

**Service Specification**

**Community Pharmacy**

**Care Home Support**

**Service**

**(CPCHSS)**

**Level 1**

**December 2021**

## 1.0 Background

NICE Managing Medicines in Care homes SC14<sup>1</sup> was published in March 2014. The purpose of this guideline was to provide recommendations for good practice on the systems and processes for managing medicines in care homes. This guideline is written for both health and social care staff with over 100 recommendations. There are two specific recommendations for community pharmacy but many recommendations for pharmacists depending on their role within the care home.

The [Regulation and Quality Improvement Authority \(RQIA\)](#) is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland, and encouraging improvements in the quality of those services.

Home Truths<sup>2</sup>, is the report of the Commissioner for Older People's investigation into Dunmurry Manor Care Home, published in June 2018. It identified a number of failings with regard to medicines management in the care home and made a number of recommendations. These included greater involvement of the community pharmacist to help ensure medicines management is safe and effective.

It is anticipated that there will be **three** levels of community pharmacy care home support:

### **Level 1 Support:**

Level 1 Support is detailed in this service specification and will replace the Advice to Nursing Homes and Residential Care Homes service. Level 2 and Level 3 support may be introduced at a later date.

### **Level 2 Support:**

#### **Patient Outcome Medicines Safety Indicators (POMSIs) and Medicines Reconciliation.**

The purpose of Level 2 Support is to highlight and review therapeutic risk areas of prescribing which have regularly shown to occur in care homes. By using the POMSIs the community pharmacist can ensure pharmaceutical scrutiny of prescribing for care home patients and benchmark this against prescribing standards. This part of the service may be implemented, following a small pilot which will initially test one or two specific safety indicators.

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<sup>1</sup> <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>

<sup>2</sup> <https://www.copni.org/media/1444/copni-home-truths-summary-report-web.pdf>

### **Level 3 Support:**

#### **Medication Review**

Another potential role for the community pharmacist is in undertaking clinical medication review for residents in care homes. This will be kept under review when Level 1 and Level 2 services are fully established and have been evaluated.

## **2.0 Service Aims**

The skills and expertise of community pharmacists and their teams as the experts in medicines have much to contribute to the optimisation of medicines use in care homes and supporting the reduction of waste.

The community pharmacy care home support service (CPCHSS) starts with the resident and their needs for pharmaceutical care and is built on the foundation of safe and efficient supply, supported by an appropriate level of medicines optimisation.

#### **Patient benefit:**

- Improved clinical outcomes through better treatment choices and compliance
- Effective use of medicines
- Improved safety through identification and reduction of risks.

#### **Care home benefit:**

- Introduction of a more systematic and streamlined medication ordering and administration process.
- Education and training for staff managing medicines; signposting to accredited medicines training programmes.
- Assistance and advice in communications with prescribers and dispensing pharmacists.
- Compliance with RQIA [legislation and standards](#)

This service will be commissioned as an additional service, as part of the Community Pharmacy Contract Framework.

## 3.0 Service Outline

### Care home visit, medicines management tool and waste audit

The provision of a systematic review of all medicines management processes in the care home and working with the home on the development of protocols & procedures to facilitate the safe ordering, supply, storage, administration and disposal of medicines and appliances and reduce avoidable waste.

This will include the day to day medicines management queries from the care homes to the community pharmacy, to ensure the safe, effective and efficient supply of medicines to the residents.

## 4.0 Scheme Eligibility

4.1 The CPCHSS can only be provided by community pharmacies where the contractor holds a contract with the HSCB to deliver the service (Appendix A). (Please note: The CPCHSS replaces the 'Advice to Nursing Homes and Residential Care Homes service').

4.2 The service is available to all nursing and residential care homes (who are registered with RQIA) and is commissioned on an individual care home/community pharmacy basis i.e. the care home can only receive the service from one community pharmacy. The community pharmacy should be the pharmacy that provides the routine dispensing service to the care home.

Details of nursing and residential care homes, registered with RQIA are available at the following link: <https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/>

4.3 The community pharmacy contractor may provide this service to those care homes for which they were previously contracted to provide the Advice to Nursing Homes and Residential Care Homes service.

4.4 The community pharmacy contractor may also provide the service to those care homes for which they were not previously contracted to provide the Advice to Nursing Homes and Residential Care Homes service, provided no other community pharmacy was previously contracted to do so.

4.5 The community pharmacy contractor should ensure staff are trained, competent, available to deliver the service and are already familiar with the day-to-day provision of pharmacy services to the home(s) concerned.

4.6 The community pharmacy providing the service will jointly sign an agreement form with the care home (Appendix B). A copy of the service agreement should be retained in the community pharmacy for the duration of the service.

## **5.0 Service descriptions & specifications**

### **5.1 Level 1: Medication Audit Support Tool**

5.1.1 The community pharmacy should provide advice and support to the care home around procedures and protocols for the ordering, supply, safe storage and disposal of all medicines and appliances. These should be reviewed by the care home on an annual basis and should be retained for inspection by RQIA, as required.

The community pharmacy will provide the home with details of a named contact for enquiries and medication advice. Protocols and procedures should follow national standards and best practice (e.g. [National Institute for Health and Care Excellence; Managing Medicines in Care Homes](#)).

5.1.2 During the period 1st December 2021 until 31st March 2022, the community pharmacy will undertake a scheduled visit to each care home, which will include completion of the Medication Audit Support Tool (Appendix C) and provision of advice on medicines management to staff within the care home.

In order for the home to be aware of the areas covered, the community pharmacy should send a copy of the Medication Audit Support Tool to the care home prior to the scheduled visit.

5.1.3 It is envisaged that going forward, two scheduled visits to each care home will take place during each financial year e.g. 1st April 2022 to 31st March 2023.

5.1.4 At the end of each visit, the community pharmacy will agree the recommended actions (if required) with the care home. A copy of the Medication Audit Support Tool, with any agreed actions can be left with the care home either on the day of the visit, or if this is not possible within two weeks of the visit date.

5.1.5. At each subsequent visit there should be a review of any actions which were agreed at the previous visit and the Medication Audit Support Tool should be completed as before.

5.1.6 The community pharmacy may need to liaise with the GP/GP Pharmacist or other healthcare professional, as appropriate to seek to resolve any issues identified following each visit. This will form a 'duty of care' service provided to the home where the pharmacy will accept responsibility to identify and resolve any issues identified to the best of their ability.

5.1.7 In the exceptional circumstance if issues cannot be resolved the community pharmacy should seek advice from the HSCB.

5.1.8 If during any visit concerns or patient safety issues are identified, these must be reported in the first instance to HSCB. Should further advice be required, the community pharmacy should contact RQIA (contact person: [Catherine.Glover@rqia.org.uk](mailto:Catherine.Glover@rqia.org.uk))

5.1.9 The community pharmacy must have a searchable register of care home residents (this may be the current patient medication record (PMR) system). This register will enable the quick identification of all residents within a care home and the medicines that are being supplied. It is recognised that as residents move in and out of care homes, records may not always be fully up to date.

5.1.10 The community pharmacy will provide advice on appropriate adherence support for any resident self-administering any of their medicines to ensure that self-administration is safe and appropriate.

5.1.11 At all visits the community pharmacy will review the waste records from the disposal book of the care home. If specific issues are identified the pharmacy will identify opportunities to reduce waste and recommend actions to prescribers and the care home. If necessary the community pharmacy should liaise with the relevant GP practice (e.g. to the General Practice Pharmacist).

5.1.12 The Level 1 service should be provided by a suitably qualified member of the pharmacy staff (e.g. Pharmacist or Foundation Trainee) under the direction of the Responsible Pharmacist.

## **6. General Service Specifications & Requirements**

6.1 A pharmacy contractor wishing to provide this service will need to submit a signed contract to HSCB (Appendix A). Only those community pharmacies commissioned by the HSCB to provide the CPCHSS will be eligible to receive payments under this scheme.

6.2 In order to provide Level 1 of the service, the community pharmacy must be the dispensing pharmacy to the care home, unless there are exceptional circumstances

where the Health Board can locally commission another community pharmacy to provide this service.

6.3 The pharmacy contractor has a duty to ensure that pharmacists or Foundation Trainee involved in the provision of the service have relevant competency, skills and knowledge and are appropriately trained in the operation of the service including ongoing training and CPD.

6.4 A copy of each completed Medication Audit Support Tool (Appendix C) must be retained in the pharmacy for a minimum of two years after the date of service provision for reference and for post payment verification where required.

6.5 Should HSCB request access to CPCHSS records, the pharmacy contractor will be required to submit all records within 14 days of receipt of the request.

6.4 The pharmacy contractor will participate in any HSCB organised audit of service provision.

6.5 The pharmacy contractor will ensure that a Standard Operating Procedure for the service is in place.

6.6 The pharmacy contractor shall ensure that service provision is in accordance with relevant professional standards and guidelines.

6.7 If the pharmacy temporarily or permanently ceases to provide this service, they should contact HSCB immediately to inform them the service is no longer available.

## **7.0 Remuneration and reimbursement.**

7.1 The service fee is dependent on the number of beds in the registered care home as detailed in the table below. Payment will be made on a monthly basis by BSO (December 2021 to March 2022 inclusive).

Number of beds in registered care home	Monthly payment
< 30	£100
30 - 60	£150
> 60	£200

## 7.2 Service monitoring and post payment verification

- The pharmacy contractor will be required to submit all records requested by HSCB in relation to the service within 14 days of receipt of the request
- The pharmacy contractor is required to co-operate on a timely basis in respect of any review or investigation being undertaken by HSCB / BSO regarding the service
- In the event where HSCB / BSO cannot assure claims relating to the provision of the service recovery of the payment will be sought.