

## **Medicines Adherence Support Service Pilot: Post-Pilot Supply of Solutions**

### **Service Specification** **1<sup>st</sup> July 2015 – 30th June 2016**

#### **1. Service Description**

The Medicines Adherence Support Service (MASS) Phase 2 Pilot finished on 30<sup>th</sup> June 2015. It aimed to help patients to adhere to their prescribed medicines more effectively. Following an assessment of medicines adherence, solutions to help patients manage their medicines were provided, and ongoing monitoring was undertaken to ensure that medicines were adhered to. Recommendations were also made to other providers of solutions e.g. GPs for medication review, care managers for domiciliary care support.

For those people in receipt of personalised solutions, it is important that they continue to receive a supply of the solution where appropriate.

#### **2. Aims of the Service**

In conjunction with patients, to improve adherence to and improve their knowledge and use of medicines by:

- establishing the patient's actual use, understanding and experience of taking their medicines;
- identifying non-adherence to medicines, both intentional and non-intentional;
- identifying, discussing and resolving poor or ineffective use of their medicines;
- providing solutions as necessary to meet needs identified during the MASS phase 2 pilot assessment.

#### **3. Patient Eligibility**

- 3.1 The patients who are eligible for the post-pilot service will be individuals who were assessed during the MASS phase 2 pilot and are currently in receipt of personalised medicines adherence solutions.
- 3.2 All patients should have been given a patient information leaflet to explain the MASS phase 2 pilot service (Appendix 4 of the MASS pilot guidance document<sup>1</sup>).

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<sup>1</sup> MASS Phase 2 Pilot Documentation: <http://www.hscbusiness.hscni.net/services/2450.htm>

- 3.3 All patients have previously given consent to the MASS phase 2 pilot service and signed a consent form (Appendix 5 of the MASS pilot guidance document) after reading the service information leaflet. Patient consent allows the pharmacy contractor to share information from the service with:
- The patient's GP;
  - Relevant other health and social care professionals e.g. speech and language therapist, domiciliary care manager who may be involved with the patient's care;
  - Regional HSC Board, the Business Services Organisation (BSO), Department of Health, Social Services and Public Safety (DHSSPS), healthcare practitioners and other health and social care bodies for the purposes of administering and managing health and social care services and to verify that the service has been delivered by the pharmacy as part of post-payment verification.

#### **4. Pharmacist eligibility**

- 4.1 Community pharmacists (CP) providing the post-pilot solutions service must have attended the pilot project training for the service as specified in the MASS phase 2 pilot contract.

#### **5. Service Specification**

- 5.1 The post-pilot solutions service will consist of the continued supply of personalised medicines adherence solutions only. The services provided during the pilot i.e. pre-assessment preparation, assessment and monitoring and follow-up activities will no longer be provided from 1<sup>st</sup> July 2015.
- 5.2 The recommended medicines adherence solutions are provided if the solution is a personalised (list-based) solution. Stock solutions provided directly from the dispensary MASS solutions stocklist are not included in this post-pilot specification.
- 5.3 A MASS personalised solution may be provided post-pilot following a MASS assessment carried out during the pilot at the community pharmacy prior to 1st April 2015 or in another pilot care pathway e.g. hospital pathway where the assessment was carried out by a pilot lead pharmacist.
- 5.4 Eligible patients for the service may be identified through records, held at the pharmacy, of patients who have participated in the MASS phase 2 pilot (prior to 30th June 2015). A MASS post-pilot solutions service should only be administered to patients for whom a full prescription history is available, i.e. the patient is attending their usual pharmacy.
- 5.5 Supply of a personalised solution must be based on an accurate, checked list of medicines, and supplied as specified below.

#### **6. Provision of MASS Personalised Solution Post-Pilot**

### Step One – Medicines List Check

- 6.1 The community pharmacist (CP) must be satisfied that the patients's medicines list is correct and that any recent changes have been incorporated prior to the provision of a personalised (list-based) solutions. Where discrepancies are found between information sources used, the patient's GP should be consulted. The CP will ensure that an accurate list of the patient's medicines is confirmed using a minimum of two information sources. Please refer to the MASS pilot project guidance.
- 6.2 The medicines list check will normally be carried out face to face with the patient, or their carer, in the community pharmacy or at a pre-arranged domiciliary visit and the pharmacist will check for any recent medication changes e.g. at an OPD clinic or A&E visit.
- 6.3 If the medicines list check is to take place in the pharmacy, the patient should be asked to bring in all their current medicines from home (including over the counter medicines) and any compliance aid(s) they are currently using.
- 6.4 The part of the pharmacy used for the provision of MASS medicines list checks must meet the following requirements for consultation areas:
- the consultation area should be where both the patient and the pharmacist can sit down together
  - the patient and pharmacist should be able to talk at normal speaking volumes without being overheard by any other person (including pharmacy staff)
  - the consultation room should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- 6.5 In cases where there are new adherence or clinical issues identified during the medicines list check, the patient should be referred to the GP as appropriate for further management and /or medication review. Referrals to the GP or other health and social care professionals should be either made verbally or by using the MASS phase 2 Health & Social Care professional letter template (Appendix 10 of the MASS pilot guidance document) depending on the urgency of the request and accompanied by a copy of the medicines list or other information as appropriate.

### Step 2 - Provision of Personalised MASS Solution

- 6.6 The personalised (list-based) MASS solution(s) should normally be provided regularly, on an appropriate time schedule, on an ongoing basis post-pilot (from 1<sup>st</sup> July 2015):
- a) Medicines Reminder Card: one-off supply unless there is a change to prescribed medication
  - b) Medicines Administration Record chart (for patient/family use only; not for use by formal carers): monthly against a monthly prescription
  - c) Multicompartment Compliance Aid / Monitored Dosage System: weekly against a monthly prescription\*
- 6.7 If the patient's circumstances or medicines have changed, it will be necessary to re-check the medicines list and supply a new list-based solution mid-month/week.

**\*This relates to each new prescription presented for dispensing and excludes each instalment dispensing episode for patients on multiple dispensing prescriptions.**

a) Medicines Reminder Card

- A medicines list should be printed on light card, indicating the date of issue
- The reminder card should contain information about the name of the medicine, strength, form, dose, time of day to take, indication and other information e.g. BNF warning. A template is available in the MASS pilot project guidance.
- The font size should be large enough for the patient to read easily, especially if they are visually impaired.
- The CP should check that the patient understands the instructions and can interpret them correctly.
- The patient should be reminded to bring the card into the pharmacy each month so that the CP can check if it is still valid or whether a new card should be issued.
- The CP should check that the list of medicines is still correct each month and use their professional judgement to assess if a new medicines reminder card is needed. The card should be annotated to indicate the date of the check. If necessary, a new card is supplied.

b) Medicines Administration Record (MAR) chart

- A MAR chart should be printed onto paper, indicating the date of issue.
- The MAR should contain information about the the name of the medicine, strength, form, dose, time of day to take, indication and other information e.g. BNF warning. A template is available in the pilot project guidance.
- Both regular and “prn” medicines should be included.
- The font size should be large enough for the patient (or their carer as appropriate) to read easily, especially if they are visually impaired.
- The CP should check that the patient understands the instructions and can interpret them correctly.
- The CP should check that the list of medicines is still correct each month.
- The patient is supplied with a new MAR chart each month.

c) Multicompartment Compliance Aid / Monitored Dosage System (sealed)

- The CP should follow the most recent legislation, guidance and standards when preparing multicompartment compliance aids (MCA) or sealed monitored dosage systems (MDS). Please refer to the MASS phase 2 pilot project guidance.
- The CP should ensure that the patient’s GP and other relevant health and social care professionals are aware that the patient is in receipt of a MCA/MDS.
- The CP should check that the list of medicines is still correct at each supply.
- The patient should be supplied with a new MCA/MDS device weekly, or sooner if changes have been made.
- If the prescription for a patient participating in the pilot in receipt of a MCA/MDS is endorsed “dispense weekly”, the CP should **not** claim payment for both weekly dispensing and the provision of MASS solutions.

- 6.8 The solutions agreed should be continued as appropriate post-pilot. If the patient's circumstances change the need for service provision should be reviewed and stopped where appropriate. For example, if a patient is admitted to a nursing home then the solution will no longer be required.

## 7. Record Keeping

- 7.1 The CP should capture and retain a record for every patient enrolled in the pilot and who continues to receive personalised solutions post-pilot. These records should be retained for use in the pharmacy, and copies provided to relevant health and social care professionals, e.g. GP, as appropriate.
- 7.2 The MASS phase 2 pilot assessment records should be kept for eight years from the date the service is completed and may be stored electronically.
- 7.3 CPs may wish to keep additional clinical records over and above the MASS dataset to support their ongoing care of the patient.
- 7.4 Performance of the MASS phase 2 post-pilot solutions service will be monitored by HSCB staff.
- 7.5 The HSCB pharmaceutical service advisers will provide ongoing support for all CPs contracted to provide the MASS phase 2 post-pilot solutions service.
- 7.6 CPs should refer to the MASS phase 2 pilot guidance document<sup>2</sup> as required.

## 8. Service Fee

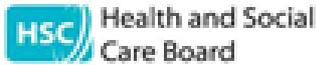
- 8.1 CPs should complete the HSCB MASS post-pilot Monthly Activity claim form (see Appendix A) by collating the necessary data from pharmacy records of service provision. Claims should be submitted to the local HSCB office **each month** for payment.
- 8.2 A payment of £40 per patient per month will be made for checking the accuracy of the patient's medicines list against the new prescription\*\* and providing an appropriate personalised (list-based) solution for the duration of this service or until the patient's circumstances change and a service is no longer required.

\*\*This relates to each new prescription presented for dispensing and excludes each instalment dispensing episode for patients on multiple dispensing prescriptions.

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<sup>2</sup> MASS Phase 2 Pilot Documentation: <http://www.hscbusiness.hscni.net/services/2450.htm>

Appendix A



**MEDICINES ADHERENCE SUPPORT SERVICE (MASS)  
POST-PILOT MONTHLY ACTIVITY CLAIM FORM  
(Continuity of care for patients assessed during MASS Pilot)**

Contractor Number: \_\_\_\_\_ Name of Pharmacy: \_\_\_\_\_

Pharmacy Stamp:  \_\_\_\_\_

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

PATIENT ID Health & Care Number	Medicines List Accuracy check completed (€40 per patient)		Personalised MASS solution supplied	
	Completed	Date	MCA/MD3	Medicines Reminder Card
	Yes/No		Yes/No	Yes/No

I/we declare to the best of my/our belief the information on this form is correct.  
An audit trail is available at the Pharmacy for inspection by the HSCB's authorised  
officers or officers acting on its behalf for payment by BSO and pilot evaluation.



Pharmacist Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please PRINT NAME \_\_\_\_\_

Please return completed forms for payment to your local HSCB office each month:  
 Douglas Stanton, HSCB (South Eastern) Directorate of Integrated Care 12-22 Lincoln Hall Street Belfast BT2 8SS  
 Eilish McMullan HSCB (Northern) Directorate of Integrated Care County Hall 182 Coleraine Road Ballymena BT42 1QS

For HSCB office use only. Cost Centre: J9FP05 Expense Code: 19484217  
 Signature for authorisation of payment ..... Date.....

NB An electronic copy of this Claim form is available on <http://www.hscbusiness.hscni.net/services/2450.htm>