

Community Pharmacy

Medicines Adherence Assessment Support Service Pilot

Guidance for Conducting the Adherence Assessment Service

November 2014

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Guidance for conducting the Medicines Adherence Assessment Support Service

Introduction

The Medicines Adherence Support Service (MASS) Phase 2 Pilot aims to help patients adhere to their prescribed medicines more effectively. Following an assessment of medicines adherence, solutions to assist patients to manage their medicines will be provided and on-going monitoring will be undertaken to ensure that medicines are adhered to. Recommendations may also be made to other providers of solutions e.g., GPs for medication review, care managers for domiciliary care support

Aims

In conjunction with patients the aims are to improve adherence to, and 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 medicines
- assessing the need for support with medicine administration
- considering the most appropriate solution to meet their medicine administration needs
- providing solutions, as necessary, to meet identified needs

Benefits of the Service

Patient

- Improved outcomes through improved knowledge, improved adherence, and more effective use of their medicines
- Opportunity to make informed choices regarding their medicines management
- Personalised patient-specific solutions implemented to meet their needs
- Protected one to one time with their pharmacist, especially for housebound patients

Pharmacist

- Development of skills
- Improved knowledge of local older people's services
- Improved knowledge of medicines adherence solutions
- Builds relationships with patients, especially housebound patients
- Development of relationships with other health & social care professionals

GPs

- Provides a pathway for patients with identified adherence issues
- Improved patient outcomes through better adherence to medicines regimen
- Identifies patients with adherence issues, leading to informed decision making with respect to prescribing new medicines.

HSC

- More effective and safer use of medicines
- Improved patient adherence
- May reduce drug expenditure and wastage

Getting started & Training

Pharmacists wishing to participate in the pilot project must have personally attended a training evening, where information will be given on how to conduct the pilot and complete the associated documentation.

Pharmacists must have read the service specification, this guidance document, and be aware of all accompanying documentation. A signed HSCB contract for the service provision must be completed.

Pharmacists must have obtained the items detailed on the stock solution list (Appendix 1). A stock solution claim form, and receipts for items with a cost, (Appendix 2) must be submitted.

Standard Operating Procedures

It is advisable that pharmacists put in place standard operating procedures detailing each stage of the process. These should be specific for each pharmacy, and outline responsibilities for all staff members involved.

Competency

Accreditation by certification is not currently a requirement for participation in this service. However, contractors should ensure that all necessary training is in place to ensure that the service specification and guidance is followed at all times when the service is provided.

Premises

The service specification requires that the assessment is carried out face to face with the patient, either in the pharmacy or, if necessary, in the patient's home to meet their mobility needs.

If conducted in the pharmacy, the part of the pharmacy used for the provision of the service must meet the following requirements for consultation areas:

- there should be space for both the patient and the pharmacist to sit down together
- Both the patient and the pharmacist should be able to talk at normal speaking volumes, without being overheard by any other person (including pharmacy staff)
- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.

The patient should be invited to have someone else present at the assessment if they wish, particularly anyone who is involved in helping to manage the

patient's medication. The consultation area should be able to accommodate the presence of a third person.

Contractors may find it helpful for the consultation area to include a table or workbench. Contractors may also wish to include space for a computer terminal. Any computer used during the assessment should be sufficiently secured and not left unattended. If the pharmacist needs to leave the area for any reason, they should ensure the screen is locked.

Provision of the service at other locations

If the assessment is to occur at the patient's home, the pharmacist should ensure that they gather enough information pre-assessment to be able to risk assess the visit. Examples of issues to consider:

- Are there any concerns for the safety of others when visiting the home?
Consider: Pets / Locality / Threat from others /Other issues
- Is there any evidence of aggression /alcohol / drug abuse by the patient, or anyone who will be at the house during the visit?
- Who else lives in the house, and who will be there during the assessment?
- Ensure someone in pharmacy knows exactly where you are going & when you expect to return. Always bring a mobile phone with you.

The patient's GP, or care manager, if applicable, may be able to advise on the patient's suitability for a domiciliary visit.

Contractors are strongly recommended to consider the implementation of a lone worker policy, if not already in existence. Possible evidence base for the policy is listed below

- Health & Safety at Work (Northern Ireland) Order 1978
- 'Not Alone': A Guide for the Better Protection of Lone Workers in the NHS (NHS Security Management Service, 2009)
- Work Related Violence – An RCN Tool to Manage Risk and Promote Safer Practices in Health Care (2008)

If there is any doubt as to the safety of the visiting pharmacist, alternative arrangements should be made for an assessment in the pharmacy if feasible.

If, during the assessment, the pharmacist feels his / her safety could be under threat, the assessment should be abandoned. The assessment could be rescheduled at a later date to occur in the pharmacy, if appropriate and feasible.

In such cases, if the patient cannot make an appointment in the pharmacy or another safe location such as the GP surgery, the patient should be informed that they cannot avail of the service, and their GP should be informed of any concerning adherence issues. Every effort should be made to inform any health & social care professionals involved with the patient of the potential / actual risk.

Consideration also needs to be given as to whether or not the patient will be able to answer the door to let the pharmacist in. If not, ascertain what specific access arrangements are in place.

An alternative venue for the assessment may include the GP surgery, as long as the requirements for the consultation area are met, and the practice is agreeable.

Patient Eligibility

The following criteria should be used to determine eligibility:

- ≥ 65 years old
- ≥ 4 regular prescribed medications
- Living at home
- Registered to a GP in the pilot ICP area (See Appendix 3 for a list of applicable GPs)
- Suspected or actual medication adherence issue

Patient Identification

Patients may be identified in the following ways:

- Patient self-refers (an information leaflet could be placed in medication bags, or posters put up in the pharmacy)
- Family members / friends /delivery driver voices concern
- Health or social care professional contacts you to voice concern
- Over or under ordering of prescriptions; frequent running out of medication; patient making frequent phone calls/visits to pharmacy to clarify information; patient struggling to understand recent medication changes
- Appropriate patients may also be referred by the Pilot Lead

Patient Consent

A Patient Information leaflet (Appendix 4) and an explanation of the services should be given to the patient by the pharmacist, or by a trained member of staff.

Consent for enrolment in the service should be obtained and the consent form completed (Appendix 5).

The patient's circumstances should be considered, and the assessment may be classed as routine or urgent. This could involve checking the patient's medication list, to determine if they are on any high risk medications, and the nature of the patient's suspected/actual adherence issue(s).

An appointment should be made for face-face assessment, with all medications present. If the patient is housebound, this will need to be as a domiciliary visit - see information under 'Provision of the service at other locations'. It would be essential for each pharmacy to decide which days and times of the day they would prefer assessments to be held on. Appointments should be marked in the appointment diary and the date / time written down for the patient if necessary.

Patients should be invited to have a family member/friend, or anyone who helps them manage their medication, present at the assessment, if they wish.

If the assessment is to occur in the pharmacy, the patient should be advised to bring all of their medication (prescribed or otherwise) from their house in, together with any compliance aids they currently use. They should also be

encouraged to bring any stopped or expired medication with them for safe disposal at the pharmacy.

Pre-assessment preparation

Every effort should be made to obtain an accurate list of the patient's medicines prior to the assessment. This could be from the pharmacy patient medication record, GP patient record, and recent hospital in-patient and/or out-patient letters (which can be obtained from the GP surgery or, if necessary, the relevant hospital). It is recommended that a copy of the GP medication record should be used as the primary source. Any discrepancies, for example between a recent discharge letter and GP records, should be clarified with the GP surgery.

Complete page 1 of The Community Pharmacy Medicines Adherence Assessment Form (Appendix 6) with patient demographics and the medication list.

Conducting the medication adherence assessment

The assessment should be face-to-face, with adequate protected time allocated. Measures should be taken to ensure an effective consultation with the patient, e.g., quiet area with no interruptions. The consultation area used to provide the service should meet the requirements outlined above.

The patient and accompanying person, if applicable, should be welcomed and shown to the consultation area.

For domiciliary visits, it is recommended that pharmacists should also carry highlighters to emphasise information, small sealed plastic bags to remove loose tablets, larger bags to remove significant quantities of medication and blank labels to label storage boxes.

A brief summary of the service should be described to the patient, i.e., what the assessment will involve, and the role of the community pharmacist in this. The patient should be reminded that, if necessary, as per the consent form, information highlighted in the assessment may be shared with other health & social care professionals as applicable and in the best interests of the patient.

All medications that the patient takes should be present at the assessment.

The initial part of the assessment should involve verifying the list of medications, obtained prior to the assessment, with the patient/accompanying person to establish what they actually take. The patient should also be asked if they are aware of the indication for each medication, if they are experiencing any side effects, or have any other issue with each medication. Issues or gaps in the patient's knowledge should be noted on the right hand side of the table.

The pharmacist should also ask if there are medicines obtained elsewhere, such as the hospital, or if any herbal/OTC remedies are taken. The patient should be asked if they take any other medicines that have not been discussed.

This information should be documented on page 1 of the Medicines Adherence Assessment Form.

If the patient differs in what they take from the list obtained prior to the assessment, it should be clarified whether the patient is correct in what they take (e.g. dose reduced but not updated on GP records), or if they are not adhering correctly to the directions.

The assessment should then progress to page 2 of the form where the patient is asked a series of questions about their medicines management and their attitude towards their medicines.

Questions should be asked in an open, non-judgemental manner. Try to avoid questions with yes / no answers, and ask the patient "How do you...." etc. Responses should be based on the patient's judgement of their abilities, but the perspective of the assessor, and carer if applicable, should also be taken into account. Issues identified during the course of these questions should be documented on the right hand side of the table. Pick up on any non-verbal cues to expand questions further as necessary. Every effort should be made to establish a good rapport with the patient and build on existing relationships.

During the course of the assessment, the patient should be asked about what existing adherence support measures they have in place. This should be documented on page three of the form.

At the end of the assessment, issues which have been identified by the pharmacist during the assessment should be summarised to the patient to establish if they agree. These issues should be detailed on page three of the form.

Solutions

For each adherence issue identified, consider, with the patient, possible solutions which could address the issue(s). The Solution Grid, Appendix 7, is a resource to make the pharmacist aware of the most common solutions to consider. The solution grid maps adherence issues to potential solutions. Please note that each solution should be risk assessed for each individual patient, taking into account their specific circumstances.

Common solutions include:

Provision of a medication list, medication disposal, prescription quantity and date synchronisation, medication education, provision of a reusable compliance aid for patient/family member to fill, referral to GP for simplification of regimen; suggestions could be given to aid this.

Some solution(s) may require another party to implement e.g. GP to consider a change/suggestion, or a referral to social care / diabetic team, etc.

Patients may require a range of solutions to be implemented.

Agreed solutions should be detailed on page three of the assessment form.

Solutions should be supplied at the assessment if feasible.

In this pilot there will be a payment for the provision of either a stock solution and/or a personalised/list based solution.

Stock Solutions

This covers items on the stock solution list (Appendix 1) or another item which has been obtained to meet the needs of the patient. This includes items such as Pill poppers, pill splitters, Haleraid[®] (to help administration of inhalers), Turboaid[®] (to aid turning of turbohalers), eye drop applicators and reusable compliance aids for a patient or family member to fill each week.

Stability of medications should be taken into consideration when supplying a reusable compliance aid, and the patient's/ informal carer's ability to use it safely should be determined.

Stock solutions supplied to patients, should be claimed for using the stock claim form (Appendix 2).

Personalised/ List based solutions

The three main types of personalised solutions include the weekly preparation of a sealed Multi-compartment Compliance Aid / Monitored Dosage System, provision of a Medication Reminder Card and a Medication Administration Record chart (MAR). These solutions depend on an accurate list of the patient's medicines initially and thereafter. Every effort must be made to thoroughly verify the accuracy of the list with the GP prior to preparation and release of these solutions before each supply/update. It must be emphasised to patients that the on-going accuracy of the medicines list is dependent on communication of changes to the community pharmacist. Patients/ advocates should inform any health & social care professional involved with reviewing their medicines of the presence of the solution, so that appropriate communication can be made, and changes to the solution quickly updated. Careful consideration should be given to whether the patient/informal carer will be capable of this before the solution is agreed. Patients should be encouraged to obtain all their medicines from the pharmacy providing the solution.

Initial verification of the medicines list should involve:

- Request a printout or fax of the current medicines list from the GP surgery prior to the solution being supplied to the patient. For the initial supply, this should already have been requested as part of the pre-assessment process. If there is a lag time, this request should be repeated.
- Ask the patient/informal carer if there have been any recent changes to medicines, or if the patient has started taking any new OTC or herbal medications regularly. Any changes must be verified.
- Ask the patient/informal carer if they have been admitted to hospital, or attended out-patient hospital or GP appointments, visited A&E or Out-of-Hours GP services. Verify if any changes to medicines have been recommended at these appointments, and if they have been implemented by the GP.

Medicines reminder card

The medicines reminder card template, Appendix 8, can guide the provision of an electronically generated medication reminder card. A medicines reminder card should be printed electronically on light card. All pharmacy computer systems should be capable of generating something similar.

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. The font size should be large enough for the patient to read easily, especially if they are visually impaired.

An electronic copy of the template in Appendix 8 is available on the BSO website, or can be requested from either of the pilot leads..

Medication Administration Record (MAR) Chart

In this pilot, provision of a MAR chart should only be for use by the patient or their family/friends. Patients may wish to record what medication they have taken, or informal carers may wish to record what medication they have given. It should not be used for formal carers to administer or to record administration of medication. In reality there will be very few patients this will be needed for. This will be issued monthly against monthly prescriptions.

For personalised solutions, a Medicine Reminder Card or MAR chart should not normally be issued unless the patient, or other identified person, is capable of keeping it under review and communicating changes promptly to the community pharmacist. The patient's/informal carer's ability to correctly interpret instructions from the Medicines Reminder Card/Medication Administration Record chart should be checked.

Sealed Monitored Dosage System

This will be issued weekly from monthly prescriptions.

Again, the stability of the medications to be placed in this should be taken into consideration, bearing in mind whether one or four boxes are made up at a time. The Royal Pharmaceutical Society have issued recent guidance on this and further practical information can be sought using the UKMI database (accessible through your local hospital's pharmacy medicines information department) - see Resources at the end of this guidance.

This should be balanced against each patient's circumstances and how they would adhere to the medication if it was not placed in the blister pack. Each situation needs weighed up and a professional judgement made, taking into account local procedures and guidance.

It should be determined if the patient/informal carer can use this safely, depending on who will be responsible for administering the medications.

"Dispense weekly" cannot be claimed for patients whose monitored dosage system will be paid for via the pilot payment model. It is therefore imperative that the GP is specifically informed that the patient is now on a weekly blister pack to ensure their records are annotated accordingly. Please see the section below, 'Communicating with other health & social care professionals' The template in Appendix 10 must be used to inform the GP when placing a patient on a personalised solution such as a MDS.

This will increase the likelihood of other health & social care professionals being made aware that the patient is in receipt of a weekly MDS if they contact the GP surgery, particularly if the patient is admitted to hospital.

For medications which cannot be placed in the blister pack, consideration should be given as to how they will be taken.

A procedure should be in place to manage changes to the medications, particularly if this occurs in the middle of a blister pack cycle.

Original packs of medications which are now going to be in a blister pack should be removed from the patient's house before the blister pack is supplied. Medications removed should be recorded on the "Removal of Medications Form" (Appendix 9). This will avoid the risk of the patient having a duplicate supply.

When a personalised solution has been supplied and checked monthly, this should be claimed for on the Monthly Assessment Claim Form (Appendix 12). Each patient enrolled in the pilot should be allocated an identifying number or their Health & Care Number may be used to record what is being claimed for on the form.

Provision of Solution(s)

Some patients may require a 2nd appointment to supply the solution, e.g. provision of a medication list, or if there are any outstanding issues, or if a

check is needed sooner than the normal follow-up. A common solution is to provide patients with a medication list, and a compliance aid to fill using their list. The ability of the patient to do this should be tested by the pharmacist after they have been shown how to do it.

The Removal of Medication form, Appendix 9, should be completed if medication is being removed for disposal.

Agree a 1st face to face follow up encounter date with the patient within a one month time period, giving consideration to the urgency of this review appointment. The appointment time could be agreed with a phone call closer to the time. This should be marked in the appointment diary. It should be emphasised to the patient that they should contact you sooner if the solution has not been implemented, or has not helped. Contact details for the pharmacy and the pharmacist who has undertaken the assessment should be given to the patient, along with the date of the next appointment.

The patient's pharmacy medication record should be updated with information to ensure all relevant staff will be aware and on-going solutions will be continued.

Review of personalised solutions

The personalised solutions should be checked each month by the community pharmacist to determine accuracy. The payment model reflects this requirement.

This should involve:

- Requesting a printout or fax of the current medicines list from the GP surgery every month
- Asking the patient/informal carer if there have been any recent medicine changes, or if the patient has started taking any new OTC/herbal medications, regularly. Verify these changes.
- Asking the patient/informal carer if they have been admitted to hospital, or attended any out-patient hospital or GP appointments, visited A&E or Out-of-Hours GP services. Verify if changes to the medicines have been

recommended at these appointments and if they have been implemented by the GP.

- If there are no changes to the medicines list, record the date that the check was made on the Medication Record Card. If the medicines list has changed, issue a new card.
- If a Medicines Administration chart was supplied it may be appropriate to amend it taking care to ensure that changes are clear, or preferably, issue a new or supplementary sheet.
- If a Monitored Dosage System was supplied, it may be necessary to supply a new one and remove the old one to ensure that no mistakes are made.

●Medicines Reminder Card: one-off supply unless there is a change to prescribed medication. The pharmacist should check the card each month to determine its accuracy, updating electronically if there have been changes and ensuring the previous version is removed and disposed of in confidential waste. The card will also need to be updated mid-month if the community pharmacy is aware that changes have been made to the patient's medication. The medicines reminder card template provided (Appendix 8), includes a section to record and sign for monthly checks.

●Medicines Administration Record chart: monthly against a monthly prescription. If the medicines change within this time period, it will be necessary to supply a new or supplementary MAR chart as appropriate. Please remember the MAR chart is only for patient/family personal use only, NOT for formal carer use. Medications which have been discontinued or changed should be clearly crossed out and annotated with a signature and date.

●Multi-compartment Compliance Aid / Monitored Dosage System: weekly against a monthly prescription* Again, if there are changes within this time period, a new MDS will have to be issued and arrangements made to swap with the existing one.

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

A copy of the most up-to-date Medicines Reminder Card or Medication Administration Record chart should be kept by the pharmacy.

Communicating with other health & social care professionals

At various stages of the service provision, communication may be needed with other health & social care professionals, to obtain information, provide information about the assessment, discuss a solution, or ask them to be responsible for implementing a solution. This may be via a telephone call or letter, depending on the urgency and appropriateness. Appendix 10 shows a letter template which could be used for this purpose. A summary does not need to be sent to the GP for every patient assessed, only if it is relevant to do so, and if they should be made aware of any of the assessment information.

If a personalised solution is being supplied, please use the template in Appendix 10 to inform the GP. This alerts the GP as to what they should do.

GPs must be made aware if a patient is being placed on a weekly MDS box filled by the community pharmacist, so that they can update their records accordingly. This will help ensure such information is visible for any health and social care professional involved in the patient's future care. It should be emphasised to GPs to make the use of MDS clear on their records, along with details of the pharmacy providing the weekly blister pack. This will also ensure that anyone in the GP surgery making changes to the medications will be aware of the need to communicate information to the pharmacy.

Details of phone conversations and copies of letters sent should be kept with the patient adherence assessment form.

It should be clear, regardless of the communication used, who is responsible for implementation of the solution.

Some services may require completion of a separate referral form; this should be determined via a preliminary phone call.

Contact details for commonly used services, such as Social Care, are documented on Appendix 11.

The patient should be informed of where they are being referred and the reason for this. They should verbally consent to the referral and be made aware of the likely time period, if known, before they will be seen.

Signposting/Referral

In addition to referral for a particular solution, the assessing pharmacist should adopt a holistic approach to the patient and their overall needs and signpost/refer patients to various services/schemes which could be of benefit to them. Information for common services is detailed in Appendix 11, and every effort should be made to develop knowledge of older people's services available locally.

Referral to the Pilot Lead

At any stage during provision of the service, patients may be referred to the pilot lead for an in-depth medicines adherence assessment. This may occur if there are multiple adherence issues identified, or if there is a single complex adherence issue, particularly if this is a clinical issue. The pilot lead has access to various patient databases and laboratory results which may be required for resolution of an issue.

The patient should be informed of this and must consent verbally to the referral.

The letter template, Appendix 10, could be used to refer patients. Alternatively, a telephone call to the pilot lead should suffice.

If the patient refuses referral, and the assessing community pharmacist feels they cannot deal with the issue(s), the GP or other relevant health & social care professional(s) should be informed.

Follow up encounters

As outlined above, a date for the first follow up appointment should be agreed with the patient at the initial assessment, with a reminder phone call closer to the date to confirm the time. The first follow up encounter should occur within one month of the assessment.

This encounter should take place in the same fashion as the assessment; in the consultation area in the pharmacy, or patient's home as appropriate, during protected time and free from interruptions.

It should be determined whether or not the recommended solutions have been implemented, if they are helping, if there have been any changes to the patient's circumstances, or if there are any new adherence issues identified. Solutions may need to be changed if they have not worked, or if the patient's needs have altered.

This information and any action taken should be documented on page four of the assessment form.

A date for the 2nd follow up encounter, within three months of the initial assessment, should be agreed with the patient. Details of this appointment should be given to the patient, and an entry made in the pharmacy diary.

The patient should be telephoned closer to the date to remind them of the appointment, and confirm the time.

The format of the 2nd follow up should follow that of the first follow-up encounter. Again, information and action taken should be recorded on page 4 of the assessment form.

Documentation and claim forms

After each initial assessment, supply of compliance devices with an associated should be recorded on Appendix 2, Stock Solution Claim form. This form should be sent to the local HSCB office for processing. If the compliance device supplied was part of the initial stock obtained to sign up to the pilot, it cannot be claimed for twice. Stock should be replenished promptly after each supply.

After both follow up encounters have taken place, Appendix 12, Assessment Claim Form should be completed and sent to the local HSCB for processing.

Supply of personalised solutions, both initial and on-going, should be claimed for on the Assessment Claim Form (Appendix 12). These solutions should be continued beyond the life of the pilot, as long as they continue to be appropriate and meet the needs of the patient. Arrangements are in place for reimbursement for the on-going supply of these solutions beyond March 2015.

A copy of the adherence assessment form should be forwarded to the pilot lead for data analysis after the 2nd follow up encounter.

Assessment forms and associated paperwork should be kept for eight years from the date the service is completed and may be stored electronically.

Number of Medicines Adherence Assessments

The number of patients will initially be capped at ten per pharmacy. The number of pharmacies participating in the pilot will be monitored, and the capacity per pharmacy may be increased.

Patients assessed by the pilot lead

The pilot lead for each area will also be seeing and assessing patients identified along their pathway. As part of this, personalised solutions outlined above could be requested by them to be implemented by the patient's usual community pharmacy if they are a participant in the pilot. These patients will be in addition to the ten already permitted and no cap exists for this. All guidance above in relation to the initial implementation of personalised solutions, and the on-going accuracy review of them applies.

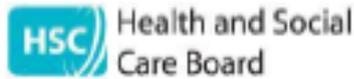
Pilot Duration

The pilot is scheduled to run until 31st March 2015.

Appendix 1: Medicines Adherence Support Service Pilot: Solutions Minimum Stocklist

Adherence Aid	Examples of Source/Manufacturer	Quantity
Pill Popper	Safe	2
Pill Cutter	www.wwmed.co.uk or Safe & Sound	2
Haleraid® 120 (120 dose inhalers) or Haleraid® 200 (200 dose inhalers)	www.westons.com	1 of each
Turboaid®	Sangers holding stock free of charge or free from AstraZeneca 01614956555	1
Opticare® & Opticare Arthro® eye drop applicator	Manufactured by Cameron-Graham Ltd.	1 of each
Reusable Compliance Aid – once daily dosing ** a range should be kept to establish which one best suits the patient e.g. push button types for arthritic patients	●Push button version e.g. Ezy Dose® distributed by Fleming Medical ●Traditional type with removable days e.g. Medicare® One Week Plus Today Pillbox	1 x push button 1 x traditional
Reusable Compliance Aid – twice daily dosing ** a range should be kept to establish which one best suits the patient e.g. push button types for arthritic patients	●Push button version e.g. Ezy Dose® distributed by Fleming Medical ●Traditional type with removable days e.g. Medicare® One Week Plus Today Pillbox	1 x push button 1 x traditional
Reusable Compliance Aid – four times daily dosing ** a range should be kept to establish which one best suits the patient e.g. push button types for arthritic patients	●Push button version e.g. Ezy Dose® distributed by Fleming Medical ●Traditional type with removable days e.g. Medicare® One Week Plus Today Pillbox	1 x push button 1 x traditional

Appendix 2:



MEDICINES ADHERENCE SUPPORT SERVICE (MASS) PHASE 2 PILOT

MONTHLY CLAIM FOR SUPPLY OF MASS STOCK SOLUTIONS

MONTH YEAR

MEDICINES ADHERENCE SUPPORT SERVICE STOCK ITEMS	QUANTITY SUPPLIED	For HSCB office use only	
		PRICE/ PACK	AMOUNT PAID £ p
A. Pill Popper			
B. Pill Cutter			
C. Haleraid* 120 (120 dose inhalers) or Haleraid* 200 (200 dose inhalers)			
D. Opticare* & Opticare Arthro* eye drop applicator			
E. Reusable Compliance Aid: once daily dosing Push button			
F. Reusable Compliance Aid: once daily dosing Traditional			
G. Reusable Compliance Aid: twice daily dosing Push button			
H. Reusable Compliance Aid: twice daily dosing Traditional			
I. Reusable Compliance Aid: four times daily dose Push button			
J. Reusable Compliance Aid: four times daily dose Traditional			
K. Other. Please specify item and attach invoice			
L. Other. Please specify item and attach invoice			
M. Other. Please specify item and attach invoice			

I claim reimbursement of the cost of the above items which are required to be held for use during the Medicines Adherence Support Service Phase 2 Pilot.

Contractor No: Date:

Contractor Name/Address:

Pharmacist Signature: Please Print Name:

Please return completed forms for payment to your local HSCB office:

Deaglan Stanton, HSCB (South Eastern) Directorate of Integrated Care 12-22 Linenhall Street Belfast BT2 8BS

Edith McMullan HSCB (Northern) Directorate of Integrated Care County Hall 182 Galgorm Road Ballymena BT42 1QB

For HSCB office use only. Cost Centre: J9FP05 Expense Code: 194B4217
Signature for authorisation of payment Date.....

Appendix 3:

SET Medication Adherence Pilot GP list

Hillsborough Medical Centre

The Health Centre, Stewartstown Road

Lisburn Health Centre (all 8 practices)

The Surgery, Dromara

The Hill, Dunmurry

Glenavy Family Practice, 47 Main Street, Glenavy

Glenavy Surgery, 66 Main St, Glenavy

Dr Bell, Aghalee

Dr Davis, Moira

Appendix 3:

Northern Trust Medication Adherence Pilot GP List (East Antrim ICP)

Ballyclare Group Practice, Ballyclare

Scotch Quarter Practice, Carrickfergus

The Castle Practice, Carrickfergus

Antrim Coast Medical Practice, Glenarm

Rosehall Medical Practice, Glengormley

Glengormley Practice, Glengormley

Old School Surgery, Greenisland

Inver Surgery, Moyle Medical Centre, Larne

Corran Surgery, Moyle Medical Centre, Larne

Victoria Surgery, Moyle Medical Centre, Larne

Dr Craig and Partners, The Health Centre, Larne

Dr Howie and Partner, The Health Centre, Larne

Black Arch Surgery, The Health Centre, Larne

Whitehouse Medical Group Practice, Newtownabbey

Abbots Cross Medical Practice, Newtownabbey

Tramways Medical centre, Newtownabbey

Notting Hill Medical Practice, Newtownabbey

Meadowbridge Surgery, Whitehead

Appendix 4:

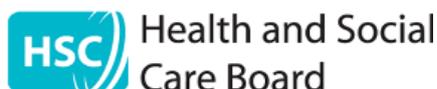


Community Pharmacy Medicines Adherence Support Service

Patient Information Leaflet

- The Medicines Adherence Support Service has been set up to help people get the most benefit from their medicines.
- You have been identified as someone who might find this useful. If you agree, your pharmacist will arrange a time to meet with you to talk about your medications. This could be in a private area of the pharmacy, or in your own home.
- You can have a family member or carer with you, if you wish. You should bring all the medicines you take to the appointment. This includes any medicines you buy from the chemist, or other shops. Please also bring any compliance aids or pill boxes that you use.
- The pharmacist will decide, with you, if there are any ways to help you take your medicines. This might involve working with your GP or another Health worker.
- If any changes are made to help with your medicines, the pharmacist will contact you to see how you are getting on. If you have any problems before then, you should contact your pharmacy.
- It is important that you keep getting all your prescription medicines from the same pharmacy, so that they know all the medicines you are taking.
- If you don't want to take part, your pharmacist will still be able to give you advice when supplying your medicines, and will answer any questions you may have.

Appendix 5:



Community Pharmacy Medicines Adherence Support Service

Consent Form

1: Information about the service

Your community pharmacist will arrange an appointment with you to talk about how you are getting on with your medicines.

This will involve discussing:

- How you order and obtain medicines
- How you use and remember to take your medicines
- Any questions about your medicines

If any problems are identified, some ways of helping will be considered.

Your pharmacist may also discuss any issues with other relevant health care professionals to decide the best ways to help you.

If you wish to take part in this service, you will be asked to give your consent for your pharmacist to share information from your medicines assessment.

If you do not give your consent, you will not be able to use this service. However, when you receive your medicines, your pharmacist will still give you advice about them.

(Please turn overleaf)

Community Pharmacy Medicines Adherence Support Service

Consent Form

2: Consent to participate in the Medicines Adherence Support Service

Pharmacy name and address	
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Patient name and address	Bag label
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I agree that the information obtained during the service can be shared, where in the opinion of my pharmacist it is appropriate to do so, with:

- My doctor (GP) to help them provide care for me
- The Regional Board as part of a clinical audit
- The Regional Board, the Business Services Organisation (BSO), the 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

Signature*	
Print name	
Date	

* If consent is being obtained from a person other than the patient, please tick one of the following:

Appointed representative NOK

Community Pharmacy Medicines Adherence Support Service - Assessment Form

Patient Name:		Date of Birth:		H & C Number:		
Assessment method:	Face to face <input type="checkbox"/>	With:	Patient / Representative.....	Venue:	Pharmacy /Patient's home / Other.....	
Medicines Adherence Support Assessment - Level 1-4 (1=I am able; 2=I am able with difficulty; 3=I am able with assistance or aids; 4=I am not able)						
ACCESS		1	2	3	4	ISSUE(s) IDENTIFIED
1. Do you have difficulty ordering your medicines?						
2. Do you have difficulty collecting your medicines?						
3. Do you have difficulty storing your medicines?						
4. Do you have difficulty disposing of unwanted medicines?						
ADHERENCE (Day to day management)		1	2	3	4	ISSUE(s) IDENTIFIED
5. Do you normally cope well with your medicines?						
6. Do you remember to take all your medicines?						
7. Do you take all of your medicines as prescribed/directed?						
8. Can you read/understand your medicines labels?						
9. Can you remove all of your medicines from their packaging?						
10. Can you swallow all of your medicines?						
11. Can you use your medicines correctly?						
CLINICAL and PATIENT ATTITUDE		Please Circle				ISSUE(s) IDENTIFIED
12. Do your medicines work well for you?		Yes	No			
13. Do you experience any side effects from your medicines?		Yes	No			
14. Do you need any more information about your medicines?		Yes	No			
15. Do you have any concerns about your medicines?		Yes	No			

Community Pharmacy Medicines Adherence Support Service - Assessment Form

Patient Name:	Date of Birth:	H & C Number:
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Current Medicines Adherence Support Arrangements - Tick all that are in use

<i>None</i>	<i>Use of a medication list linking to meal times</i>
<i>Patient employs their own simple routine as a reminder</i>	<i>Informal support prompts /administers medication</i>
<i>Informal support with ordering / collection of medication</i>	<i>MDS filled by community pharmacy</i>
<i>Patient/informal support fills reusable compliance aid with/without medication list</i>	<i>Formal carer support with medications</i>
<i>Other (please specify):</i>	

Summary of issues identified (including assessor's perspective) & recommended solutions (refer to solution grid)

Adherence Issue Identified	Solution recommended	If implemented, date of implementation

Assessment completed by:		Date:		Time taken:		minutes
Information sent to:	GP <input type="checkbox"/> (as necessary) For action <input type="checkbox"/> For information <input type="checkbox"/>	Any other relevant Health & Social Care professional(s) <input type="checkbox"/> For action <input type="checkbox"/> For information <input type="checkbox"/> Detail who:				
Patient Referred for In-depth Assessment	No	Yes	Referred to:		Date:	

Community Pharmacy Medicines Adherence Support Service - Assessment Form

Patient Name:		Date of Birth:		H & C Number:	
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Follow up: First follow-up encounter: Consider if the solution(s) is/are working, and still appropriate, or if there are any new concerns. Document any action taken

Pharmacist Name:		Location:		Duration (min):		Date:	
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Second follow-up encounter: Consider if the solution(s) is/are working, and still appropriate, or if there are any new concerns. Document any action taken

Pharmacist Name:		Location:		Duration (min):		Date:	
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Claim form completed **Solution claim form completed (if necessary)**

PMR updated to ensure on-going solution(s) will be continued

Copy of assessment form forwarded to pilot lead after both follow-up encounters completed

South Eastern Trust Jo Gribben, Pharmacy Department, Lagan Valley Hospital, Lisburn, BT28 1JP

Northern Trust Caroline Johnston, Pharmacy Department, Antrim Hospital, 45 Bush Road, Antrim, BT41 2RL

Appendix 7: Northern Ireland Medicines Adherence Solution Grid

Problem Type	Tick	Actual Problem	Potential Solutions
Clinical Issues		Incomplete medicines reconciliation following passage through an interface/ or compared to GP records	<p style="text-align: center;">Liaise with GP surgery staff (GP/Practice Nurses/District Nurses)/Secondary Care as appropriate re recommendations and information. Refer to Specialist teams e.g. respiratory,diabetes,heart failure,Speech &Language,Physio,OT. Patient and/or carer counselling. Provision of a medication list detailing drug,indication, dose & frequency. Writing indication on label, Use of a highlighter to emphasise information on label.</p>
		Outpatient recommendations do not appear to have been implemented	
		Apparent pharmacologically unmet condition	
		Potential for medication optimisation	
		Inappropriate prescription (covers indication, duration, interactions, contraindications, therapy duplication)	
		Other more cost effective prescribing options	
		Medication no longer required	
		Expected outcomes not achieved	
		Experiencing side effects	
		Blood tests required (Routine/ Therapeutic Drug Monitoring)	
		Abnormal blood results	
		Inappropriate self medication using OTC/Herbal medication including interactions	
		Unable to swallow medication	
		Poor patient knowledge regarding indication, dose, duration	
Access Issues		Difficulties ordering / remembering to order medications	<p style="text-align: center;">Education on re-ordering system. Developing own re-ordering system, Reminders to re-order medication by another party, engage another party to order medications, Synchronisation of medication quantities, Repeat dispensing, Reduce quantity of medication issued, Collection of prescriptions from GP surgery by pharmacy/another party, Delivery of medications by pharmacy/another party, Removal of medications, advice given on safe disposal of medications, advice on safe & proper storage of medications</p>
		Medications running out at different times	
		Difficulties collecting prescriptions/medications	
		Unsuitable medication storage	
		Excess of old/expired medication in house/Inappropriate disposal of these	

Problem Type	Tick	Actual Problem	Potential Solutions
Day to Day Medication Management Issues		No routine or inadequate routine in place for taking medication	Develop bespoke routine e.g morning and night bags
		Forgets to take medication regularly/ unable to organise medication regimen (complex regimen/multiple doses/cognitive impairment/just forgets)	Refer to GP to simplify regimen and/or for memory assessment, change medication timings if appropriate, provide alarm to remind patient to take medicines, link to meals, provision of a calendar/reminder tick chart, provision of a compliance aid for patient/informal carer to fill, provision of a blister pack by pharmacy, family/friend involvement to prompt, refer to social services for a care package for medication assistance
		Unable to select correct dose; Takes more or less medication than prescribed non-intentionally (cognitive impairment or lack of knowledge)	Patient/Informal carer education, provision of a medication list. Family to administer medications, Refer to social services for care package for medication assistance/medications to be locked away
		Unable to read labels due to visual impairment	Use larger font (max 12), magnifying glass. Larger font PILs, audio CD or braille, talking labels ¹
		Unable to read labels due to illiteracy issues	Informal Carer/Formal Carer help
		Unable to read/understand English (language barrier)	Informal Carer/Formal Carer help
		Unable to understand time of day/ day of week	GP review to ascertain reason, Informal/ Formal carer help
		Unable to remove medication from foil strip/ blister pack/reusable compliance aid/ open a CRC/pour liquid	Provision of a pill popper ² Informal/Formal carer assistance
		Unable to measure correct dose of liquid/use an oral syringe	Education, Rounding down/up dose if appropriate, Provision of a measuring cup/oral syringe, Informal/Formal carer assistance
		Unable to halve a tablet	Provision of a tablet cutter ³ Informal/Formal carer assistance, pharmacy to halve tablets prior to dispensing
		Unable to swallow medication /crushing /halving medication inappropriately	Consider referral to Speech & Language/Liaise with GP, Provision of a tablet crusher ⁴ if appropriate, formulation/medication change
		Poor inhaler technique	Inhaler counselling, Referral to respiratory teams/Practice Nurse, Suggest device change, Provision of a Haleraid ⁵ , Turboaid ⁶ , Informal/Formal carer assistance

Problem Type	Tick	Actual Problem	Potential Solutions
Day to Day Medication Management Issues (cont'd)		Unable to instil eye/ear drops or spray correctly	Provide eye drop administration aid ^{7,8,9} Informal/Formal carer assistance
		Unable to apply creams/squeeze tubes/apply patches/ Compression Hosiery/administer pessaries/suppositories	Liaise with GP re necessity/ alternative, Provision of a lotion applicator ¹⁰ , tube squeezer ¹¹ , Acti-Glide ¹² , Scholl Fitting Socklet ¹³ , Informal/Formal carer assistance/administration/District Nurse administration
		Incorrect administration of insulin/other injections	Education, Liaise with GP/Specialist team re suitability/device change, Informal/Formal carer assistance/administration, District Nurse administration
		Incorrect use of diagnostics e.g. blood glucose meter	Education, Informal/Formal carer assistance
Patient's attitude to medication taking		Intentionally omits medications/takes more or less than prescribed amounts	Explore, Reassure, Educate, Liaise with GP.
		Medication taking does not fit into routine	Explore, Reassure, Educate, Liaise with GP.
		Not confident about what medications should be taking	Explore, Reassure, Educate, Liaise with GP.
		Has medication concerns/requires more information	Explore, Reassure, Educate ,Provide information in suitable format, Liaise with GP.
		Does not feel medications are working /feels they are on too many medications	Explore, Reassure, Educate, Liaise with GP re simplifying regimen
		Dislikes taste/formulation	Liaise with GP re alternatives

1. www.x-pil.medicines.org.uk Talking labels available from RNIB

2. Different Brands; Available in some pharmacies or on Amazon e.g. Poppet Pill Remover £6.15

3. Different Brands; Available in most pharmacies or online e.g. www.warmed.co.uk

4. Different Brands; Available in some pharmacies or online e.g. www.warmed.co.uk (easy grip versions)

5. Available to purchase www.westons.com two sizes 120 (120 dose inhalers) or 200 (200 dose inhalers)

6. Free from Astra Zeneca rep or phone 01582836836

7,8,9. Supply of Xal-ease- for use with Xalatan & Xalacom eye drops- free of charge from www.medisys.com Supply of Eyot- two types; one to fit 2.5ml and 5ml bottles from Alcon, Azarga, Azopt, Travatan and Duotrav, the other one fits 3ml and 10ml bottles from Alcon- free of charge from Alcon rep. Eye drop dispenser e.g. Opticare & Opticare Arthro 5/10 available on NHS

10. Available online

11. Available online

12. Compression Hosiery Application System- open and closed toe stockings

13. Open toe stocking, free from Scholl 08000742040

Appendix 8: Medication Reminder Card Template

PHARMACY NAME:		A GUIDE TO YOUR MEDICATION			
PATIENT NAME		ALLERGIES & ASSOCIATED REACTIONS:			
HOSPITAL NUMBER		Date supplied & initials:		Review date 3 & initials:	
ADDRESS		Review date 1 & initials:		Review date 4 & initials:	
DATE OF BIRTH		Review date 2 & initials:		Review date 5 & initials:	

NAME & STRENGTH	WHAT IS IT FOR?	NUMBER TO TAKE AND WHEN				OTHER INFORMATION
		MORNING	LUNCH	EVENING	NIGHT	

PREPARED BY: CHECKED BY: DATE: Page 1 of 1

Keep all medicines out of the reach of children. Store in a safe place

Ask the advice of a pharmacist before buying other medicines, including herbal and vitamin supplements, as they can interact with your prescribed medication.

Always show this card to your G.P., pharmacist, nurse, dentist or Hospital doctor when you visit them.

Remember to bring your medication in original packs with you when you are admitted to hospital or ask a relative to bring them for you.



A GUIDE TO YOUR MEDICATION

NAME	0
ADDRESS	0
DATE OF BIRTH	
HOSPITAL NO.	0

Appendix 9:



Medicines Adherence Support Service Pilot

Medicines Removed Consent Form

Medicine	Quantity	Date of Supply	Reason for Removal

The pharmacist has explained to me that some of my medicines are out of date, or are no longer required by me. I allow him/her to remove these medicines, and I understand that he/she will dispose of them on my behalf.

Signed: *Date:*

Signature of Carer (if applicable)

Signature of Pharmacist:

Appendix 10: Health & Social Care Letter Template

Dear

Medicines Adherence Support Service Pilot

For Action

For Information

Patient Name:	Date of Birth: _____
Address:	H & C number: _____
.....	Tel number: _____
.....	Carer/relative : _____
Post code	Tel number: _____

I carried out a medication adherence assessment with this patient on

The following adherence issues were identified:

The following solutions have been recommended/implemented: (indicate which)

GPs please note:

If the patient has been started on a new MDS (blister pack), this should be annotated very clearly on the clinical system.

(The direction “Dispense weekly” on prescriptions is **NOT** required).

If the solution implemented is a new MDS (blister pack), provision of a Medication Reminder Card or a Medication Administration Chart, please ensure **ANY** changes to this patient’s medication are communicated promptly to the pharmacy.

Please undertake the following action(s): (Mark NA if Not Applicable)

Please contact me if you have any queries, or require further information.

Yours sincerely,

Signature

Name

Date

Pharmacy Stamp

Appendix 11:

South Eastern Trust- Older People's Services- August 2014

South Eastern Trust Directory of Services for Older People : Services for older people divided into geographical area and topic. Copies available from Jeff, Health Development Specialist, Health & Wellbeing, Lisburn Health Centre 02892501378

Jeff.scroggie@setrust.hscni.net

Safe & Well Project :Umbrella Referral Service to a variety of social support networks and services including referral to the falls prevention team, home security check, alarm pendant assessment, befriending service etc. One referral to this project will result in referral to other services as necessary.

Sandra Glover 02897566934

Sandra.glover@setrust.hscni.net

South Eastern Trust website: A-Z list of services available from the Trust and how to refer to these teams. This includes occupational therapists, physiotherapists, dieticians, sensory support team (for patients with hearing or vision impairment), falls prevention programme etc.

www.setrust.hscni.net/services

Social Care Team: If you are concerned about a patient regardless of whether or not they have services in place.

Ask for older people's services

Lisburn: 08292665181

Hillsborough:02892683609

Stewartstown Road: 02890602705

Dunmurry: 02890301029

Northern Trust- Older People's Services- August 2014

<http://www.northerntrust.hscni.net>

Services – Older Peoples Services

Menu – Support in your area – gives information for locations

Social Care Team: If you are concerned about a patient, regardless of whether or not they have services in place.

Ask for older people's services

Carrickfergus: 02893 315942

Larne: 02828 266129

Rathcoole: 02890867111

**MEDICINES ADHERENCE SUPPORT SERVICE (MASS) PHASE 2 PILOT
MONTHLY ACTIVITY CLAIM FORM**

MONTH YEAR

Patient ID: Health & Care Number	Pre-assessment preparation Date	MASS Assessment Pharmacy/ Home Visit Type / Date	Personalised MASS solution Accuracy check completed Date	Personalised MASS solution provided. (Card/MAR/MCA) Type / Date	Stock solution provided Type / Date	1st follow-up Date	2 nd follow-up Date

To: HSCB Local Office:

Contractor Number:

Contractor Name/Address (or Stamp):

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

Pharmacist Signature _____

Please PRINT NAME _____

Please return completed forms for payment to your local HSCB office:

Deaglan Stanton, HSCB (South Eastern) Directorate of Integrated Care 12-22 Linenhall Street Belfast BT2 8BS

Edith McMullan HSCB (Northern) Directorate of Integrated Care County Hall 182 Galgorm Road Ballymena BT42 1QB

For HSCB office use only. Cost Centre: J9FP05 Expense Code: 194B4217

Signature for authorisation of paymentDate.....

Useful References

Assessing Adherence

NICE clinical guideline 76: Developed by the National Collaborating Centre for Primary Care: Medicines adherence: Involving patients in decisions about prescribed medicines and supporting adherence. 2009

<http://www.medicinesresources.nhs.uk/en/Communities/NHS/SPS-E-and-SE-England/Meds-use-and-safety/Service-deliv-and-devel/Older-people-care-homes/MCA-Toolkit-Vs3-Jun13>

Multi-compartment compliance aids/Sealed Blister packs

Royal Pharmaceutical Society. 'Improving patient outcomes. The better use of multi-compartment compliance aids' July 2013

<http://www.rpharms.com/support-pdfs/rps-mca-july-2013.pdf>

UKMI database- only available through contacting your local hospital's Medicines Information Department – provides information on stability of medications when removed from their manufacturer's packaging.