medicines should have all information required, including its main uses, side effects, and interactions with other medications. The need for a robust process for managing over the counter medicines was indicated to avoid unintentional harm, e.g. from medicines interactions. This can help people to take ownership of their own care and enables them to have more choice. Involvement of people in advance planning was highlighted as a key area, as well as involvement of carers where appropriate.

The role of monitoring dosage systems and multi-compartment compliance aids was highlighted as an area where practice is inconsistent in terms of assessing how appropriate they are for the individual.

Stakeholders highlighted the importance of the role of community pharmacists in supporting medicines administration and suggested that access to advice and support was required.

Medicines availability

Stakeholders highlighted the importance of timely receipt of medicines to intended prescription, continuity of medicines supply and safe disposal of unwanted medicines to avoid medication issues and safety incidents.

It was highlighted that there are sometimes delays to receipt of medicines for people receiving social care, especially during transfers of care. Stakeholders suggested that arrangements with a local pharmacy or dispensing doctor should be made in advance, and that people might need prompting to re-order their medicines.

4.4.2 Selected recommendations from development source

Table 8 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 9 to help inform the committee's discussion.

Table 8 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Information to support people administering medicines	**Supporting people to take their medicines** NICE NG67 recommendation 1.7.1-1.7.5, 1.7.10
Medicines availability	**Transporting, storing and disposing of medicines** NICE NG67 recommendation 1.10.1, 1.10.2

Supporting people to take their medicines

NICE NG67 Recommendation 1.7.1

Social care providers should have robust processes for care workers who are supporting people to take their medicines, including:

- the 6 rights (R's) of administration:
    - right person
    - right medicine
    - right route
    - right dose
    - right time
    - person's right to decline
- what to do if the person is having a meal or sleeping
- what to do if the person is going to be away for a short time, for example, visiting family
- how to give specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids
- using the correct equipment, for example, oral syringes for small doses of liquid medicines
- giving time-sensitive or 'when required' medicines
- what to do if the person has declining or fluctuating mental capacity.

NICE NG67 Recommendation 1.7.2

Care workers should only provide the medicines support that has been agreed and documented in the provider's care plan.

NICE NG67 Recommendation 1.7.3

Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions on the prescription and dispensing label on how each prescribed medicine should be taken or given, including:

- for time-sensitive medicines:
    - what the medicine is for
    - what dose should be taken
    - what time the dose should be taken, as agreed with the person
- for 'when required' medicines:
    - what the medicine is for
    - what dose should be taken (avoiding variable doses unless the person or their family member or carer can direct the care worker)
    - the minimum time between doses
    - the maximum number of doses to be given (for example, in a 24-hour period).

NICE NG67 Recommendation 1.7.4

Social care providers should record any additional information to help manage time-sensitive and 'when required' medicines in the provider's care plan.

NICE NG67 Recommendation 1.7.5

Care workers should only give a medicine to a person if:

- there is authorisation and clear instructions to give the medicine, for example, on the dispensing label of a prescribed medicine **and**
- the 6 R's of administration have been met (see also recommendation 1.7.1) **and**
- they have been trained and assessed as competent to give the medicine (see also the section on training and competency).

NICE NG67 Recommendation 1.7.10

Supplying pharmacists and dispensing doctors must supply a patient information leaflet for each medicine supplied, in line with The Human Medicines Regulations 2012. This includes medicines supplied in monitored dosage systems.

Transporting, storing and disposing of medicines

NICE NG67 Recommendation 1.10.1

Social care providers should agree with the person and/or their family members or carers who will be responsible for ordering medicines, and record this information in the provider's care plan. This should be the person, if they agree and are able to, with support from family members, carers or care workers (if needed).

NICE NG67 Recommendation 1.10.2

Agree with the person how their medicines should be stored and disposed of. Encourage the person to take responsibility for this, if they agree and are able to,

with support from family members, carers or care workers (if needed). Record this information in the provider's care plan.

4.4.3 Current UK practice

Information for people administering medicines

A study[6] into homecare safety of people with dementia found that one of the main patient-related problems was not knowing how or when to seek help. A public engagement workshop[7] also found that some older people were concerned about asking healthcare professionals questions about their medicines, including if they have any doubts for fear of wasting clinician time. The workshop also identified a lack of awareness of MUR services for patients, which is a way for people to access free support from their community pharmacist. Reasons for confusion around medication included the desire for more detail in patient information leaflets, problems with presentation of medication, e.g. similar looking formulations, difficulty in reading punched expiry dates.

In its report into the state of health care and adult social care over 2015/16[8], the CQC highlighted that staff in both inpatient and community services did not always manage medicines safely, for example incorrect storage or transport. It also reported that in some cases staff did not keep accurate records when they administered medicines or did not monitor patients' physical health sufficiently to keep them safe.

Medicines availability

A report by the National Patient Safety Agency[9] highlights that people sent home without a complete supply of their discharge medicines may have an increased risk of gaps between doses before a new supply is obtained. The report also indicates a need to identify escalated actions for if a patient or relative does not return to hospital to collect medicines, or if supply-chain problems continue to prevent people from receiving their medicine.

A qualitative study[10] of professional and carer perceptions of the threats to safe hospital discharge for stroke and hip fracture patients found accounts of patients

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[6] Tudor Car; L; El-Khatib M; Perneczky R; Papachristou N; Atun R; Rudan I; Car J; Vincent C; Majeed A (2017) Prioritizing problems in and solutions to homecare safety of people with dementia: supporting carers, streamlining care

[7] Orlu-Gul M; Raimi-Abraham B; Jamieson E; Wei L; Murray M; Stawarz K; Stegemann S; Tuleu C; Smith F J (2014) Public engagement workshop: how to improve medicines for older people? International Journal of Pharmaceutics, vol. 459, pp. 65-69

[8] CQC (2016) The state of health care and adult social care in England 2015/16

[9] National Patient Safety Agency (2010) Rapid Response Report NPSA/2010/RRR009: Reducing harm from omitted and delayed medicines in hospital

[10] Waring J, Bishop S and Marshall F (2016) A qualitative study of professional and carer perceptions of the threats to safe hospital discharge for stroke and hip fracture patients in the English National Health Service, BioMed Central Health Services Research,

being discharged with incomplete or incorrect medicines, and of delayed discharge because of pressures or interruptions during ordering or interruptions to delivering medicines.

Under its 5 year forward view[11], NHS England has indicated work from 2017 for electronic prescriptions to be routed from NHS 111 and GP Out of Hours to pharmacies through the electronic prescription service. It has also committed to increase the number of clinical pharmacists working in GP surgeries from 491 they are currently co-funding to over 900 by March 2018 and over 1300 by March 2019.

[11] NHS England (2014) NHS Five Year Forward View

4.5 Reporting medicines incidents

4.5.1 Summary of suggestions

Stakeholders highlighted a need for improved documentation and reporting of incidents relating to medicines management, so that lessons can be learnt. Stakeholders suggested that incident reporting is not standardised across providers.

4.5.2 Selected recommendations from development source

Table 10 below highlights recommendations that have been provisionally selected from the development source that may support potential statement development. These are presented in full after table 10 to help inform the committee's discussion.

Table 10 Specific areas for quality improvement

Suggested quality improvement area	Selected source guidance recommendations
Reporting medicines incidents	**Managing concerns about medicines** NICE NG67 Recommendation 1.6.2-1.6.6

Managing concerns about medicines

NICE NG67 Recommendation 1.6.2

When social care providers have responsibilities for medicines support, they should have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should support a person-centred, 'fair blame' culture that actively encourages people and/or their family members or carers and care workers to report their concerns.

NICE NG67 Recommendation 1.6.3

Social care commissioners and providers should review their medicines-related problems over a period of time to identify and address any trends that may have led to incidents. They should share this learning with:

- people working in the organisation
- people receiving medicines support, their family members and carers
- people working in related services, for example, GPs, supplying pharmacies and community health providers.

NICE NG67 Recommendation 1.6.4

Care workers should raise any concerns about a person's medicines with the social care provider. These concerns may include:

- the person declining to take their medicine
- medicines not being taken in accordance with the prescriber's instructions
- possible adverse effects (including falls after changes to medicines; see the NICE guideline on falls in older people)
- the person stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the person's mental capacity to make decisions about their medicines
- changes to the person's physical or mental health.

NICE NG67 Recommendation 1.6.5

Care workers and other social care practitioners should advise people and/or their family members or carers to seek advice from a health professional (for example, the prescriber or a pharmacist) if they have clinical questions about medicines.

NICE NG67 Recommendation 1.6.6

Health and social care practitioners should encourage and support people and/or their family members or carers to raise any concerns about their medicines. They should explain how to seek help or make a complaint, including who to complain to and the role of advocacy services (if needed), and record this information in the provider's care plan.

4.5.3 Current UK practice

In its 2014/15 report on the state of health care and adult social care[12], the CQC highlighted that some services need to make improvements in relation to reporting and learning from incidents, accurate documentation of medical records, and safer management of medicines.

[12] CQC (2015) The state of health care and adult social care in England: 2014/15

5 Additional areas

Summary of suggestions

The improvement areas below were suggested as part of the stakeholder engagement exercise. However they were felt to be either unsuitable for development as quality statements, outside the remit of this particular quality standard referral or require further discussion by the committee to establish potential for statement development.

There will be an opportunity for the committee to discuss these areas at the end of the session on 22 November.

Awareness raising for learning disability needs

It was suggested that there needs to be improved awareness of issues and initiatives related to people with a learning disability and medication.

This suggestion has not been progressed for quality statement development, as it is not specifically covered in the development source for the quality standard, however learning disabilities will be included as an equality consideration during development.

Outreach

Outreach medicines management teams working across the primary secondary care interface was highlighted as an emergent area.

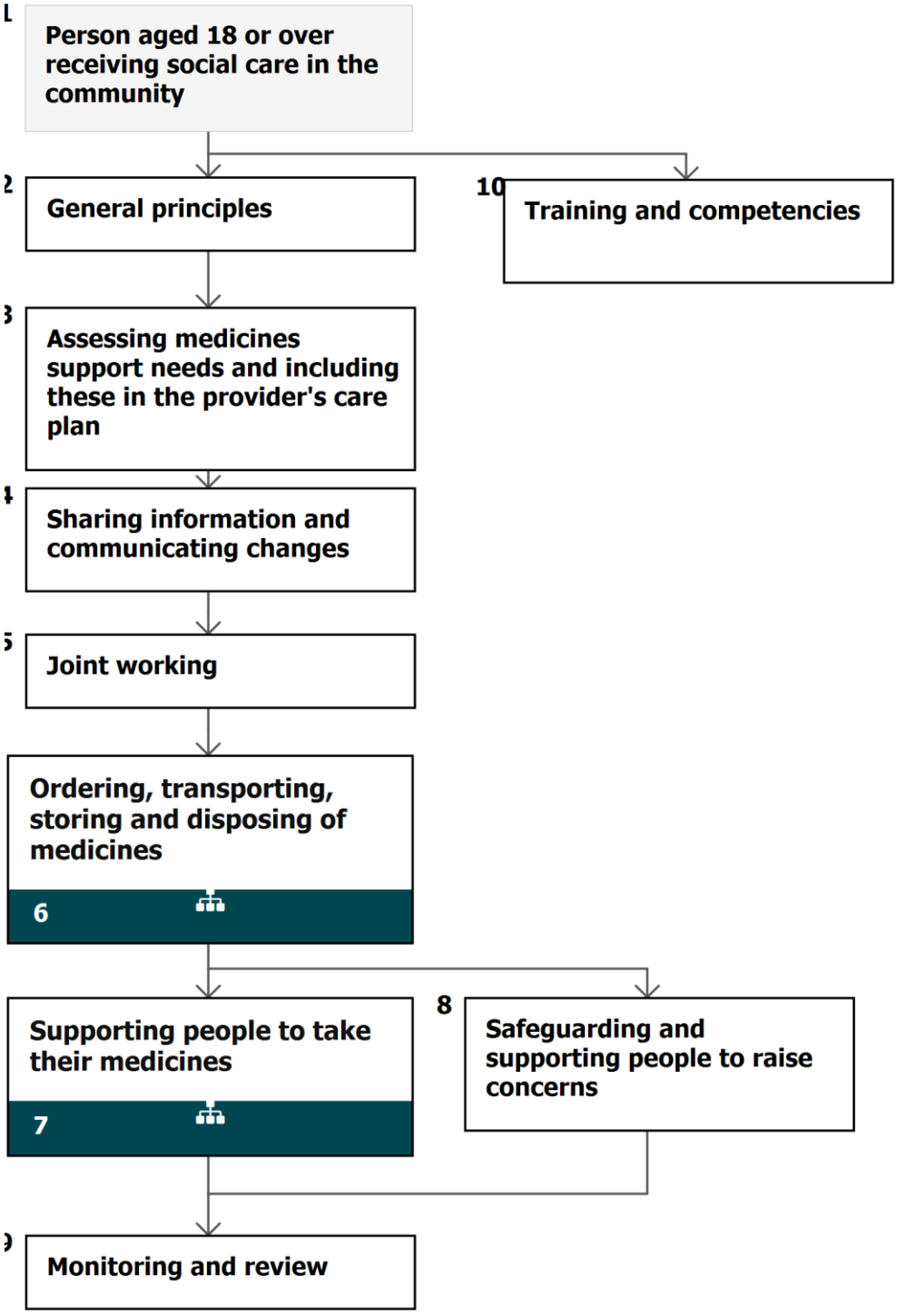
This suggestion has not been progressed. It was raised as an additional developmental area of emergent practice, and is not covered in the development source for the quality standard.

Training of staff

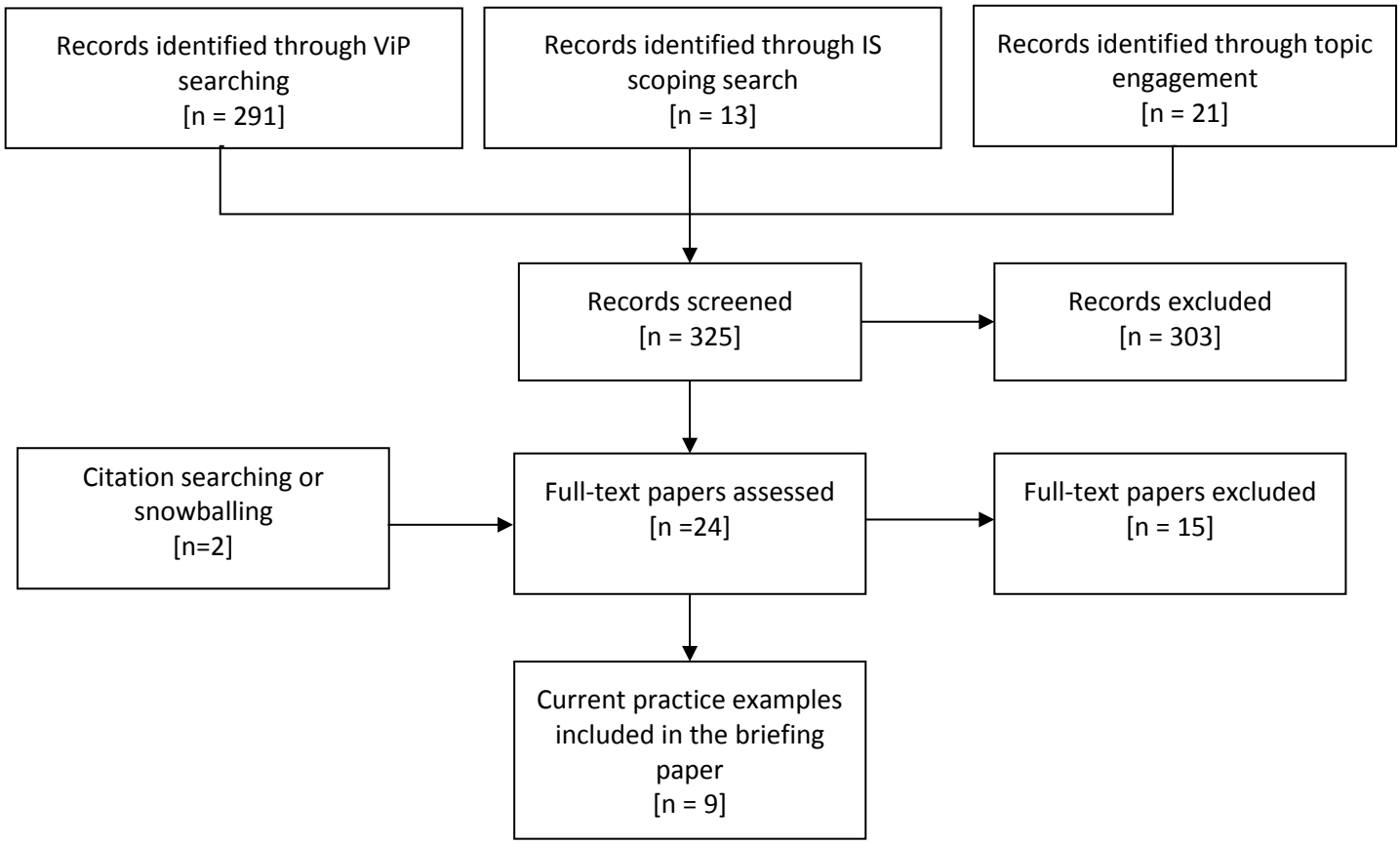
The training of staff was suggested as an area of quality improvement.

This suggestion has not been progressed. Quality statements focus on actions that demonstrate high quality care or support, not the training that enables the actions to take place. The committee is therefore asked to consider which components of care and support would be improved by increased training. However, training may be referred to in the audience descriptors.

Appendix 1: Additional information



Appendix 2: Review flowchart



Appendix 3 Medicines optimisation quality standard - List of quality statements

Statement 1. People are given the opportunity to be involved in making decisions about their medicines.

Statement 2. People who are prescribed medicines are given an explanation on how to identify and report medicines-related patient safety incidents.

Statement 3. Local health and social care providers monitor medicines-related patient safety incidents to inform their learning in the use of medicines.

Statement 4. People who are inpatients in an acute setting have a reconciled list of their medicines within 24 hours of admission.

Statement 5. People discharged from a care setting have a reconciled list of their medicines in their GP record within 1 week of the GP practice receiving the information, and before a prescription or new supply of medicines is issued.

Statement 6. Local healthcare providers identify people taking medicines who would benefit from a structured medication review.

Appendix 4: Suggestions from stakeholder engagement exercise – registered stakeholders

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
Governance for managing medicines safely and effectively – accountability and responsibility					
1	Mencap			For all these reasons, it is vital that social care packages are well commissioned and that staff are trained in all aspects of medication, including requesting reasonable adjustments from the pharmacy and supporting self-administration in addition to handling and administering medicines themselves.	
2	SCM 1	Key area for quality improvement 1	Health and social care commissioners and providers should review their local governance arrangements to ensure that it is clear who is accountable and responsible for providing medicines support.	Need for clarity of who has roles and responsibilities to ensure this is done, done well, with clear specifications and funded.	
3	SCM 3	Additional developmental areas of emergent practice	We need to reduce duplication of effort, ensure that the right service is provided by the right people, at the right time and in the most appropriate place. This will improve the quality of the care, reduce the cost, and improve the quality of life – reduce the negative impact – on the service user and their informal carers.	There is a need for greater integration of services and an integrated care plan across health, social care, third sector and informal carers. The integrated care plan belongs to the service user and not to the service provider(s)!	
4	SCM 3	Commissioning of Home Care.	For many service users/carers it is unpleasant to have many health and social care professionals visiting in a day/week. The commissioners need to commission services through which staff are able to multi-task including the administration of medications (i.e. not just personal care or domestic work).	There is inconsistency between different local authorities and confusion in the population as to why some can administer medications and others cannot. (A careworker- sitter could not administer vitamin drinks or use thickener as they were provided on prescription.) Home Careworkers must be suitably trained in the administration of medications and when and who to contact if difficulties are incurred when administering medicines.	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				More and more medicines are time-critical – before, with or after meals, specific/regular times, - and this often coincides with the need for personal care such as getting up, eating/toileting and going to bed.	
5	SCM 4	Medicines support care planning	Establishing responsibilities and accountabilities for medicines support, client needs and key risks are key at the start of providing support and at times of review	Current practice of multi agency involvement with vulnerable individuals, their families and carers requires clear standards to be established in care planning from the outset of a period of care and following review. Understanding person's needs and working towards independence where possible supports principals of self care and staying safely at home for as long as possible.	Key risk points within care pathways e.g. hospital discharge should see risk reduction through better support for medicines taking with potential to reduce medicine's related re admission rates or patient harm.
6	SCM 5	Key area for quality improvement 1 Clarity between NHS and Local Authorities regarding responsibilities for the safe administration of medication	There is some limited evidence that variation is present in health and social care communities regarding organisational responsibility regarding the administration of medication in their own homes.	To minimise potential safeguarding alerts regarding administration of medication by social care staff. To ensure that staff who administer medication have the required skills to undertake the tasks involved and to identify and respond appropriately to contra-indications. To ensure that clinical oversight for medication administration remains with the NHS To ensure that patients are aware regarding charging To ensure that NHS and LAs have written agreements in place regarding managing the use of medicines in community settings for people receiving social care	ADASS and UNISON evidence in link http://www.communitycare.co.uk/2017/03/06/nhs-tasks-creeping-social-care-without-funding-legal-clarity/
7	SCM 6	Key area for quality improvement 1 Health and social care commissioners and providers should review their local	There is considerable variation between localities in commissioning arrangements between health and social care and change is currently occurring in a number	Commissioning arrangements vary via locality and often within locality, for example, care might be funded via personalised budgets; Section 117	https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
		governance arrangements to ensure that it is clear who is accountable and responsible for providing medicines support.	of localities as they revise commissioning arrangements, sharing budgets and moving to place based commissioning. Therefore it is important to highlight that governance arrangements regarding medicines support need to be reviewed to ensure clear governance for medicines support and management.	aftercare (mental health and learning disability) or continuing healthcare through health budgets or adult social care budgets. This "silo" commissioning creates potential for risk if there is a lack of clarity about local agreements	NHS-FIVE-YEAR-FORWARD-VIEW.pdf
Governance for managing medicines safely and effectively – documented policies and procedures					
8	NHS England	2. Administration of medicines •Storage (especially if vulnerable patients) •Administration (do care teams understand dosages, liquid medicines) •Record keeping (e.g. community MAR charts, electronic solutions) •Reporting problems (lost medicines, patients refusing medicines) •Compliance aids - does the patient need one? Risks to having/ not having?			
9	Royal College of General Practitioners	**Medicines are given safely and correctly, and care staff preserve the dignity and privacy of the individuals when they give medicines to them.**	Safe administration of medicines means that medicines are given in a way that avoids causing harm to a person. The care provider must also support care workers by written procedures that set out exactly how to give medicines and it is good practice to monitor that care workers follow these procedures. It is important to preserve the dignity and privacy of individuals in relation to medicine-taking. This means being tactful and sensitive, and keeping personal medical information confidential, for example, a person's medicines administration record (MAR) should not be kept where everyone can see it.	Highlighted in the Royal Pharmaceutical report 2016. The Handling of Medicines in Social Care	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
10	SCM 1	Key area for quality improvement 2	When social care providers have responsibilities for medicines support, they should have a documented medicines policy based on current legislation and best available evidence.	Essential for safety to have policy and for carers to be trained on how to work to it.	
11	SCM 6	Key area for quality improvement 3 Social care providers should have robust processes for care workers who are supporting people to take their medicines, including: • the 6 rights (R's) of administration: right person right medicine right route right dose right time • person's right to decline • what to do if the person is having a meal or sleeping • what to do if the person is going to be away for a short time, for example, visiting family • how to give specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids • using the correct equipment, for example, oral syringes for small doses of liquid medicines • giving time-sensitive or 'when required' medicines • what to do if the person has declining or fluctuating mental capacity	There are many providers of social care in people's homes, commissioned by different routes from health and social care or by the person receiving support themselves. This means there is considerable variation in contracting arrangements and subsequently quality assurance. Providers may be large national companies or conversely in very small third sector provider organisations. Care workers may be administering complex medication regimes including as required medication for mental health disorders. Medication may be administered by different people, for example a Mental health nurse may administer an anti-psychotic medication via depot injection, but the care workers would be expected to monitor the side effects of this, for which they may not have had training	This would be potentially able to be included in standard contracts	
Assessing and reviewing a person's medicines support needs - assessing a person's medicines support needs					
12	NHS England	4.Assessment of patients prior to administration			

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
		•Clinical skills needed by carer (e.g. giving ahtihypertensives when BP low or insulin when hypoglycaemic) •Care knowledge (e.g. giving laxatives to someone with loose bowels!)			
13	SCM 1	Key area for quality improvement 5	Ensure that people assessing a person's medicines support needs (for example, social workers) have the necessary knowledge, skills and experience.	Getting medicines support needs assessment right is fundamental to getting the correct level of support for each individual.	
14	SCM 7	Key area for quality improvement 1 Assessment of a persons need for medicine support.	Individuals should retain the right to be as involved as much as possible in managing their medicines. An assessment of their need for medicine support should be part of the persons provider care plan	Persons should be encouraged to retain independence and their wishes and needs should be central to an assessment. This is similar to key areas of other guidance- eg medicines optimisation guidance. This helps establish the principle of patient centred care.	
15	Voluntary Organisations Disability Group	Ensuring the people they support, and their circle of support, are involved in decisions about their care, including their medication.			
Assessing and reviewing a person's medicines support needs - reviewing a person's medicines support needs					
16	NHS England	1.Medication Review •Robust review process in place (by appropriate professional - pharmacist, GP, mental health) •Carers able to refer for urgent review. •Medicines reconciliation on discharge / admission to a new care setting Transfer of care audits and reporting processes for problems related to medication review – i.e. what to do when you spot a problem.			
17	Royal College of Nursing	Key area for quality improvement 2 Medication review should be acted upon in a timely manner by an appropriate healthcare clinician	NICE guidelines on medication review and also Age UK response and support for national guidelines support around this, makes clear the importance of timely medication review for people in social care. There are also many guidelines	We consider that requests by social care staff for medication review should be acted upon in a timely manner by an appropriate healthcare professional. Anecdotal evidence suggests that these	NICE Medicines Management for people in community and social care Age UK – Responses to managing medicines for

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			indicating the importance of medication review for vulnerable people.	requests are not always acted upon in a timely manner.	adults receiving social care in the community
18	SCM 2	Key area for quality improvement 3 Identification of people who would benefit from a medication review	Many people in receipt of social care services often cannot access either their GP or pharmacy for medication advice e.g. unable to leave the house unsupported. Prescribed medicines have often not been properly reviewed for many years – leading to medication safety incidents.	The complexity of people's needs receiving social care in the community is increasing. There are drivers to increase support in care homes, but there are a larger number of people living at home with similar needs. By receiving appropriate reviews and medication, this can reduce safety-related incidents and enable people to be independent at home for longer. Often GP practices exempt patients in this category from QOF so not only do they miss out on medication reviews, but also disease checks such as COPD, hypertension etc. Sometimes reducing medication can also result in fewer or shorter care packages being in place. Care providers see people on a regular basis so can flag when problems are occurring – changes in health/behaviour and can support the review process. Health professionals not always supportive of the care worker role and opinion in this process.	
19	SCM 3	Medicines Use Reviews	Annual reviews are not common and many people can be on a medication for many years. As a person's health deteriorates many additional medications may be added without proper consideration of their interaction. Also with progressive illnesses the ability for the service user to take and/or self - administer may change. Awareness regarding the interaction of licenced, un-licenced, over-the-counter pharmaceuticals and home remedies.	People are being encouraged to request Medicine Use Reviews from Pharmacists and information regarding this service and how to access this service is required. This includes the training of community nursing and home care agency staff.	
20	SCM 7	Key area for quality improvement 2	Enhanced quality of life- ensure medicines enhance quality of life regular reviews which include the opinions of	Medicines optimisation also influences this- that patients are managed not according simply to guidelines, but	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
		Persons receiving social care and the carers who are supporting them with their medicines should take part in regular reviews.	patients and carers. Holistic assessment of patients with long term conditions. Peoples condition changes and needs reassessing.	according to their individual needs/circumstances. If a persons circumstances significantly change their medicines support needs need to be reassessed too.	
21	Voluntary Organisations Disability Group	Supporting people to have regular reviews of their medication.			
Managing and sharing information about a person's medicines - Sharing information about a person's medicines					
22	Mencap	Improving communication with staff in other settings around medication	Improving communication with staff in other settings around medication; particularly around support people may need to take medication, and any reasonable adjustments that may be needed. Effective use of hospital passports, health action plans, summary care records are key to this.	Hospital passports are a great way of communicating advice around reasonable adjustments required, but it is common to hear that they are not used by hospital staff or lost whilst in hospital. There is yet much improvement to be made in how many people with a learning disability receive an annual health check and disparity as to whether these checks result in a health action plan or additional information in a summary care record.	
23	Moorlands Home Link	Key area for quality improvement 1 Improved communication from GPs to providers.	Providers often administer medication in the community and need to have up to date information to allow them to do this safely.	Our experience has shown that some GPs are reluctant to share information, which puts clients at risk of receiving the wrong medication, and staff at risk of making administration errors.	
24	Moorlands Home Link	Key area for quality improvement 2 Improving communication between hospital and GP surgeries	See above.	It can take several weeks for changes made to prescriptions in hospital, to be reflected in the community, which means that people aren't receiving medication as prescribed.	
25	National Pharmacy Association	Utilisation of Community pharmacy services in the managing the use of medicines in community settings for people receiving social care.	The NICE guideline NG67, (1.5.5), suggests that "during discharge planning, the discharge coordinator should share assessments and updates on the person's health status, including medicines information, with both the hospital-and community-based multidisciplinary teams" and (1.5.6) suggests that the "hospital-based doctor responsible for the person's	Community Pharmacists are the most accessible clinicians on the high street, and are increasingly, available over extended opening hours to provide advice on medications as well as the prevention of ill-health, without the need for an appointment. They are particularly vital in managing medicines in the	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			care should ensure that the discharge summary is made available to the person's GP within 24 hours of their discharge". The NPA suggests that community pharmacists and their role of managing medicines in the community be highlighted.	community, and are often the first port of call for carers.	
26	National Pharmacy Association	Communication between the multi-disciplinary teams	Through their regular interaction with patients and carers, the community pharmacist is able to identify any immediate changes to the patients health, resulting from instances such as non-compliance, changes in family circumstances, loss of appetite etc. These may inadvertently impact on medicines optimisation. The NPA suggests that this area is reflected in the guideline to enable an effective communication pathway amongst the entire multi-disciplinary teams	An effective communication pathway would allow preventative measures to be put in place to enable a good quality of life for the patient.	
27	SCM 1	Key area for quality improvement 3	Social care providers should notify a person's general practice and practices should record details of the person's medicines support and communicate in writing about any changes to medication.	Good communication between health professionals and carers is essential to good quality care. Also enables alert to healthcare professional simplify medicines regimes, where possible.	
28	SCM 2	Key area for quality improvement 4 Medication reconciliation occurs after transfer of care e.g. from hospital or commencement of the care support package	To ensure that any medication lists or MAR charts being used by a care provider is accurate and up to date, avoiding medicines safety incidents.	Currently large variation in how this process takes place (if at all) and poor communication pathways from hospital discharge and GP surgeries. Reliant on the patient bringing discharge and summary home with them. Often times of discharge can make raising queries difficult. Frequently raised as an area of concern e.g. with medicines brought home from hospital as well as using medication found within the home. Ensuring people are taking the intended medications and feeding pack to the GP any concerns/queries.	Several other NICE guidelines support this process.
29	SCM 3	Transfer of Care and the prescribing of additional/ alternative medications.	When a service user's place of care changes it is imperative that the receiving	The prescribing of new medications must take due consideration of how they will	Care Home Vanguard – The Red Bag.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
			organisation has all available information regarding the service users care plan – especially medications and how they are administered to support the person. Any changes in medication must be fully-documented with agreement of the service user and/or informal carers including the method of administration. (Acute consultants often change medications without conferring with the service user/carer and the service user/carer are already aware of issues with their taking the proposed alternative medication.	be administered in the 'domestic' environment and by whom and the care plan amended accordingly.	
30	SCM 4	Communications pathway	Standard setting could increase safety and accountability to support effective commissioning to meet patient needs.	People receiving help with medicines taking may have fluctuating capacity to communicate with multiple agencies. Within communications pathways this capacity should be assessed and planned for. e.g. as part of care planning to identify key contacts, how to contact and responsibilities and accountabilities	Working towards shared patient records with read/write access for accountable people within pathway. E.g. GP records clearly identify people receiving care and accurate and up to date communication pathway/key contacts and roles e.g. medication ordering or dose changes/review.
31	SCM 7	Key area for quality improvement 3 Interprofessional communication	Improving communication between those involved in managing medicines in a social care settings- Gps should be aware of who is the key person with responsibility for managing the medicines of their patients who have carers.. Carers should be aware of how/when to contact involved professionals appropriately. Timely communication between those involved in managing the persons medicines- eg at time of change in circumstance-post discharge from secondary care, change in medication.	Moving between care settings or when medicines are changed is a key time when medication errors/misunderstandings can occur. Having standards informing when key carers are informed about medication changes is embedded in guidance from care homes and equally applies here. It is not so clear in the community often who is managing the patients medicines and there is a recommendation for gps to have note on their patient records for such patients about who was the key person managing the patients	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				medicines,(ie when the patient did not have that responsibility himself.)	
Managing and sharing information about a person's medicines - Records management					
32	NHS Salford Clinical Commissioning Groups	Key area for quality improvement 4 An agreed list of time-critical scheduled medications and regular audits to ensure timely administration is occurring.	At present, community care providers do not have a documented list of critical medicines of which they must ensure are administered in a timely manner in order to prevent a service user's condition deteriorating and potentially leading to hospital admission.	NPSA 2010 Rapid Response Report provided a list of medications classed as 'time-critical' and must be given within 30minutes of the scheduled time in order to reduce the potential risk of harm to the service user. A list such as this or similar should be communicated to care providers in order to improve staff awareness of these medications and improve patient outcomes. By having an agreed list of time critical medications it would enable contract officers of these care services to audit whether these medications are being given within the 30 minute time frame.	
33	Royal College of General Practitioners	**Care staff know which medicines each person has and the social care service keeps a complete account of medicines.**	Medicine records are essential in every social care service. All CQC registered care providers looking after medicines for the people they care for, at any given time should be able to identify the medicines prescribed for each person and how much they have left.	Highlighted in the Royal Pharmaceutical report 2016. The Handling of Medicines in Social Care	
34	SCM 4	Record keeping of support provided	Standard setting will reduce risk of communication errors between agencies, people receiving care and their families.	Current practice does not have clear accountability for what records constitute best practice in which scenarios. Improved quality of record keeping would provide clinical audit trail to improve safety and optimise medicines taking e.g. act as trigger for review	The use of MAR (medicines administration sheets) is very variable and inconsistent. The use of documentation with MDS(monitored dosage systems) leads to additional complexity with multi agency involvement e.g.GP making prescribing changes, community pharmacy supplying MDS and care agency producing MAR.

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
35	SCM 7	Key area for quality improvement 4 Robust record keeping for medicines administration	Medicines administration records should be used and there should be robust processes for keeping them up to date.	Common to medicines management in care homes. Persons in care homes and the community can expect equivalent levels of care.	
36	Voluntary Organisations Disability Group	Maintaining accurate records about the health, wellbeing and behaviour of the people we support.			
Supporting people to take their medicines – information to support people administering medicines					
37	Mencap	Commissioning the right support packages for people with a learning disability to manage their medication	People with a learning disability can experience difficulties understanding and managing medication successfully, however with the right support many are able to self-administer. In addition, people with complex needs may be in contact with many healthcare professionals and be on a number of medications. Commissioners must ensure that support packages enable people with a learning disability to access meaningful and ongoing social care support for managing medication and health conditions, in addition to support from health care professionals.	There is immense value in people with a learning disability being able to take ownership of their own health as much as possible: understanding and managing their own health conditions and medications. This often requires lots of support. Social care support is vital for many people with a learning disability to remain healthy. Such support, whether full or part time, should be consistent and provided by a team that knows the person well. At this time, it is common for us to hear people with a learning disability complain of cuts to their support packages or changes in the quality of their support. We are concerned at the impact this has on the ability of people with a learning disability to manage their health and medications. This is in addition to changes in many local areas as to how medication is issued, with several CCGs deciding to stop the GPs prescribing some items available over the counter. NHS England are currently consulting on the development of national guidance potentially extending this to more items. This could result in people needing more	Improving the health and wellbeing of people with learning disabilities: Guidance for social care providers and commissioners from Public Health England, revised 2015 provides detail into how social care packages can support people with a learning disability to manage their health. https://www.ndti.org.uk/uploads/files/Social_care_guidance_final_revised.pdf

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				support with their medication and support providers needing to have more expertise in supporting people to make decision about taking medication.	
38	NHS England	3.Involving patients •Is the care package appropriate - can other measures be taken to allow patient to self-care •Promoting self-care when patient on their own e.g. PRN medicines •Are decisions about medicines shared? •Are patients able to refuse medicines? Cover administration of medication / best interest's decisions •PRN medicines given when needed and not to fit around carer schedule •Advanced care planning and the need to have a care plan agreed with a patient re medication •Assessment of pain •Carers advocating on a patient's behalf re medication			
39	NHS Salford Clinical Commissioning Group	Key area for quality improvement 1- Reduction of the use of multi-compartment compliance aids (MCAs) amongst community care providers.	Use of multi-compartment compliance aids for service users has often been included in community care provider policies without prior assessment of the service user's medication needs.	There is a lack of evidence to suggest that service users benefit from multi-compartment compliance aids when receiving social care. They should only be recommended following a multidisciplinary review and if an MCA is likely to benefit the service user and improve their outcomes. Royal Pharmaceutical Society states that if a service user requires assistance with administering medications, carers should have received training to ensure that they are competent in giving medications from the original containers.	Royal Pharmaceutical Society - IMPROVING PATIENT OUTCOMES THROUGH THE BETTER USE OF MULTI-COMPARTMENT COMPLIANCE AIDS (MCA)

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
40	Royal College of General Practitioners	**The social care service has access to advice from a pharmacist.**	Care workers who are handling medicines should ensure that they have access to advice from a pharmacist. This should include safe storage of medicines	Highlighted in the Royal Pharmaceutical report 2016/ The Handling of Medicines in Social Care	
41	SCM 2	Key area for quality improvement 2 Support of self-care for people using services e.g. use of OTC medicines	Increased drivers within the NHS for people to self-care e.g. pharmacy first, purchase of medicines where possible. Choice of person to use OTC medicines and seek advice from healthcare professionals.	Many policies currently forbid and restrict use of OTC medication e.g. cannot give without a pharmacy label, or can support person to purchase, but they have to be able to administer this themselves. Can restrict choice of a person to use these medicines and has potential to leave them with nothing to use with increase of implementation of self-care policies i.e. purchase of medicines rather than obtaining on prescription.	
42	SCM 2	Key area for quality improvement 5 People are supported to self-administer their medication with the appropriate use of care planning and risk assessment, to include positive risks	To enable people to self-administer their medication wherever possible, even if this cannot be the full process or types of medication they are prescribed are considered individually e.g. able to apply creams but need support with tablets.	Care plans and risk assessment vary greatly in quality and can often be mis-interpreted between social care assessment and care provider assessment e.g. the type of support that is required. There is also a tendency for care providers to take over medication administration when an incident occurs sometimes this can be very minor and then leads to loss of independence for the person using the service. Also supports strengths based approaches increasingly being used in social care assessment.	https://www.jrf.org.uk/report/how-can-positive-risk-taking-help-build-dementia-friendly-communities https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/strengths-based-approach/what-is-a-strengths-based-approach.asp
43	SCM 3	Additional evidence sources for consideration	Triangle of Care – suitable recognition of the participatory role of the service user and the informal carers in conjunction with the service providers is required. Prevention of having things done to the services user!		
44	SCM 3	Self-management and informal carer support.	Service users and carers need to be appropriately trained for the management and administration of medications – inhalers, oxygen, injections, enteral feeding, epi-pens, as required medications, etc. – to ensure safety.	Service users are required to self-manage wherever possible and/or with the support of informal carers. Reduce waste: service users/carers need to understand the purpose of medications and how best to manage ordering,	

ID	Stakeholder	Suggested key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
				collection and disposal of medications. This includes use of on-line repeat prescriptions.	
45	SCM 4	Use of Monitored Dosage System (MDS) Or multi-compartment compliance aids (MCS)	Current practice is inconsistent in its assessment of appropriate use, management of dose changes and reviews and roles and accountabilities of provision.	The health economy uses MDS as a panacea for carer capacity rather than a concordance support tool or adjustment under DDA legislation. This perceived efficiency can significantly increase risk. Commissioning is inconsistent or absent and standard setting could support a framework for commissioners to consider. UK medicines Information has developed a database which makes recommendations on the suitability of solid dose forms for transfer to MCS www.sps.nhs.uk/articles/usage-of-medicines-in-compliance-aids/	Demand for MDS continues to increase exponentially. Used appropriately to support self medication following assessment and supply with effective communication MDS can contribute to medicines optimisation in a risk managed environment. Royal Pharmaceutical Society Medicines, Ethics and Practice Edition 41 July 2017 www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca
46	SCM 6	Key area for quality improvement 5 When social care providers have responsibilities for medicines support, they should have robust processes for managing over-the-counter medicines that are requested by a person, including: • seeking advice from a pharmacist or another health professional • ensuring that the person understands and accepts any risk associated with taking the medicine what information needs to be recorded, for example, the name, strength and quantity of the medicine	People who are supported in their own homes may be on complex combinations of medications with the potential for interactions with other medications It is important that non-clinical staff seek appropriate advice before administering an additional medication which may cause unintentional harm	Guidance that may potentially reduce incidents due to medicine interactions is valuable.	

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47	Voluntary Organisations Disability Group	For the purposes of general guidance/standards, I would say: ensuring that staff have an understanding of the medication they are administering, including its main uses and side effects.)			
Supporting people to take their medicines – medicines availability					
48	National Pharmacy Association	Availability of medication on discharge from hospital	Since 2012, in the community pharmacy there has been a pharmaceutical service commissioned nationally entitled "Post-discharge MURs" so that a seamless care pathway for patients who transfer from hospital to the community setting is experienced at all times. The NPA suggests that this is referenced and hence, provide some detail to reflect this in NICE guideline NG27.	This service would be of particular benefit to patients in community settings receiving social care.	The Discharge Medicines Review Service (DMR) in Wales is a service aligned to the English Targeted Medicines Usage Review for Post Hospital Discharge. • Community Pharmacy Wales (CPW), evaluated a range of potential outputs and outcomes of the DMR service including the number of potential patient safety events that were avoided, as well as any additional benefits from the DMR service Results included: • 14,000 DMRs analysed • 81% identified a discrepancy • 19,108 Discrepancies – 1.36 per DMR

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					Reference: Community Pharmacy Wales
49	Royal College of General Practitioners	**Medicines are available when the individual needs them and the care provider makes sure that unwanted medicines are disposed of safely.**	Continuity of supply of medicines for ongoing treatment is essential. In order to do this, arrangements with a local pharmacy or dispensing doctor should be made in advance. This situation is more likely in a care home but when care is given in the person's home, the care worker may need to prompt the person or their relatives when medicines are running out. Out-of-date, damaged or part-used medicines that are no longer required should be disposed of safely so that they cannot accidentally be taken by other people — particularly children — or stolen.	Highlighted in the Royal Pharmaceutical report 2016. The Handling of Medicines in Social Care	
50	Royal College of Nursing	Key area for quality improvement 3 People in social care should expect to receive their medications in a timely manner appropriate to the intended prescription	There is breadth of evidence which supports the view that people receiving social care should expect to receive their medications in a timely manner appropriate to the intended prescription. The importance of this is also set out in numerous Medicines information leaflets and in countless studies on specific conditions e.g. Parkinson's Disease, Diabetes mellitus and insulin management to name a few.	Anecdotal evidence suggests that the administration of medication to people in social care is often delayed leading to inadequate care.	NICE Medicines management for people in community and social care
51	SCM 4	Additional evidence sources for consideration	The Refer to Pharmacy electronic discharge to community pharmacy programme, East Lancashire Hospital Trust, is now established and forming an evidence base demonstrating improved patient outcomes and cost savings including reducing medicines waste on hospital admission and improved communication and safety for people using MDS.		

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			 Refer to Pharmacy booklet.pdf  Benefits of Refer to Pharmacy.pdf		
Reporting medicines incidents					
52	NHS Salford Clinical Commissioning Group	Key area for quality improvement 2 Improving incident reporting amongst social care providers.	Incident reporting is not standardised amongst care providers.	Definition of an 'incident' needs to be agreed in a locality. For example the definition of a delayed dose/medication omission should be agreed. More administration errors are reported within a hospital setting, however it is more likely that this is because a robust incident reporting system is in place and medication charts, storage etc are audited regularly. There is a lack of incident reporting particularly in domiciliary and Extra care.	Reducing harm from omitted and delayed medicines in hospital. NPSA Rapid Response report 2010
53	Royal College of Nursing	Key area for quality improvement 4 Record keeping for medicines management in community and social care	NHS England on patient safety and NICE guidelines on medicines management recommends that mistakes made in the administration of medications must be reported and recorded and steps taken to review actions taken.	Mistakes made in the administration of medications must be reported and recorded as an incident in the organisation's own systems and these should be reviewed and actions formulated to reduce further incidents. We are aware that there are pockets of good practice out there, which needs to be replicated. A national quality standard around record keeping for medicines management in social care settings, could potentially improve practice in this area ensuring patient safety across board.	Patient Safety – NHS England NICE Medicines management for people in community and social care.
54	SCM 2	Key area for quality improvement 1 Social care providers to monitor and report medication-related safety incidents to local authority	Reporting of incidents allows for trends to be identified, and encourages reports to be submitted without care and support workers being fearful of implications. Enables focussed training and oversight of systematic issues.	Most local authorities require safety incidents to be reported as part of safeguarding procedures. However, there is no linked-up system to look at frequency and severity of incidents overall. Many low-level errors (i.e. not causing harm) are "noted" only –	

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				therefore not showing any true scale of the problem. Significant under-reporting occurs in practice.	
55	SCM 3	Safeguarding	Changing or missing medications can affect a person's ability to function, their mood, sleep patterns and behaviour. This can put the service user or others at risk.	It is very important to ensure the safety of service users, friends and family and staff.	
56	SCM 6	Key area for quality improvement 4 Social care commissioners and providers should review their medicines-related problems over a period of time to identify and address any trends that may have led to incidents. They should share this learning with: • people working in the organisation • people receiving medicines support, their family members and carers • people working in related services, for example, GPs, supplying pharmacies and community health providers	Reviewing the data on incidents and near misses is important to identify trends which impact upon patient safety	Reviewing medicine related incidents as a standard built into standard contracts will be a useful tool	
57	SCM 7	Additional developmental areas of emergent practice	Safety of medicines- people are managed in a safe environment. Improved reporting of safety incidents.	Common to related guidance from care homes,	
58	Voluntary Organisations Disability Group	Encouraging staff to speak up if they have a concern that a person we support may be over-medicated.			
Training of staff					
59	Mencap	Training for pharmacy staff	Training for pharmacy staff to ensure greater understanding and skills around medication, enabling them to make adjustments to the way people take or use medication and devices in order to empower their patients to have more understanding and control over their own healthcare.	The Disability Partnership Pharmacy Project found that a number of barriers exist in pharmacy services including a lack of accessible information, communication and explanation of medicines. The project found examples of good practice making reasonable adjustments for people with a learning	Mencap and Disability Partnership's Pharmacy Project report: https://www.mencap.org.uk/sites/default/files/2016-07/Mencap_DP_Pharmacy_report_v1.pdf

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				disability but this was by no means standard in every pharmacy.	
60	NHS Salford Clinical Commissioning Group	Key area for quality improvement 3 – External medications	Alldred et al found that medication errors are more likely to occur with medicines which cannot be packaged in an MCA – such as inhalers, liquids, injections, topical preparations	Training of staff in safe administration of these specific formulations needs implementing in order to improve safety when handling and administering these medications.	Alldred DP et al. The influence of formulation and medicine delivery system on medication administration errors in care homes for older people. British Medical Journal Quality and Safety 2011.DOI:10.1136/bmjqs.2010.046318.
61	Royal College of Nursing	Key area for quality improvement 1 Training for social care staff on medicine management	There is good evidence that appropriate training of social care staff can ensure that social care staff meet the same training standards that is expected of NHS staff.	The 5 year Forward View and Liberating the NHS: Developing the Healthcare Workforce documents make clear the expectations for NHS staff in terms of training and development. In our view, the same expectations should be applied for social care staff, in this instance around medicine management. Also the document – Shape of Caring - Raising the Bar, talks about ensuring that support workers in health and social care are appropriately trained. We are aware of the variation in national training provision for social care staff and a standard around this would be very helpful and necessary in ensuring safe practice and patient care across board.	NICE Guidance: Managing use of medicines in community settings for people receiving social care 5 year Forward Review Liberating the NHS: Developing the Healthcare Workforce From Design to Delivery Shape of Caring (2015)
62	SCM 1	Key area for quality improvement 4	When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers.	Training and competence are essential to provide good quality of care.	
63	SCM 4	Training for care workers with responsibility for medicines support	It is essential that all carers have some awareness of medicines in order to identify people in their care may need support or review. Carers engaged in	With increased care provision in the community of people with complex needs it is essential that carer's have standardised training with regular	People with complex needs e.g. PEG administration, swallowing difficulties and stroke require support from

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			providing care with medicines should have access to a minimum standard of training with a tiered approach according to people's needs.	updates and support to ensure a skills and competence framework appropriate to their role can be maintained.	carers with training appropriate to meeting their needs. Wherever possible, particularly specialised/personalised, training should be within a multi-disciplinary environment and accessible to all agencies involved in the persons care plan.
64	SCM 6	Key area for quality improvement 2 When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they: • receive appropriate training and support • have the necessary knowledge and skills • are assessed as competent to give the medicines support being asked of them, including assessment through direct observation • have an annual review of their knowledge, skills and competencies.	There are many providers of social care in people's homes, commissioned by different routes from health and social care or by the person receiving support themselves. This means there is considerable variation in contracting arrangements and subsequently quality assurance. Providers may be large national companies or conversely in very small third sector provider organisations. Care workers may be administering complex medication regimes including as required medication for mental health disorders. Medication may be administered by different people, for example a Mental health nurse may administer an anti-psychotic medication via depot injection, but the care workers would be expected to monitor the side effects of this, for which they may not have had training There is variation in medicines training available, for example some of it may be online and it may not be specialty specific	Identifying a standard for training and competency in the area would highlight the importance of appropriate and high quality training for care workers It would offer clarity for care coordinators/care managers/case managers Care Programme Approach coordinators	https://www.england.nhs.uk/wp-content/uploads/2017/03/NEXT-STEPS-ON-THE-NHS-FIVE-YEAR-FORWARD-https://www.kingsfund.org.uk/publications/articles/transforming-our-health-care-system-ten-priorities-commissioners/summary https://www.kingsfund.org.uk/publications/long-term-conditions-and-mental-health
65	SCM 7	Key area for quality improvement 5 Staff training	staff taking responsibility for managing medicines in a social care setting should	Care workers who are working unsupervised in the community, often on their own, need to have a minimal level of	

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			have appropriate and recognised training and regular updates.	agreed training which is regularly updated.	
66	Royal College of General Practitioners	**Care staff who help people with their medicines are competent**	In social care settings, people who are unable to manage their own medicines are entitled to have someone who is adequately trained and knowledgeable to give medicines to them. Only staff who have been given appropriate training and have demonstrated they are competent should do this.	Highlighted in the Royal Pharmaceutical report 2016. The Handling of Medicines in Social Care	
Awareness raising for learning disability needs					
67	Mencap	Improving awareness of issues and initiatives related to people with a learning disability and medication	Improving the awareness of people with a learning disability, their families, social care staff, health care professionals and pharmacists of issues and initiatives relating to medication such as STOMP and polypharmacy and know how they can play a part in tackling them.	The STOMP campaign from NHS England highlights the scale of the issue of inappropriate prescribing of psychoactive medications for people with a learning disability. CIPOLD highlighted the scale of the problem of polypharmacy with people with a learning disability. The median number of medications prescribed per person in the review was 7.	STOMP guidance for social care: https://www.vodg.org.uk/wp-content/uploads/2906234-STOMP-Guidance-for-Social-Care-DP-ACCESSIBLE-10703-v1_1.pdf
Emergent themes					
68	SCM 4	Additional developmental areas of emergent practice			Outreach medicines management teams working across the primary secondary care interface such as developed at East Lancashire Hospital Trust have developed systems and processes which support safer transition from hospital to home.