



Title	<i>Community Hospital Discharge Medicines Management Policy</i>
Document Type	<i>Policy</i>
Version Number	<i>V2.0</i>
CGQ & RDS ID Number	<i>Clinical Governance & Quality Use only</i>
Approval/Issue date	<i>March 2023</i>
Review date	<i>March 2026</i>
Owner/Responsible Person	<i>Maclure K; keith.maclure@borders.scot.nhs.uk</i>
Developed by	<i>Maclure K; Harvey K; Amos L</i>
Reviewed by	<i>Area Pharmaceutical Committee, Jan 2022 Area Drugs & Therapeutics Committee, Jan 2022 Local Pharmacy Contractors Committee, Jan 2022</i>
Significant resource implications (financial/workload)	<i>N/A</i>
Approved by	<i>NHS Borders Area Drug & Therapeutic Committee</i>
Health Inequality Impact Assessment (HIIA) (only statutory for policies)	<i>March 2023</i>

Uncontrolled when printed

Contents

Introduction	1
Medicines Management Assessment	2
How to obtain a supply of discharge medication	3
Appendix 1: Nurse Led Medicines Management Assessment.....	4
Appendix 2: Formal Medicines Management Assessment Referral Form	6

Introduction

Prior to discharge from a community hospital two processes must occur to support the safe prescribing, supply and administration of medicines.

1. As soon as the patient is at their baseline there should be a Nurse-led medicines management assessment (appendix 1): This will allow the Multi-disciplinary team (MDT) and patient to decide the most appropriate level of medicine support required for discharge, which will enhance and support independence with medicines & ensure concordance. This will assign a patient to one of 4 levels of medicines support for discharge:

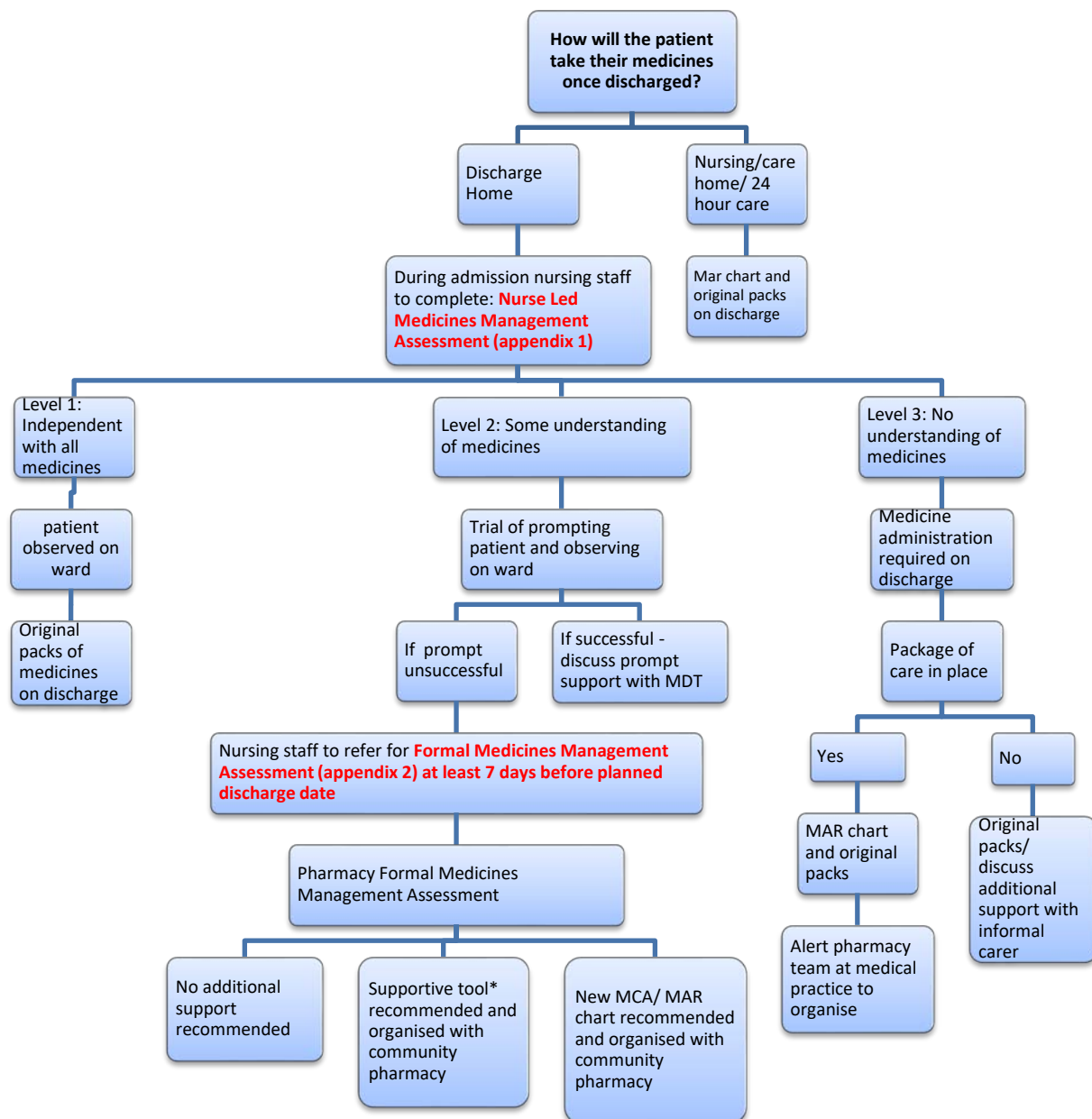
Level	Support
1	Independent with medicines. No assistance required.
2	Verbal prompt and/or physical assistance required. This can include: reminding at appropriate times, opening packaging, reading labels, applying creams, or patches, eye drops, etc. At this level medicines can be supplied in original dispensed packs, a pharmacy filled Multi-compartment Compliance Aid (MCA) or a self-filled compliance aid (verbal prompt only)
3	The person lacks capacity or ability to manage medicines safely. A support worker will administer medicines from original packs using a MAR chart.
4	Administration of medicine requires additional training. For example: administration via PEG tube, insulin and other injections. This is sometimes support workers but often is a community nurse's responsibility.

If the MDT is unsure which level of support the patient requires, or a pharmacy filled MCA was in place previously or is being considered, a formal medicines assessment is required by the Pharmacy team. The referral for this is in Appendix 2. **This must be done at least 10 days prior to planned discharge date with relevant sections of the IDL passed to the Pharmacy at the earliest opportunity.**

Support options include: dispensing in original dispensed packs, additional dispensing tools (non-child-resistant lids, large print labels, assistive technology and tick charts), a multi-compartment compliance aid (MCA) or a medicines administration chart (MAR).

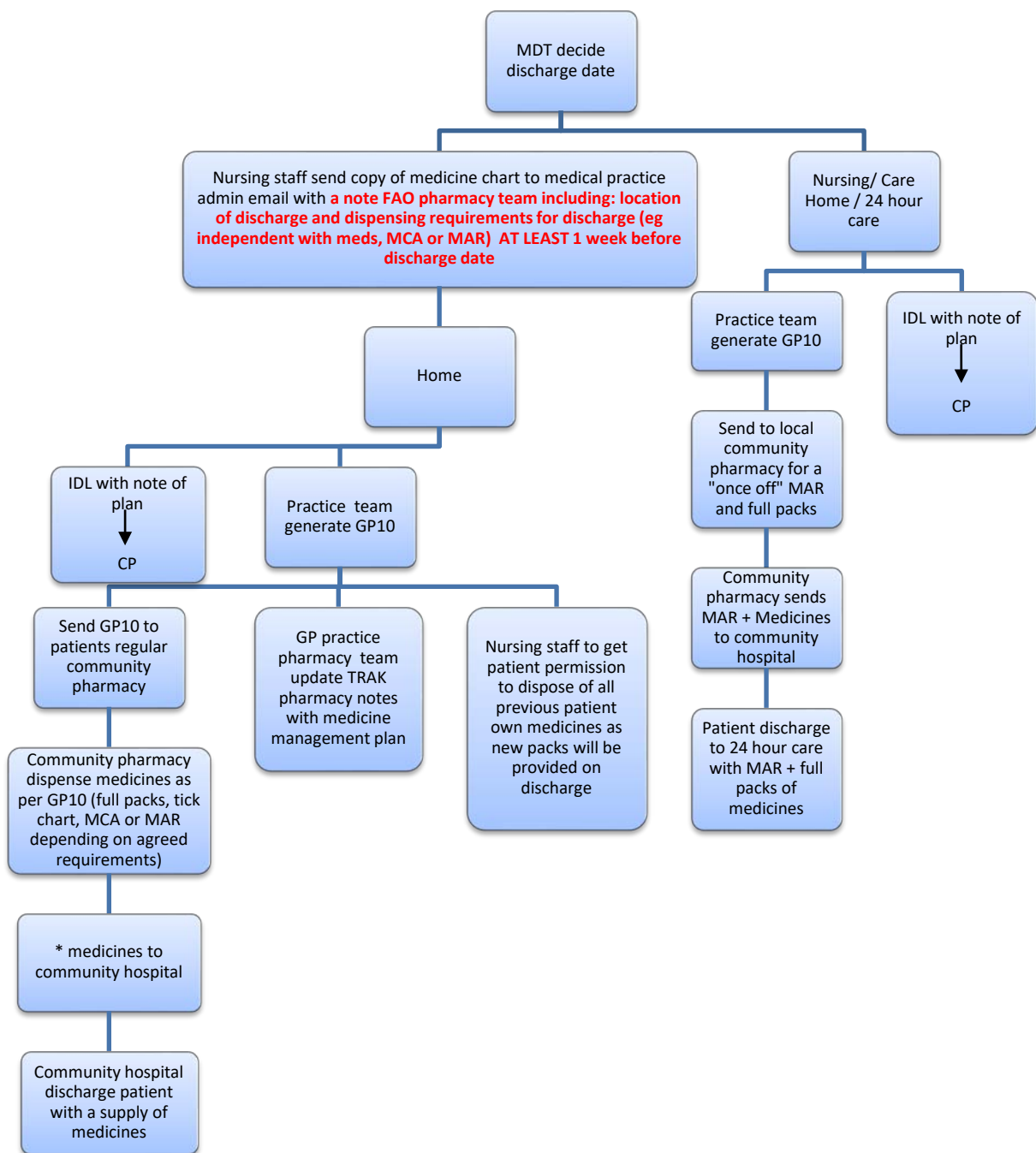
2. Supply of medicines prior to discharge: The patient should be discharged from the Community Hospital with a minimum of 7 days of medication. This medication should be sourced from the patient's local Community Pharmacy.

Medicines Management Assessment



*Additional dispensing support includes non-child-resistant lids, large labels, assistive technology, tick/reminder charts, self-fill compliance aids.

How to obtain a supply of discharge medication



*collection/delivery of medicine will depend on local circumstance. Contact Community Pharmacy at earliest opportunity to arrange. There should be a local agreement in place and 7 days' notice is expected.

Appendix 1: Nurse Led Medicines Management Assessment

A general conversation covering points 1 – 16 should give a picture of the person's understanding of their medicines, medicines support requirements and appropriate medicine support level. If deemed as having an understanding, the patient should be observed managing their own medicines in the ward to confirm they are able.

Patient Label:		Date:	
Questions: (see guidance before asking questions)	Yes	No	Comments
1. Do you have any concerns regarding your medicines?			
2. Can you tell me what medicines you take?			
3. Can you tell me what your medicines are taken for?			
4. Can you tell me when you take your medicines?			
5. Do you ever forget to take your medicine?			
6. Does anyone/thing help remind you to take medicine?			
7. Do you ever choose not to take your medication?			
8. Can you read the labels/ information leaflets?			
9. Can you open foil blisters/ bottles with CRC lids & pick up your tablets/capsules? (patient may be observed)			
10. Can you manage your creams, eye drops, inhalers, patches, measure liquids etc?(patient may be observed)			
11. Can you swallow all of your medication?			
12. Which pharmacy do you use?			
13. Can you tell me how you order your repeat prescriptions?			
14. Can you tell me who collects your repeat prescriptions?			
15. Do your medicines ever run out?			
16. Do you take any over the counter/herbal medicines?			

To assessor: Blister pack was in place or being considered? Please confirm the following applies to the person:		
a) Is patient prescribed numerous medicines or a complex medicine regime, even after a medicines review?		
b) Will patient have a package of care on discharge?		
<p>If the answer to (a) is no, please consider if a reminder tick chart or other aids may be suitable.</p> <p>If the answer to (b) is yes, consider that the support worker could prompt or assist with medicines in original dispensed packs, along with a reminder tick chart, if deemed necessary.</p> <p>If you still consider that a blister pack may be appropriate, please email pharmacy referral inbox for a formal medicines management assessment. A blister pack should not be arranged until the formal medicines management assessment has taken place.</p>		
<p>If, after completing this form, the level of support is unclear or you require medicines support advice, please contact: Pharmacy.referrals@borders.scot.nhs.uk </p>		

RECOMMENDATIONS: Following the assessment of
carried out today it is my opinion that they require the following level of medication support:

Please tick which support level is felt appropriate for this service user		Tick
LEVEL 1 -No medication support required. The patient will manage all medicines independently.		
LEVEL 2 - The patient has capacity and the understanding to take and manage their medicines but may require some assistance such as a prompt, physical assistance: e.g. to open packaging, apply creams etc.		
LEVEL 3 - The patient lacks capacity and understanding to take and manage their medication, where risks have been identified. They will require someone to administer & take responsibility for them [#]		
LEVEL 4* The patient is on medication which requires training and knowledge to administer [#] *If a patient requires Level 4 support for some medications only and requires level 2 or 3 support for other medications it may be necessary to tick more than one box.		
Changes to current medication support required? [#] Yes / No		
Recommended Medicines Support:		
Medicines to be provided in: Original dispensed packs <input type="checkbox"/> Blister pack <input type="checkbox"/> Original dispensed packs & MAR [#] <input type="checkbox"/>		
Support required: No medication support required <input type="checkbox"/> Reminder Tick Chart <input type="checkbox"/> Prompt [#] <input type="checkbox"/> Observe [#] <input type="checkbox"/> Assist [#] <input type="checkbox"/> Administer according to MAR [#] <input type="checkbox"/>		
[#]Please Note: <ul style="list-style-type: none"> If the support is to be provided by family or informal carer, who have agreed to do this, no further action is required & no MAR should be in place. If the support is to be provided by a formal carer, already in place, social care must be contacted to ensure that the support plan is updated to give the support worker permission to provide the new medicine support. If there is no care in place & you have concerns that this may be required, a social care referral may be necessary. <p>A MAR must only be provided when there are formal carers in place and there is confirmation that the medication support level stated in the social care support plan is level 3.</p>		
Collection/delivery service required?		Y / N
Does this need to be set up with pharmacy? (if pharmacy provides service) If yes, with which pharmacy.....		Y / N
Comments/Wording for support plan:		
Assessor's name & designation:	Location of assessment:	Date:

Appendix 2: Formal Medicines Management Assessment Referral Form

FORMAL MEDICINE MANAGEMENT ASSESSMENT REFERRAL		
This form should be completed for any patient or person who requires a formal medicines management assessment to be carried out by a pharmacist or pharmacy technician.		
Please complete all sections and email Pharmacy.Referrals@borders.scot.nhs.uk .		
Referrer details		
Date of referral:	Name/Designation:	Phone Number:
Patient/Person details		
Patient Label:		Mosaic ID (if known):
Address:	Ward/Room Number:	Contact details (if in the community):
GP:	Community Pharmacy:	
Reason for referral:		
Current Situation		
1. Has Package of Care (POC) referral been made?	Y / N (if YES please answer question 2 to 5)	
2. Is medicine support included?	Y / N	
3. How many visits a day?		
4. Does this fit in with the medicine doses?	Y / N	
5. Which type of medicine support is provided?	Prompt <input type="checkbox"/> Assist <input type="checkbox"/> Administer <input type="checkbox"/> Other <input type="checkbox"/> please state:	
6. How are the medicines provided?	Original packs only <input type="checkbox"/> Blister pack (MCA) <input type="checkbox"/> MAR Chart & original packs <input type="checkbox"/> Reminder Chart <input type="checkbox"/> Other <input type="checkbox"/> please state:	
7. Does this person live alone?	Y / N	
8. Is the person housebound?	Y / N	
9. Has the person been diagnosed with dementia? *If there is no diagnosis of dementia but the person has cognitive impairment please provide details.		
Further comments:		