

# NICE Medicines and prescribing programme

## Managing medicines for adults receiving social care in the community NICE guideline

*NICE guideline*

*Appendices*

*March 2017*

*National Institute for Health and Care  
Excellence*



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## **Appendices**

### **Appendix A: Declarations of interest**

Declarations of interest are contained within a separate document

# Appendix B: Scope

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### Guideline scope

## Managing medicines for people receiving social care in the community

### 1.1 Topic

The Department of Health in England has asked NICE to develop guidance on managing medicines for people receiving social care in the community (also known as home care or domiciliary care).

This guideline will be used to develop the NICE quality standard for managing medicines for people receiving social care in the community.

For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

### 1.2 Who the guideline is for

- People receiving social care in the community (see section 1.1 for definition), their families and carers.
- Social care practitioners providing care for people receiving social care in the community (for example, home care workers, personal assistants and social workers).
- Health professionals providing care for people receiving social care in the community (for example, GPs, pharmacists, community nurses, specialist nurses and mental health professionals).
- Commissioners of services for people receiving social care in the community (for example, local authorities and clinical commissioning groups).
- Providers of services for people receiving social care in the community (for example, home care providers, community pharmacies, community health

providers, GPs and other independent prescribers, dispensing doctors, appliance contractors, voluntary agencies and charities).

- Organisations that regulate or monitor how services for people receiving social care in the community are provided (for example, the Care Quality Commission [CQC]).

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

## 1.3 Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

### 1 What the guideline is about

#### 1.1 *Who is the focus?*

For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:

- who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983
- who receive any social care component of an NHS Continuing Care package
- who self-fund their own care and support.

#### 1.3.1 Groups that will be covered

- Adults (aged 18 years and over) who take or use medicines and who are receiving social care in the community (and their families and carers).

In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:

- people taking multiple medicines (polypharmacy)
- people with chronic or long-term conditions

- people who lack capacity (including people with fluctuating capacity) to manage their own medicines
- people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired
- people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections
- people with limited or variable access to informal carers
- people who are homeless
- people approaching the end of their life.

### **1.3.2 Groups that will not be covered**

- Children and young people (aged under 18 years).
- Adults (aged 18 years and over) who are not receiving social care in the community.
- Adults (aged 18 years and over) who are not taking or using medicines.

## **1.2 Settings**

### **1.3.3 Settings that will be covered**

- People's own homes, including:
  - extra care housing
  - Shared Lives Scheme (formerly Adult Placement Scheme) living arrangements
  - sheltered housing (such as supported housing or specialist accommodation)
  - supported living
  - temporary accommodation (such as for people who are homeless).

### **1.3.4 Settings that will not be covered**

- Day services.
- Hospices.
- Inpatient hospital settings.
- Other hospital settings, including accident and emergency departments and outpatient departments.
- Residential or nursing care homes (these are covered by the NICE guideline on [managing medicines in care homes](#)).
- Secure environments, such as prisons.



## **1.3 Activities, services or aspects of care**

### **1.3.5 Key areas that will be covered**

- 1 Person-centred medicines assessment to identify and manage the type of medicines support needed.
- 2 Handling medicines, including processes for:
  - ordering medicines
  - supplying medicines
  - transporting medicines
  - storing medicines
  - disposing of medicines (including waste medicines).
- 3 Administering medicines, including:
  - supporting people to look after and take their medicines themselves (self-administration)
  - to people in their home when they unable to look after and take their medicines themselves
  - to people without their knowledge (covert administration)
  - non-prescription (over-the-counter) medicines (homely remedies).
- 4 Identifying, reporting and learning from medicines-related problems, including:
  - raising concerns about inappropriate or incorrect medicines use
  - reporting adverse effects of medicines
  - learning from medicines-related incidents, such as medication errors
  - refusal by the person to take their medicines.
- 5 Medicines-related communication, documentation and information sharing about a person's medicines.
- 6 Roles and responsibilities of organisations and health and social care practitioners, including:
  - knowledge and skills (competency) of health and social care practitioners
  - multi-agency coordination of medicines-related support
  - monitoring and evaluation of medicines-related support.

### **1.3.6 Areas that will not be covered**

- 1 Specific named medicines.
- 2 Specific clinical conditions, including multimorbidity and those conditions that are likely to need additional social care and support (for example, dementia and

- stroke rehabilitation) (see the NICE guideline on [multimorbidity](#) [in development]).
- 3 Shared decision-making (see the NICE guidelines on [patient experience in adult NHS services](#) and [medicines optimisation](#)).
  - 4 Access to medicines, including local-decision making for medicines not included on local formularies (see the NICE guideline on [developing and updating local formularies](#)), medicines shortages and prescription charges.

## **1.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses as appropriate.

## **1.5 Key issues and questions**

The following key issues and key questions have been identified for this topic:

- 1 Person-centred medicines assessment to identify and manage the type of medicines support needed:
  - What is the effectiveness of medicines assessment tools and approaches to identify the type of medicines support needed?
  - Which people need additional support with their medicines?
  - How should a person's mental capacity to safely manage their medicines be assessed? What if the person has fluctuating capacity?
  - When should the medicines assessment be carried out and what should it include?
  - Who should carry out the medicines assessment?
  - When should the medicines assessment be reviewed?
- 2 Handling medicines:
  - What interventions, systems and processes are effective for ordering medicines and when should they be used?
  - What interventions, systems and processes are effective for supplying acute and repeat medicines (for example, monitored dosage systems and multi-compartment compliance aids) and when should they be used?

- What interventions, systems and processes are effective for transporting medicines (for example, a care worker collecting medicines from the pharmacy and transporting them to a person’s home)?
  - What interventions, systems and processes are effective for storing medicines safely at home?
  - What interventions, systems and processes are effective for disposing of medicines (including waste medicines)?
- 3 Administering medicines:
- What interventions and approaches are effective in supporting people to look after and take their medicines themselves (self-administration) (for example, help from a carer, care worker or health professional, simplifying medication regimens, telehealth, reminders and alarms, positioning of medicines in visible places, routine times, opening containers, reading labels and compliance aids)?
  - If a person is unable to look after and take their medicines themselves, who should do this and how should this be done (including “when required” medicines, injections and medicines given via a feeding tube)?
  - What approaches are effective for administering medicines to people without their knowledge (covert administration)?
  - What approaches are effective for administering non-prescription (over-the-counter) medicines (homely remedies)?
- 4 Identifying, reporting and learning from medicines-related problems:
- What interventions and approaches are effective for raising concerns about medicines-related problems (for example, inappropriate or incorrect medicines use, deliberate withholding of medicines, deliberate attempt to harm, missing or delayed doses and misuse and diversion of medicines)?
  - How should learning from medicines-related incidents (for example, medication errors) be shared and acted upon?
  - What interventions and approaches are effective for reporting adverse effects of medicines?
  - How should refusal by the person to take their medicines be managed?
- 5 Medicines-related communication, documentation and information-sharing about a person’s medicines:

- What is the effectiveness of a documented home care provider medicines policy?
  - What information and decision-making about medicines needs to be recorded, and by whom? Where should this information be recorded (for example, in a person’s care and support plan or medication administration record)?
  - What information about a person’s medicines needs to be shared (for example, changes to medicines), and by whom? Who should this information be shared with (for example, between the care provider and person receiving care, their families and carers)?
  - What information about medicines needs to be given to the person, their families and carers?
- 6 Roles and responsibilities of organisations and health and social care practitioners, including:
- What are the roles and responsibilities of organisations and health and social care practitioners, such as responsibilities for oversight and investigation, where relevant?
  - What approaches are effective for multi-agency coordination of medicines-related support?
  - What approaches are effective for monitoring and evaluating medicines-related support?
  - What knowledge and skills (competency) do health and social care practitioners need?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature.

## **1.6 Main outcomes**

The main outcomes that will be considered when searching for and assessing the evidence are:

- 1 Service user-reported outcomes, including:
  - medicines adherence
  - experience, views and satisfaction
  - independence

- ability to carry out activities of daily living.
- 2 Carer-reported outcomes, such as satisfaction, views and experience.
- 3 Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.
- 4 Medicines-related problems, including:
  - prescribing errors
  - dispensing and supply errors
  - administration errors (for example, missed or delayed doses, inappropriate or incorrect administration)
  - monitoring errors (for example, inadequate review or follow-up, incomplete or inaccurate documentation)
  - adverse events
  - near misses (a prevented medicines-related patient safety incident which could have led to harm)
  - deliberate withholding of medicines or deliberate attempt to harm
  - restraint or covert administration has been used inappropriately
  - misuse, such as missing or diverted medicines
  - other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm, including death.
- 5 Health and social care related quality of life.
- 6 Health and social care utilisation, including:
  - hospital admissions and readmissions
  - primary care health professional appointments
  - other planned and unplanned contacts with health and social care services.
  - attendance at accident and emergency departments, walk-in centres and out-of-hours providers
- 7 Mortality.
- 8 Clinical outcomes, including problematic polypharmacy.<sup>a</sup>
- 9 Economic outcomes.
- 10 Compliance with legislation, regulation and national policy.

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<sup>a</sup> The prescribing of multiple medications inappropriately or where the intended benefit of the medication is not realised. [King's Fund](#) (2013)

## 2 Links with other NICE guidance and NICE Pathways

### 2.1 NICE guidance

#### 1.3.7 NICE guidance about the experience of people using NHS services

NICE has produced the following guidance on the experience of people using the NHS. This guideline will not include additional recommendations on these topics unless there are specific issues related to managing medicines for people receiving social care in the community:

- [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- [Medicines adherence](#) (2009) NICE guideline CG76

#### 1.3.8 NICE guidance in development that is closely related to this guideline

NICE is currently developing the following guidance that is closely related to this guideline:

- [Home care](#) NICE guideline. Publication expected September 2015.
- [Social care of older people with multiple long-term conditions](#) NICE guideline. Publication expected October 2015.
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) NICE guideline. Publication expected November 2015.
- [The safe use and management of controlled drugs](#) NICE guideline. Publication expected March 2016.
- [Transition between inpatient mental health settings and community or care home settings](#) NICE guideline. Publication expected August 2016.
- [Multimorbidity: Assessment, prioritisation and management of care for people with commonly occurring multimorbidities](#) NICE guideline. Publication expected September 2016.
- [Regaining independence \(reablement\)](#) NICE guideline. Publication expected July 2017.
- [Care and support of older people with learning disabilities](#) NICE guideline. Publication expected October 2017.

## **2.2 NICE quality standards**

### **1.3.9 NICE quality standards that may use this guideline as an evidence source when they are being developed**

- Managing medicines for people receiving social care in the community. NICE quality standard. Publication date to be confirmed.

## **2.3 NICE Pathways**

When this guideline is published, the recommendations will be added to [NICE Pathways](#). NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flow chart.

The guideline will overlap with the existing NICE guidelines on medicines optimisation and medicines adherence. The NICE Pathway will integrate the recommendations from both guidelines, showing clearly how they fit together.

## **3 Context**

### **3.1 Key facts and figures**

According to the Department of Health's 2013 policy on [health and social care integration](#), the number of people in England who have health problems requiring both health and social care is increasing. For example, in the next 20 years, the percentage of people aged over 85 years will double. This means there are likely to be more people with complex health needs (more than 1 health problem), who require a combination of health and social care services.

In 2013/14, 470,000 people in England made use of home care support funded by their local authorities in the form of non-direct payments. Of these people, almost 80% were aged 65 years or older ([Community care statistics, social services activity, England 2013-14](#); Health and Social Care Information Centre 2014). Spending on home care provision for older people (those aged 65 and over) was £1.8 billion in 2013/14, approximately one-fifth of the total social care expenditure on older people ([Personal social services: expenditure and unit costs, England 2013-14](#); Health and Social Care Information Centre 2014).

In addition, an increasing number of people fund their own care or receive direct payments from local authorities, which may be spent on home care or other care and

support services (full data are not available). At some time during 2013/14, 155,000 people received a direct payment as one of their community-based services ([Community care statistics, social services activity, England 2013-14](#); Health and Social Care Information Centre 2014).

Medicines are the most common intervention in healthcare. In England in 2014 1.1 billion prescription items were dispensed in the community, at a cost of £8.9 billion ([Prescriptions Dispensed in the Community, Statistics for England 2004-14](#); Health and Social Care Information Centre 2015). According to a Department of Health-funded report on the [evaluation of the scale, causes and costs of waste medicines](#), the cost of waste prescription medicines in primary and community care in England is estimated to be £300 million per year, with up to half of that figure likely to be avoidable. An estimated £90 million of unused prescription medicines are retained in people's homes at any one time.

In the Health and Social Care Information Centre's [Health survey for England 2013](#), almost all people aged 65 years and over who needed help with activities of daily living (social care) were taking at least 1 prescribed medicine. These people were also most likely to report that they had taken multiple prescribed medicines in the last week: most were taking at least 3 medicines and many were taking at least 6.

### **3.2 Current practice**

Several services may be offered to people assessed as needing social care and support, such as home care, residential care, respite care, day care and intermediate care. The range and type of social care and support provided in people's own homes varies, but usually includes support with activities of daily living (which may include help taking a medicine) and essential domestic tasks.

Home care is sometimes seen as a low-paid, low-expectation service, rather than a professional integrated service ([Commissioning home care for older people](#); Social Care Institute for Excellence 2014). There is variation in staff training and low pay, which leads to high turnover of paid carers (32% leave within 12 months; 56% within 2 years). This can lead to a lack of continuity of care and a lack of flexibility in changing care arrangements.



People receiving social care in the community are usually responsible for taking their own medicines. Sometimes an informal or formal carer is involved. Social care practitioners (for example, a care worker or personal assistant) and informal carers often help people to take medicines. This may be because the person is not physically able to do this or because they find it difficult to remember to take medicines ([Social care workers' professional responsibility in respect of administration of medications](#); Northern Ireland Social Care Council 2013).

Responsibility rarely lies with a health professional and therefore, there is limited professional supervision of medicine taking by this group ([Helping older people to take prescribed medication in their own home: what works?](#); Social Care Institute for Excellence 2005). There is no current national guidance that describes the different types of medicines support that people receiving social care in the community may need.

Because people are living longer, the number of older people with complex needs who live at home is increasing ([Commissioning home care for older people](#); Social Care Institute for Excellence 2014). This means that more people living at home have several long-term conditions that are being managed with multiple medicines (polypharmacy). The risk of people suffering harm from their medicines increases with polypharmacy.

### **3.3 Policy, legislation, regulation and commissioning**

#### **1.3.10 Policy**

The white paper [Caring for our future: reforming care and support](#) (2012) sets out the government's vision for a reformed care and support system. It announced the transfer of funding from NHS England to local authorities in 2013/14. The [Better Care Fund](#) (2013) requires NHS commissioners and local authorities to pool budgets to shift resources into social care and community services for the benefit of the NHS and local authorities, to promote integration across health and social care.

#### **1.3.11 Legislation, regulation and guidance**

The Care Act (2014) introduced new responsibilities for local authorities, including responsibilities to act on behalf of people who self-fund their own care. It also has major implications for adult care and support providers, people who use services, carers and advocates.

Social care and support provided to people in the community may include both regulated and unregulated activity. All agencies in England that provide personal care to people in their own homes must register with the CQC and are subject to the [CQC's monitoring and inspection](#) to make sure they are meeting these national standards. The fundamental standards are the standards that everyone has the right to expect when they receive care.

CQC [guidance for service providers and managers](#) sets out what is expected of providers under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations \(2014\)](#) and the [Care Quality Commission \(Registration\) Regulations \(2009\)](#). There is no regulation of self-commissioned personal assistants or other home care workers directly employed by people who use social care and support services.

The following legislation and regulations relating to social care in the community have been published by the UK Government (not intended to be a comprehensive list):

- HM Government (2014) [Care Act](#)
- Department of Health (2014) [Care and support statutory guidance](#)
- HM Government (2014) [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- HM Government (2012) [Health and Social Care Act](#)
- HM Government (2009) [Care Quality Commission \(Registration\) Regulations 2009](#)
- HM Government (2005) [Mental Capacity Act](#)
- HM Government (1983) [Mental Health Act](#)
- HM Government (1974) [Health and Safety at Work Act](#)

#### 1.3.12 Commissioning

Good commissioning of home care may help people to stay in their own home when otherwise they would need to be in residential care. The Social Care Institute for Excellence has published guidance on [Commissioning home care for older people](#).

## 4 Further information

This is the final scope.
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The guideline is expected to be published in April 2017.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

## Appendix C: How this guideline was developed

### C.1 Search strategies for the guideline

#### C.1.1 Scoping searches

Scoping searches were undertaken on the following websites and databases (listed in alphabetical order) in March 2015 to provide information for scope development and project planning. Browsing or simple search strategies were employed.

Guidelines/Audits/website	Systematic review/economic evaluations
Audit Commission	Campbell Collaboration
Care Quality Commission	Cochrane Database of Systematic Reviews (CDSR)
Core Outcome measures in effectiveness Trials (COMET)	Database of Abstracts of Reviews of Effects (DARE)
Canadian Medical Association Infobase	DUETS
Department of Health	Health Economic Evaluations Database (HEED)
Guidelines and Audit Implementation Network	Health Technology Assessment (HTA) Database
Guidelines International Network (GIN)	International Guideline Library
Healthtalk Online	NHS Economic Evaluation Database (NHS EED)
Health and Social Care Information Centre	NIHR Health Technology Assessment Programme
Map of Medicine	NIHR Health Services and Delivery Research (HS&DR) Programme
Me MHRA	PROSPERO
Ministry of Health NZ	TRIP Database
National Clinical Audit and Patient Outcomes Programme	
National Audit Office	
National Health and Medical Research Council (Australia)	
National Institute for Health and Care Excellence (NICE) - published & in development guidelines	
National Institute for Health and Care Excellence (NICE) - Topic Selection	
National Institute for Health and Care Excellence (NICE) – Clinical Knowledge Summaries	
NHS Choices	
NHS England	
NICE Clinical Knowledge Summaries	
NICE Evidence	
Map of Medicine	
PatientVoices	
Patient and Service User Organisation websites	
Patient UK	
Public Health England	
Royal Colleges	
Scottish Government	
Scottish Intercollegiate Guidelines Network (SIGN)	
Think Local Act Personal	

Guidelines/Audits/website	Systematic review/economic evaluations
UK Data Service	
UK National Statistics	
UK Parliament	
UK Homecare Association	
UNISON	
US National Guideline Clearinghouse	
Welsh Government	
YouthHealthTalk	

### C.1.2 Main searches

The MEDLINE search strategy is presented below. This was translated for use in all of the other databases and covers all review questions.

Ovid MEDLINE(R) <1946 to September Week 2 2015> Search carried out: 18 September 2015
1 exp Home Care Services/
2 Home Care Agencies/
3 Home Health Aides/
4 House Calls/
5 ("home care" or "homecare" or "home caring" or "home help" or "home helps" or "homemaker services" or "homemaker service" or "home maker service" or "home maker services" or "home support" or "home carer" or "home carers" or "home caregivers" or "home caregiver" or "home service" or "home services" or "home assistance").tw.
6 "Personal care service*".tw.
7 ((Domicili* or shop* or "own home" or "home based" or "in the home" or "in home" or "at home" or hous*) adj2 ("assist*" or "care" or service* or "caring" or "support*")).tw.
8 ((care adj2 "individual* home*") or ("care in" adj1 "home*")).tw.
9 (("personal care" and home*) or (home* adj2 assistance) or ("personal assist*" and home*)).tw.
10 ((home* or house) adj4 (visit* or call*)).tw.
11 Telemedicine/
12 (telehealth or telecare or telemedicine or teleconsultation or mobile health or mhealth or ehealth).tw.
13 Remote Consultation/
14 (remote adj4 (consultat* or appointment*)).tw.
15 ((shar* or shelt* or support* or special* or temp*) adj2 (scheme* or hous* or home* or liv* or accommodat*)).tw.
16 (adult* adj1 place* adj1 (scheme* or centre* or care*)).tw.
17 *social support/
18 *social welfare/
19 *social Medicine/
20 *social work/
21 ((social* or welfare*) adj2 (care* or work* or welfare* or service* or medicine* or support* or team*)).tw.
22 (Care adj2 support* adj2 (service* or team*)).tw.
23 Polypharmacy/
24 Polypharmac*.tw.
25 exp Homeless Persons/
26 Homeless*.tw.
27 or/1-26

**Ovid MEDLINE(R) <1946 to September Week 2 2015>**

**Search carried out: 18 September 2015**

28 Pharmaceutical Preparations/  
29 Prescription Drugs/  
30 drug therapy/  
31 exp drug prescriptions/  
32 exp Pharmaceutical Services/  
33 pharmacy/  
34 pharmacists/  
35 pharmacies/  
36 exp drug utilization/  
37 exp medication errors/  
38 Inappropriate Prescribing/  
39 "drug related side effects and adverse reactions"/  
40 self medication/  
41 self administration/  
42 medication adherence/  
43 patient medication knowledge/  
44 drug monitoring/  
45 Medical Order Entry Systems/  
46 reminder systems/  
47 drug delivery system/  
48 Drug Packaging/  
49 drug storage/ or Medical Waste Disposal/  
50 Medical Records/  
51 exp Medical Records Systems, Computerized/  
52 Electronic Health Records/  
53 exp \*"Continuity of Patient Care"/  
54 exp \*Professional Role/ or exp \*professional competence/  
55 Interprofessional relations/  
56 Interdisciplinary communication/  
57 Delivery of health care, integrated/  
58 exp education, pharmacy/  
59 "Forms and Records Control"/  
60 Checklist/  
61 Decision Support Systems, Clinical/  
62 Decision Making, Computer-Assisted/  
63 exp Patient Care Planning/  
64 Patient-Centered Care/  
65 Patient Discharge/  
66 patient compliance/  
67 Needs Assessment/ or \*Risk Assessment/ or Added risk assessment/  
68 ((carer\* or holistic or falls or discharge or HC1 or easycare or face or capacity) adj1  
assessment\*).tw.  
69 (mini mental state examination or MMSE).tw.  
70 root\* cause\* analy\*.tw.  
71 (yellow adj2 card\*).tw.  
72 (MHRA adj2 safe\*).tw.  
73 (patient\* adj2 advisor\* adj2 services).tw.  
74 ((incident\* or safeguard\* or coroner\* or medication\* or medicine\* or medical\* or meds or  
pharmac\* or drug\* or tablet\*) adj2 (report\* or system\* or audit\*)).tw.  
75 Datix.tw.

**Ovid MEDLINE(R) <1946 to September Week 2 2015>**

**Search carried out: 18 September 2015**

- 76 ("National Reporting and Learning System" or NRLS).tw.  
77 (administrat\* adj2 (self\* or routine\* or system\* or process\* or covert\* or time\* or timing)).tw.  
78 ((medication\* or medicine\* or medical\* or meds or drug\* or tablet\*) adj2 (adherence\* or compliance\* or aid\* or concordance\*)).tw.  
79 ((medication\* or medicine\* or medical\* or meds or drug\* or tablet\*) adj2 (order\* or deliver\* or request\*) adj2 (system\* or process\*)).tw.  
80 ((email or e-mail or "e" or telephon\* or phon\* or online or on-line) adj2 (order\* or request\* or prescript\* or script\*)).tw.  
81 ((repeat\* or electronic\* or right hand) adj2 (prescrib\* or dispens\* or order\* or request\* or prescript\* or script\*)).tw.  
82 ((medication\* or medicine\* or medical\* or meds or drug\* or tablet\*) adj2 (remind or alert\* or alarm\*)).tw.  
83 ("monitored dosage system\*" or MDS).tw.  
84 ((medication\* or medicine\* or medical\* or meds or drug\* or tablet\* or blister\*) adj2 (pack\* or box\* or case\*)).tw.  
85 potting up.tw.  
86 ((eas\* or access\*) adj2 (read\* or open\*) adj2 (label\* or contain\*)).tw.  
87 ((medication\* or medicine\* or medical\* or meds or drug\* or tablet\*) adj2 (crush\* or split\* or inhaler\*)).tw.  
88 ((eye\* or ear\*) adj2 drop\*).tw.  
89 ((remov\* or dispos\* or expire\* or waste\* or deliver\* or collect\* or supp\* or dispen\* or transport\*) adj2 (medication\* or medicine\* or medical\* or meds or drug\* or tablet\*)).tw. (66369)  
90 (Medic\* adj2 administra\* adj2 (record\* or chart\* or sheet\* or regist\* or form\* or system\*)).tw.  
91 (monitor\* adj2 dos\* adj2 (record\* or chart\* or sheet\* or regist\* or form\* or system\*)).tw.  
92 (multi\* adj2 compartment\* adj2 compliance\* adj2 aid\*).tw.  
93 (MAR or MCCA or MCA or MDAS).tw.  
94 ((multidisciplinar\* or multi-disciplinar\* or multiprofession\* or multiprofession\* or intraprofession\* or interprofession\* or interdisciplina\* or multiagenc\* or coordinate\* or co-ordinate\* or integrate\*) adj2 communicat\*).tw.  
95 ((computer\* or clinical\*) adj2 decision\* adj2 (support\* or system\*)).tw.  
96 (decision\* adj2 support\* adj2 system\*).tw.  
97 ((screen\* or trigger\*) adj2 (system\* or tool\*)).tw.  
98 (CDSS or CCDS).tw.  
99 (("in service\*" or inservice\* or staff\* or "on the job" or "on job" or "in the job" or "in job" or peer review) adj2 (train\* or develop\* or initiative\* or competen\* or learn\*)).tw.  
100 ((over or behind or off) adj2 (counter\* or shelf\*) adj2 (medication\* or medicine\* or medical\* or meds or drug\* or tablet\*)).tw.  
101 ((self\* or nonprescript\* or non prescript\*) adj2 (medication\* or medicine\* or medical\* or meds or drug\* or tablet\*)).tw.  
102 OTC.tw.  
103 or/28-102  
104 27 and 103  
105 (medication\* or medicine\* or medical\* or meds or pharmac\* or drug\* or tablet\* or prescript\* or prescrib\*).ti.  
106 27 and 105  
107 104 or 106  
108 Animals/ not Humans/  
109 107 not 108

**Ovid MEDLINE(R) <1946 to September Week 2 2015>**

**Search carried out: 18 September 2015**

- 110 limit 109 to (english language and yr="2005 -Current")
- 

### C.1.3 Economic evaluations and quality of life data

#### Sources searched to identify economic evaluations

- NHS Economic Evaluation Database – NHS EED (Wiley)
- EconLit (Ovid)
- Embase (Ovid)
- MEDLINE (Ovid)
- MEDLINE In-Process (Ovid)

Economic searches were undertaken for all review questions.

Search filters to retrieve economic evaluations and quality of life papers were appended to the population search terms in MEDLINE, MEDLINE In-Process and EMBASE to identify relevant evidence.

Searches were carried out in September 2015.

**The MEDLINE economic evaluations and quality of life search filters are presented below. They were translated for use in the MEDLINE In-Process and Embase databases.**

#### Economic evaluations

- 1 Economics/
- 2 exp "Costs and Cost Analysis"/
- 3 Economics, Dental/
- 4 exp Economics, Hospital/
- 5 exp Economics, Medical/
- 6 Economics, Nursing/
- 7 Economics, Pharmaceutical/
- 8 Budgets/
- 9 exp Models, Economic/
- 10 Markov Chains/
- 11 Monte Carlo Method/
- 12 Decision Trees/
- 13 econom\$.tw.
- 14 cba.tw.
- 15 cea.tw.
- 16 cua.tw.
- 17 markov\$.tw.
- 18 (monte adj carlo).tw.
- 19 (decision adj2 (tree\$ or analys\$)).tw.
- 20 (cost or costs or costing\$ or costly or costed).tw.
- 21 (price\$ or pricing\$).tw.
- 22 budget\$.tw.
- 23 expenditure\$.tw.
- 24 (value adj2 (money or monetary)).tw.
- 25 (pharmacoeconomic\$ or (pharmaco adj economic\$)).tw.



The MEDLINE economic evaluations and quality of life search filters are presented below. They were translated for use in the MEDLINE In-Process and Embase databases.

26 or/1-25

#### Quality of life

- 1 "Quality of Life"/
- 2 quality of life.tw.
- 3 "Value of Life"/
- 4 Quality-Adjusted Life Years/
- 5 quality adjusted life.tw.
- 6 (qaly\$ or qald\$ or qale\$ or qtime\$).tw.
- 7 disability adjusted life.tw.
- 8 daly\$.tw.
- 9 Health Status Indicators/
- 10 (sf36 or sf 36 or short form 36 or shortform 36 or sf thirtysix or sf thirty six or shortform thirtysix or shortform thirty six or short form thirtysix or short form thirty six).tw.
- 11 (sf6 or sf 6 or short form 6 or shortform 6 or sf six or sfsix or shortform six or short form six).tw.
- 12 (sf12 or sf 12 or short form 12 or shortform 12 or sf twelve or sftwelve or shortform twelve or short form twelve).tw.
- 13 (sf16 or sf 16 or short form 16 or shortform 16 or sf sixteen or sfsixteen or shortform sixteen or short form sixteen).tw.
- 14 (sf20 or sf 20 or short form 20 or shortform 20 or sf twenty or sftwenty or shortform twenty or short form twenty).tw.
- 15 (euroqol or euro qol or eq5d or eq 5d).tw.
- 16 (qol or hql or hqol or hrqol).tw.
- 17 (hye or hyes).tw.
- 18 health\$ year\$ equivalent\$.tw.
- 19 utilit\$.tw.
- 20 (hui or hui1 or hui2 or hui3).tw.
- 21 disutili\$.tw.
- 22 rosser.tw.
- 23 quality of wellbeing.tw.
- 24 quality of well-being.tw.
- 25 qwb.tw.
- 26 willingness to pay.tw.
- 27 standard gamble\$.tw.
- 28 time trade off.tw.
- 29 time tradeoff.tw.
- 30 tto.tw.
- 31 or/1-30

## C.2 Review questions and review protocols

### C.2.1 Person-centred medicines assessment

	Details	Additional comments
Review question	What interventions, systems and processes for person-centred medicines assessment are effective and cost effective to identify and manage the type of medicines support needed for a person receiving social care in the community?	
Objectives	<ul style="list-style-type: none"> <li>• To determine the effectiveness of medicines assessment interventions and approaches to identify the type of medicines support needed.</li> <li>• To identify which people receiving social care in the community need additional support with their medicines.</li> <li>• To determine when the medicines assessment should be carried out and what should it include?</li> <li>• To determine who should be involved in the medicines assessment.</li> <li>• To identify what the triggers are for reviewing the medicines assessment.</li> <li>• To determine effective ways of identifying and assessing risks associated with medicines management.</li> </ul>	For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.
Type of review	Intervention.	
Language	English language only.	
Legislation and regulation	<ul style="list-style-type: none"> <li>• <a href="#">Fundamental standards</a>. Care Quality Commission (2015).</li> <li>• <a href="#">Care Act</a>. HM Government (2014).</li> <li>• <a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a>. HM Government (2014).</li> <li>• <a href="#">Health and Social Care Act</a>. HM Government (2012).</li> <li>• <a href="#">Human Rights Act</a>. HM Government (1998).</li> <li>• <a href="#">Equality Act</a>. HM Government (2010).</li> <li>• <a href="#">Care Quality Commission (Registration) Regulations 2009</a>. HM Government (2009).</li> <li>• <a href="#">Mental Capacity Act</a>. HM Government (2005).</li> <li>• <a href="#">Mental Health Act</a>. HM Government (1983).</li> <li>• <a href="#">Health and Safety at Work Act</a>. HM Government (1974).</li> </ul>	
Policy and guidance	<ul style="list-style-type: none"> <li>• <a href="#">Community adult social care services: provider handbook</a>. Care Quality Commission (2015).</li> <li>• <a href="#">Mental Capacity Act Code of Practice</a>. HM Government (2014)</li> <li>• <a href="#">Guidance for providers on meeting the regulations</a>. Care Quality Commission (2015).</li> <li>• <a href="#">Care and Support Statutory Guidance</a>. Department of Health (2014).</li> <li>• <a href="#">Commissioning home care for older people</a>. Social Care Institute for Excellence (2014).</li> <li>• <a href="#">Care and Support White Paper</a>. Department of Health (2012).</li> <li>• <a href="#">Better Care Fund</a>. HM Government (2014).</li> <li>• <a href="#">National framework for NHS continuing healthcare and NHS funded nursing care</a>. HM Government (2012).</li> <li>• <a href="#">National service framework: older people</a>. Department of Health (2001).</li> </ul>	

	Details	Additional comments
	<ul style="list-style-type: none"> <li>• <a href="#">Medicines and older people implementing medicines-related aspects of the NSF for older people</a>. Department of Health (2001).</li> <li>• All relevant professional guidance, such as the <a href="#">Standards for medicines management</a>. NMC (2008) and <a href="#">Good practice in prescribing and managing medicines and devices</a>. GMC (2013).</li> <li>• <a href="#">Improving patient outcomes through the better use of multi-compartment compliance aids (MCA)</a>. RPS (2013).</li> </ul>	
Study design/ evidence type	<ul style="list-style-type: none"> <li>• NICE accredited guidance.</li> <li>• Systematic review of randomised controlled trials (RCTs).</li> <li>• RCTs.</li> </ul> <p>In the event that no RCT evidence is found, or there is insufficient RCT evidence to adequately answer the review question, the guideline Committee and guideline developing team may agree to include other types of evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand:</p> <ul style="list-style-type: none"> <li>• Other national guidance.</li> <li>• Systematic reviews of non-randomised controlled trials.</li> <li>• Non-randomised controlled trials.</li> <li>• Observational studies.</li> <li>• Qualitative studies.</li> <li>• Cross-sectional surveys.</li> <li>• Economic analyses.</li> </ul>	
Status	Published studies and publicly available information (full text).	
Population	<p>All adults (age 18 and above) who take or use medicines (and their family members or carers) who are receiving social care in the community.</p> <p>In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:</p> <ul style="list-style-type: none"> <li>• people taking multiple medicines (polypharmacy)</li> <li>• people with chronic or long-term conditions</li> <li>• people who lack capacity (including people with fluctuating capacity) to manage their own medicines</li> <li>• people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired</li> <li>• people with specific medicines administration needs, such as people</li> </ul>	<p>For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:</p> <ul style="list-style-type: none"> <li>• who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983</li> <li>• who receive any social care component of an NHS Continuing Care package</li> <li>• who self-fund their own care and support.</li> </ul> <p>Other terms that may be used include:</p> <ul style="list-style-type: none"> <li>• domiciliary care</li> <li>• home care</li> <li>• care at home.</li> </ul>

	Details	Additional comments
	<p>with difficulty swallowing or people needing frequent injections</p> <ul style="list-style-type: none"> <li>• people with limited or variable access to informal carers</li> <li>• people who are homeless</li> <li>• people approaching the end of their life.</li> </ul>	
Intervention	<p>Interventions, systems and processes used for person-centred medicines assessment to identify and manage the type of medicines-related support needed, such as:</p> <ul style="list-style-type: none"> <li>• tools (including decision support, screening, risk management or trigger tools)</li> <li>• forms</li> <li>• templates</li> <li>• checklists</li> <li>• care planning and case management</li> <li>• care packages</li> <li>• carers assessment</li> <li>• overview/holistic assessment</li> <li>• falls assessment</li> <li>• discharge assessment</li> <li>• single assessment processes</li> <li>• levels 1, 2 and 3 assessments</li> <li>• social care assessments (including HC1, Easycare and Face)</li> <li>• capacity assessments</li> <li>• standard operating procedures</li> <li>• Mini mental state examination (MMSE).</li> </ul>	<p>Other terms that may be used for medicines assessment include:</p> <ul style="list-style-type: none"> <li>• risk assessment</li> <li>• risk management</li> <li>• needs assessment</li> <li>• pharmaceutical care.</li> </ul>
Comparator	Standard care, usual care, other intervention or no intervention or care.	
Outcomes Which are critical outcomes and important outcomes?	<ul style="list-style-type: none"> <li>• Service user-reported outcomes, including: <ul style="list-style-type: none"> <li>○ medicines adherence</li> <li>○ experience, views and satisfaction</li> <li>○ independence (including choice and dignity)</li> <li>○ ability to carry out activities of daily living.</li> </ul> </li> <li>• Carer-reported outcomes, such as: <ul style="list-style-type: none"> <li>○ medicines adherence</li> <li>○ satisfaction, views and experience</li> <li>○ independence (including choice and dignity)</li> <li>○ ability to carry out activities of daily living.</li> </ul> </li> <li>• Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.</li> <li>• Medicines-related problems.</li> </ul>	<p>For the purpose of this guideline, the term 'medicines-related problems' includes:</p> <ul style="list-style-type: none"> <li>• prescribing errors</li> <li>• dispensing errors</li> <li>• administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)</li> <li>• monitoring errors (e.g. inadequate review or follow-up, incomplete or inaccurate documentation)</li> <li>• adverse events</li> <li>• near misses (a prevented medicines related patient safety incident which could have led to patient harm)</li> <li>• deliberate withholding of medicines or deliberate attempt to harm</li> </ul>

	Details	Additional comments
	<ul style="list-style-type: none"> <li>• Health and social care related quality of life (including ability to work).</li> <li>• Health and social care utilisation, including: <ul style="list-style-type: none"> <li>○ hospital admissions and readmissions</li> <li>○ primary care health professional appointments</li> <li>○ attendance at accident and emergency departments, walk-in centres and out-of-hours providers</li> <li>○ other planned and unplanned contacts with health and social care services</li> <li>○ moves to and from more intensive support (move to a care home for example).</li> </ul> </li> <li>• Mortality.</li> <li>• Clinical outcomes, including problematic polypharmacy.</li> <li>• Economic outcomes.</li> <li>• Compliance with legislation, regulation and national policy.</li> </ul>	<ul style="list-style-type: none"> <li>• person making the decision not to take a medicine (with or without capacity)</li> <li>• restraint or covert administration has been used inappropriately</li> <li>• misuse, such as missing or diverted medicines</li> <li>• other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).</li> </ul> <p>The critical outcomes identified by the GDG were:</p> <ul style="list-style-type: none"> <li>• Service user-reported outcomes</li> <li>• Carer-reported outcomes</li> <li>• Medicines-related problems</li> <li>• Health and social care utilisation.</li> </ul>
Other criteria for inclusion / exclusion of studies	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> <li>• Evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand.</li> </ul> <p>Exclusion criteria:</p> <ul style="list-style-type: none"> <li>• Published before year 2005.</li> <li>• Generic assessments that are not specifically medicines-related.</li> <li>• Medicines assessments for specific medicines, for example injectable preparations.</li> <li>• Medicines assessments that are not related to the care of an individual person.</li> </ul>	
Search strategies	<p>To identify literature the following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Medline</li> <li>• Medline in Process</li> <li>• Embase</li> <li>• Cochrane (includes: CDSR, CENTRAL, DARE, HTA and NHS EED)</li> <li>• PubMed</li> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• Social Care Online</li> <li>• Social Policy and Practice</li> <li>• Social Services Abstracts</li> </ul>	

	Details	Additional comments
	<p>Limits to be applied to the search:</p> <ul style="list-style-type: none"> <li>• RCTs and SR filters will be applied at first, if no evidence is found these filters will be removed.</li> <li>• Health economic filters will be added for the economic searches.</li> <li>• All searches will exclude animal studies and restrict to English language.</li> <li>• Date limit from 2005 to present.</li> </ul>	
Review strategies	<p>Appraisal of evidence quality:</p> <ul style="list-style-type: none"> <li>• Legislation, regulations and national policy will not be appraised for quality.</li> <li>• Guidelines will be appraised using the AGREE II criteria.</li> <li>• Individual studies will be appraised using the appropriate NICE methodology checklists. All key outcomes from evidence will be presented in GRADE profiles, where possible.</li> </ul> <p>Synthesis of data:</p> <ul style="list-style-type: none"> <li>• Data on all included evidence will be extracted into evidence tables.</li> <li>• Where possible, data may be pooled to give an overall summary effect.</li> <li>• Where data cannot be pooled, narrative summaries of the data will be presented.</li> </ul>	
Identified papers from scoping search and committee experience for background	<ul style="list-style-type: none"> <li>• <a href="#">Social care workers' professional responsibility in respect of administration of medications</a>. Northern Ireland Social Care Council (2014).</li> <li>• <a href="#">Medicines management toolkit</a>. Together for Short Lives (2014).</li> <li>• <a href="#">Community nursing: transforming health care</a>. Royal College of Nursing (2011).</li> <li>• <a href="#">Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams</a>. National Mental Health Development Unit (2010).</li> <li>• <a href="#">Guidelines for the control and administration of medicines: domiciliary care agencies</a>. Regulation and Quality Improvement Authority (2009) (Northern Ireland).</li> <li>• <a href="#">The handling of medicines in social care</a>. Royal Pharmaceutical Society (2007).</li> <li>• <a href="#">Standards for medicines management</a>. Nursing and Midwifery Council (2007).</li> <li>• <a href="#">Helping older people to take prescribed medication in their own home: what works?</a> Research Briefing 15. Social Care Institute for Excellence (2005).</li> <li>• <a href="#">Nursing assessment and older people. A Royal College of Nursing toolkit</a>. Royal College of Nursing (2004).</li> </ul>	

## C.2.2 Handling medicines

	Details	Additional comments
Review question a)	What interventions, systems and processes are effective and cost effective for safely ordering, supplying, transporting, storing and disposing of	

	Details	Additional comments
	medicines for a person receiving social care in the community?	
Objectives	<p>To determine the effectiveness of interventions, systems and processes for ordering medicines and when should they be used.</p> <p>To determine the effectiveness of interventions, systems and processes for supplying acute and repeat medicines (for example, in monitored dosage systems and multi-compartment compliance aids) and when should they be used.</p> <p>To determine the effectiveness of interventions, systems and processes for supplying over-the-counter or prescribed medicines.</p> <p>To determine the effectiveness of interventions, systems and processes for transporting medicines (for example, pharmacy delivery, a care worker or family member or carer collecting medicines from the pharmacy and transporting them to a person's home).</p> <p>To determine the effectiveness of interventions, systems and processes for storing medicines safely for people at home.</p> <p>To determine the effectiveness of interventions, systems and processes for disposing of medicines (including waste medicines).</p>	<p>For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.</p> <p>The ordering, supplying and transporting of medicines will consider, for example, dispensing doctors, remote prescribing and dispensing (including by telephone, by electronic prescription and e-mail).</p>
Type of review	Intervention.	
Language	English language only.	
Legislation and regulation	<p><a href="#">Fundamental standards</a>. Care Quality Commission (2015).</p> <p><a href="#">Care Act</a>. HM Government (2014).</p> <p><a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a>. HM Government (2014).</p> <p><a href="#">Health and Social Care Act</a>. HM Government (2012).</p> <p><a href="#">Care Quality Commission (Registration) Regulations 2009</a>. HM Government (2009).</p> <p><a href="#">Mental Capacity Act</a>. HM Government (2005).</p> <p><a href="#">Mental Health Act</a>. HM Government (1983).</p> <p><a href="#">The Human Medicines Regulations</a>. HM Government (2012).</p> <p><a href="#">Medicines Act</a>. HM Government (1968).</p>	
Policy and guidance	<p><a href="#">Community adult social care services: provider handbook</a>. Care Quality Commission (2015).</p> <p><a href="#">Care and Support Statutory Guidance</a>. Department of Health (2014).</p> <p><a href="#">Commissioning home care for older people</a>. Social Care Institute for Excellence (2014).</p> <p><a href="#">Care and Support White Paper</a>. Department of Health (2012).</p> <p><a href="#">Safe management of healthcare waste</a>. Department of Health (2013).</p> <p><a href="#">National service framework: older people</a>. Department of Health (2001).</p>	

	Details	Additional comments
	<p><a href="#">Medicines and older people implementing medicines-related aspects of the NSF for older people</a>. Department of Health (2001).</p> <p>All relevant professional guidance such as the <a href="#">Standards for medicines management</a>. NMC (2008) and <a href="#">Good practice in prescribing and managing medicines and devices</a>. GMC (2013).</p> <p><a href="#">Improving patient outcomes through the better use of multi-compartment compliance aids (MCA)</a>. RPS (2013).</p>	
Study design/ evidence type	<p>NICE accredited guidance.</p> <p>Systematic review of randomised controlled trials (RCTs).</p> <p>RCTs.</p> <p>In the event that no RCT evidence is found, or there is insufficient RCT evidence to adequately answer the review question, the guideline Committee and guideline developing team may agree to include other types of evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand:</p> <p>Other national guidance.</p> <p>Systematic reviews of non-randomised controlled trials.</p> <p>Non-randomised controlled trials.</p> <p>Observational studies.</p> <p>Qualitative studies.</p> <p>Cross-sectional surveys.</p> <p>Economic analyses.</p>	
Status	Published studies and publicly available information (full text).	
Population	<p>All adults (age 18 and above) who take or use medicines (and their family members or carers) who are receiving social care in the community.</p> <p>In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:</p> <p>people taking multiple medicines (polypharmacy)</p> <p>people with chronic or long-term conditions</p> <p>people who lack capacity (including people with fluctuating capacity) to manage their own medicines</p> <p>people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired</p> <p>people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections</p>	<p>For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:</p> <p>who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983</p> <p>who receive any social care component of an NHS Continuing Care package</p> <p>who self-fund their own care and support.</p> <p>Other terms that may be used include:</p> <p>domiciliary care</p> <p>home care</p> <p>care at home.</p>



	Details	Additional comments
	<p>people with limited or variable access to informal carers</p> <p>people who are homeless</p> <p>people approaching the end of their life.</p>	
Intervention	<p>Interventions, systems and processes used to support the safe handling of medicines, including:</p> <p>home care provider policies</p> <p>ordering medicines (including responsibility or delegated responsibility for ordering), and systems used:</p> <p>managed repeats</p> <p>MAR charts</p> <p>repeat prescriptions, delivery or collection services</p> <p>right hand side of prescription</p> <p>electronic prescribing</p> <p>telephone and e-mail ordering</p> <p>supplying medicines, including:</p> <p>provision of dispensing services</p> <p>medication administration systems (MCCA/MDS or blister packs)</p> <p>acute and repeat medicines</p> <p>transporting medicines</p> <p>storing medicines at home</p> <p>removing medicines from a person's home</p> <p>disposing medicines in a person's home (for example, expired, waste or doses of refused medicines)</p> <p>processes for handling over the counter medicines and homely remedies</p> <p>training interventions.</p>	
Comparator	Standard care, usual care or other intervention	
Outcomes Which are critical outcomes and important outcomes?	<p>Service user-reported outcomes, including:</p> <p>medicines adherence</p> <p>experience, views and satisfaction</p> <p>independence</p> <p>ability to carry out activities of daily living.</p> <p>Carer-reported outcomes, such as:</p> <p>medicines adherence</p> <p>satisfaction, views and experience</p> <p>independence (including choice and dignity)</p> <p>ability to carry out activities of daily living.</p> <p>Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.</p>	<p>For the purpose of this guideline, the term 'medicines-related problems' includes:</p> <p>prescribing errors</p> <p>dispensing errors</p> <p>administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)</p> <p>monitoring errors (e.g. inadequate review or follow-up, incomplete or inaccurate documentation)</p> <p>adverse events</p> <p>near misses (a prevented medicines related patient safety incident which could have led to patient harm)</p> <p>deliberate withholding of medicines or deliberate attempt to harm</p>

	Details	Additional comments
	<p>Medicines-related problems (please see review protocol for RQC).</p> <p>Health and social care related quality of life.</p> <p>Health and social care utilisation, including: hospital admissions and readmissions primary care health professional appointments attendance at accident and emergency departments, walk-in centres and out-of-hours providers other planned and unplanned contacts with health and social care services moves to and from more intensive support (move to a care home for example).</p> <p>Mortality.</p> <p>Clinical outcomes, including problematic polypharmacy.</p> <p>Economic outcomes.</p> <p>Compliance with legislation, regulation and national policy.</p>	<p>restraint or covert administration has been used inappropriately</p> <p>misuse, such as missing or diverted medicines</p> <p>other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).</p> <p>The critical outcomes identified by the GDG were:</p> <ul style="list-style-type: none"> <li>• Service user-reported outcomes.</li> <li>• Health and social care practitioner-reported outcomes (taking into account the difference between trained and untrained carer perspectives).</li> <li>• Medicines-related problems.</li> <li>• Compliance with legislation, regulation and national policy.</li> </ul>
Other criteria for inclusion / exclusion of studies	<p>Inclusion criteria: Evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand:</p> <p>Exclusion criteria: Published before year 2005.</p>	Excluding medicines reconciliation (refer to NICE guideline on Medicines optimisation).
Search strategies	<p>To identify literature the following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Medline</li> <li>• Medline in Process</li> <li>• Embase</li> <li>• Cochrane (includes: CDSR, CENTRAL, DARE, HTA and NHS EED)</li> <li>• PubMed</li> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• Social Care Online</li> <li>• Social Policy and Practice</li> <li>• Social Services Abstracts</li> </ul> <p>Limits to be applied to the search:</p> <ul style="list-style-type: none"> <li>• RCTs and SR filters will be applied at first, if no evidence is found these filters will be removed.</li> <li>• Health economic filters will be added for the economic searches.</li> </ul>	

	Details	Additional comments
	<ul style="list-style-type: none"> <li>All searches will exclude animal studies and restrict to English language.</li> <li>Date limit from 2005 to present.</li> </ul>	
Review strategies	<p>Appraisal of evidence quality: Legislation, regulations and national policy will not be appraised for quality. Guidelines will be appraised using the AGREE II criteria.</p> <p>Individual studies will be appraised using the appropriate NICE methodology checklists. All key outcomes from evidence will be presented in GRADE profiles, where possible.</p> <p>Synthesis of data: Data on all included evidence will be extracted into evidence tables. Where possible, data may be pooled to give an overall summary effect. Where data cannot be pooled, narrative summaries of the data will be presented.</p>	
Identified papers from scoping search and committee experience for background	<p><a href="#">Social care workers' professional responsibility in respect of administration of medications</a>. Northern Ireland Social Care Council (2014).</p> <p><a href="#">Medicines management toolkit</a>. Together for Short Lives (2014).</p> <p><a href="#">Community nursing: transforming health care</a>. Royal College of Nursing (2011).</p> <p><a href="#">Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams</a>. National Mental Health Development Unit (2010).</p> <p><a href="#">Guidelines for the control and administration of medicines: domiciliary care agencies</a>. Regulation and Quality Improvement Authority (2009) (Northern Ireland).</p> <p><a href="#">The handling of medicines in social care</a>. Royal Pharmaceutical Society (2007).</p> <p><a href="#">Standards for medicines management</a>. Nursing and Midwifery Council (2007).</p> <p><a href="#">Helping older people to take prescribed medication in their own home: what works?</a> Research Briefing 15. Social Care Institute for Excellence (2005).</p> <p><a href="#">Evaluation of the Scale, Causes and Costs of Waste Medicines</a>. University of London and York Health Economics Consortium (2010).</p>	

### C.2.3 Administering medicines

	Details	Additional comments
Review question b)	What interventions, systems and processes are effective and cost-effective in supporting safe and effective self-administration, or administration, of medicines for a person receiving social care in the community?	For the purpose of this guideline, the term 'administration' is defined as: 'to give a medicine by either introduction into the body (for example, orally or by injection) or external application'. The term 'self-administration' is defined as: 'when a person looks after and takes their medicines themselves'.
Objectives	To identify what interventions and approaches are effective in supporting people to look after and	For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter)

	Details	Additional comments
	<p>take their medicines themselves (self-administer).</p> <p>To determine what interventions, systems and processes are effective for care workers administering, supporting or monitoring the administration of medicines.</p> <p>To determine the effect of informal carers administering, supporting or monitoring the administration of medicines.</p> <p>To determine the effect of health professionals administering, supporting or monitoring the administration of medicines.</p> <p>To determine what interventions, systems and processes are effective for administering medicines to people without their knowledge when this in their best interest (covert administration).</p> <p>To determine what interventions, systems and processes are effective for administering non-prescription medicines (over-the-counter medicines or homely remedies).</p>	healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.
Type of review	Intervention.	
Language	English language only.	
Legislation and regulation	<p><a href="#">Fundamental standards</a>. Care Quality Commission (2015).</p> <p><a href="#">Care Act</a>. HM Government (2014).</p> <p><a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a>. HM Government (2014).</p> <p><a href="#">Health and Social Care Act</a>. HM Government (2012).</p> <p><a href="#">Care Quality Commission (Registration) Regulations 2009</a>. HM Government (2009).</p> <p><a href="#">Mental Capacity Act</a>. HM Government (2005).</p> <p><a href="#">Mental Health Act</a>. HM Government (1983).</p>	
Policy and guidance	<p><a href="#">Community adult social care services: provider handbook</a>. Care Quality Commission (2015).</p> <p><a href="#">Mental Capacity Act Code of Practice</a>. HM Government (2014).</p> <p><a href="#">Guidance for providers on meeting the regulations</a>. Care Quality Commission (2015).</p> <p><a href="#">Better Care Fund</a>. HM Government (2014).</p> <p><a href="#">National framework for NHS continuing healthcare and NHS funded nursing care</a>. HM Government (2012).</p> <p><a href="#">National service framework: older people</a>. Department of Health (2001).</p> <p><a href="#">Medicines and older people implementing medicines-related aspects of the NSF for older people</a>. Department of Health (2001).</p> <p>All relevant professional guidance such as the <a href="#">Standards for medicines management</a>. NMC (2008) and <a href="#">Good practice in prescribing and managing medicines and devices</a>. GMC (2013).</p> <p><a href="#">Improving patient outcomes through the better use of multi-compartment compliance aids (MCA)</a>. RPS (2013).</p> <p><a href="#">Care and Support Statutory Guidance</a>. Department of Health (2014).</p>	

	Details	Additional comments
	<p><a href="#">Commissioning home care for older people</a>. Social Care Institute for Excellence (2014).</p> <p><a href="#">Care and Support White Paper</a>. Department of Health (2012).</p> <p><a href="#">Mental Capacity Act Code of Practice</a>. Office of the Public Guardian (2013).</p>	
Study design/ evidence type	<p>NICE accredited guidance.</p> <p>Systematic review of randomised controlled trials (RCTs).</p> <p>RCTs.</p> <p>In the event that no RCT evidence is found, or there is insufficient RCT evidence to adequately answer the review question, the guideline Committee and guideline developing team may agree to include other types of evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand:</p> <p>Other national guidance.</p> <p>Systematic reviews of non-randomised controlled trials.</p> <p>Non-randomised controlled trials.</p> <p>Observational studies.</p> <p>Qualitative studies.</p> <p>Cross-sectional surveys.</p> <p>Economic analyses.</p>	
Status	Published studies and publicly available information (full text).	
Population	<p>All adults (age 18 and above) who take or use medicines (and their family members or carers) who are receiving social care in the community.</p> <p>In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:</p> <p>people taking multiple medicines (polypharmacy)</p> <p>people with chronic or long-term conditions</p> <p>people who lack capacity (including people with fluctuating capacity) to manage their own medicines</p> <p>people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired</p> <p>people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections</p> <p>people with limited or variable access to informal carers</p>	<p>For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:</p> <p>who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983</p> <p>who receive any social care component of an NHS Continuing Care package</p> <p>who self-fund their own care and support.</p> <p>Other terms that may be used include:</p> <p>domiciliary care</p> <p>home care</p> <p>care at home.</p>

	Details	Additional comments
	<p>people who are homeless</p> <p>people approaching the end of their life.</p>	
Intervention	<p>Interventions, systems and processes used to support the safe and effective self-administration or administration of medicines, for example:</p> <ul style="list-style-type: none"> <li>simplifying medication regimens</li> <li>technology to support administration (for example, telehealth, mobile phone applications and nanotechnology)</li> <li>reminders and alarms</li> <li>positioning of medicines in visible or accessible places</li> <li>provision of drinks to enable swallowing appropriate formulations (for example, use of liquids, soluble tablets, patches etc.)</li> <li>leaving medicines out for taking later time or date (potting up)</li> <li>routine times of administration</li> <li>modified opening containers (for example, blister packs)</li> <li>large print labels and easy read containers and other modified labelling</li> <li>compliance aids (for example, tablet crushers, tablet splitters, eye drop devices, devices to support inhaler use etc.)</li> <li>covert administration</li> <li>processes for administering over the counter medicines and homely remedies</li> <li>training interventions.</li> </ul>	
Comparator	Standard care, usual care or other intervention,	
Outcomes Which are critical outcomes and important outcomes?	<p>Service user-reported outcomes, including:</p> <ul style="list-style-type: none"> <li>medicines adherence</li> <li>experience, views and satisfaction</li> <li>independence</li> <li>ability to carry out activities of daily living.</li> </ul> <p>Carer-reported outcomes, such as:</p> <ul style="list-style-type: none"> <li>medicines adherence</li> <li>satisfaction, views and experience</li> <li>independence (including choice and dignity)</li> <li>ability to carry out activities of daily living.</li> </ul> <p>Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.</p>	<p>For the purpose of this guideline, the term 'medicines-related problems' includes:</p> <ul style="list-style-type: none"> <li>prescribing errors</li> <li>dispensing errors</li> <li>administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)</li> <li>monitoring errors (e.g. inadequate review or follow-up, incomplete or inaccurate documentation)</li> <li>adverse events</li> <li>near misses (a prevented medicines related patient safety incident which could have led to patient harm)</li> <li>deliberate withholding of medicines or deliberate attempt to harm</li> </ul>

	Details	Additional comments
	<p>Medicines-related problems.</p> <p>Health and social care related quality of life.</p> <p>Health and social care utilisation, including:</p> <ul style="list-style-type: none"> <li>hospital admissions and readmissions</li> <li>primary care health professional appointments</li> <li>attendance at accident and emergency departments, walk-in centres and out-of-hours providers</li> <li>other planned and unplanned contacts with health and social care services</li> <li>moves to and from more intensive support (move to a care home for example).</li> </ul> <p>Mortality.</p> <p>Clinical outcomes, including problematic polypharmacy.</p> <p>Economic outcomes.</p> <p>Compliance with legislation, regulation and national policy.</p>	<p>restraint or covert administration has been used inappropriately</p> <p>misuse, such as missing or diverted medicines</p> <p>other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).</p> <p>The critical outcomes identified by the GDG were:</p> <p>Service user-reported outcomes.</p> <p>Carer-reported outcomes.</p> <p>Medicines-related problems.</p> <p>Health and social care utilisation.</p> <p>Other outcomes identified by the Committee were considered important for decision-making, but not critical:</p> <p>Health and social care practitioner-reported outcomes, such as satisfaction, views and experience</p> <p>Health and social care related quality of life</p> <p>Mortality</p> <p>Clinical outcomes, including problematic polypharmacy</p> <p>Economic outcomes</p> <p>Compliance with legislation, regulation and national policy.</p>
Other criteria for inclusion / exclusion of studies	<p>Inclusion criteria:</p> <p>Evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand.</p> <p>Exclusion criteria:</p> <p>Published before year 2005.</p>	
Search strategies	<p>To identify literature the following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Medline</li> <li>• Medline in Process</li> <li>• Embase</li> <li>• Cochrane (includes: CDSR, CENTRAL, DARE, HTA and NHS EED)</li> <li>• PubMed</li> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• Social Care Online</li> <li>• Social Policy and Practice</li> <li>• Social Services Abstracts</li> </ul> <p>Limits to be applied to the search:</p>	

	Details	Additional comments
	<ul style="list-style-type: none"> <li>• RCTs and SR filters will be applied at first, if no evidence is found these filters will be removed.</li> <li>• Health economic filters will be added for the economic searches.</li> <li>• All searches will exclude animal studies and restrict to English language.</li> <li>• Date limit from 2005 to present</li> </ul>	
Review strategies	<p>Appraisal of evidence quality: Legislation, regulations and national policy will not be appraised for quality. Guidelines will be appraised using the AGREE II criteria. Individual studies will be appraised using the appropriate NICE methodology checklists. All key outcomes from evidence will be presented in GRADE profiles, where possible.</p> <p>Synthesis of data: Data on all included evidence will be extracted into evidence tables. Where possible, data may be pooled to give an overall summary effect. Where data cannot be pooled, narrative summaries of the data will be presented.</p>	
Identified papers from scoping search and committee experience for background	<p><a href="#">Social care workers' professional responsibility in respect of administration of medications</a>. Northern Ireland Social Care Council (2014). <a href="#">Medicines management toolkit</a>. Together for Short Lives (2014). <a href="#">Community nursing: transforming health care</a>. Royal College of Nursing (2011). <a href="#">Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams</a>. National Mental Health Development Unit (2010). <a href="#">Guidelines for the control and administration of medicines: domiciliary care agencies</a>. Regulation and Quality Improvement Authority (2009) (Northern Ireland). <a href="#">The handling of medicines in social care</a>. Royal Pharmaceutical Society (2007). <a href="#">Standards for medicines management</a>. Nursing and Midwifery Council (2007). <a href="#">Helping older people to take prescribed medication in their own home: what works?</a> Research Briefing 15. Social Care Institute for Excellence (2005).</p>	

#### C.2.4 Identifying, reporting and learning from medicines-related problems

	Details	Additional comments
Review question c)	What interventions, systems and processes are effective and cost effective for identifying, reporting and learning from medicines-related problems for a person receiving social care in the community?	For the purpose of this guideline, the term 'medicines-related problems' includes: potentially avoidable medicines-related hospital admissions prescribing errors



	Details	Additional comments
		<p>dispensing errors</p> <p>administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)</p> <p>monitoring errors (e.g. inadequate review or follow-up, incomplete or inaccurate documentation)</p> <p>adverse events, incident reporting and significant events</p> <p>near misses (a prevented medicines related patient safety incident which could have led to patient harm)</p> <p>deliberate withholding of medicines or deliberate attempt to harm</p> <p>restraint or covert administration has been used inappropriately</p> <p>misuse, such as missing or diverted medicines</p> <p>other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).</p>
Objectives	<p>To determine what interventions, systems and processes are effective for raising concerns about medicines-related problems.</p> <p>To determine what interventions, systems and processes are effective for identifying and reporting medicines-related incidents, including medication errors.</p> <p>To determine what interventions, systems and processes are effective for identifying and reporting adverse effects of medicines.</p> <p>To determine how learning from medicines-related problems should be shared and acted upon (for example, reporting under safeguarding processes).</p> <p>To determine how refusal by the person to take their medicines should be managed.</p> <p>To identify how a person's mental capacity to safely manage their medicines should be assessed, including when the person has fluctuating capacity (physical capacity may also fluctuate) to manage their medicines.</p>	<p>For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.</p>
Type of review	Intervention.	
Language	English language only.	
Legislation and regulation	<p><a href="#">Fundamental standards</a>. Care Quality Commission (2015).</p> <p><a href="#">Care Act</a>. HM Government (2014).</p> <p><a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a>. HM Government (2014).</p>	

	Details	Additional comments
	<p><a href="#">Health and Social Care Act</a>. HM Government (2012).</p> <p><a href="#">Care Quality Commission (Registration) Regulations 2009</a>. HM Government (2009).</p> <p><a href="#">Mental Capacity Act</a>. HM Government (2005).</p> <p><a href="#">Mental Health Act</a>. HM Government (1983).</p> <p><a href="#">Human Rights Act</a>. HM Government (1998).</p> <p><a href="#">Equality Act</a>. HM Government (2010).</p>	
Policy and guidance	<p><a href="#">Community adult social care services: provider handbook</a>. Care Quality Commission (2015).</p> <p><a href="#">Mental Capacity Act Code of Practice</a>. HM Government (2014).</p> <p><a href="#">Better Care Fund</a>. HM Government (2014).</p> <p><a href="#">National framework for NHS continuing healthcare and NHS funded nursing care</a>. HM Government (2012).</p> <p><a href="#">National service framework: older people</a>. Department of Health (2001).</p> <p><a href="#">Medicines and older people implementing medicines-related aspects of the NSF for older people</a>. Department of Health (2001).</p> <p>All relevant professional guidance such as the <a href="#">Standards for medicines management</a>. NMC (2008) and <a href="#">Good practice in prescribing and managing medicines and devices</a>. GMC (2013).</p> <p><a href="#">Improving patient outcomes through the better use of multi-compartment compliance aids (MCA)</a>. RPS (2013).</p> <p><a href="#">Care and Support Statutory Guidance</a>. Department of Health (2014).</p> <p><a href="#">Commissioning home care for older people</a>. Social Care Institute for Excellence (2014).</p> <p><a href="#">Care and Support White Paper</a>. Department of Health (2012).</p>	
Study design/ evidence type	<p>NICE accredited guidance.</p> <p>Systematic review of randomised controlled trials (RCTs).</p> <p>RCTs.</p> <p>In the event that no RCT evidence is found, or there is insufficient RCT evidence to adequately answer the review question, the guideline Committee and guideline developing team may agree to include other types of evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand:</p> <p>Other national guidance.</p> <p>Systematic reviews of non-randomised controlled trials.</p> <p>Non-randomised controlled trials.</p> <p>Observational studies.</p> <p>Qualitative studies.</p> <p>Cross-sectional surveys.</p> <p>Economic analyses.</p>	
Status	Published studies and publicly available information (full text).	
Population	All adults (age 18 and above) who take or use medicines (and their family members or carers) who are receiving social care in the community.	For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:

	Details	Additional comments
	<p>In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:</p> <ul style="list-style-type: none"> <li>people taking multiple medicines (polypharmacy)</li> <li>people with chronic or long-term conditions</li> <li>people who lack capacity (including people with fluctuating capacity) to manage their own medicines</li> <li>people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired</li> <li>people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections</li> <li>people with limited or variable access to informal carers</li> <li>people who are homeless</li> <li>people approaching the end of their life.</li> </ul>	<p>who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983</p> <p>who receive any social care component of an NHS Continuing Care package</p> <p>who self-fund their own care and support.</p> <p>Terms that may be used include:</p> <ul style="list-style-type: none"> <li>domiciliary care</li> <li>home care</li> <li>care at home.</li> </ul>
Intervention	<p>Interventions, systems and processes used for identifying, reporting and learning from medicines-related problems, including:</p> <ul style="list-style-type: none"> <li>National Reporting and Learning System (NRLS)</li> <li>Datix</li> <li>local incident reporting systems</li> <li>routine and 'significant event' audits</li> <li>spot checking (for example, using medication administration charts)</li> <li>yellow card reporting</li> <li>computerised alert systems</li> <li>root cause analysis</li> <li>screening tools</li> <li>peer review learning meetings</li> <li>surveys and questionnaires</li> <li>complaints processes, including input from Patients Advisory and Liaison Services (PALS)</li> <li>safeguarding reports</li> <li>coroners inquests</li> <li>clinical coding of hospital admissions relating to medicines</li> <li>MHRA Drug Safety Updates.</li> </ul>	See above for definition of 'medicines-related problems.'
Comparator	Standard care, usual care or other intervention.	
Outcomes Which are critical outcomes and	<p>Service user-reported outcomes, including:</p> <ul style="list-style-type: none"> <li>medicines adherence</li> </ul>	<p>The critical outcomes identified by the GDG were:</p> <ul style="list-style-type: none"> <li>• Service user-reported outcomes</li> </ul>

	Details	Additional comments
important outcomes?	<p>experience, views and satisfaction independence ability to carry out activities of daily living.</p> <p>Carer-reported outcomes, such as: medicines adherence satisfaction, views and experience independence (including choice and dignity) ability to carry out activities of daily living.</p> <p>Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.</p> <p>Medicines-related problems.</p> <p>Health and social care related quality of life.</p> <p>Health and social care utilisation, including: hospital admissions and readmissions primary care health professional appointments attendance at accident and emergency departments, walk-in centres and out-of-hours providers other planned and unplanned contacts with health and social care services moves to and from more intensive support (move to a care home for example).</p> <p>Mortality.</p> <p>Clinical outcomes, including problematic polypharmacy.</p> <p>Economic outcomes.</p> <p>Compliance with legislation, regulation and national policy.</p>	<ul style="list-style-type: none"> <li>• Carer-reported outcomes</li> <li>• Health and social care practitioner-reported outcomes</li> <li>• Medicines-related problems</li> <li>• Health and social care utilisation.</li> </ul>
Other criteria for inclusion / exclusion of studies	<p>Inclusion criteria: Evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand.</p> <p>Exclusion criteria: Published before year 2005.</p>	
Search strategies	<p>To identify literature the following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Medline</li> <li>• Medline in Process</li> <li>• Embase</li> <li>• Cochrane (includes: CDSR, CENTRAL, DARE, HTA and NHS EED)</li> <li>• PubMed</li> </ul>	

	Details	Additional comments
	<ul style="list-style-type: none"> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• Social Care Online</li> <li>• Social Policy and Practice</li> <li>• Social Services Abstracts</li> </ul> <p>Limits to be applied to the search:</p> <ul style="list-style-type: none"> <li>• RCTs and SR filters will be applied at first, if no evidence is found these filters will be removed.</li> <li>• Health economic filters will be added for the economic searches.</li> <li>• All searches will exclude animal studies and restrict to English language.</li> <li>• Date limit from 2005 to present</li> </ul>	
Review strategies	<p>Appraisal of evidence quality: Legislation, regulations and national policy will not be appraised for quality. Guidelines will be appraised using the AGREE II criteria. Individual studies will be appraised using the appropriate NICE methodology checklists. All key outcomes from evidence will be presented in GRADE profiles, where possible.</p> <p>Synthesis of data: Data on all included evidence will be extracted into evidence tables. Where possible, data may be pooled to give an overall summary effect. Where data cannot be pooled, narrative summaries of the data will be presented.</p>	
Identified papers from scoping search and committee experience for background	<p><a href="#">Social care workers' professional responsibility in respect of administration of medications</a>. Northern Ireland Social Care Council (2014).  <a href="#">Medicines management toolkit</a>. Together for Short Lives (2014).  <a href="#">Investigating the prevalence and causes of prescribing errors in general practice: The PRACtICE study. A report for the GMC</a>. General medical Council (2012).  <a href="#">Community nursing: transforming health care</a>. Royal College of Nursing (2011).  <a href="#">Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams</a>. National Mental Health Development Unit (2010).  <a href="#">Guidelines for the control and administration of medicines: domiciliary care agencies</a>. Regulation and Quality Improvement Authority (2009) (Northern Ireland).  <a href="#">The handling of medicines in social care</a>. Royal Pharmaceutical Society (2007).  <a href="#">Standards for medicines management</a>. Nursing and Midwifery Council (2007).  <a href="#">Helping older people to take prescribed medication in their own home: what works?</a> Research Briefing 15. Social Care Institute for Excellence (2005).</p>	

## C.2.5 Medicines-related communication

	Details	Additional comments
Review question d)	What interventions, systems and processes for improving communication, documentation and information sharing about medicines are effective and cost-effective for people receiving social care in the community?	
Objectives	<p>To determine the effectiveness of a documented home care provider medicines policy.</p> <p>To identify what information about medicines needs to be recorded, and by whom. To examine where this information should be recorded (for example, in a person's care and support plan or medicines administration record).</p> <p>To identify what information about a person's medicines needs to be shared (for example, changes to medicines), and by whom. To determine who this information is to be shared with (for example, between the person receiving care, their families and carers and the care provider).</p> <p>To determine the medicines information needs of the person, their families and carers.</p>	For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.
Type of review	Intervention.	
Language	English language only.	
Legislation and regulation	<p><a href="#">Fundamental standards</a>. Care Quality Commission (2015)</p> <p><a href="#">Care Act</a>. HM Government (2014)</p> <p><a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a>. HM Government (2014)</p> <p><a href="#">Health and Social Care Act</a>. HM Government (2012)</p> <p><a href="#">Care Quality Commission (Registration) Regulations 2009</a>. HM Government (2009)</p> <p><a href="#">Mental Capacity Act</a>. HM Government (2005)</p> <p><a href="#">Mental Health Act</a>. HM Government (1983)</p> <p><a href="#">Data protection Act</a>. HM Government (1998)</p>	
Policy and guidance	<p><a href="#">Community adult social care services: provider handbook</a>. Care Quality Commission (2015)</p> <p><a href="#">Care and Support Statutory Guidance</a>. Department of Health (2014)</p> <p><a href="#">Commissioning home care for older people</a>. Social Care Institute for Excellence (2014)</p> <p><a href="#">Care and Support White Paper</a>. Department of Health (2012)</p> <p><a href="#">Mental Capacity Act Code of Practice</a>. Office of the Public Guardian (2013)</p> <p><a href="#">Records management: NHS code of practice</a>. Department of Health's (2006)</p> <p><a href="#">Information: to share or not to share</a>. Department of Health (2013)</p>	

	Details	Additional comments
	<p><a href="#">A guide to confidentiality in health and social care</a>. Health and Social Care Information Centre (2013)</p> <p><a href="#">Keeping patients safe when they transfer between care providers – getting the medicines right</a> Royal Pharmaceutical Society (2012)</p>	
Study design/ evidence type	<p>NICE accredited guidance.</p> <p>Systematic review of randomised controlled trials (RCTs). RCTs.</p> <p>In the event that no RCT evidence is found, or there is insufficient RCT evidence to adequately answer the review question, the guideline Committee and guideline developing team may agree to include other types of evidence:</p> <p>Other national guidance UK, Europe and other countries with similar developed health systems, for example Australia, Canada and New Zealand.</p> <p>Systematic reviews of non-randomised controlled trials.</p> <p>Non-randomised controlled trials.</p> <p>Observational studies.</p> <p>Qualitative studies.</p> <p>Cross-sectional surveys.</p> <p>Economic analyses.</p>	
Status	Published studies and publicly available information (full text)	
Population	<p>All adults (age 18 and above) who take or use medicines (and their family members or carers) who are receiving social care in the community.</p> <p>In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:</p> <p>people taking multiple medicines (polypharmacy)</p> <p>people with chronic or long-term conditions</p> <p>people who lack capacity (including people with fluctuating capacity) to manage their own medicines</p> <p>people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired</p> <p>people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections</p> <p>people with limited or variable access to informal carers</p>	<p>For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:</p> <p>who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983</p> <p>who receive any social care component of an NHS Continuing Care package</p> <p>who self-fund their own care and support.</p> <p>Other terms that may be used include:</p> <p>domiciliary care</p> <p>home care</p> <p>care at home.</p>

	Details	Additional comments
	<p>people who are homeless</p> <p>people approaching the end of their life.</p>	
Intervention	<p>Interventions, systems and processes for improving communication, documentation and information sharing about medicines, including:</p> <ul style="list-style-type: none"> <li>home care provider medicines policies</li> <li>care and support plans</li> <li>medicines administration records</li> <li>daily communication records</li> <li>medicines records held by the person (e.g. medication passport, hand held electronic device)</li> <li>medicines information</li> <li>electronic communication systems</li> <li>transfer of care records.</li> </ul>	
Comparator	Standard care, usual care or other intervention	
Outcomes	<p>Service user-reported outcomes, including:</p> <ul style="list-style-type: none"> <li>medicines adherence</li> <li>experience, views and satisfaction</li> <li>independence</li> <li>ability to carry out activities of daily living.</li> </ul> <p>Carer-reported outcomes, such as satisfaction, views and experience.</p> <p>Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.</p> <p>Medicines-related problems.</p> <p>Health and social care related quality of life.</p> <p>Health and social care utilisation, including:</p> <ul style="list-style-type: none"> <li>hospital admissions and readmissions</li> <li>primary care health professional appointments</li> <li>attendance at accident and emergency departments, walk-in centres and out-of-hours providers</li> <li>other planned and unplanned contacts with health and social care services.</li> </ul> <p>Mortality.</p> <p>Clinical outcomes, including problematic polypharmacy.</p> <p>Economic outcomes.</p> <p>Compliance with legislation, regulation and national policy.</p>	<p>For the purpose of this guideline, the term 'medicines-related problems' includes:</p> <ul style="list-style-type: none"> <li>prescribing errors</li> <li>dispensing errors</li> <li>administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)</li> <li>monitoring errors (e.g. inadequate review or follow-up, incomplete or inaccurate documentation)</li> <li>adverse events</li> <li>near misses (a prevented medicines related patient safety incident which could have led to patient harm)</li> <li>deliberate withholding of medicines or deliberate attempt to harm</li> <li>restraint or covert administration has been used inappropriately</li> <li>misuse, such as missing or diverted medicines</li> <li>other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).</li> </ul>
Other criteria for inclusion / exclusion of studies	<p>Inclusion criteria:</p> <p>Evidence countries with similar health and social care systems to the UK, for</p>	



	Details	Additional comments
	<p>example Australia, Canada and New Zealand.</p> <p>Exclusion criteria: Published before year 2005.</p>	
Search strategies	<p>To identify literature the following databases will be searched:</p> <ul style="list-style-type: none"> <li>• Medline</li> <li>• Medline in Process</li> <li>• Embase</li> <li>• Cochrane (includes: CDSR, CENTRAL, DARE, HTA and NHS EED)</li> <li>• PubMed</li> <li>• Applied Social Science Index and Abstracts (ASSIA)</li> <li>• Social Care Online</li> <li>• Social Policy and Practice</li> <li>• Social Services Abstracts</li> </ul> <p>Limits to be applied to the search:</p> <ul style="list-style-type: none"> <li>• RCTs and SR filters will be applied at first, if no evidence is found these filters will be removed.</li> <li>• Health economic filters will be added for the economic searches.</li> <li>• All searches will exclude animal studies and restrict to English language.</li> </ul>	
Review strategies	<p>Appraisal of evidence quality: Legislation, regulations and national policy will not be appraised for quality. Guidelines will be appraised using the AGREE II criteria. Individual studies will be appraised using the appropriate NICE methodology checklists. All key outcomes from evidence will be presented in GRADE profiles, where possible.</p> <p>Synthesis of data: Data on all included evidence will be extracted into evidence tables. Where possible, data may be pooled to give an overall summary effect. Where data cannot be pooled, narrative summaries of the data will be presented.</p>	
Identified papers from scoping search and committee experience for background	<p><a href="#">Social care workers' professional responsibility in respect of administration of medications</a>. Northern Ireland Social Care Council (2014). <a href="#">Medicines management toolkit</a>. Together for Short Lives (2014). <a href="#">Community nursing: transforming health care</a>. Royal College of Nursing (2011). <a href="#">Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams</a>. National Mental Health Development Unit (2010).</p>	

	Details	Additional comments
	<p><a href="#">Guidelines for the control and administration of medicines: domiciliary care agencies</a>. Regulation and Quality Improvement Authority (2009) (Northern Ireland).</p> <p><a href="#">The handling of medicines in social care</a>. Royal Pharmaceutical Society (2007).</p> <p><a href="#">Standards for medicines management</a>. Nursing and Midwifery Council (2007).</p> <p><a href="#">Helping older people to take prescribed medication in their own home: what works?</a> Research Briefing 15. Social Care Institute for Excellence (2005).</p>	

## C.2.6 Roles and responsibilities

	Details	Additional comments
Review question e)	What are the roles and responsibilities of organisations and health and social care practitioners in supporting the safe and effective use of medicines for people receiving social care in the community?	
Objectives	<ul style="list-style-type: none"> <li>To determine the roles and responsibilities of organisations and health and social care practitioners, including responsibilities for oversight and investigation, where relevant.</li> <li>To identify what approaches are effective for multi-agency coordination of medicines-related support.</li> <li>To identify what approaches are effective for monitoring and evaluating medicines-related support.</li> <li>To determine what knowledge and skills (competency) are needed by health and social care practitioners.</li> </ul>	For the purpose of this guideline, the term 'medicines' covers all prescribed and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.
Type of review	Intervention.	
Language	English language only.	
Legislation and regulation	<ul style="list-style-type: none"> <li><a href="#">Fundamental standards</a>. Care Quality Commission (2015)</li> <li><a href="#">Care Act</a>. HM Government (2014)</li> <li><a href="#">Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</a>. HM Government (2014)</li> <li><a href="#">Health and Social Care Act</a>. HM Government (2012)</li> <li><a href="#">Care Quality Commission (Registration) Regulations 2009</a>. HM Government (2009)</li> <li><a href="#">Mental Capacity Act</a>. HM Government (2005)</li> <li><a href="#">Mental Health Act</a>. HM Government (1983)</li> </ul>	
Policy and guidance	<ul style="list-style-type: none"> <li><a href="#">Community adult social care services: provider handbook</a>. Care Quality Commission (2015)</li> <li><a href="#">Care and Support Statutory Guidance</a>. Department of Health (2014)</li> <li><a href="#">Commissioning home care for older people</a>. Social Care Institute for Excellence (2014)</li> <li><a href="#">Care and Support White Paper</a>. Department of Health (2012)</li> </ul>	
Study design/ evidence type	<ul style="list-style-type: none"> <li>NICE accredited guidance.</li> </ul>	

	Details	Additional comments
	<ul style="list-style-type: none"> <li>• Systematic review of randomised controlled trials (RCTs).</li> <li>• RCTs.</li> </ul> <p>In the event that no RCT evidence is found, or there is insufficient RCT evidence to adequately answer the review question, the guideline Committee and guideline developing team may agree to include other types of evidence:</p> <ul style="list-style-type: none"> <li>• Other national guidance UK, Europe and other countries with similar developed health systems, for example Australia, Canada and New Zealand.</li> <li>• Systematic reviews of non-randomised controlled trials.</li> <li>• Non-randomised controlled trials.</li> <li>• Observational studies.</li> <li>• Qualitative studies.</li> <li>• Cross-sectional surveys.</li> <li>• Economic analyses.</li> </ul>	
Status	Published studies and publicly available information (full text)	
Population	<p>All adults (age 18 and above) who take or use medicines (and their family members or carers) who are receiving social care in the community.</p> <p>In addition to those with protected characteristics under the Equality Act 2010, other subgroups that may be of specific interest include:</p> <ul style="list-style-type: none"> <li>• people taking multiple medicines (polypharmacy)</li> <li>• people with chronic or long-term conditions</li> <li>• people who lack capacity (including people with fluctuating capacity) to manage their own medicines</li> <li>• people who have communication difficulties, such as people with a hearing impairment or people who are visually impaired</li> <li>• people with specific medicines administration needs, such as people with difficulty swallowing or people needing frequent injections</li> <li>• people with limited or variable access to informal carers</li> <li>• people who are homeless</li> <li>• people approaching the end of their life.</li> </ul>	<p>For the purpose of this guideline, social care in the community is defined as care and support in their own home for people:</p> <ul style="list-style-type: none"> <li>• who the local authority has to discharge a duty or responsibility under either the Care Act 2014 or the Mental Health Act 1983</li> <li>• who receive any social care component of an NHS Continuing Care package</li> <li>• who self-fund their own care and support.</li> </ul> <p>Other terms that may be used include:</p> <ul style="list-style-type: none"> <li>• domiciliary care</li> <li>• home care</li> <li>• care at home.</li> </ul>

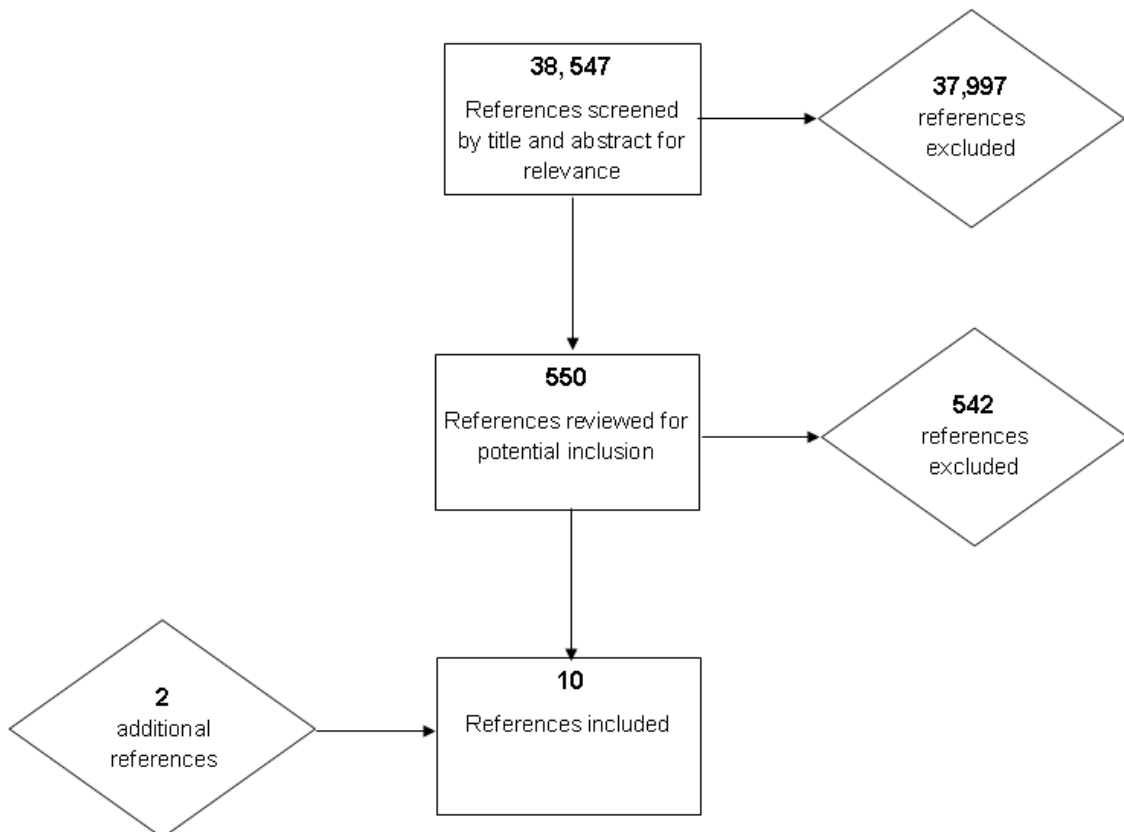
	Details	Additional comments
Intervention	<p>Interventions, systems and processes that improve organisational medicines-related governance, including</p> <ul style="list-style-type: none"> <li>• clear roles and responsibilities of organisations and health and social care practitioners</li> <li>• oversight and investigation of medicines-related support</li> <li>• multi-agency working and other models of care to support medicines use</li> <li>• coordination of medicines-related support</li> <li>• monitoring and evaluation of medicines-related support.</li> <li>• training and competency of health and social care practitioners.</li> </ul>	
Comparator	Standard care, usual care or other intervention	
Outcomes Which are critical outcomes and important outcomes?	<ul style="list-style-type: none"> <li>• Service user-reported outcomes, including: <ul style="list-style-type: none"> <li>○ medicines adherence</li> <li>○ experience, views and satisfaction</li> <li>○ independence</li> <li>○ ability to carry out activities of daily living.</li> </ul> </li> <li>• Carer-reported outcomes, such as: <ul style="list-style-type: none"> <li>○ medicines adherence</li> <li>○ satisfaction, views and experience.</li> <li>○ Independence (including choice and dignity)</li> <li>○ Ability to carry out activities of daily living</li> </ul> </li> <li>• Health and social care practitioner-reported outcomes, such as satisfaction, views and experience.</li> <li>• Medicines-related problems.</li> <li>• Health and social care related quality of life.</li> <li>• Health and social care utilisation, including: <ul style="list-style-type: none"> <li>○ hospital admissions and readmissions</li> <li>○ primary care health professional appointments</li> <li>○ attendance at accident and emergency departments, walk-in centres and out-of-hours providers</li> <li>○ other planned and unplanned contacts with health and social care services</li> </ul> </li> </ul>	<p>For the purpose of this guideline, the term 'medicines-related problems' includes:</p> <ul style="list-style-type: none"> <li>• prescribing errors</li> <li>• dispensing errors</li> <li>• administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)</li> <li>• monitoring errors (e.g. inadequate review or follow-up, incomplete or inaccurate documentation)</li> <li>• adverse events</li> <li>• near misses (a prevented medicines related patient safety incident which could have led to patient harm)</li> <li>• deliberate withholding of medicines or deliberate attempt to harm</li> <li>• restraint or covert administration has been used inappropriately</li> <li>• misuse, such as missing or diverted medicines</li> <li>• other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).</li> </ul>

	Details	Additional comments
	<ul style="list-style-type: none"> <li>○ moves to and from more intensive support (move to a care home for example).</li> <li>● Mortality.</li> <li>● Clinical outcomes, including problematic polypharmacy.</li> <li>● Economic outcomes.</li> <li>● Compliance with legislation, regulation and national policy.</li> </ul>	
Other criteria for inclusion / exclusion of studies	<p>Inclusion criteria:</p> <ul style="list-style-type: none"> <li>● Evidence from countries with similar health and social care systems to the UK, for example Australia, Canada and New Zealand.</li> </ul> <p>Exclusion criteria:</p> <ul style="list-style-type: none"> <li>● Published before year 2005.</li> </ul>	
Search strategies	<p>To identify literature the following databases will be searched:</p> <ul style="list-style-type: none"> <li>● Medline</li> <li>● Medline in Process</li> <li>● Embase</li> <li>● Cochrane (includes: CDSR, CENTRAL, DARE, HTA and NHS EED)</li> <li>● PubMed</li> <li>● Applied Social Science Index and Abstracts (ASSIA)</li> <li>● Social Care Online</li> <li>● Social Policy and Practice</li> <li>● Social Services Abstracts</li> </ul> <p>Limits to be applied to the search:</p> <ul style="list-style-type: none"> <li>● RCTs and SR filters will be applied at first, if no evidence is found these filters will be removed.</li> <li>● Health economic filters will be added for the economic searches.</li> <li>● All searches will exclude animal studies and restrict to English language.</li> <li>● Date limit from 2005 to present.</li> </ul>	
Review strategies	<p>Appraisal of evidence quality:</p> <ul style="list-style-type: none"> <li>● Legislation, regulations and national policy will not be appraised for quality.</li> <li>● Guidelines will be appraised using the AGREE II criteria.</li> <li>● Individual studies will be appraised using the appropriate NICE methodology checklists. All key outcomes from evidence will be presented in GRADE profiles, where possible.</li> </ul> <p>Synthesis of data:</p>	

	Details	Additional comments
	<ul style="list-style-type: none"> <li>Data on all included evidence will be extracted into evidence tables.</li> <li>Where possible, data may be pooled to give an overall summary effect.</li> <li>Where data cannot be pooled, narrative summaries of the data will be presented.</li> </ul>	
Identified papers from scoping search and committee experience for background	<ul style="list-style-type: none"> <li><a href="#">Social care workers' professional responsibility in respect of administration of medications</a>. Northern Ireland Social Care Council (2014).</li> <li><a href="#">Medicines management toolkit</a>. Together for Short Lives (2014).</li> <li><a href="#">Community nursing: transforming health care</a>. Royal College of Nursing (2011).</li> <li><a href="#">Getting the medicines right 2: medicines management in mental health crisis resolution and home treatment teams</a>. National Mental Health Development Unit (2010).</li> <li><a href="#">Guidelines for the control and administration of medicines: domiciliary care agencies</a>. Regulation and Quality Improvement Authority (2009) (Northern Ireland).</li> <li><a href="#">Investigating the prevalence and causes of prescribing errors in general practice: The PRACtiCe study. A report for the GMC</a>. General medical Council (2012)</li> <li><a href="#">The handling of medicines in social care</a>. Royal Pharmaceutical Society (2007).</li> <li><a href="#">Standards for medicines management</a>. Nursing and Midwifery Council (2007).</li> <li><a href="#">Helping older people to take prescribed medication in their own home: what works?</a> Research Briefing 15. Social Care Institute for Excellence (2005).</li> </ul>	

### C.3 Clinical consort diagram

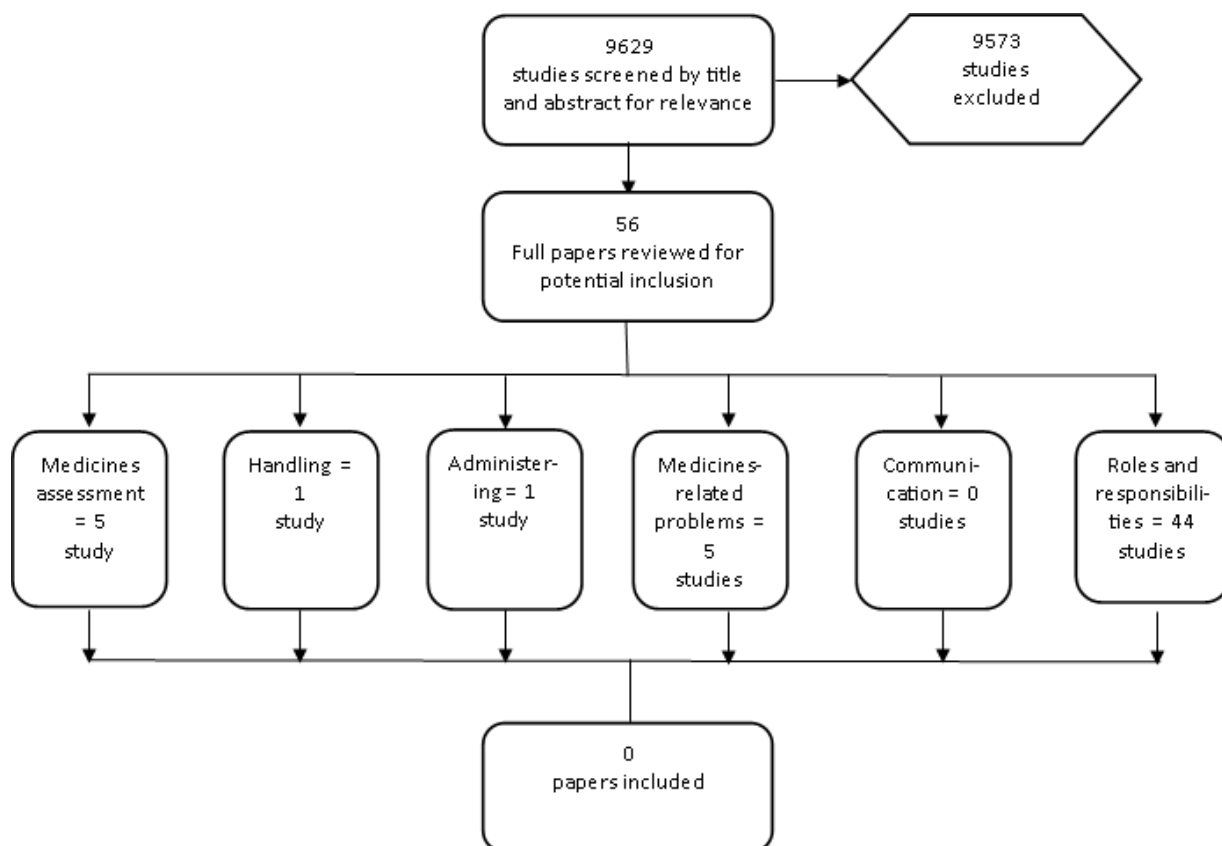
Figure 1: Inclusion and exclusion of evidence identified from the literature search





## C.4 Economic consort diagram

Figure 2: Inclusion and exclusion of evidence identified from the literature search



## C.5 Clinical excluded studies

Author	Reason for exclusion
Abu Bakar SH, Weatherley R, Omar N et al. (2014) Projecting social support needs of informal caregivers in Malaysia. <i>Health &amp; Social Care in the Community</i> 22(2):144-54	Not related to medicines use
Acker JK (2011) Influences on social workers' approach to informed consent regarding antidepressant medications.	Unable to source
Acorn M (2008) In-home palliative care increased patient satisfaction and reduced use and costs of medical services. <i>Evidence-based Nursing</i> 11(1):22	Unable to source
Adams R, May H, Swift L, et al. (2013): Do older patients find multi-compartment medication devices easy to use and which are the easiest? <i>Age and Ageing</i> 42(6):715-20	Not relevant population



Addicott R (2009) Centralisation of end of life care coordination: impact on the role of community providers. <i>London Journal of Primary Care</i> 2(2):102-6	Not related to medicines use
Adkins K (2011) Results from medication therapy management services for high-risk patients in an outpatient pharmacy. <i>Journal of the American Pharmacists Association</i> 51(5):650	Abstract only
Aebischer J.(2008) Loneliness among homebound older adults: implications for home healthcare clinicians. <i>Home Healthcare Nurse</i> 26 (9):521-24	Not relevant study
Aggrawal A, Ganachari M, Wadhwa T, et al. (2013) A prospective study: Trigger tools for detection and analysing of adverse drug reactions (ADRs). <i>Indian Journal of Pharmacology</i> (45): S140	Abstract only
Agomo C (2011) Taking MURs into patients' homes. <i>Pharmaceutical Journal</i> 286 (7654):587	Not relevant study
Aguas Y, Nieto AI, Delgado I, et al. (2013) The use of multi-compartment compliance aids at a population level: A feasibility study. <i>International Journal of Clinical Pharmacy</i> 35(6):1280	Abstract only
Ahern E, Cotter P, McGovern R. (2012) Care needs assessment of NHSS applications from people living in the community. <i>Irish Journal of Medical Science</i> 181:S265-66	Abstract only
Ahluwalia S, Bekelman D, Prendergast TJ, et al. (2013) Crossing boundaries: What is needed to realize a comprehensive model of advance care planning? <i>Journal of General Internal Medicine</i> 28:S56-57	Abstract only
Ahluwalia S, Levin J, Lorenz K, et al. (2011) Missed opportunities for advance care planning in primary care. <i>Journal of General Internal Medicine</i> 26:S196	Abstract only
Ahmed N, Bestall JC, Payne SA, et al. (2009) The use of cognitive interviewing methodology in the design and testing of a screening tool for supportive and palliative care needs. <i>Supportive Care in Cancer: Official journal of the Multinational Association of Supportive Care in Cancer</i> 17(6):665-73	Not related to medicines use. Population unclear

<p>Aiken LS, Butner J, Lockhart CA, et al. (2006) Outcome evaluation of a randomized trial of the Phoenix Care intervention: program of case management and coordinated care for the seriously chronically ill. <i>Journal of Palliative Medicine</i> 9(1):111-26</p>	<p>Not relevant setting.</p>
<p>Aikens JE, Rosland AM, Piette JD (2015) Improvements in illness self-management and psychological distress associated with tele monitoring support for adults with diabetes. <i>Primary Care Diabetes</i> 9(2):127-34</p>	<p>Not relevant population</p>
<p>Ajuoga E, Sangsiry SS, Ngo C, et al. (2008): Use/misuse of over-the-counter medications and associated adverse drug events among HIV-infected patients. <i>Research in Social &amp; Administrative Pharmacy</i>:4(3):292-301</p>	<p>Not relevant population</p>
<p>Akbarov A, Kontopantelis E, Sperrin M, et al. (2015): Primary Care Medication Safety Surveillance with Integrated Primary and Secondary Care Electronic Health Records: A Cross-Sectional Study. <i>Drug Safety</i> 38(7):671-82</p>	<p>Not relevant population</p>
<p>Akiba M, Kusakari A, Katagiri M, et al. (2014) Role of nurses in domiciliary treatment for patient with implantable left ventricular assist device. <i>Transactions of Japanese Society for Medical and Biological Engineering</i> 52:SY-86</p>	<p>Not related to medicines use</p>
<p>Akiyama A, Hanabusa H, Mikami H (2011) Characteristics of home care supporting clinics providing home care for frail elderly persons living alone in Japan. <i>Archives of Gerontology and Geriatrics</i> 52(2):e85-88</p>	<p>Not related to medicines use</p>
<p>Alderman CP, Kong L, Kildea L (2013) Medication-related problems identified in home medicines reviews conducted in an Australian rural setting. <i>Consultant Pharmacist</i> 28(7): 432-42</p>	<p>Study population unclear</p>
<p>Alexander JA, Pollack H, Nahra T, et al. (2007) Case management and client access to health and social services in outpatient substance abuse treatment. <i>The Journal of Behavioural Health Services &amp; Research</i> 34(3):221-36</p>	<p>Not relevant population</p>
<p>Alho H, D'Agnone O, Krajci P, et al. (2015) The extent of misuse and diversion of medication for agonist opioid treatment: A review and expert opinions. <i>Heroin Addiction and Related Clinical Problems</i> 17(2-3):25-34</p>	<p>Not relevant population</p>

Ali S, Spiteri K (2012) Contributions to patient care from P3 IPPE students during an interprofessional older adult home visit. <i>Journal of the American Pharmacists Association</i> 52(2):221	Abstract only
Alison W (2014) Social work and medical care: electronic reminders to address adherence. <i>Journal of Evidence-Based Social Work</i> 11(3):248-255	Study population unclear / unclear results
Al-Janabi H, Coast J, Flynn TN. (2008) What do people value when they provide unpaid care for an older person? A meta-ethnography with interview follow-up. <i>Social Science &amp; Medicine</i> (1982):67(1):111-21	Not related to medicines use
Alkema GE, Reyes JY, Wilber KH. (2006) Characteristics associated with home and community-based service utilization for Medicare managed care consumers. <i>The Gerontologist</i> 46(2):173-82	Not related to medicines use / no relevant comparator
Alkema GE, Reyes JY, Wilber KH. (2009) The role of consultant pharmacists in reducing medication problems among older adults receiving Medicaid waiver services. <i>The Consultant Pharmacist :The Journal of the American Society of Consultant Pharmacists</i> (24) 2:121-33	Unable to extrapolate to a UK population
Allen J, Ottmann G, Brown R, et al. (2013) Communication pathways in community aged care: an Australian study. <i>International Journal of Older People Nursing</i> 8(3):226-35	Not related to medicines use
Allen J, Ottmann G, Roberts G (2013) Multi-professional communication for older people in transitional care: a review of the literature. <i>International Journal of Older People Nursing</i> 8(4): 253-69	Not relevant setting
Alomoud F, Millar I, Johnson BJ, et al. (2011) A medication adherence risk assessment tool (RAT): compared with medication adherence report scale (MARS). <i>International Journal of Clinical Pharmacy</i> 33(2):362-63	Abstract Only
Alsop A (2010) Collaborative working in end-of-life care: developing a guide for health and social care professionals. <i>International Journal of Palliative Nursing</i> 16(3):120-25	Not relevant setting
Anastasio M, Bruce JD, Mezo J (2015) Integrating home care hospice & EMS. Partnerships with MIH-CP programs can help	Not relevant study

avoid needless hospital visits. EMS world 44(4):28-32	
Anderson BA, Kralik D (2008) Palliative care at home: carers and medication management. Palliative & Supportive Care 6(4):349-56	Study population unclear
Anderson JD (2009) Pharmacist contribution much appreciated. Pharmaceutical Journal 282 (7535):42	Not relevant study
Anetzberger GJ, Stricklin ML, Gauntner D, et al. (2006) VNA House Calls of Greater Cleveland, Ohio: Development and Pilot Evaluation of a Program for High-Risk Older Adults Offering Primary Medical Care in the Home. Home health Care Services Quarterly 25(3-4): 155-66	Not relevant population
Ang SK, LeGrand SB, Walsh D, et al. (2012) Physician home visits by palliative medicine fellow. The American Journal of Hospice & Palliative Care 29(2):112-15	Not relevant setting
Angelia C, Suan GP (2012) Promoting interprofessional collaborative practice at work. Annals of the Academy of Medicine Singapore 41(9)(Suppl.1): S144	Abstract only
Anil Kumar MN, Raveesh BN, Verma D. (2013) Perceived social support and its correlates in HIV positive patients. Indian Journal of Psychiatry 55:S98-9	Abstract only
Anon (2005) Home care as an opportunity for the pharmacist. Pharmazeutische Zeitung 150(45):20	Not English Language
Anon (2005) Improving medication management in home care: issues and solutions. Unknown Journal: 155	Not relevant study
Anon (2006) Adherence strategies. HIV patients' moods, social support have impact on medication adherence. Study provides stress and coping model. AIDS Alert 21(3):19-20	Not relevant study
Anon (2006) Adherence strategies. Study finds benefits to providing case management to homeless HIV patients. ART adherence and CD4 cell counts were improved AIDS Alert 21(9):104-5	Not relevant study
Anon (2006) Systematic review of the clinical effectiveness of self-care support networks in health and social care (Structured abstract):	Not relevant intervention

Database of Abstracts of Reviews of Effects (2):291	
Anon (2013) Care coordination cuts admissions, ED visits, LOS. Hospital case management: the Monthly Update on Hospital-based Care Planning and Critical Paths 21(5):67-8	Not relevant study
Anon. (2013) Care coordination program reduces readmissions. Health devices 42(5):169-70	Not relevant study
Anon (2013) In-home care for optimizing chronic disease management in the community: An evidence-based analysis: Health Quality Ontario. Ontario Health Technology Assessment Series 13(5):1-65	No relevant comparator
Anon (2005) Couple-focused support improves medication adherence. The AIDS reader 15(10):497-541	Not relevant study
Anquinet L, Rietjens J, Mathers N, et al. (2014) General practitioners' and nurses' descriptions of their collaboration, roles and responsibilities during the process of continuous sedation until death at home in three European countries. Palliative Medicine 28(6):562	Abstract Only
Anquinet L, Rietjens JA, Mathers N, et al. (2015) Descriptions by general practitioners and nurses of their collaboration in continuous sedation until death at home: In-depth qualitative interviews in three European countries. Journal of Pain and Symptom Management 49(1):98-109	Not related to medicines use
Antonicelli R, Mazzanti I, Abbatecola AM, et al. (2010) Impact of home patient telemonitoring on use of $\beta$ -blockers in congestive heart failure. Drugs & Aging 27(10):801-5	No relevant comparator
Antonicelli R, Testarmata P, Spazzafumo L et al. (2008) Impact of telemonitoring at home on the management of elderly patients with congestive heart failure. Journal of telemedicine and telecare 14(6):300-5	Unclear population
Arencon Arias A, Aliaga Parera JL, Trallero Fort JC, et al. (2008): Computerized patient record: Can it be applied to Palliative Home Care? Medicina Paliativa 15(2):75-81	Not English Language
Armstrong-Esther C, Hagen B, Sandilands, M et al. (2005) A longitudinal study of home	Not related to medicines use

care clients and their informal carers. British Journal of Community Nursing 10(6):284-91	
Aspinal F, Gridley K, Bernard S, et al. (2012) Promoting continuity of care for people with long-term neurological conditions: the role of the neurology nurse specialist. Journal of Advanced Nursing 68(10):2309-19	Not related to medicines use, Not relevant population.
Association for Real Change (2006) Handling medication in social care settings: trainers' manual for a one day taught programme. Royal Pharmaceutical Society: 73	Not relevant study
Association for Real Change (2011) Supporting medication in social care settings.	Unable to source
Association for Real Change, Royal Pharmaceutical Society, Commission for Social Care (2006) Handling medication in social care settings: training guidance and resources: 65	Not relevant study
Association for Real Change, Royal Pharmaceutical Society, Commission for Social Care (2006): Handling medication in social care settings: distance learning pack for staff within social care organisations: 57	Not relevant study
Astell H, Lee JH, Sankaran S (2013) Review of capacity assessments and recommendations for examining capacity. The New Zealand Medical Journal 126(1383):38-48	No relevant comparator / Not medicines related
Atkins B, Kowalski JP, Keefer JM, et al. (2012) Informal caregivers of older adults at home: let's PREPARE! Medsurg nursing: Official Journal of the Academy of Medical-Surgical Nurses 21(5): 317-18	Not relevant study
Atkinson WL, Frey D (2005) Integration of a Medication Management Model into Outcome-Based Quality Improvement: A Pilot Program in a Rural Proprietary Home Healthcare Agency. Home Health Care Services Quarterly 24(1-2):29-45	Study population unclear
Aubry TD, Flynn RJ, Gerber G, et al. (2005) Identifying the core competencies of community support providers working with people with psychiatric disabilities. Psychiatric Rehabilitation Journal 28(4):346-53	Not related to medicines use
Austin CD, McClelland RW, Gursansky D. (2006) Linking case management and community development care management	Not related to medicines use

journals: Journal of Case Management - The Journal of Long Term Home Health Care 7(4):162-8	
Austin L, Ewing G, Grande G (2014) Facilitating a shift to comprehensive carer-led assessment in palliative home care: The CSNAT approach. Palliative Medicine 28(6):612-13	Abstract Only
Au-Yeung KY, Moon GD, Robertson TL, et al. (2011) Early clinical experience with networked system for promoting patient self-management. American Journal of Managed Care 17(7):e277-87	Unclear population
Ayyar A, Varman S, De Bhaldraithe S, et al. (2010) The journey of care for the frail older person British Journal of Hospital Medicine: 71(2):92-6	Not relevant population
Azzopardi LM (2005) Medications Management in Older Persons: What Can Be Achieved in the International Community? Home Health Care Services Quarterly 24(1-2):137-46	Not relevant study
Badzek LA, Leslie N, Schwertfeger RU, et al. (2006) Advanced Care Planning: A study on home health nurses. Applied Nursing Research 19(2):56-62	Not related to medicines use
Baker DI, King MB, Fortinsky RH et al. (2005) Dissemination of an evidence-based multicomponent fall risk-assessment and management strategy throughout a geographic area. Journal of the American Geriatrics Society 53(4):675-80	Not related to medicines use
Baldwin KM (2013) Elder case management by registered nurses. Professional Case Management 18(1):15-22	Not relevant population
Bao Y, Shao H, Bishop TF et al. (2012) Inappropriate Medication in Home Health Care. Journal of General Internal Medicine (02):4	Not relevant study
Bao Y, Shao H, Bishop TF, et al. (2012) Inappropriate medication in a national sample of US elderly patients receiving home health care. Journal of General Internal Medicine 27(3):304-10	Not relevant study / Study population unclear
Bardai A, Brown SHM, Hafeez U, et al. (2013) Survey exploring elderly patients' viewpoints of the multi-compartment compliance aids. Age and Ageing 42:ii5	Abstract Only

Barios M, Schoenenberger JA, Mangués I, et al. (2006) Drug-related problems in home care patients with artificial nutrition by enteral feeding tube. <i>Atencion Farmaceutica</i> 8(4):256-60	Not English Language
Barnett K, McCowan C, Evans JMM, et al. (2011) Prevalence and outcomes of use of potentially inappropriate medicines in older people: cohort study stratified by residence in nursing home or in the community. <i>BMJ Quality &amp; Safety</i> 20(3):275-81	Not relevant population or comparator
Barnett N, Oboh L (2008) Target old people with medication risks. <i>Pharmaceutical Journal</i> 280 (7492):276	Not relevant study
Barrett DL, Secic M, Borowske D (2010) The Gatekeeper Program: proactive identification and case management of at-risk older adults prevents nursing home placement, saving healthcare dollars program evaluation. <i>Home healthcare nurse</i> 28(3):191-97	Not related to medicines use
Bautista CA, Covinsky K, Aronson L (2015) Chronic care management for medicare patients. <i>Journal of the American Medical Association</i> 313 (22):2286-87	Not relevant study
Baxter H, Lowe K, Houston H, et al. (2006) Previously unidentified morbidity in patients with intellectual disability. <i>The British Journal of General Practice: The Journal of the Royal College of General Practitioners</i> 56 (523):93-8	Not medicines related
Becker JA, Ortnier PM, Tullai-McGuinness S. (2010) Don't Rush to Flush: Safer Pharmaceutical Practices for Hospice Home Care and Home Health Nurses. <i>Home Health Care Management &amp; Practice</i> 22(3):202-6	Not relevant study
Beebe L, Smith KD, Phillips C. (2014) A comparison of telephone and texting interventions for persons with schizophrenia spectrum disorders <i>Issues in mental health nursing</i> 35(5):323-9	Not relevant population
Beech R, Henderson C, Ashby S, et al. (2013) Does integrated governance lead to integrated patient care? Findings from the innovation forum. <i>Health &amp; social care in the community</i> 21(6):598-605	Not medicines related
Beland F, Hollander MJ. (2011) Integrated models of care delivery for the frail elderly:	Not medicines related



international perspectives. <i>Gaceta Sanitaria</i> 25 (Suppl.2):138-46	
Belfrage B, Koldestam A, Sjoberg C, et al. (2014) Prevalence of suboptimal drug treatment in patients with and without multidose drug dispensing, a cross-sectional study. <i>European Journal of Clinical Pharmacology</i> 70(7):867-72	Not relevant population
Belling R, Whittock M, McLaren S et al. (2011) Achieving continuity of care: facilitators and barriers in community mental health teams. <i>Implementation Science</i> (6):23	Not relevant population
Benson A (2010) Creating a culture to support patient safety. The contribution of a multidisciplinary team development programme to collaborative working. <i>Zeitschrift fur Evidenz, Fortbildung und Qualitat im Gesundheitswesen</i> 104(1):10-17	Not medicines related
Berglund H, Wilhelmson K, Blomberg S, et al. (2013) Older people's views of quality of care: a randomised controlled study of continuum of care. <i>Journal of Clinical Nursing</i> 22 (19-20): 2934-44	Not medicines related
Bergman-Evans B. (2006) AIDES to improving medication adherence in older adults. <i>Geriatric Nursing</i> : 27(3):174-83	Not relevant study
Bergman-Evans B (2006) Evidence-based guideline. Improving medication management for older adult clients. <i>Journal of Gerontological Nursing</i> 32(7):6-14	Not relevant study
Berkman BJ (2011) Seizing interdisciplinary opportunities in the changing landscape of health and aging: a social work perspective. <i>The Gerontologist</i> 51(4):433-40	Not related to medicines use
Bernie A, Keith S (2006) 'Listen to what I'm saying': person centred care and the single assessment process. (DVD)	Not relevant study
Bhattacharya D, Wright DJ, Purvis JR (2008) Pharmacist domiciliary visiting in England: identifying the characteristics associated with continuation. <i>Pharmacy World &amp; Science</i> : 30(1):9-16	Not relevant population
Bierlein C, Hadjistavropoulos H, Bourgault-Fagnou M, et al. (2006) A six-month profile of community case coordinated older adults. <i>The Canadian Journal of Nursing Research - Revue canadienne de recherche en sciences infirmieres</i> 38(3):32-50	Not medicines related

Bilodeau GA, Ammouri S (2011) Monitoring of medication intake using a camera system. <i>Journal of Medical Systems</i> 35(3):377-89	Unable to extrapolate to UK system
Bishop TF, Press MJ, Mendelsohn JL, et al. (2013) Electronic communication improves access, but barriers to its widespread adoption remain. <i>Health Affairs (Project Hope)</i> : 32(8):1361-67	Not medicines related
Bjerkkan J, Alonso A. (2010) Patients and professionals in collaborative testing of a web-based tool for integrated care: an evaluation study. <i>Studies in Health Technology and Informatics</i> 157:66-71	Not medicines related / Not relevant population
Bjuresater K, Larsson M, Athlin E. (2012) Struggling in an inescapable life situation: being a close relative of a person dependent on home enteral tube feeding. <i>Journal of clinical nursing</i> 21(7-8):51-59	Not related to medicines use.
Black K (2006) Advance directive communication: nurses' and social workers' perceptions of roles. <i>The American journal of Hospice &amp; Palliative Care</i> 23(3):175-84	Not related to medicines use.
Black K (2007) Advance care planning throughout the end-of-life: focusing the lens for social work practice. <i>Journal of Social Work in End-of-life &amp; Palliative Care</i> 3(2):39-58	Not medicines related
Black K, Osman H (2005) Concerned about client decision-making capacity? Considerations for practice. <i>Care management journals: Journal of Case Management: The Journal of Long Term Home Health Care</i> 6(2):50-5	Not medicines related
Blais R, Sears NA, Doran D, et al. (2013) Assessing adverse events among home care clients in three Canadian provinces using chart review. <i>BMJ Quality &amp; Safety</i> 22 (12):989-97	Not relevant intervention
Bleijenberg N, Ten Dam VH, Steunenberg B, et al. (2013) Exploring the expectations, needs and experiences of general practitioners and nurses towards a proactive and structured care programme for frail older patients: a mixed-methods study. <i>Journal of Advanced Nursing</i> 69 (10):2262-73	Not related to medicines use
Bliss J (2006) What do informal carers need from district nursing services? <i>British Journal of Community Nursing</i> 11(6):251-6	Not related to medicines use / Not relevant study.

Bliss J, While A (2007) District nursing and social work: palliative and continuing care delivery. <i>British Journal of Community Nursing</i> 12 (6):268-72	Not related to medicines use / Not relevant study
Bluestein HM (2006) Care plan oversight and home care/hospice revenue for telephone management <i>Comprehensive therapy</i> 32(4):226-9	Not medicines related / Not relevant study
Blumenthal J, Brandt N, Tiedeman M, et al. (2011) Impact of an interdisciplinary team on medication management in dementia patients. <i>Alzheimer's and Dementia</i> 7(4)(Suppl. 1): S445-6	Abstract Only
Blythin K (2014) Medicines care for those most in need. <i>Pharmaceutical Journal</i> 292 (7797):181	No relevant comparator
Boeni F, Hersberger KE, Arnet I (2014) Multidrug punch cards in primary care: a mixed methods study on patients' preferences and impact on adherence. <i>Frontiers in Pharmacology</i> 5:220	Not relevant population
Boettger S, Bergman M, Jenewein J, et al. (2014) Assessment of decisional capacity: Prevalence of medical illness and psychiatric comorbidities. <i>Palliat Support Care</i> (2014/10/31):1-7	Not related to medicines use
Bolch EB, Rosengart CL, Piette KF (2009) An evolutionary home care model for chronic disease management <i>Caring: National Association for Home Care Magazine</i> 28(7):28-3	Not relevant population or comparator
Boling PA, Leff B (2014) Comprehensive longitudinal health care in the home for high-cost beneficiaries: A critical strategy for population health management. <i>Journal of the American Geriatrics Society</i> 62 (10):1974-6	Not relevant study
Bolkan CR, Bonner LM, Campbell DG, et al. (2013) Family involvement, medication adherence, and depression outcomes among patients in veterans affairs primary care. <i>Psychiatric Services</i> 64 (5):472-8	Not relevant population
Bolt A (2005) The eyedrop project promotes independent use at home. <i>Pharmaceutisch Weekblad</i> 140(9):304-5	Not English Language
Bolt T, Kano S (2007) Network technologies and messaging for the community-based	Not related to medicines use

care of the elderly. International Journal of Healthcare Technology and Management 8 (3-4): 175-95	
Borek NV, Lester R, Graham R et al. (2013) Weltelbc1: A Qualitative analysis of participant and health care worker views of feasibility and acceptability of an mhealth intervention for improving care for HIV positive patients on highly active antiretroviral therapy (HAART): in British Columbia. Canada Canadian Journal of Infectious Diseases and Medical Microbiology (24):131A	Abstract Only
Borgsteede SD, Deliens L, van der Wal G, et al. (2007) Interdisciplinary cooperation of GPs in palliative care at home: a nationwide survey in The Netherlands. Scandinavian Journal of Primary Health Care 25(4):226-31	Not related to medicines use
Bos E. (2006) Home visit - Use the opportunity to look into the medicine cabinet. Pharmaceutisch Weekblad 141(50):1588-91	Not English Language
Bos E (2009) Will pharmacotherapeutic home consultation be successful? 'All medications on the table'. Pharmaceutisch Weekblad 144(27):24-25	Not English Language
Bos E (2014) App shows real time whether patient has its COPD under control: Pharmacist can monitor patient at home online. Pharmaceutisch Weekblad 149(21):14-15	Not English Language
Bos E (2014) Pharmacist has direct contact with caregiver and home care: A virtual safety net for the elderly. Pharmaceutisch Weekblad 149(39): 30	Not English Language
Bos E (2014) Red Flags app connects home care assistant with doctor and pharmacist: 'Everywhere there are boxes'. Pharmaceutisch Weekblad 149(48): 30	Not English Language
Bos E (2015) Help patient at home with complex medication Pharmaceutisch Weekblad (10): 24-7	Not English Language
Bosch-Lenders D, Van Den Akker M, Van Der Kuy HPHM, et al. (2013): Potential benefit of patient input as collected by the practice nurse in assessing polypharmacy in primary care. European Journal of General Practice 19(1):32	Abstract Only

Bosman R, Bours GJJW, Engels J, et al. (2008) Client-centred care perceived by clients of two Dutch homecare agencies: a questionnaire survey. <i>International Journal of Nursing Studies</i> 45(4):518-25	Not related to medicines use
Boult C, Leff B, Boyd CM, et al. (2013) A matched-pair cluster-randomized trial of guided care for high-risk older patients. <i>Journal of General Internal Medicine</i> 28(5):612-21	Not related to medicines use / Study population unclear
Bouwmeester C (2012) The PACE program: home-based long-term care. The Consultant pharmacist: The Journal of the American Society of Consultant Pharmacists 27(1):24-30	Unable to source
Bowen K, Lippa C (2013) Needs assessment of people with memory disorders. <i>Alzheimer's and Dementia</i> 9 (4 Suppl:1):471-2	Abstract Only
Bowen KJ, Gonzalez EW, Edwards CY et al. (2014) Needs assessments of memory disorder patients. <i>American Journal of Alzheimer's Disease and Other Dementias</i> 29(8): 667-72	Not related to medicines use
Boyle KJ. (2012) Improving care coordination. <i>Health management technology</i> 33(10):24	Not medicines related / not relevant
Bradford J (2012) Medication administration in the domiciliary care setting: whose role? <i>British Journal of Community Nursing</i> 17(11):537-42	Not relevant
Bradford N, Armfield NR, Young J, et al. (2012) Feasibility and accuracy of medication checks via Internet video. <i>Journal of Telemedicine and Telecare</i> 18(3):128-32	No relevant outcomes
Bradford N, Armfield NR, Young J, et al. (2012) Safety for home care: the use of internet video calls to double-check interventions. <i>Journal of Telemedicine and Telecare</i> 18(8):434-7	Not relevant population
Brandt LE, Shalaby M, Lapin J, et al. (2013) Geriatrics needs assessment of primary care residents. <i>Journal of the American Geriatrics Society</i> 61:S155	Abstract Only
Brath H, Morak J, KÄstenbauer T, et al. (2013) Mobile health (mHealth): based medication adherence measurement - a pilot	Population unclear

trial using electronic blisters in diabetes patients. <i>British Journal of Clinical Pharmacology</i> 76 (Suppl 1): 47-55	
Brazil K, Bainbridge D, Ploeg J, et al. (2012) Family caregiver views on patient-centred care at the end of life. <i>Scandinavian Journal of Caring Sciences</i> 26(3):513-18	Not related to medicines use
Bredie ASSJ, Van Laarhoven CJHM, Schoonhoven L, et al. (2014) E-health interventions and improvement in treatment adherence. <i>Nederlands Tijdschrift voor Geneeskunde</i> 158 (51-52)	Unable to source
Breitschwerdt R, Iedema R, Robert S, et al. (2012) Mobile IT solutions for home health care. <i>Advances in Health Care Management</i> 12:171-87	Unable to source
Brooker DJ, Argyle E, Scally AJ, et al. (2011) The enriched opportunities programme for people with dementia: a cluster-randomised controlled trial in 10 extra care housing schemes. <i>Aging &amp; Mental Health</i> 15(8):1008-17	Not related to medicines use.
Brown E, Raue P, Schulberg H, et al. (2006): Clinical competencies - Caring for late-life depression in home care patients. <i>Journal of Gerontological Nursing</i> 32(9):10-14	Not related to medicines use.
Brown EL, Raue PJ, Roos BA, et al. (2010) Training nursing staff to recognize depression in home healthcare. <i>Journal of the American Geriatrics Society</i> 58(1):122-28	Not related to medicines use.
Brown P, Street E, Lennon S, et al. (2011) How to improve medication safety using pharmacists' interventions. <i>Clinical Pharmacist</i> 3(3): S4	Abstract Only
Brown PM, Wilkinson-Meyers L, Parsons M, et al. (2009) Cost of prescribed and delivered health services resulting from a comprehensive geriatric assessment tool in New Zealand. <i>Health &amp; Social Care in the Community</i> 17(5): 514-21	Not related to medicines use.
Buatois S, Perret-Guillaume C, Gueguen R, et al. (2010) A simple clinical scale to stratify risk of recurrent falls in community-dwelling adults aged 65 years and older. <i>Physical Therapy</i> 90(4): 550-60	Not related to medicines use.
Burda C, Haack M, Duarte AC, et al. (2012) Medication adherence among homeless patients: a pilot study of cell phone	No relevant comparator / Study population unclear

effectiveness. Journal of the American Academy of Nurse Practitioners 24(11): 675-81	
Buurman BM, Parlevliet JL, De Rooij SE. (2014) Comprehensive geriatric assessment and intensive home follow-up after hospital discharge: The transitional care bridge randomized clinical trial. Journal of the American Geriatrics Society 62:S14-15	Not related to medicines use.
Buus K, Harbigg P, Olesen C, et al. (2013) The effect of pharmaceutical care on three-year mortality a follow-up study. European Geriatric Medicine 4:S182	Abstract Only
Bvs. (2006) Home care 8: Medication DVD	Unable to source
Byrd L (2010) More drugs equal more problems: polypharmacy in elders - more problems than benefits? Geriatric Nursing: 31(5):389-90	Not relevant study
Cadogan C, Ryan C, Gormley G, et al. (2015) Dispensing appropriate polypharmacy to older people in primary care: A qualitative, theory-based study of community pharmacists' perceptions and experiences. International Journal of Pharmacy Practice (23):32	Abstract Only
Cahir C, Fahey T, Teljeur C, et al. (2013) Medication adherence and adverse health outcomes in community dwelling older patients. Value in Health 16(7):A335	Abstract Only
Caillet P, Laurent M, Bastuji-Garin S, et al. (2014) Optimal management of elderly cancer patients: usefulness of the Comprehensive Geriatric Assessment. Clinical interventions in Aging (9):1645-60	Population unclear
Cameron A, Lart R, Bostock L, et al. (2014) Factors that promote and hinder joint and integrated working between health and social care services: a review of research literature. Health & social Care in the Community 22(3):225-33	Not related to medicines use.
Cameron K (2007) Medication safety in the home: The need for pharmacist involvement. Canadian Pharmacists Journal 140(1):47-9	Not relevant study
Canally C, Doherty S, Doran DM, et al. (2015) Using integrated bio-physiotherapy informatics in home health-care settings: A qualitative analysis of a point-of-care	Not related to medicines use.

decision support system. Health Informatics Journal 21(2):149-58	
Cannon KT, Choi MM, Zuniga MA (2006) Potentially inappropriate medication use in elderly patients receiving home health care: a retrospective data analysis. The American Journal of Geriatric Pharmacotherapy 4(2):134-43	Not relevant population
Cano I, Alonso A, Hernandez C et al. (2015) An adaptive case management system to support integrated care services: Lessons learned from the NEXES project. Journal of Biomedical Informatics 55:11-22	Not medicines related / Population unclear
Caplan GA, Meller A, Cert G. (2010) Home care for dying people. Journal of the American Medical Directors Association 11(1):7-8	Not related to medicines use / no relevant comparator. Not relevant study
Cardenas-Valladolid J, Martin-Madrazo C, Salinero-Fort MA, et al. (2010) Prevalence of adherence to treatment in homebound elderly people in primary health care: a descriptive, cross-sectional, multicentre study. Drugs & Aging 27(8):641-51	Not relevant intervention
Cardozo L, Steinberg J. (2010) Telemedicine for recently discharged older patients. Telemedicine Journal and e-health: The Official Journal of the American Telemedicine Association 16(1): 49-55	Not related to medicines use
Care Council for Wales (2010) <u>Health and social care services for older people: summary of workforce strategies with recommendations for the future</u> . [online; 19 January 2016]	Not related to medicines use
Care Inspectorate (2014) <u>Caring for people at home: how care at home services operate in Scotland and how well they performed between 2010 and 2013</u> . [online; 19 January 2016]	Not relevant study
Care Quality Commission. (2014) <u>Using surveillance: Information for providers of health and social care on using surveillance to monitor services</u> . [online; 19 January 2016]	Not related to medicines use
Care Social Services. (2009) <u>Domiciliary care agencies 2008-09</u> [online; 19 January 2016]	Not relevant study
Care Social Services, <u>Healthcare Inspectorate Wales (2014): Deprivation of Liberty Safeguards: Annual monitoring report</u>	Not related to medicines use



<a href="#">for health and social care.</a> [online; 19 January 2016]	
Carers UK (2009) Making the most of your pharmacy for carers: medicines. Page 3 [online; 19 January 2016]	Not relevant study
Carnwell R, Buchanan J (2005) Effective practice in health and social care: a partnership approach. Unknown publication	Not relevant study
Carolyn W, Michelle D. (2009) Sharing assessment in health and social care: a practical handbook for inter professional working. Unknown Journal: 207	Not relevant study
Carpenter GI, Challis DJ, Swift C. (2005) 'Single' assessment for older people. Journal of Integrated Care 13	Not related to medicines use
Carpenter JH (2006) Personal experiences in home based care of the dementia client. The Kansas Nurse 81(9):7-9	Not relevant study
Carr CH, McNeal H, Regalado E, et al. (2013) Pal-Med Connect: A telephone consultation hotline for palliative medicine questions. Journal of Palliative Medicine 16(3): 263-7	Not relevant population / not medicines related
Carter SR, Moles R, White L, et al. (2012) Patients' willingness to use a pharmacist-provided medication management service: the influence of outcome expectancies and communication efficacy. Research in Social & Administrative Pharmacy: 8(6):487-98	Not relevant population
Carter SR, Moles R, White L et al. (2013) Medication information seeking behaviour of patients who use multiple medicines: how does it affect adherence? Patient Education and Counselling 92 (1):74-80	Not relevant population
Carter SR, Moles R, White L et al. (2013) The willingness of informal caregivers to assist their care-recipient to use Home Medicines Review. Health Expect: 2013/06/07	No relevant comparator
Casper GR, Kenron DA (2005) A framework for technology assessment: approaches for the selection of a home technology device. Clinical Nurse Specialist 19(4):170-4	Not related to medicines use
Castel-Branco M, Caramona M, Malva J, et al. (2015) Contribution to creating a good practice guideline for home visits to isolated	Abstract Only

polypharmacy elderly. International Journal of Clinical Pharmacy 37(2):415	
Castle L, Franzblau-Isaac E, Paulsen J (2005) Using Six Sigma to reduce medication errors in a home-delivery pharmacy service. Joint Commission Journal on Quality and Patient Safety / Joint Commission Resources 31(6):319-24	Not relevant population
Catherine H (2007) Prospects and pitfalls: use of the RAI-HC assessment by the Department of Veterans Affairs for home care clients. Gerontologist 47 (3):378-87	Not related to medicines use
Catherine M, Robin M, Carol W. (2015) Knowing me, knowing you: Inter-professional working between general practice and social care. Journal of Integrated Care 23(2):62-73	Not related to medicines use
Cavacuiti C, Svoboda T (2008) The Use of Electronic Medical Records for Homeless Outreach Journal of health care for the poor and underserved 19(4):1270-81	Not related to medicines use / population unclear
Ceci C (2006) What she says she needs doesn't make a lot of sense: seeing and knowing in a field study of home-care case management Nursing philosophy: an international journal for healthcare professionals 7(2): 90-9	Not relevant study
Ceci C, Purkis ME (2009) Bridging gaps in risk discourse: home care case management and client choices Sociology of health & illness 31(2):201-14	Not relevant study / Not related to medicines use
Centre For Workforce (2013) How could the community workforce alleviate some of the pressure on general practitioners and improve joint working across primary and community care? London: Centre for Workforce Intelligence Horizon Scanning: P4	Not relevant study
Challis D (2010) Comprehensive assessment of older people with complex care needs: the multi-disciplinarity of the Single Assessment Process in England Ageing and Society 30 (7):1115-34	Not relevant study
Chan V, Patounas M, Dornbusch D, et al. (2015) Is there a role for pharmacists in multidisciplinary health-care teams at community outreach events for the homeless? Australian Journal Primary Health 2015/02/27	Not relevant population

Chaudhari AD, Patel PR, Leuva PA (2012) A study on potential role of pharmacists in home health drug related problem management in India. <i>Pharmacotherapy</i> 32(10):e285	Abstract only
Chen CY, Thorsteinsdottir B, Cha SS et al. (2014) Health care outcomes and advance care planning in older adults who receive home-based palliative care: A pilot cohort study. <i>Journal of Palliative Medicine</i> 18(1):38-44	Not relevant population / No relevant comparator
Chen SS, Olson SL, Gleeson P, et al. (2012) Assessment of Impact of Medication Use and Dementia on Fall Risk in Clients Receiving Home Health Care. <i>Home Health Care Management &amp; Practice</i> 24(5):228-33	Not relevant intervention
Chi I (2006) Use of the minimum data set-home care: a cluster randomized controlled trial among the Chinese older adults. <i>Aging and Mental Health</i> 10(1):33-9	Population unclear (Not relevant population) / Not related to medicines use
Chouinard MC, Hudon C, Dubois MF, et al. (2013) Case management and self-management support for frequent users with chronic disease in primary care: a pragmatic randomized controlled trial. <i>BMC Health Services Research</i> 13:49	Population unclear (Not relevant population) / Not related to medicines use
Chui MA, et a (2014) Safeguarding older adults from inappropriate over-the-counter medications: the role of community pharmacists. <i>Gerontologist</i> 54(6): 989-1000	Not relevant population
Chumney EC, Robinson LC (2006) The effects of pharmacist interventions on patients with polypharmacy. <i>Pharmacy Practice</i> 4(3):103-9	Population unclear (Not relevant population)
Chung JCC (2006) Care needs assessment of older Chinese individuals with dementia of Hong Kong. <i>Aging &amp; Mental Health</i> 10(6):631-7	Population unclear (Not relevant population) / Not related to medicines use
Clarkson P, Abendstern M, Sutcliffe C, et al. (2009) Reliability of needs assessments in the community care of older people: impact of the single assessment process in England. <i>Journal of Public Health</i> : 31(4): 521-9	Not related to medicines use
Clarkson P, Brand C, Hughes J, et al. (2011) Integrating assessments of older people: examining evidence and impact from a randomised controlled trial. <i>Age and Ageing</i> 40(3): 388-91	Not relevant study

Classen S, Meuleman J, Garvan C et al. (2007) Review of prescription medications in home-based older adults with stroke: a pilot study. <i>Research in Social &amp; Administrative Pharmacy</i> 3(1):104-22	Study Population unclear / No relevant comparator
Classen S, Mkanta W, Walsh K, et al. (2005) The Relationship of Classes of Commonly Prescribed Medications to Functional Status and Quality of Life for Frail Home-Based Older Adults. <i>Physical and Occupational Therapy in Geriatrics</i> 24(1):25-44	Specific medicines – related – out of scope
Clay PG (2014) Medication regimen complexity indices: a tool to focus MTM efforts? <i>Journal of the American Pharmacists Association</i> 54(6):664	Not relevant study
Colen H, Tjoeng M (2012) From fragmented care to continuity: Continue home medication. <i>Pharmaceutisch Weekblad</i> 147(2):21	Not English Language
College Of Social Work (2014) <u><a href="#">The College of Social Work guide to the social work practice implications of the Care Act 2014.</a></u> [Online; 19 January 2016]	Not relevant study / Not related to medicines use
College Of Social Work (2014) <u><a href="#">Understanding what is meant by holistic assessment</a></u> [online; 19 January 2016]	Not related to medicines use
Collins LG, Swartz K (2011) Caregiver care. <i>American Family Physician</i> 83(11): 1309-17	Not related to medicines use
Collister B, Stein G, Katz D, et al. (2012): Service guidelines based on Resource Utilization Groups Version III for Home Care provide decision-making support for case managers. <i>Healthcare quarterly</i> 15(2):75-81	Not related to medicines use
Colquhoun A (2010) Home help or hazard? The ever expanding clinical home care market. <i>Pharmaceutical Journal</i> 284(7597):359-60	Not relevant study
Conn VS, Ruppar TM, Enriquez M, et al. (2015) Healthcare provider targeted interventions to improve medication adherence: Systematic review and meta-analysis. <i>International Journal of Clinical Practice</i> 69(8):889-99	Not relevant population
Conn VS, Ruppar TM, Enriquez M, et al. (2015) Medication adherence interventions that target subjects with adherence problems: Systematic review and meta-	Not relevant population

analysis. Research in Social & Administrative Pharmacy 2015/07/15: 218-246	
Conroy S (2009) Advance care planning (ACP): for older people. CME Journal Geriatric Medicine 11(3):104-9	Not related to medicines use
Conry M (2009) Identifying, preventing, and reporting elder abuse. Consultant Pharmacist 24(4):306-15	Not relevant population / not related to medicines use
Cook R (2010) Nurses will always be needed at home. British Journal of Community Nursing 15(2):82	Not relevant study
Cooper J, Urquhart C (2005) The information needs and information-seeking behaviours of home-care workers and clients receiving home care. Health Information and Libraries Journal 22(2):107-16	Not related to medicines use
Cooper J, Urquhart C (2008) Homecare and the informal information grapevine: implications for the electronic record in social care. Health Informatics Journal 14(1):59-69	Not related to medicines use
Cooper RJ (2013) Over-the-counter medicine abuse - a review of the literature. Journal Substance Use 2013/03/26(2):82-107	Not relevant population
Corman D, Einarson A, Smalley H (2005) Delivering pharmaceutical care to home support clients. Canadian Pharmacists Journal 138(7):37-9	Not relevant intervention
Covington TR (2006) Nonprescription drug therapy: issues and opportunities. American Journal of Pharmaceutical Education 70(6):137	Not relevant population
Craftman AG, von Strauss E, Rudberg SL, et al. (2013): District nurses' perceptions of the concept of delegating administration of medication to home care aides working in the municipality: a discrepancy between legal regulations and practice. Journal of Clinical Nursing 22(3-4):569-78	Unable to extrapolate to UK health and social care system
Craig C, Chadborn N, Sands G, et al. (2015) Systematic review of Easy-care needs assessment for community-dwelling older people. Age and Ageing 44(4):559-65	Not relevant population
Craig DS (2006) Reduction of high-risk polypharmacy drug combinations in patients in a managed care setting. Pharmacotherapy 26(6): 886-7	Not relevant study

Cramer H, Shaw A, Wye L et al. (2010) Over-the-counter advice seeking about complementary and alternative medicines (CAM): in community pharmacies and health shops: an ethnographic study. <i>Health and Social Care in the Community</i> 18(1): 41-50	Not relevant population
Cramm JM, Hoeijmakers M, Nieboer AP (2014) Relational coordination between community health nurses and other professionals in delivering care to community-dwelling frail people <i>Journal of nursing management</i> 22(2):170-6	Not relevant population / Not related to medicines use
Criddle DT (2013) Effect of a pharmacist intervention. <i>Annals of internal medicine</i> 158(2):137	Not relevant study
Cross M (2006) Case management meets home care. <i>Managed Care</i> 15 (1):56-8	Not relevant study
Crossen-Sills J, Bilton W, Bickford M, et al. (2007) Home care today: showcasing interdisciplinary management in home care. <i>Home healthcare nurse</i> 25(4):245-52	Not relevant study
Crossen-Sills J, Toomey I, Doherty M (2006) Strategies to reduce unplanned hospitalizations of home healthcare patients: a step by step approach. <i>Home Healthcare Nurse</i> 24(6):368-76	Population unclear / Not related to medicines use
Cuiper N (2006) Pharmacy homecare support: Unique deliveries back to the pharmacy. <i>Pharmaceutisch Weekblad</i> 141(49):1576-7	Not English Language
Culver ND, Lyles A (2010) Effect of a pill box clinic on emergency department, hospital admissions and urgent clinic visits. <i>Pharmacotherapy</i> 30(10):462e	Abstract only
Cunningham PA (2007) The role of the psychiatric nurse in home care. <i>Home healthcare nurse</i> 25(10): 645-52	Not relevant study
Currow DC, Kutner JS, Abernethy AP (2012) Management of polypharmacy: Can we safely discontinue medications? <i>Australian Prescriber</i> 35 (3):75-6	Not relevant population / Not relevant study
Curry LC, Walker C, Hogstel MO (2006): Educational needs of employed family caregivers of older adults: Evaluation of a workplace project. <i>Geriatric nursing</i> 27(3): 166-73	Not related to medicines use / Not relevant study

Curry LC, Walker C, Hogstel MO, et al. (2005) Teaching older adults to self-manage medications: preventing adverse drug reactions <i>Journal of gerontological nursing</i> 31(4): 32-42	Study population unclear / not related to medicines use
Curwain BP (2007) Monitored dosage systems can cause more problems than they solve. <i>Pharmaceutical Journal</i> 278(7456):704	Not relevant study
Dal Bello-Haas V, Crossley M, O'Connell M, et al. (2014) Falls in community-dwelling older adults with early memory problems. <i>Alzheimer's and Dementia</i> 10: 742	Abstract only
Dan V (2006) Specialist clinical assessment of vulnerable older people: outcomes for carers from a randomised controlled trial. <i>Ageing and Society</i> 26(6):867-82	Not related to medicines use
Daveson BA, Harding R, Shipman C, et al. (2014) The real-world problem of care coordination: a longitudinal qualitative study with patients living with advanced progressive illness and their unpaid caregivers. <i>PloS one</i> 9(5):e95523	Not related to medicines use
Davey B, Levin E, Iliffe S et al. (2005) Integrating health and social care: implications for joint working and community care outcomes for older people. <i>Journal of Interprofessional Care</i> 19 (1):22-34	Population unclear (Not relevant population) / Not related to medicines use
Davies J (2011) Social work, medicalisation and continuity of care. <i>Annals of the Academy of Medicine Singapore</i> 40(2 Suppl. 1):32	Not relevant study
Davis E, Tamayo A, Fernandez A (2012) Because somebody cared about me. That's how it changed things: homeless, chronically ill patients' perspectives on case management. <i>PloS One</i> 7(9): e45980	Not related to medicines use
Davison SN, Torgunrud C (2007) The creation of an advance care planning process for patients with ESRD <i>American journal of kidney diseases: the Official Journal of the National Kidney Foundation</i> 49(1):27-36	Population unclear (Not relevant population) / Not related to medicines use
De Bock GH, Van Kampen IM, Van der Goot JH, et al. (2011) Transfer of information on palliative home care during the out-of-hours period <i>Family practice</i> 28(3):280-6	Not relevant population / Not related to medicines use

De Bolle L, Mehuys E, Adriaens E, et al. (2008) Home medication cabinets and self-medication: a source of potential health threats? <i>The Annals of Pharmacotherapy</i> 42(4): 572-9	Not relevant population
De Leeuw M (2012) Signals 'behind closed doors' are of importance: Homecare as eyes and ears of pharmacists. <i>Pharmaceutisch Weekblad</i> 147(38):10-13	Not English language
De Lepeleire J, Boelanders T (2012) Homecare for the elderly: What holds the future? <i>European Geriatric Medicine</i> 3:S63	Abstract Only
De Marino E, Rossetti S, Posca T, et al. (2013) Development of a side-effect self-monitoring HOME notebook (HNB). Results from a single institution experience. <i>Journal of Clinical Oncology</i> 31(31 Suppl.1)	Abstract Only
de Vet R, van Luitelaar MJA, Brilleslijper-Kater SN, et al. (2013) Effectiveness of case management for homeless persons: a systematic review. <i>American Journal of Public Health</i> 103(10):e13-26	Reason for exclusion:Not related to medicines use
De Vliegheer K, Paquay L, Vernieuwe S et al. (2010) The experience of home nurses with an electronic nursing health record. <i>International nursing review</i> 57(4):508-13	Population unclear (Not relevant population) / Not related to medicines use
de Witte L, Schoot T, Proot I (2006) Development of the client-centred care questionnaire <i>Journal of Advanced Nursing</i> 56(1): 62-8	Not related to medicines use
DeBenedette V (2011) Professional interventions can improve medication adherence. <i>Drug Topics</i> 155(11)	Not relevant study
Deleris LA, Aonghusa PM, Shorten R (2015) Person-Specific Standardized Vulnerability Assessment in Health and Social Care. <i>Studies in Health Technology and Informatics</i> 216: 462-6	Not related to medicines use
Deming P, Anderson J, Dodd M, et al. (2013) Project ECHO: A novel model for clinical pharmacists in a multidisciplinary. <i>Telehealth Care Network for Rural and Underserved Communities Pharmacotherapy</i> 33(10):e249	Abstract Only
Denneboom W, Dautzenberg MG, Grol R, et al. (2008) Comparison of two methods for performing treatment reviews by pharmacists and general practitioners for home-dwelling	Study population unclear



elderly people Journal of Evaluation in Clinical Practice 14(3):446-52	
Denneboom W, Dautzenberg MGH, Grol R, et al. (2007) Treatment reviews of older people on polypharmacy in primary care: cluster controlled trial comparing two approaches. The British Journal of General Practice: The Journal of the Royal College of General Practitioners 57(542): 723-31	Study population unclear
Dettino AA, Figueroa BCM, Leite AMM, et al. (2014) Geriatric oncology: Comprehensive geriatric assessment tools (CGA): implementation and interdisciplinary clinical approach for elderly patients (pts): in AC Camargo Cancer Center (ACCCC): Sao Paulo, Brazil Journal of Clinical Oncology 32(15)(Suppl. 1)	Abstract Only /Population unclear (Not relevant population) / Not related to medicines use
Devlin M, McIlfratrick S (2009) The role of the home-care worker in palliative and end-of-life care in the community setting: a literature review. International Journal of Palliative Nursing 15(11):526-32	Population unclear (Not relevant population) / Not related to medicines use
Devlin M, McIlfratrick S (2010) Providing palliative and end-of-life care in the community: the role of the home-care worker. International Journal of Palliative Nursing 16(4):195-203	Not relevant population / No relevant comparator
De Vries OJ (2010) Medication and falling incidents in elderly persons: A meta-analysis. Nederlands Tijdschrift voor Geneeskunde (154) 12:570	Not English language
DiDonato KL, Liu Y, Lindsey CC et al. (2015) Community pharmacy patient perceptions of a pharmacy-initiated mobile technology app to improve adherence. International Journal of Pharmacy Practice 2015/01/13	Not relevant population
Diefenbach G (2009) Assessment of anxiety in older home care recipients. Gerontologist 49 (2):141-53	Not related to medicines use
Dierich MT, Mueller C, Westra BL (2011) Medication regimens in older home care patients. Journal of Gerontological Nursing 37(12): 45-55	No relevant comparator
Dierich MT, Westra BL, Marek KD, et al. (2008): Defining medication complexity and its effect on outcomes in community dwelling elders receiving home care. AMIA Annual Symposium proceedings / AMIA Symposium. 930	Abstract Only

Diiorio C, et al (2008) Using motivational interviewing to promote adherence to antiretroviral medications: a randomized controlled study. <i>AIDS Care</i> 20(3):273-83	Not relevant population
Dilks S, Nash I (2008) Managing patients at home - As a domiciliary pharmacist. <i>Hospital Pharmacist</i> 15(4):135-7	Not relevant study
Dimitrow MS, Leikola SN, Kivela SL, et al. (2015) Feasibility of a practical nurse administered risk assessment tool for drug-related problems in home care. <i>Scandinavian Journal of Public Health</i> 47(7):761-9	Population unclear (Not relevant population)
Dimitrow MS, Mykkanen SI, Leikola SNS et al. (2014) Content validation of a tool for assessing risks for drug-related problems to be used by practical nurses caring for home-dwelling clients aged >65 years: a Delphi survey. <i>European Journal of Clinical Pharmacology</i> 70(8): 991-1002	Population unclear (Not relevant population)
Diniz BSDO, Volpe FM, Tavares AR (2007): Educational level and age and the performance on the Mini-Mental State Examination in community-dwelling elderly. <i>Revista de Psiquiatria Clinica</i> 34(1):13-17	Not English Language
Diodato JM (2005) "Everything I know I learned from home care nurses": a social worker reflects. <i>Home healthcare nurse</i> 23(8):544	Not relevant study
Ditzel P (2010) Home care with drugs: It also works without blister packing. <i>Deutsche Apotheker Zeitung</i> 150(23): 85-6	Not English Language
Dizon DS, Gass JS, Bandera C, et al. (2007): Does one person provide it all? Primary support and advanced care planning for women with cancer. <i>Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology</i> 25(11):1412-16	Not medicines related / Not relevant population
Docherty A, Owens A, Asadi-Lari M, et al. (2008) Knowledge and information needs of informal caregivers in palliative care: a qualitative systematic review. <i>Palliative Medicine</i> 22 (2):153-71	Population unclear (Not relevant population)
Doggrell SA (2010) Adherence to medicines in the older-aged with chronic conditions: does intervention by an allied health professional help? <i>Drugs &amp; Aging</i> 27(3): 239-54	Population unclear (Not relevant population)

Donath C, Grässel E, Grossfeld-Schmitz M, et al. (2010) Effects of general practitioner training and family support services on the care of home-dwelling dementia patients. Results of a controlled cluster randomized study. BMC Health Services research 10: 314	Study population unclear / Not related to medicines use
Dossa N (2010) Exploring the role of the community matron. British Journal of Community Nursing 15(1):23-7	Not related to medicines use
D'Souza M, Yanamadala M, Twersky J, et al. (2012) Evaluation of the outcomes of COACH: A collaborative care model for patients with dementia. Journal of the American Geriatrics Society 60:S113-4	Abstract Only
Duckett K (2005) Creating a POC from the initial assessment: tips for accurately completing other diagnoses and orders for discipline and treatments. Home Healthcare Nurse 23(4): 210-12	Not related to medicines use
Duke C (2005) The Frail Elderly Community-Based Case Management Project. Geriatric Nursing 26(2):122-7	Not related to medicines use
Dusing R (2007) Medication with Blister-packaged drugs. MMW-Fortschritte der Medizin 149 (10 Suppl.):9-20	Not English Language / Unable to source
Duyver C, van Houdt S, De Lepeleire J, et al. (2010) The perception of the clinical relevance of the MDS-home care (C) tool by trainers in general practice in Belgium. Family practice 27(6):638-43	Population unclear (Not relevant population) / Not related to medicines use
Eagar K, Owen A, Marosszeky N, et al. (2006) Towards a measure of function for home and community care services in Australia: Part 1 - Development of a standard national approach. Australian Journal of Primary Health 12(1):73-81	Not relevant intervention
Earle K (2011) In people with poorly controlled hypertension, self-management including tele monitoring is more effective than usual care for reducing systolic blood pressure at 6 and 12 months. Evidence-Based Medicine 16(1):17-8	Not relevant study
Easthall C, Scrimshaw P, Wright D et al. (2014) Can a domiciliary medicines support service reduce the risk of medicines related harm in an elderly population? International Journal of Pharmacy Practice 22:4	Abstract only

<p>Eastwood K, Struthers C, Jennings C (2012) Medication reconciliation in real life! The impact of nursing care at transitions points to decrease adverse events in heart failure patients. <i>Canadian Journal of Cardiology</i> 28 (5 Suppl.1): S437-8</p>	<p>Abstract only</p>
<p>Elliott RA, Barber N, Clifford S, et al. (2008) The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines. <i>Pharmacy world &amp; science</i> 30(1):17-23</p>	<p>Study population unclear</p>
<p>Elliott RA, Martinac G, Campbell S, et al. (2012): Pharmacist-led medication review to identify medication-related problems in older people referred to an Aged Care Assessment Team: a randomized comparative study. <i>Drugs &amp; aging</i> 29(7): 593-605</p>	<p>Study population unclear</p>
<p>Ermer M, Harder S (2011) Medication review of community-dwelling seniors using intensified home-care service. <i>International Journal of clinical pharmacology and therapeutics</i> 49(3): 179-84</p>	<p>Not relevant intervention</p>
<p>Fan CW, Keating T, Power D, et al. (2013) "Can't come, won't come, shouldn't come"-the experience of domiciliary consultations by mater community medicine for the older persons team. <i>Irish Journal of Medical Science</i> 182: S249</p>	<p>Not relevant intervention</p>
<p>Fatehi F, Gray LC, Russell AW et al. (2015): Validity and reliability of video teleconsultation for the management of diabetes: A randomized controlled trial. <i>Diabetes Technology and Therapeutics</i> 17:A119</p>	<p>Study population unclear</p>
<p>Feldman PH, McDonald M, Rosati RJ et al. (2006) Exploring the utility of automated drug alerts in home healthcare <i>Journal for healthcare quality: Official Publication of the National Association for Healthcare Quality</i> 28(1): 29-40</p>	<p>Study population unclear</p>
<p>Ferrante D, Varini S, Macchia A, et al. (2010) Long-term results after a telephone intervention in chronic heart failure: DIAL (Randomized Trial of Phone Intervention in Chronic Heart Failure): follow-up. <i>Journal of the American College of Cardiology</i> 56(5): 372-8</p>	<p>Study population unclear</p>
<p>Fialova D, Topinkova E, Gambassi G, et al. (2005) Potentially inappropriate medication</p>	<p>Not relevant intervention</p>

use among elderly home care patients in Europe. <i>Journal of the American Medical Association</i> 293(11):1348-58	
Fleming MO, Haney TT (2013) Improving patient outcomes with better care transitions: the role for home health. <i>Cleveland Clinic Journal of Medicine</i> 80 (Electronic Suppl. 1) eS2-6	Unclear social care component
Foulon V, Desplenter F, Spinewine A, et al. (2011) Identification of problems and solutions in seamless care: A qualitative study. <i>International Journal of Clinical Pharmacy</i> 33(2): 339-40	Abstract only
Foust JB, Naylor MD, Boling PA, et al. (2005) Opportunities for Improving Post-Hospital Home Medication Management among Older Adults. <i>Home health care services quarterly</i> 24 (1-2):101-22	Unsystematic review with unclear social care component
Frail CK, Snyder ME, Jaynes HA et al. (2012) Evaluation of a telephonic medication therapy management service in a home health population: An operational pilot. <i>Pharmacotherapy</i> 32(10):e276	Abstract only
Gallego Galisteo M, Flores Dorado M, Villa Rubio A, et al. (2014): Discrepancies in post-discharge home treatment. <i>Atencion Farmaceutica</i> 16(4): 258-65	Not relevant population
Gan HP, Koh TW, Tham TY et al. (2012) Cost analysis of home-based medication reviews in a multi-ethnic asian population: A pilot study. <i>Value in Health</i> 15(7):A621	Abstract only
Garces J, Rodenas F (2015) Case management as a methodology for connecting the health and social care systems in Spain. <i>Aten Primaria</i> 47(8):482-9	Not English Language
Garcia RM (2006) Five ways you can reduce inappropriate prescribing in the elderly: A systematic review. <i>Journal of Family Practice</i> 55(4): 305-12	Study population unclear
Garden B, Samarina A, Stavchanskaya I, et al. (2013) Food incentives improve adherence to tuberculosis drug treatment among homeless patients in Russia. <i>Scandinavian Journal of Caring Sciences</i> 27(1):117-22	Unable to extrapolate to UK health and social care system
Gardenier D, Andrews CM, Thomas DC, et al. (2010) Social support and adherence: differences among clients in an AIDS day	Not relevant study

health care program. The Journal of the Association of Nurses in AIDS Care 21(1): 75-85	
Gerlach LB, Kavanagh J, Chiang C et al. (2013) With a little help from my friends?: The role of social support in adherence to antidepressant medication. American Journal of Geriatric Psychiatry 21(3)(Suppl.1): S70-1	Abstract only
Gil M, Mikaitis DK, Shier G et al. (2013) Impact of a combined pharmacist and social worker program to reduce hospital readmissions. Journal of Managed Care Pharmacy 19(7):558-63	Study population unclear
Golbeck AL, Hansen D, Lee K, et al. (2011) Telemonitoring improves home health utilization outcomes in rural settings. Journal of Telemedicine and Telecare 17(5):273-8	Study population unclear
Goldstein CM, Gathright EC, Dolansky MA et al. (2014): Randomized controlled feasibility trial of two telemedicine medication reminder systems for older adults with heart failure Journal of telemedicine and telecare 20 (6):293-299	Study population unclear
Gorina M, Limonero JT, Penart X, et al. (2014) Comparison of level of satisfaction of users of home care: Integrated model vs. dispensaries model. Atencion Primaria 46(6):276-82	Not English language
Gould ON, Todd L, Irvine-Meek J (2009) Adherence devices in a community sample: How are pillboxes used? Canadian Pharmacists Journal 142(1): 28-35	Study population unclear
Granas AG, Tang LC, Heier KF (2015) Multidisciplinary medication reconciliation and medication review in home care services. International Journal of Clinical Pharmacy 37(1): 274	Abstract only
Gransjon Craftman A, Hammar LM, von Strauss E, et al. (2015) Unlicensed personnel administering medications to older persons living at home: a challenge for social and care services. International Journal of Older People Nursing 10(3):201-10	Study population unclear
Gransjon Craftman A, Westerbotn M, von Strauss E, et al. (2015) Older people's experience of utilisation and administration of medicines in a health and social care context. Scandinavian Journal of Caring Sciences 29(4):760-8	Study population unclear

Green DL, Boonstra JA, Bober MA (2010) Use of a codified medication process for documentation of home medications. Journal of the American Medical Informatics Association 17(5):608-12	Study population unclear
Griffin JM, Havyer R (2015) Carers providing end-of-life care at home have limited formal support in managing medications. Evidence Based Nursing 18(4):115	Not an intervention study
Groeneveld R (2010)'People often have no idea what they are doing': The home care weak link in the pharmaceutical care. Pharmaceutisch Weekblad 145(26):30-3	Not in English language
Gusdal AK, Beckman C, Wahlstrom R et al. (2011): District nurses' use for an assessment tool in their daily work with elderly patients' medication management Scandinavian journal of public health 39 (4): 354-360	Study population unclear
Department of Health (2008) NHS next stage review: <u>Our vision for primary and community care.</u> [online; accessed 16 November 2015]	Not relevant study
Department of Health (2008) <u>NHS next stage review: our vision for primary and community care: what it means for GPs and practice staff.</u> [online; accessed 16 November 2015]	Not relevant study
Department of Health (2008) <u>NHS next stage review: our vision for primary and community care: what it means for nurses, midwives, health visitors and AHPs.</u> [Online; accessed 16 November 2015]	Not relevant study
Department of Health (2008) <u>NHS next stage review: our vision for primary and community care: what it means for patients and the public.</u> [Online; accessed 16 November 2015]	Not relevant study
Hebert R (2009) Home care: from adequate funding to integration of services. Healthcare Papers 10(1):58-83	Not relevant intervention
Hoban MB, Fedor M, Reeder S,et al. (2013) The effect of tele-monitoring at home on quality of life and self-care behaviours of patients with heart failure. Home Healthcare Nurse 31(7):368-77	Study population unclear
Holland R, Brooksby I, Lenaghan E, et al. (2006) A randomised controlled trial of home based medication review and lifestyle advice	Abstract only

by community pharmacists for patients with heart failure [abstract].Journal of epidemiology and community health 60 (Suppl. 1)	
Holland R, Brooksby I, Lenaghan E, et al. (2007) Effectiveness of visits from community pharmacists for patients with heart failure: HeartMed randomised controlled trial. British Medical Journal (Clinical research edition):334 (7603):1098	Study population unclear
Holland R, Lenaghan E, Harvey I (2005) Does home based medication review keep older people out of hospital? British Medical Journal 330(7486)	Study population unclear
Holland R, Lenaghan E, Smith R, et al. (2006) Delivering a home-based medication review, process measures from the HOMER randomised controlled trial.International Journal of Pharmacy Practice 14(1):71-9	Study population unclear
Houdt S, Lepeleire J (2010) Does the use of care plans improve the quality of home care? Quality in primary care 18(3):161-72	Study population unclear
Hugtenburg J, Chau SH, Van Der Ven P, et al. (2014) Clinical medication reviews in a naturalistic setting: Drug-related problems identified in the elderly with polypharmacy. International Journal of Clinical Pharmacy 36(4):853	Study population unclear
Hugtenburg JG, Borgsteede SD, Beckeringh JJ (2009) Medication review and patient counselling at discharge from the hospital by community pharmacists. Pharmacy World & Science 31(6):630-7	Study population unclear
Iain CG, Challis D, Cameron S (2005) Single' assessment for older people: comparison of the MDS-HC with current auditable methods in the home care setting. Journal of Integrated Care 13(5):35-41	Not related to medicines use
Imai H, Nakao H, Nanami Y et al. (2012) Pharmacist house calls in home care in Japan. Value in Health 15(7):A534	Abstract only
Imai H, Onda M, Nanami Y (2014) Adverse drug events caused by potentially inappropriate medication in home-bound elderly patients by nation-wide survey. Basic and Clinical Pharmacology and Toxicology 115: 56	Study population unclear



Ingleton C, Chatwin J, Seymour J, et al. (2011) The role of health care assistants in supporting district nurses and family carers to deliver palliative care at home: findings from an evaluation project. <i>Journal of Clinical Nursing</i> 20(13-14): 2043-52	Not relevant population
Janz K (2005) All home care is not created equal-one view: dramatic growth in home health care industry creates unregulated workforce; more government oversight is needed. <i>Geriatric Nursing</i> 26(1):53-5	Not relevant study
Jesson B, Williams VA, McCoig A et al. (2012) Domiciliary MURs: Our experience in Croydon. <i>Pharmaceutical Journal</i> 28 (7728):424	Not relevant study
John G, Gerstel E, Jung M et al. (2014) Urinary incontinence as a marker of higher mortality in patients receiving home care services. <i>BJU international</i> 113(1):113-9	Not related to medicines use
John JM (2005) Preventing medication errors at home. <i>Journal of Pharmacy Practice</i> 18(3): 141-4	Not relevant population
Johnson CS, Noel M (2007) Level of empowerment and health knowledge of home support workers providing care for frail elderly. <i>Home Health Care Services Quarterly</i> 26(3):61-80	Not related to medicines use
Johnson EL (2008) Holistic nursing in the homecare and hospice setting. <i>Beginnings (American Holistic Nurses' Association)</i> 28(4):8-9	Not related to medicines use / not relevant study
Johnson KG (2006) Adverse events among Winnipeg Home Care clients. <i>Healthcare Quarterly</i> 9: 127-134	Not related to medicines use
Jolly TA, Deal AM, Alston SM, et al. (2013) Health behaviours (HB): and geriatric assessment (GA): in older women with breast cancer (BC). <i>Journal of Clinical Oncology</i> 31 (15)(Suppl.1)	Abstract only
Jones G (2005): Revised Duthie report emphasises the role of the multidisciplinary team. <i>Pharmaceutical Journal</i> 274 (7339):264-5	Not relevant study
Jones J (2010) Ensure tablets are taken at the right time. <i>European Life Science Journal</i> (1):40-1	Not relevant study

Jones M, Decherrie L, Meah Y, et al. (2014) Characterizing the 'high-risk' homebound patients in need of co-management. <i>Journal of the American Geriatrics Society</i> 62: S278	Abstract only
Jones M, Decherrie L, Meah Y, et al. (2014) Using nurse practitioner co-management to reduce hospitalizations and readmissions within a home-based primary care program. <i>Journal of the American Geriatrics Society</i> 62:S278-9	Abstract only
Jordan S, Jones R, Sargeant MP (2009) Adverse drug reactions: managing the risk. <i>Journal of Nursing Management</i> 17(2):175-84	Not relevant population
Joyce BT, Berman R, Lau DT (2014) Formal and informal support of family caregivers managing medications for patients who receive end-of-life care at home: a cross-sectional survey of caregivers. <i>Palliative medicine</i> 28(9):1146-55	No relevant intervention / no relevant comparator
Joyce BT, Lau DT (2013) Hospice experiences and approaches to support and assess family caregivers in managing medications for home hospice patients: A providers survey. <i>Palliative Medicine</i> 27(4):329-38	No relevant intervention / no relevant comparator
Kauppi K, Vällimäki M, Hätönen HM, et al. (2014) Information and communication technology based prompting for treatment compliance for people with serious mental illness. <i>Cochrane Database of Systematic Reviews Issue 6:CD009960</i>	Not relevant population
Kelly CM, Morgan JC, Jason KJ (2013) Home care workers: interstate differences in training requirements and their implications for quality. <i>Journal of applied gerontology: The Official Journal of the Southern Gerontological Society</i> 32(7):804-32	Not relevant study
Kerse N, Boyd M, McLean C, et al. (2008) The BRIGHT tool. <i>Age and Ageing</i> 37(5):553-88	Not related to medicines use
Kerst AJFA (2006) Inappropriate medication use in elderly patients. <i>Geneesmiddelenbulletin</i> 40(5):56-7	Not English language
Kivekas E, Luukkonen I, Mykkanen J, et al. (2014) Improving the coordination of patients' medication management: a regional Finnish	Study population unclear

development project. Studies in Health Technology and Informatics 201:175-180	
Koehler F, Anker SD (2006) Noninvasive home telemonitoring: the Trans-European Network-Home-Care Management System. Journal of the American College of Cardiology 48 (4):850-2	Not relevant study
Kogut SJ, Goldstein E, Charbonneau C et al. (2014) Improving medication management after a hospitalization with pharmacist home visits and electronic personal health records: An observational study. Drug, Healthcare and Patient Safety 6:1-6	Not relevant population
Kouladjian L, Chen TF, Hilmer SN (2015) First do no harm: a real need to deprescribe in older patients. The Medical journal of Australia 202(4):179	Not relevant study / Not relevant population
Koutkias VG, Chouvarda I, Triantafyllidis A, et al. (2010) A personalized framework for medication treatment management in chronic care IEEE transactions on information technology in biomedicine. A publication of the IEEE Engineering in Medicine and Biology Society 14(2):464-72	Study population unclear
Koutnik-Fotopoulos E (2008) Telepharmacy bridges the gap between access and adherence Pharmacy Times 74(11):62-4	Not relevant study
Kovner C, Menezes J, Goldberg JD (2005) Examining nurses' decision process for medication management in home care. Joint Commission Journal on Quality and Patient Safety / Joint Commission Resources 31(7):379-85	Study population unclear
Kralik D, Visentin K, March G et al. (2008) Medication management for community-dwelling older people with dementia and chronic illness. Australian Journal of Primary Health 14(1): 25-35	Study population unclear
Krause V, Kaufmann B, Wong K (2012) Documentation of home-based primary care pharmacist interventions. Pharmacotherapy 32(10):e262-3	Abstract only
Krulich LH (2005) M0780: oral medications. Home healthcare nurse 23(2):72-6	Not relevant study
Kuroda A, Tanaka K, Kobayashi R et al. (2007) Effect of care manager support on health-related quality of life of caregivers of	Not related to medicines use

impaired elderly: one-year longitudinal study. <i>Industrial health</i> 45(3):402-8	
Kuzuya M, Hirakawa Y, Suzuki Y, et al. (2008) Association between unmet needs for medication support and all-cause hospitalization in community-dwelling disabled elderly people. <i>Journal of the American Geriatrics Society</i> 56(5):881-6	No relevant intervention
Kwint HF, Faber A, Gussekloo J, et al. (2012) The contribution of patient interviews to the identification of drug-related problems in home medication review. <i>Journal of clinical pharmacy and therapeutics</i> 37(6):674-80	Study population unclear
Kwint HF, Stolk G, Faber A, et al. (2013) Medication adherence and knowledge of older patients with and without multidose drug dispensing. <i>Age and Ageing</i> 42(5):620-26	Study population unclear
Lakasing E (2009) Providing good palliative care for patients at home. <i>The Practitioner</i> 253(1717):28-31	Study population unclear
Lampela P, Hartikainen S, Lavikainen P, et al. (2010) Effects of medication assessment as part of a comprehensive geriatric assessment on drug use over a 1-year period: a population-based intervention study. <i>Drugs &amp; Aging</i> 27(6):507-21	Study population unclear
Lampela P, Hartikainen S, Sulkava R et al. (2007) Adverse drug effects in elderly people - A disparity between clinical examination and adverse effects self-reported by the patient <i>European Journal of Clinical Pharmacology</i> 63(5):509-15	Study population unclear
Lau DT, Berman R, Halpern L, et al. (2010) Exploring factors that influence informal caregiving in medication management for home hospice patients. <i>Journal of Palliative Medicine</i> 13(9):1085-90	No relevant intervention / No comparator
Lau DT, Joyce B, Clayman ML, et al. (2012) Hospice providers' key approaches to support informal caregivers in managing medications for patients in private residences. <i>Journal of Pain and Symptom Management</i> 43(6):1060-71	No relevant intervention / No comparator
Leclerc BS, Begin C, Cadieux E, et al. (2008) Risk factors for falling among community-dwelling seniors using home-care services: an extended hazards model with time-	Not related to medicines use

dependent covariates and multiple events. Chronic diseases in Canada 28(4): 111-20	
Lee BO, Liu Y, Wang YH, et al. (2015) Mediating Effect of Family Caregivers' Hesitancy to Use Analgesics on Homecare Cancer Patients' Analgesic Adherence. Journal of Pain Symptom Management 50(6):814-21	Study population unclear / No relevant comparator
Lee KH, Davenport L (2006) Can case management interventions reduce the number of emergency department visits by frequent users? The Health Care Manager 25(2):155-9	Not relevant population
Lee VW, Pang KK, Hui KC, et al. (2013) Medication adherence: Is it a hidden drug-related problem in hidden elderly? Geriatrics and Gerontology International 13(4):978-85	Study population unclear
Leendertse AJ, De Koning GH, Goudswaard AN et al. (2011) The effect of a pharmaceutical care process on medication related hospital admissions in the elderly in an integrated primary care setting: results of the PHARM study. International Journal of Clinical Pharmacy 33(2): 337	Abstract only
Leendertse AJ, de Koning GHP, Goudswaard AN et al. (2013) Preventing hospital admissions by reviewing medication (PHARM): in primary care: an open controlled study in an elderly population Journal of clinical pharmacy and therapeutics 38(5):379-87	Study population unclear
Leff B, Weston CM, Garrigues S et al. (2015) Home-based primary care practices in the United States: Current state and quality improvement approaches. Journal of the American Geriatrics Society 63(5):963-9	Not related to medicines use
Legare F, Stacey D, Briere N, et al. (2013) Healthcare providers' intentions to engage in an interprofessional approach to shared decision-making in home care programs: a mixed methods study. Journal of Interprofessional Care 27(3):214-22	Not related to medicines use
Lelievre N (2008) Home care and medical records. Douleurs 9(1):40-3	Not English language
Lenz TL, Monaghan MS, Ekeler JL, et al. (2006) An interprofessional medication risk assessment program. Journal of Interprofessional Care 20(5):558-60	Not relevant study

Lester J (2012) Safe handling and administration considerations of oral anticancer agents in the clinical and home setting. <i>Clinical Journal of Oncology Nursing</i> 16(6):E192-7	Not relevant population
Li LW, Conwell Y (2007) Mental health status of home care elders in Michigan. <i>The Gerontologist</i> 47(4):528-34	Not related to medicines use
Li Y, Liebel DV, Friedman B (2013) An investigation into which individual instrumental activities of daily living are affected by a home visiting nurse intervention. <i>Age and Ageing</i> 42(1):27-33	Not relevant intervention
Lin BS, Hsiao PC, Cheng PH, et al. (2015) Design and Implementation of a Set-Top Box-Based Homecare System Using Hybrid Cloud. <i>Telemedicine: The Official Journal of the American Telemedicine Association</i> 21(11):916-22	Not related to medicines use
Lindquist L, Zickuhr L, Friesema E, et al. (2011) Seniors unnecessarily complicate their home medication regimens post-discharge. <i>Journal of General Internal Medicine</i> 26:S155-6	Abstract only
Lindquist LA, Jain N, Tam K et al. (2011) Inadequate health literacy among paid caregivers of seniors. <i>Journal of General Internal Medicine</i> 26(5):474-9	Not relevant intervention
Lindquist LA, Lindquist LM, Zickuhr L et al. (2014) Unnecessary complexity of home medication regimens among seniors. <i>Patient Education and Counselling</i> 96(1): 93-97	Not relevant intervention
Lindsay JL (2006) Lessons from the field: one agency's successful OBQI journey. Improvement in Medication Management. <i>Home Healthcare Nurse</i> 24(3):172-7	Study population unclear
Lingler JH, Arida J, Happ MB et al. (2014) Medication errors and related deficiencies by caregivers of persons with memory loss: Preliminary results of an intervention to maximize medication management (3M): <i>Alzheimer's &amp; dementia</i> 10:737	Abstract Only
Liu B (2008) Treatment review by case conferences led to more medication changes than written feedback in older people on polypharmacy. <i>Evidence-Based Medicine</i> 13(2):51	Not relevant study

Liu D, Steinman M, Chi HL et al. (2012) Understanding medication challenges among older adults after hospital discharge. <i>Journal of Hospital Medicine</i> 7:S15	Abstract Only
Luangkamthorn C (2012) Pharmacist outreach program. <i>Journal of the American Pharmacists Association</i> 52(2):205	Abstract Only
Lucey M, McQuillan R, MacCallion A, et al. (2008) Access to medications in the community by patients in a palliative setting. A systems analysis <i>Palliative medicine</i> 22(2):185-9	Study population unclear
Lyngstad M, Hofoss D, Grimsmo A et al. (2015) Predictors for assessing electronic messaging between nurses and general practitioners as a useful tool for communication in home health care services: a cross-sectional study. <i>Journal of Medical Internet research</i> 17 (2):e47	Study population unclear
Lyngstad M, Melby L, Grimsmo A et al. (2013) Toward Increased Patient Safety? Electronic Communication of Medication Information Between Nurses in Home Health Care and General Practitioners <i>Home Health Care Management &amp; Practice</i> 25(5):203-211	Study population unclear
Lyngstad M, Melby L, Helleso R (2012) Standardised electronic information exchange between nurses in home care and GPs - the medication information processes. <i>Nursing informatics. International Congress on Nursing Informatics</i> : 253	Study population unclear
Machon M, Larranaga I, Dorronsoro M et al. (2013) Development of a tool for the characterization of the health status and living conditions of elderly populations. <i>European Journal of Epidemiology</i> 28(1)(Suppl. 1):S139-40	Abstract Only
MacLure K, Macleod J, Cunningham S et al. (2015) A theoretically-based exploration of multi-compartment compliance aid use amongst residents of very sheltered housing and their care team in the North East of Scotland. <i>International Journal of Pharmacy Practice</i> 23:4-5	Abstract Only
Madigan EA (2007) A description of adverse events in home healthcare. <i>Home healthcare nurse</i> 25(3):191-7	No intervention in study

Mager DD, Madigan EA (2010) Medication use among older adults in a home care setting. <i>Home healthcare nurse</i> 28(1):14-3	Study population unclear
Mager DR (2007): Medication errors and the home care patient. <i>Home healthcare nurse</i> 25(3):151-7	Study population unclear
Mager DR, Campbell SH (2013) Home care simulation for student nurses: medication management in the home. <i>Nurse education today</i> 33(11):1416-21	Study population unclear
Mager DR, Ross MM (2013) Medication Management at Home: Enhancing Nurse's Skills and Improving Patient Satisfaction-A Longitudinal Study. <i>Journal of Community Health Nursing</i> 30(2):63-71	Study population unclear
Majothi S, Jolly K, Heneghan NR, et al. (2015) Supported self-management for patients with copd who have recently been discharged from hospital: A systematic review and meta-analysis. <i>International Journal of COPD</i> 10:853-67	Study population unclear
Mamen AV, Hakonsen H, Kjome RL, et al. (2015) Norwegian elderly patients' need for drug information and attitudes towards medication use reviews in community pharmacies. <i>International Journal of Pharmacy Practice</i> (23):423-8	Study population unclear
Margolis KL, Asche SE, Bergdall AR, et al. (2013) Durability of blood pressure control in a randomized trial of home telemonitoring with pharmacist case management. <i>Circulation: Cardiovascular Quality and Outcomes</i> 6(3) (Suppl. 1)	Abstract Only
Margolis KL, Asche SE, Bergdall AR, et al. (2013) Effect of home blood pressure telemonitoring and pharmacist management on blood pressure control a cluster randomized clinical trial. <i>Journal of the American Medical Association</i> 310(1):46-56	Study population unclear
Marrelli T (2013) The changing role of caregivers in care management. <i>Home healthcare nurse</i> 31(10): 537-8	Not relevant study
Mason DJ (2008) Supporting family caregivers. <i>The American Journal of Nursing</i> 108(9):7	Not relevant study
McCall C, Maynes B, Zou CC, et al. (2013) An automatic medication self-management	Not relevant study



and monitoring system for independently living patients. Medical engineering & physics 35(4):505-14	
McCann R (2012) Help needed in medication self-management for people with visual impairment: case-control study. British Journal of General Practice 62(601):411-12	Duplicate study
McCann R, Jackson J, Stevenson M et al. (2010) Medication management in older people with visual impairment. International Journal of Pharmacy Practice 18:95-6	Not relevant population
McDonald MV, Peterson LE (2008) Finding Success in Medication Management. Home Health Care Management & Practice 20(2):135-140	No relevant outcomes
McGilton KS, McGillis Hall L, Boscart V, et al. (2007) Effects of director of care support on job stress and job satisfaction among long-term care nurse supervisors. Nursing Leadership 20(3):52-66	Not relevant study
McWilliam CL, Hoch JS, Coyte PC, et al. (2007) Can we afford consumers choice in home care? Care management journals: Journal of case management; The journal of long term Home Health Care 8(4):171-8	Not related to medicines use
Miers M, Pollard K (2009) The role of nurses in interprofessional health and social care teams. Nursing management 15(9): 30-5	Not relevant study
Miller C (2005) A heart failure case study in home health disease management. Home Healthcare Nurse 23(9):608-11	Not related to medicines use
Mira JJ, Lorenzo S, Guilabert M, et al. (2015) A systematic review of patient medication error on self-administering medication at home. Expert Opinion on Drug Safety 14(6):815-38	Not relevant intervention
Mira JJ, Martinez-Jimeno L, Orozco-Beltran D, et al. (2014) What older complex chronic patients need to know about their everyday medication for safe drug use. Expert Opinion on Drug Safety 13(6):713-21	Study population unclear
Montero-Balosa MC, Palma-Morgado D, Ma Jose LA, et al. (2015): Effectiveness of medication review in patients with polypharmacy. International Journal of Clinical Pharmacy 37(1):277-8	Abstract only

Moral EG, Suarez-Varela MTM, Esteban JAH, et al. (2006) Inappropriate multiple medication and prescribing of drugs in immobile elderly patients living in the community. <i>Atencion Primaria</i> 38(9):476-80	Not in English language
Moral RR, Torres LAP, Ortega LP, et al. (2015) Effectiveness of motivational interviewing to improve therapeutic adherence in patients over 65 years old with chronic diseases: A cluster randomized clinical trial in primary care. <i>Patient Education and Counselling</i> 98(8):977-83	Study population unclear
Moultry AM, Poon IO (2008): Perceived value of a home-based medication therapy management program for the elderly The Consultant pharmacist: The Journal of the American Society of Consultant Pharmacists 23(11):877-85	Study population unclear
Muller-Mundt G, Schaeffer D (2011) Challenges in the evaluation of an intervention to integrate self-management support in multiple medication regimes in home care <i>Pflege &amp; Gesellschaft</i> 16(2):116-13	Not English language
Myrka A, Butterfield S, Goss J et al. (2011) A systems-based medication reconciliation process: with implications for home healthcare. <i>Home healthcare nurse</i> 29(10):624-35	Not relevant intervention
Nguyen A, Yu K, Shakib S et al. (2007) Classification of findings in the home medicines reviews of post-discharge patients at risk of medication misadventure. <i>Journal of Pharmacy Practice and Research</i> 37(2):111-4	Study population unclear / Not relevant setting
Nguyen C, Miller K, Goode J et al. (2012) Health interventions by student professionals for homeless persons to promote safe medication use (hip hop). <i>Journal of the American Pharmacists Association</i> 52(2):255	Abstract only
Nightingale G, Hajjar E, Swartz K, et al. (2015) Evaluation of a pharmacist-led medication assessment used to identify prevalence of and associations with polypharmacy and potentially inappropriate medication use among ambulatory senior adults with cancer. <i>Journal of Clinical Oncology: Official Journal of the American Society of Clinical Oncology</i> 33(13):1453-9	Not relevant study

Nigolian CJ, Miller KL (2011) Supporting family caregivers: teaching essential skills to family caregivers. <i>The American Journal of Nursing</i> 111(11):52-8	Not relevant setting
Oboh L (2006) Pharmacists can help improve older people's medicines management. <i>Pharmaceutical Journal</i> 276(7388): 206-7	Not relevant intervention
Ogunbayo OJ, Schafheutle EI, Cutts C, et al. (2015) A qualitative study exploring community pharmacists' awareness of, and contribution to, self-care support in the management of long-term conditions in the United Kingdom. <i>Research in Social Administrative Pharmacy</i> 11(6):859-79	Study population unclear
Oliveira MG, Amorim WW, De Jesus SR et al. (2014) A comparison of the Beers and STOPP criteria for identifying the use of potentially inappropriate medications among elderly patients in primary care. <i>Journal of Evaluation in Clinical Practice</i> 21(2):320-5	Not relevant study
Olofinjana O, Connolly A, Taylor D (2009) Outcomes of information provision to callers to a psychiatric medication helpline. <i>Psychiatric Bulletin</i> 33(10):364-7	Study population unclear
Olsson IN, Runnamo R, Engfeldt P (2011) Medication quality and quality of life in the elderly, a cohort study. <i>Health and Quality of Life Outcomes</i> 9: 95	Study population unclear
Olsson IN, Runnamo R, Engfeldt P (2012) Drug treatment in the elderly: an intervention in primary care to enhance prescription quality and quality of life. <i>Scandinavian Journal of Primary Health Care</i> 30(1):3-9	Study population unclear /
Owens R (2005) The caring behaviours of the home health nurse towards the patient and influence on medication compliance. <i>The Prairie Rose</i> 74(3):11	Unable to source
Owens RA (2006) The caring behaviours of the home health nurse and influence on medication adherence. <i>Home healthcare nurse</i> 24(8):517-26	Study population unclear /
Pacini M, Smith RD, Wilson ECF et al. (2007) Home-based medication review in older people: is it cost effective? <i>PharmacoEconomics</i> 25(2):171-80	Not relevant study
Padhye V, Ponniah AP, Spurling LK, et al. (2012) Alternatives to post-discharge home	Study population unclear /

medication reviews for high-risk patients: Doctors' and pharmacists' views. <i>Journal of Pharmacy Practice and Research</i> 42(4):273-7	
Pammett R, Jorgenson D (2014) Eligibility requirements for community pharmacy medication review services in Canada. <i>Canadian Pharmacists Journal</i> 147(1): 20-4	Not relevant study
Panasci J (2009): Understanding home care as a treatment option. <i>Care management journals: Journal of case management: The journal of Long Term Home Health Care</i> 10(4):190-5	No relevant intervention
Panasci J (2010) Regarding the ghosts of home care. <i>Care Management Journals: Journal of Case Management; The Journal of Long Term Home Health Care</i> 11(2):91-2	Not relevant study
Pancari J, Baird C (2014) Managing Prescription Drug Diversion Risks: Caring for Individuals at home. <i>Journal of Addictions Nursing</i> 25(3):114-21	Not relevant study
Pandur RA (2014): Clinical waste in home healthcare: navigating the swamp. <i>Australian Nursing &amp; Midwifery Journal</i> 22(3):39	Not relevant study
Papastergiou J, Zervas J, Li W, et al. (2013) Home medication reviews by community pharmacists: Reaching out to homebound patients. <i>Canadian Pharmacists Journal</i> 146(3):139-42	Study population unclear /
Parkinson HF, Massey-Chase R, Carroll S et al. (2014) Improving patient care-the development and evaluation of a patient-centred home care service for adults with cystic fibrosis. <i>Pediatric Pulmonology</i> 49:390	Abstract only
Patterson SM, Bradley MC, Kerse N, et al. (2013) Interventions to improve the appropriate use of polypharmacy for older people: A cochrane systematic review. <i>Pharmacoepidemiology and Drug Safety</i> 22(6):685-6	Study population unclear /
Perez-Mitru A, Vilarrassa L, Rubio A, et al. (2015) Pharmaceutical home visits for chronic complex patients as an outreach tool regarding compliance, home medication management, and the patients' expertise degree. Could these factors improve treatment safety and effectiveness? <i>International Journal of Clinical Pharmacy</i> 37(1):194	Abstract only

Perrot P, Baudier F, Schmitt B (2005) The medical records of home health care patients: A complement or alternative to an electronic file? <i>Sante Publique</i> 17(2):227-32	Not in English language
Petty D (2008) Can medicines management services reduce hospital admissions? <i>Pharmaceutical Journal</i> 280 (7487):123-6	Not relevant study
Piras EM, Miele F, Bruni A et al. (2014) Managing complex therapies outside hospitals. An analysis of GPs practices of how to support medication at home. <i>Studies in Health Technology and Informatics</i> 205:652-6	Study population unclear
Ponniah A, Shakib S, Doecke CJ, et al. (2008) Post-discharge medication reviews for patients with heart failure: a pilot study. <i>Pharmacy world &amp; science</i> :30(6):810-15	Not relevant population
Programme NHSN (2011) National End of Life Care Programme social care workstream: report from the NEOLCP social care leads to the Social Care Advisory Group. 16 November 2011 Social Policy and Administration 42p	Not medicines related
Quirke J, Wheatland B, Gilles M, et al. (2006) Home medicines reviews - do they change prescribing and patient/pharmacist acceptance? <i>Australian family physician</i> 35(4):266-7	Study population unclear
Reeder B, Demiris G, Marek KD (2013) Older adults' satisfaction with a medication dispensing device in home care. <i>Informatics for Health &amp; Social Care</i> 38(3):211-22	Not relevant study
Reidt S, Morgan J, Larson T et al. (2013) The role of a pharmacist on the home care team: a collaborative model between a college of pharmacy and a visiting nurse agency. <i>Home Healthcare Nurse</i> 31(2):80-9	Study population unclear
Reidt SL, Larson TA, Hadsall RS, et al. (2014) Integrating a pharmacist into a home healthcare agency care model: impact on hospitalizations and emergency visits. <i>Home Healthcare Nurse</i> 32(3):146-52	Study population unclear
Riker GI, Setter SM (2012) Polypharmacy in older adults at home: what it is and what to do about it--implications for home healthcare and hospice. <i>Home Healthcare Nurse</i> 30(8):474-77	Not relevant study

Rose O, Waltering I, John C, et al. (2015) The WestGem study: Medication management in the elderly. <i>International Journal of Clinical Pharmacy</i> 37(2):405-6	Abstract only
Rosenberg JP, Bullen T, Maher K (2015) Supporting Family Caregivers With Palliative Symptom Management: A Qualitative Analysis of the Provision of an Emergency Medication Kit in the Home Setting <i>The American Journal of Hospice &amp; Palliative Care</i> 32(5):484-9	Unable to extrapolate to UK health and social care system
Roth MT, Ivey JL, Esserman DA, et al. (2013) Individualized medication assessment and planning: optimizing medication use in older adults in the primary care setting <i>Pharmacotherapy</i> 33(8):787-97	Study population unclear
Roughead EE, Barratt JD, Ramsay E, et al. (2009) The effectiveness of collaborative medicine reviews in delaying time to next hospitalization for patients with heart failure in the practice setting: results of a cohort study <i>Circulation. Heart failure</i> 2(5):424-8	Study population unclear
Royal Pharmaceutical Society (2014) <u>Handbook for homecare services in England.</u> [Online; accessed 19 January 2016]	Not relevant study
Ruggiano N, Edvardsson D (2013) Person-centeredness in home- and community-based long-term care: current challenges and new directions <i>Social work in health care</i> 52(9): 846-61	Not relevant intervention
Ruiz ME (2010) Risks of self-medication practices <i>Current drug safety</i> 5(4):315-23	Not relevant intervention
Rust C, Davis C (2011) Medication therapy management and collaborative health care: implications for social work practice. <i>Health &amp; Social Work</i> 36(1):69-73	Not relevant intervention
Rust C, Davis C (2011) Practice Forum: Medication Therapy Management and Collaborative Health Care: Implications for Social Work Practice <i>Health &amp; Social Work</i> 36(1): 69-73	Not relevant intervention
Sahebi L, Vahidi RG (2009) Self-medication and storage of drugs at home among the clients of drugstores in Tabriz <i>Current drug safety</i> 4(2):107-12	Study population unclear
Sakurai T (2009) Supportive and palliative care at home - Improving quality in end of life	Not English language

care dying at home Japanese Journal of Lung Cancer 49(4):353-57	
Salter C, Holland R, Harvey I, et al. (2007) I haven't even phoned my doctor yet. The advice giving role of the pharmacist during consultations for medication review with patients aged 80 or more: qualitative discourse analysis British Medical Journal 334(7603):1101	Study population unclear
Salvo MC (2011) Incorporating a clinical pharmacist on a medical team serving the homeless Pharmacotherapy 31(10):391e	Abstract only
Sarzynski E, Zhou S, Rios-Bedoya C, et al. (2012) Outpatient medication reconciliation: Does accuracy improve if patients "brown bag" their medications? Journal of the American Geriatrics Society 60:S162-3	Abstract only
Sarzynski EM, Luz CC, Rios-Bedoya CF, et al. (2014) Considerations for using the 'brown bag' strategy to reconcile medications during routine outpatient office visits. Quality in primary care 22(4):177-87	Study population unclear
Saunders MM (2012) Perspectives from family caregivers receiving home nursing support: findings from a qualitative study of home care patients with heart failure. Home healthcare nurse 30 (2): 82-90	Not relevant study
Scott V, Votova K, Scanlan A, et al. (2007) Multifactorial and functional mobility assessment tools for fall risk among older adults in community, home-support, long-term and acute care settings (Structured abstract) Age and Ageing 36(2):130-9	Not relevant
Sears N, Baker GR, Barnsley J, et al. (2013) The incidence of adverse events among home care patients International Journal for Quality in Health Care 25(1):16-28	No relevant comparator
Shaya FT, Chirikov VV, Rochester C, et al. (2015) Impact of a comprehensive pharmacist medication-therapy management service. Journal Medical Economics 18(10):828-37	Study population unclear
Shearer J (2009): Improving oral medication management in home health agencies. Home healthcare nurse 27(3):184-192	Not relevant
Sheridan J, Butler R, Brandt T et al. (2012) Patients' and pharmacists' perceptions of a pilot Medicines Use Review service in	Study population unclear

Auckland. New Zealand Journal of Pharmaceutical Health Services Research 3(1):35-40	
Sinclair AJ, Conroy SP, Davies M et al. (2005) Post-discharge home-based support for older cardiac patients: a randomised controlled trial Age and Ageing 34(4): 338-43	Unclear social care component
Singh D, Surrey, Sussex Primary Care Trust A (2005) Transforming chronic care: a systematic review of the evidence. Evidence-based cardiovascular medicine 9(2): 91-4	Study population unclear
Sino C, Bouvy M, Schop I et al. (2012) Early recognition of drug-related problems in homecare. development and validation of the home observation of medication related problems by homecare employees (HOME) instrument. European geriatric medicine 3 S127-8	Abstract only
Skills For Care (2014): <u>Consultation on the content of the Care Act learning and development programme: consultation findings and Skills for Care's response.</u> [Online; 20 January 2016]	Not relevant study
Skills For Care and Skills For Health (2012) <u>Carers matter: everybody's business: Part 1: An introduction to supporting carers better through learning and development of staff.</u> [Online; 20 January 2016]	Not related to medicines use
Skills for Care and Skills For Health (2012) <u>Carers matter: everybody's business: Part 2: A guide to supporting carers better through staff learning and development.</u> [Online; 20 January 2016]	Not related to medicines use
Skills For, Care and Skills For, Health (2012): <u>Carers matter: everybody's business: Part 3: Supporting resources to enable learning and development of staff that support carers.</u> [Online; 20 January 2016]	Not related to medicines use
Slomski A (2012) Falls from taking multiple medications may be a risk for both young and old JAMA 307 (11):1127-8	Study population unclear
Smeenk I, Dik E, Van Der Helm C et al. (2011) Health benefits and cost savings: Medication assessment at home works out well. Pharmaceutisch Weekblad 146(37):16-17	Not English language
Smyth EE (2015) Assessing the skills of home care workers in helping older people	Not relevant



take their prescribed medications British journal of community nursing 20(8): 400-4	
Solmaz T, Akin B (2009) Medication use and ability of self-medication use in elderly living at home. Turk Geriatri Dergisi 12(2):72-81	Not English language
Sorensen L, Stokes JA, Purdie DM (2005): Medication management at home. Age and Ageing 34(6)	Duplicate
Sorensen L, Stokes JA, Purdie DM et al. (2005) Medication Management at Home: Medication-Related Risk Factors Associated with Poor Health Outcomes Age and Ageing 34(6):626-32	Not relevant population
Sorensen L, Stokes JA, Purdie DM et al. (2006) Medication management at home: medication risk factor prevalence and inter-relationships. Journal of Clinical Pharmacy and Therapeutics 31(5):485-91	Not relevant population
Sperling S, Neal K, Hales K, et al. (2005) A Quality Improvement Project to Reduce Falls and Improve Medication Management Home health care services quarterly 24 (1-2): 13-28	Study population unclear
Spitz B, Fraker C, Meyer CP, et al. (2007) Evolution of evidence-based guidelines for home care: Wisconsin's Experience Home healthcare nurse 25(5):327-34	Not relevant study
Standage C, Petty D, Wood S (2015) A medication review in the home can be revealing Prescriber 26(1-2):31-3	Not relevant population
Tanner E (2010) Transitions of care: what is the role that home care plays? Home healthcare nurse 28(2): 61-2	Not relevant study
Taylor B (2012) Developing an integrated assessment tool for the health and social care of older people. British Journal of Social Work 42(7):1293-1314	Not relevant study
Thomas R, Worrall G, Elgar F, et al. (2007): Can they keep going on their own? A four-year randomized trial of functional assessments of community residents. La revue canadienne du vieillissement [Canadian Journal on Aging] 26(4): 379-90	Not related to medicines use (Not medicines-related)
Tjia J, Velten SJ, Parsons C, et al. (2013) Studies to reduce unnecessary medication use in frail older adults: a systematic review. Drugs & Aging 30(5):285-307	Not relevant population

Torjesen I (2014) Closer working by GPs and social workers could save 1.6bn a year British Medical Journal (Clinical Research Ed.)349: g6566	Not related to medicines use (Not medicines-related)
Travis SS, Kao HF, Acton GJ (2005) Helping family members manage medication administration hassles. Journal of Psychosocial Nursing and Mental Health Services 43(11):13-15	Not relevant study
Travis SS, McAuley WJ, Dmochowski J, et al. (2007) Factors associated with medication hassles experienced by family caregivers of older adults. Patient Education and Counseling 66(1):51-7	Not relevant intervention
Traynor K (2008) Snowstorm triggers emergency plan for home drug delivery American journal of health-system pharmacy: AJHP: Official Journal of the American Society of Health-System Pharmacists 65(7): 596-7	Not relevant intervention
Unison (2015) <u>UNISON's homecare training survey report</u> . [Online; 20 January 2016]	Not relevant intervention
United Kingdom Homecare Association (2006) Medication management in domiciliary care: train the trainer in-house training programme.	Not relevant study
University of Stirling, et al (2010) <u>Telecare and dementia: Using telecare effectively in the support of people with dementia</u> . [online; 19 January 2016]	Not relevant study
University of Stirling, et al (2010) <u>Telecare and learning disability: Using telecare effectively in the support of people with learning disabilities</u> . [online; 19 January 2016]	Not relevant study
University of Stirling, et al (2010) <u>Telecare and physical disability: Using telecare effectively in the support of people with severe physical disabilities and long-term chronic conditions</u> . [online; 19 January 2016]	Not relevant study
University of Stirling, et al (2010) <u>Telecare and sensory impairment: using telecare in the support of people with sensory impairments</u> . [online; 19 January 2016]	Not relevant study
Vaingankar JA, Subramaniam M, Picco L, et al. (2013) Perceived unmet needs of informal caregivers of people with dementia in	Not related to medicines use (Not medicines-related)

Singapore. International Psychogeriatrics 25(10): 1605-19	
Val W (2008) 'Listen to what I want': the potential impact of the Mental Capacity Act (2005): on major life decisions by people with learning disabilities: report for the Social Care Institute for Excellence. Soc Med Publ Group: 71	Not related to medicines use (Not medicines-related)
Vamadevan T, Lee C, Hendriks MM, et al. (2011) The effectiveness of telephonic case management in the delivery of continuous supportive care for patients and carers. Annals of the Academy of Medicine Singapore 40(2)(Suppl.1):S43	Abstract only
Van De Putte M, Appels S, Boone T, et al. (2012): Role of the community pharmacist in the management of drug related problems in home care patients. Journal de Pharmacie de Belgique 67(3):24-9	Not English language
van den Berg N, Schumann M, Kraft K et al. (2012) Telemedicine and telecare for older patients-a systematic review Maturitas 73(2):94-114	Study population unclear
Van Dooren AA, Sino CGM, Van Der Meer J (2010): How are elderly patients dealing with their multiple medication? A qualitative survey. Pharmaceutisch Weekblad 145(37): 154-7	Not English language
Van Haarlem N (2006) Lloyds sends the pharmacist on home visit: Central role in pharmacotherapeutic interventions. Pharmaceutisch Weekblad 141(24): 808-11	Not English language
Van Hoecke S, Steurbaut K, Taveirne K et al. (2010) Design and implementation of a secure and user-friendly broker platform supporting the end-to-end provisioning of e-homecare services. Journal of Telemedicine and Telecare 16(1):42-7	Not a research study
van Houtum L, Rijken M, Heijmans M et al. (2013) Self-management support needs of patients with chronic illness: do needs for support differ according to the course of illness? Patient Education and Counseling 93(3): 626-32	Study population unclear
van Kempen JAL, Robben SHM, Zuidema SU et al. (2012) Home visits for frail older people: a qualitative study on the needs and preferences of frail older people and their informal caregivers. The British Journal of	Not related to medicines use

General practice: the Journal of the Royal College of General Practitioners 62(601):e554-60	
Varnfield M, Karunanithi M, Ding H et al. (2014) Telehealth for chronic disease management: do we need to RE-AIM? Studies in Health Technology and Informatics 206: 93-100	Study population unclear
Varshney U (2009) A framework for wireless monitoring of mental health conditions Conference proceedings: Annual International Conference of the IEEE Engineering in Medicine and Biology Society. IEEE Engineering in Medicine and Biology Society. Annual Conference 2009: 5219-22	Not relevant study
Venkataraman V, Donohue SJ, Biglan KM, et al. (2014) Virtual visits for Parkinson disease: A case series Neurology Clinical Practice 2(2):146-52	Study population unclear
Ventura AD, Burney S, Brooker J, et al. (2014) Home-based palliative care: A systematic literature review of the self-reported unmet needs of patients and carers. Palliative Medicine 28(5):391-402	Not related to medicines use
Veroff D, Marr A, Wennberg DE (2013) Enhanced support for shared decision making reduced costs of care for patients with preference-sensitive conditions. Health Affairs 32(2):285-93	Not relevant study
Viers BR, Pruthi S, Rivera ME et al. (2015) Are patients willing to engage in telemedicine for their care: A survey of preuse perceptions and acceptance of remote video visits in a urological patient population. Urology 85(6):1233-40	Study population unclear
Villani A, Malfatto G, Della Rosa, F et al. (2007) Disease management for heart failure patients: Role of wireless technologies for telemedicine. The ICAROS project. Giornale Italiano di Cardiologia 8(2):107-14	Not English language
Vink J, Morton D, Ferreri S (2011) Pharmacist identification of medication-related problems in the home care setting The Consultant pharmacist : the journal of the American Society of Consultant Pharmacists 26(7):477-84	Not relevant population
Vontetsianos T, Giovas P, Katsaras T et al. (2005) Telemedicine-assisted home support for patients with advanced chronic	Study population unclear

obstructive pulmonary disease: preliminary results after nine-month follow-up. <i>Journal of Telemedicine and Telecare</i> 11(Suppl. 1) 86-8	
Vuorinen AL, Leppanen J, Kaijanranta H, et al. (2014) Use of home telemonitoring to support multidisciplinary care of heart failure patients in Finland: randomized controlled trial. <i>Journal of Medical Internet Research</i> 16(12):e282	Population not relevant
Wade MJ, Desai AS, Spettell CM, et al. (2011): Telemonitoring with case management for seniors with heart failure <i>American Journal of Managed Care</i> 17(3):e71-9	Study population unclear
Wakefield BJ, Holman JE, Ray A, et al. (2009) Outcomes of a home telehealth intervention for patients with heart failure <i>Journal of Telemedicine and Telecare</i> 15(1):46-50	Study population unclear
Wakefield BJ, Holman JE, Ray A et al. (2011) Effectiveness of home telehealth in comorbid diabetes and hypertension: a randomized, controlled trial. <i>Telemedicine Journal and e-Health</i> 17(4):254-61	Not relevant study
Wakefield BJ, Holman JE, Ray A et al. (2012) Outcomes of a home telehealth intervention for patients with diabetes and hypertension <i>Telemedicine Journal and e-Health</i> 18(8):575-9	Not relevant study
Wakefield BJ, Orris LJ, Holman JE, et al. (2008): User perceptions of in-home medication dispensing devices. <i>Journal of gerontological nursing</i> 34(7):15-25	Study population unclear
Wakefield BJ, Ward MM, Holman JE et al. (2008) Evaluation of home telehealth following hospitalization for heart failure: a randomized trial. <i>Telemedicine Journal and e-Health</i> 14(8):753-61	Study population unclear
Walters J, Cameron-Tucker H, Wills K et al. (2013) Effects of telephone health mentoring in community-recruited chronic obstructive pulmonary disease on self-management capacity, quality of life and psychological morbidity: A randomised controlled trial. <i>BMJ</i> 3(9)	Study population unclear
Walters JAE, Cameron-Tucker H, Courtney-Pratt H et al. (2012) Supporting health behaviour change in chronic obstructive pulmonary disease with telephone health-	Study population unclear

mentoring: insights from a qualitative study. BMC Family Practice 13:55	
Wang H, Zhou J, Huang L et al. (2010) Effects of nurse-delivered home visits combined with telephone calls on medication adherence and quality of life in HIV-infected heroin users in Hunan of China Journal of clinical nursing 19 (3-4): 380-388	Study population unclear
Wang JY, Tsai CH, Wang SW (2013) Using telecare system to construct medication safety mechanisms for remote area elderly Journal of Chemical and Pharmaceutical Research 5(11):1-5	Not relevant study
Ward MA, Xu Y (2011) Pharmacist-provided telephonic medication therapy management in an MAPD plan. The American Journal of Managed Care 17(10):e399-409	Not relevant study
Waure C, Cadeddu C, Gualano MR, et al. (2012) Telemedicine for the reduction of myocardial infarction mortality: a systematic review and a meta-analysis of published studies. (Structured abstract): Telemedicine and e-Health 18(5):323-8	Not relevant study
Wellman BR, Frail CK, Zillich AJ, et al. (2015) Pharmacists' experiences with a telephonic medication therapy management program for home health care patients. The Consultant pharmacist: the Journal of the American Society of Consultant Pharmacists 30(3):163-74	Study population unclear
Whitlatch C (2008) Informal caregivers: communication and decision making. The American Journal of Nursing 108(9 Suppl):73-7	Not related to medicines use
Wilkins VM, Bruce ML, Sirey JA (2009) Caregiving tasks and training interest of family caregivers of medically ill homebound older adults. Journal of Aging and Health 21(3):528-42	Not related to medicines use
Willeboordse F, Grundeken LH, Van Den Eijkel LP et al. (2015) Medication use and drug related problems in elderly: Selfreported questionnaire showed good agreement compared with a home visit interview. International Journal of Clinical Pharmacy 37(2):421-2	Abstract only
Willems DCM, Joore MA, Hendriks JJE, et al. (2008) The effectiveness of nurse-led telemonitoring of asthma: Results of a	Not relevant population

randomized controlled trial. Journal of Evaluation in Clinical Practice 14(4):600-9	
Williams AB, Fennie KP, Bova CA, et al. (2006) Home visits to improve adherence to highly active antiretroviral therapy: a randomized controlled trial. Journal of acquired Immune Deficiency syndromes (1999):42(3):314-21	Study population unclear
Willis JS, Jenkins WD, Kruse J, et al. (2011) Home visits by trained undergraduate pre-health professional students: an extension of the principles of the patient-centered medical home. Journal of the American Geriatrics Society 59(9):1756-7	Study population unclear
Wootton R, Gramotnev H, Hailey D (2009) A randomized controlled trial of telephone-supported care coordination in patients with congestive heart failure. Journal of Telemedicine and Telecare 15(4): 182-6	Study population unclear
Wu JYK (2006): Erratum: Effectiveness of telephone counselling by a pharmacist in reducing mortality in patients receiving polypharmacy: Randomised controlled trial (British Medical Journal: 333(522-525):1250	Study population unclear
You A, Kawamoto J, Smith JP (2014): A pharmacist-managed telemedicine clinic for hepatitis C care: a descriptive analysis. Journal of Telemedicine and Telecare 20(2):99-101	Study population unclear
Young LB, Foster L, Silander A et al. (2011) Home telehealth: patient satisfaction, program functions, and challenges for the care coordinator. Journal of Gerontological nursing 37(11):38-46	Not related to medicines use
Zillich AJ, Snyder ME, Frail CK et al. (2014) A randomized, controlled pragmatic trial of telephonic medication therapy management to reduce hospitalization in home health patients. Health Services Research 49(5):1537-54	Study population unclear
Zullig LL, Melnyk SD, Stechuchak KM et al. (2014) The Cardiovascular Intervention Improvement Telemedicine Study (CITIES): rationale for a tailored behavioral and educational pharmacist-administered intervention for achieving cardiovascular disease risk reduction. Telemedicine Journal and e-health: the Official Journal of the	No relevant outcomes

American Telemedicine Association 20(2):135-43	
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## C.6 Economic excluded studies

Author	Reason for exclusion
Unknown (2006) Medicines on the move. Pharmaceutical Journal 276(7389):220	Not an economic analysis
Abrashkin KA, Cho HJ, Torgalkar S, et al (2012) Improving transitions of care from hospital to home: What works? Mount Sinai Journal of Medicine 79(5):535-44	Not an economic analysis
Acorn M (2008) In-home palliative care increased patient satisfaction and reduced use and costs of medical services. Evidence-Based Nursing 11(1):22	Not relevant to medicines
Aguado O, Morcillo C, Delas J, et al (2010) Long-term implications of a single home-based educational intervention in patients with heart failure. Heart & Lung 39(6):22	Unclear social care component
Ahmad A, Hugtenburg J, Welschen LM, et al (2010) Effect of medication review and cognitive behaviour treatment by community pharmacists of patients discharged from the hospital on drug related problems and compliance: design of a randomized controlled trial. BMC Public Health 10:133:	Not an economic analysis
Bakerly ND, Davies C, Dyer M, et al (2009) Cost analysis of an integrated care model in the management of acute exacerbations of chronic obstructive pulmonary disease. Chronic Respiratory Disease 6(4):201-8	Unclear social care component
Basu A, Kee R, Buchanan D, et al (2012) Comparative cost analysis of housing and case management program for chronically ill homeless adults compared to usual care. Health Services Research 47(1):43	No medicines related outcomes
Beland F, Bergman H, Lebel P, et al (2006) A system of integrated care for older persons with disabilities in Canada: results from a randomized controlled trial. Journals of Gerontology Series A - Biological Sciences & Medical Sciences 61(4):367-73	No medicines related outcomes



Beland F, Bergman H, Lebel P, et al (2006) Integrated services for frail elders (SIPA): a trial of a model for Canada. <i>Canadian Journal on Aging</i> 25(1):5-42	Not an English language paper
Bernabei R, Lattanzio F, Paolisso G (2012) Adverse drug events in older geriatric patients: Identifying the knowledge gaps to support research and clinical practice guidelines. <i>Drug Safety</i> 35 (Suppl.1): 89	Not an economic analysis
Biese K, Lamantia M, Shofer F, et al (2014) A randomized trial exploring the effect of a telephone call follow-up on care plan compliance among older adults discharged home from the emergency department. <i>Academic Emergency Medicine</i> 21(2):188-95	Unclear social care
Brombley K. Better at home? (2008) Benefits of case management for children with complex needs. <i>Paediatric Nursing</i> 20(9):24-6	Not an economic analysis
Brown PM, Wilkinson-Meyers L, Parsons M, et al (2009) Cost of prescribed and delivered health services resulting from a comprehensive geriatric assessment tool in New Zealand. <i>Health &amp; Social Care in the Community</i> 17(5):514-21	No medicines outcomes
Caplan GA, Coconis J, Board N, et al (2006) Does home treatment affect delirium? A randomised controlled trial of rehabilitation of elderly and care at home or usual treatment The REACH-OUT trial. <i>Age &amp; Ageing</i> 35(1):53-60	Not relevant
Counsell SR, Callahan CM, Tu W, et al (2009) Cost analysis of the Geriatric Resources for Assessment and Care of Elders care management intervention. <i>Journal of the American Geriatrics Society</i> 57(8):1420-6	No medicines outcomes
Dean JC, Allen CD, Gery KS. (2012) Patient assistance program for medication: Is it cost effective? In: Proceedings of the 65th Annual Meeting of the American Epilepsy Society, 2-6 December 2011 Baltimore, USA	Conference abstract only
Delgado EC, Mariscal-Perez N, Solano B, et al (2015) Prospective, comparative study on cost-effectiveness of home-based motor monitoring system and office-based medical assessment in advanced Parkinson's disease. In: Proceedings of the 67th American Academy of Neurology Annual Meeting of the Neurology, 18-25 April 2015, Washington DC, USA	Conference abstract only
Enguidanos S, Chambers J. In-home palliative care increased patient satisfaction and reduced use and	No medicines related outcomes

costs of medical services: Commentary. Evidence Based Medicine 13 (1):19	
Feldman PH, Murtaugh CM, Pezzin LE, et al (2005) Just-in-time evidence-based e-mail "reminders" in home health care: impact on patient outcomes (Structured abstract). Health Services Research 2005; 40(3):865-85	Unclear social care component
Gage H, Ting S, Williams P, et al (2013) Nurse-led case management for community dwelling older people: an explorative study of models and costs. Journal of Nursing Management 21(1):191-201	Not relevant
Gaziano TA, Bertram M, Tollman SM, et al (2014) Hypertension education and adherence in South Africa: a cost-effectiveness analysis of community health workers. BMC Public Health 14:240	Unclear social care component
Graves N, Courtney M, Edwards H, et al (2009) Cost-effectiveness of an intervention to reduce emergency re-admissions to hospital among older patients. PLoS One 4(10):e7455	No medicines component
Hamano J, Ozone S, Tokuda Y (2015) A comparison of estimated drug costs of potentially inappropriate medications between older patients receiving nurse home visit services and patients receiving pharmacist home visit services: a cross-sectional and propensity score analysis. BMC Health Services Research 15:73	Unclear social care component
Hammar T, Rissanen P, Perala ML (2009) The cost-effectiveness of integrated home care and discharge practice for home care patients (Provisional abstract). Health Policy 92(1):10-20	No medicines outcomes
Isetta V, Lopez-Agustina C, Lopez-Bernal E, et al (2013) Cost-effectiveness of a new Internet-based monitoring tool for neonatal post-discharge home care. Journal of Medical Internet Research 15(2):62-71	Incorrect population
Jodar-Sanchez F, Malet-Larrea A, Martin J, et al (2014) Cost-utility analysis of a medication review with follow-up for older people with polypharmacy in community pharmacies in Spain: Consigue program. In: Proceedings of the 17th Annual European Congress Value in Health Conference, 8-12 November 2014, Amsterdam, Netherlands Conference Publication 17(7): A511-12	Conference abstract only
Jodar-Sanchez F, Malet-Larrea A, Martin JJ, et al (2015) Cost-Utility Analysis of a Medication Review with Follow-Up Service for Older Adults with Polypharmacy in Community Pharmacies in Spain: The conSIGUE Program. PharmacoEconomics 33(6): 599-610	Unclear social care component

Jolly K, Taylor R, Lip GY, et al (2007) The Birmingham Rehabilitation Uptake Maximisation Study (BRUM): home-based compared with hospital-based cardiac rehabilitation in a multi-ethnic population - cost-effectiveness and patient adherence (Provisional abstract). Health Technology Assessment 11(35)	Unclear social care component
Jolly K, Lip GY, Taylor RS, et al (2009) The Birmingham rehabilitation uptake maximisation study (BRUM): a randomised controlled trial comparing home-based with centre-based cardiac rehabilitation (Structured abstract). Heart 95(1):36-42	Unclear social care component
Jones C, Edwards RT, Hounsime B (2012) Health economics research into supporting carers of people with dementia: a systematic review of outcome measures. [Review]. Health & Quality of Life Outcomes 10:142	Not an economic analysis
Kaambwa B, Bryan S, Jowett S, et al (2013) Telemonitoring and self-management in the control of hypertension (TASMINH2): a cost-effectiveness analysis (Provisional abstract). European Journal of Preventive Cardiology (2)	Unclear social care component
Latour CH, Bosmans JE, Tulder MW, et al (2007) Cost-effectiveness of a nurse-led case management intervention in general medical outpatients compared with usual care: an economic evaluation alongside a randomized controlled trial (Structured abstract). Journal of Psychosomatic Research 62(3):363-70	Unclear social care component
Marek KD, Stetzer F, Adams SJ, et al (2014) Cost analysis of a home-based nurse care coordination program. Journal of the American Geriatrics Society 62(12):2369-76	Unclear social care component
Mason JM, Young RJ, New JP, et al (2006) Economic analysis of a telemedicine intervention to improve glycemic control in patients with diabetes mellitus: illustration of a novel analytic method (Structured abstract). Disease Management and Health Outcomes 14(6):377-85	Unclear social care component
Melis RJ, Adang E, Teerenstra S, et al. Cost-effectiveness of a multidisciplinary intervention model for community-dwelling frail older people (Provisional abstract). Journals of Gerontology Series A - Biological Sciences and Medical Sciences 63(3):275-82	No medicines component
Omboni S, Gazzola T, Carabelli G, et al (2013) Clinical usefulness and cost effectiveness of home blood pressure telemonitoring: Meta-analysis of	Unclear social care component

randomized controlled studies. <i>Journal of Hypertension</i> 31(3):455-68	
Pacini M, Smith RD, Wilson EC, et al (2007) Home-based medication review in older people: is it cost effective? <i>Pharmacoeconomics</i> 25(2):171-80	Unclear social care component
Pare G, Poba-Nzaou P, Sicotte C, et al (2013) Comparing the costs of home telemonitoring and usual care of chronic obstructive pulmonary disease patients: A randomized controlled trial. <i>European Research in Telemedicine</i> 2(2):35-47	Unclear social care component / No medicines component
Pimouguet C, Lavaud T, Dartigues JF, et al (2010) Dementia case management effectiveness on health care costs and resource utilization: a systematic review of randomized controlled trials. <i>Journal of Nutrition, Health &amp; Aging</i> 14(8):669-76	No medicines outcomes
Pinnock H, Adlem L, Gaskin S, et al (2007) Accessibility, clinical effectiveness, and practice costs of providing a telephone option for routine asthma reviews: phase IV controlled implementation study (Structured abstract). <i>British Journal of General Practice</i> 57(2):714-22	Unclear social care component
Pinnock H, Hanley J, Lewis S, et al (2009) The impact of a telemetric chronic obstructive pulmonary disease monitoring service: randomised controlled trial with economic evaluation and nested qualitative study. <i>Primary Care Respiratory Journal</i> 18(3):233-35	Not an economic analysis
Pizzi LT, Jutkowitz E, Frick KD, et al (2014) Cost-effectiveness of a community-integrated home-based depression intervention in older African Americans. <i>Journal of the American Geriatrics Society</i> 62(12):2288-95	Not relevant intervention
Pyne JM, Fortney JC, Tripathi SP, et al (2010) Cost-effectiveness analysis of a rural telemedicine collaborative care intervention for depression. <i>Archives of General Psychiatry</i> 67(8):812-21	Unclear social care component
Salisbury C, Purdy S (2007) Providing care closer to home. <i>British Medical Journal</i> 335 (7625):838	Not an economic evaluation
Salvetti XM, Oliveira Filho JA, Servantes DM, et al (2008) How much do the benefits cost? Effects of a home-based training programme on cardiovascular fitness, quality of life, programme cost and adherence for patients with coronary disease (Structured abstract). <i>Clinical Rehabilitation</i> 22(10-11):987-96	Not relevant
Shumway M, Boccellari A, O'Brien K, et al (2008). Cost-effectiveness of clinical case management for ED frequent users: results of a randomized trial.	Not relevant

American Journal of Emergency Medicine 26(2):155-64	
Simpson A, Flood C, Rowe J, et al (2014) Results of a pilot randomised controlled trial to measure the clinical and cost effectiveness of peer support in increasing hope and quality of life in mental health patients discharged from hospital in the UK (Structured abstract). BMC Psychiatry 14(1):30	Incorrect setting (initiated intervention in secondary care)
Sorensen J, Frich L (2008) Home visits by specially trained nurses after discharge from multi-disciplinary pain care: a cost consequence analysis based on a randomised controlled trial (Provisional abstract). European Journal of Pain 12(2):164-71	Unclear social care component
Sorensen J, Primdahl J, Horn HC, et al (2015) Shared care or nurse consultations as an alternative to rheumatologist follow-up for rheumatoid arthritis (RA) outpatients with stable low disease-activity RA: Cost-effectiveness based on a 2-year randomized trial. Scandinavian Journal of Rheumatology 44(1):13-21	Unclear social care component
Stoddart A, Hanley J, Wild S, et al (2013) Telemonitoring-based service redesign for the management of uncontrolled hypertension (HITS): Cost and cost-effectiveness analysis of a randomised controlled trial. BMJ Open 3(5)	Unclear social care component
Tanajewski L, Franklin M, Gkountouras G, et al (2015) Cost-Effectiveness of a Specialist Geriatric Medical Intervention for Frail Older People Discharged from Acute Medical Units: Economic Evaluation in a Two-Centre Randomised Controlled Trial (AMIGOS). PLoS One 10(5):e0121340	Not relevant
Thokala P, Baalbaki H, Brennan A, et al (2013) Telemonitoring after discharge from hospital with heart failure: cost-effectiveness modelling of alternative service designs (Provisional abstract). BMJ Open 3(9):e003250	Unclear social care component
Wang V, Smith VA, Bosworth HB, et al (2013) Economic evaluation of telephone self-management interventions for blood pressure control. American Heart Journal 163(6):980-6	Unclear social care component
Wong FK, Chau J, So C, et al (2012) Cost-effectiveness of a health-social partnership transitional program for post-discharge medical patients. BMC Health Services Research 12:479	Not relevant
Wong FK, So C, Chau J, et al (2014) Economic evaluation of the differential benefits of home visits with telephone calls and telephone calls only in transitional discharge support (Provisional abstract). Age and Ageing 44(1):143-7	Unclear social care component

Wong RCC, Tan PT, Seow YH, et al (2013) Home-based advance care programme is effective in reducing hospitalisations of advanced heart failure patients: A clinical and healthcare cost study. *Annals of the Academy of Medicine Singapore* 42 (9):466-71

Unclear social care component

## Appendix D: Evidence sources

### D.1 Evidence sources

#### D.1.1 All sections

Royal Pharmaceutical Society. [The handling of medicines in social care](#). 2007.

Housing Learning and Improvement Network. [Medication in Extra Care housing](#). 2008.

National Mental Health Development Unit. [Getting the medicines right 2](#). 2010.

Care Quality Commission. [Guidance for providers on meeting the regulations](#). 2015.

Social Care Institute for Excellence (2005) [SCIE Research briefing 15: Helping older people to take prescribed medication in their own home: what works?](#) 2005

Department of Health (2016) [Care and support statutory guidance](#). 2016.

Scottish Government (2005) [National Care Standards - Care at Home Edition](#). 2005.

Northern Ireland Social Care Council Guidance (2013) Social care workers' professional responsibility in respect of administration of medications. 2014.

#### D.1.2 Medicines related problems

##### Evidence table 1:

<b>Bibliographic reference</b>	Bonugli, R (2014) Psychiatric nursing faculty partner with residents of a homeless shelter to address medication safety. <i>Issues in Mental Health Nursing</i> , 35. Pp220-223.
<b>Study type</b>	Qualitative research approach (author states not research). A number of focus groups consisting of residents of the shelter, staff from the shelter and both groups combined were held. The discussions were recorded and transcribed using qualitative analysis software. The transcriptions were analysed for common themes or differences.
<b>Study quality</b>	Low
<b>Number of patients</b>	27 individuals (residents and staff) of the homeless shelter (No further details given).
<b>Participant characteristics</b>	Not reported.
<b>Intervention</b>	The focus group was the reported intervention (community based participatory research) to identify issues of medicines safety and put forward strategies for safe dispensing in the homeless shelter.
<b>Comparison</b>	None
<b>Length of follow up</b>	Not applicable
<b>Location</b>	Haven for Hope, a transitional (from homelessness to self-sufficiency) homeless shelter, San Antonio, Texas, USA.
<b>Outcomes measures and effect size</b>	The research identified four concerns, common to both the residents and staff at the shelter: <ul style="list-style-type: none"> <li>Problems experienced with medicines (accidental or purposeful misuse of medicines; diversion of medicines; non-adherence to medicines and a need for medicines reconciliation, particularly due to residents having multiple prescribers)</li> </ul>

	<ul style="list-style-type: none"> <li>• Concern for each other (staff and residents) and the need to keep people safe (the importance of communication in the assessment of individual risk for example in overdose scenarios)</li> <li>• Issues related to the safe and efficient dispensing of medicines in the homeless shelter (who would dispense [homeless shelter staff trained to dispense or a licensed [registered] nurse]; what medicines would be dispensed; what times would medicines be dispensed [dispensary should be open when medicines were needed and should have food available for medicines that need to be taken with or after food]; level of competence of the dispenser [knowledge of side effects/ drug interactions]; monitoring and supply [safety of individuals receiving and filling prescriptions] of narcotic medicines [controlled drugs]).</li> <li>• Personalisation of care (flexibility of the dispensing system to allow those wishing to take and manage their own medicines to do so but also dispense and support those requiring help with their medicines or those of their dependents<sup>1</sup>).</li> </ul> <p>Additionally the participants also identified two strategies to overcome barriers in the introduction of any new dispensing system at the shelter:</p> <ul style="list-style-type: none"> <li>• Phased introduction of dispensary service (commencing with medicines reconciliation and supervision moving towards self-care)</li> <li>• Dispensary service trialled evaluated and developed in one dormitory before being unrolled across the shelter.</li> </ul>
<b>Source of funding</b>	Not stated. The author reports no conflicts of interest.
<b>Comments</b>	1 The shelter also catered for the dependents (children of individual's resident at the shelter).

**Evidence table 2:**

<b>Bibliographic reference</b>	Sino, CGM; Bouvy, ML; Jansen, PAF (2013) Signs and symptoms indicative of potential adverse drug reactions in home care patients. <i>Journal of the American Medical Directors Association</i> , 14. Pp920-925.																												
<b>Study type</b>	Observational study to determine if home care workers could detect signs and symptoms suggestive of potential adverse drug reactions (ADR) in people receiving home care, using a standardised observation checklist.																												
<b>Study quality</b>	Low																												
<b>Number of participants</b>	N = 115 (home care patients) and n = 48 (home care workers)																												
<b>Participant characteristics</b>	<p>Data for (n = 115) home care patients was reported. No data was reported for the home care workers.</p> <table border="1"> <thead> <tr> <th>Age, years</th> <th>N (%)</th> </tr> </thead> <tbody> <tr> <td>45 - 49</td> <td>8 (7.0)</td> </tr> <tr> <td>60 – 74</td> <td>18 (15.7)</td> </tr> <tr> <td>75 – 89</td> <td>79 (68.7)</td> </tr> <tr> <td>≥ 90</td> <td>10 (8.7)</td> </tr> <tr> <td><b>Mean age (years)</b></td> <td>79.3<sup>1</sup></td> </tr> <tr> <td><b>Gender (female)</b></td> <td>91 (79.1)</td> </tr> <tr> <td colspan="2"><b>Marital status</b></td> </tr> <tr> <td>Single</td> <td>7 (6.1)</td> </tr> <tr> <td>Married</td> <td>35 (30.4)</td> </tr> <tr> <td>Divorced</td> <td>10 (8.7)</td> </tr> <tr> <td>Widowed</td> <td>63 (54.8)</td> </tr> <tr> <td><b>Lives alone</b></td> <td>69.6%</td> </tr> <tr> <td colspan="2"><b>Highest educational status</b></td> </tr> </tbody> </table>	Age, years	N (%)	45 - 49	8 (7.0)	60 – 74	18 (15.7)	75 – 89	79 (68.7)	≥ 90	10 (8.7)	<b>Mean age (years)</b>	79.3 <sup>1</sup>	<b>Gender (female)</b>	91 (79.1)	<b>Marital status</b>		Single	7 (6.1)	Married	35 (30.4)	Divorced	10 (8.7)	Widowed	63 (54.8)	<b>Lives alone</b>	69.6%	<b>Highest educational status</b>	
Age, years	N (%)																												
45 - 49	8 (7.0)																												
60 – 74	18 (15.7)																												
75 – 89	79 (68.7)																												
≥ 90	10 (8.7)																												
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<b>Gender (female)</b>	91 (79.1)																												
<b>Marital status</b>																													
Single	7 (6.1)																												
Married	35 (30.4)																												
Divorced	10 (8.7)																												
Widowed	63 (54.8)																												
<b>Lives alone</b>	69.6%																												
<b>Highest educational status</b>																													



	<i>No education</i>	3 (2.6)			
	<i>Primary education</i>	51 (44.3)			
	<i>Secondary education</i>	52 (45.3)			
	<i>University</i>	7 (6.1)			
	<b>Chronic diseases</b>				
	<i>Diabetes</i>	50 (43.5)			
	<i>Heart diseases</i>	53 (46.1)			
	<i>Renal dysfunction</i>	16 (13.9)			
	<i>Pulmonary disease</i>	39 (33.9)			
	<b>Number of drugs</b>				
	<i>Prescribed (mean)</i>	8.8 (SD ±3.9)			
	<i>OTC (mean)</i>	0.7 (SD ±1.4)			
<b>Intervention</b>	A standardised observation checklist (Home observation of medication related problems by home care employees [HOME] instrument) was completed by home care workers on the basis of their observations during a routine care visit.				
<b>Comparison</b>	Within 2 weeks of the home care worker completing the HOME instrument a qualified and specially trained home care nurse (blinded to the observations of the home care worker) conducted an interview with the person receiving care about their medicines use. This data was then analysed by a panel of clinical pharmacists to look for certain, possible and probable adverse drug reactions. Finally the researchers compared this with the home care workers HOME instrument findings.				
<b>Length of follow up</b>	Not applicable, however data collection for the study ran from April 2011 until August 2011.				
<b>Location</b>	Two home care organisations in the Netherlands.				
<b>Outcomes measures and effect size</b>	Overall 234 signs and symptoms suggestive of a potential adverse drug reaction were recorded for 92 patients (median 2, range 1 – 7). Of the 234 observations 116 (49.6%) were considered by the experts to be likely due to medicines.				
		Sensitivity <sup>2</sup>	Specificity <sup>3</sup>	PPV <sup>4</sup>	NPV <sup>5</sup>
	Bleeding <sup>6</sup>	0.75	0.97	0.67	0.98
	95% CI*	0.40 – 0.95	0.95 – 0.99	0.35 – 0.84	0.95 – 0.99
	Bruises	0.67	0.70	0.62	0.76
	95% CI*	0.57 – 0.79	0.62 – 0.77	0.52 – 0.71	0.67 – 0.84
	<i>Electrolyte disturbances</i>				
	Dizziness <sup>7</sup>	0.51	0.79	0.64	0.68
	95% CI*	0.40 – 0.61	0.71 – 0.86	0.50 – 0.76	0.61 – 0.75
	Drowsiness	0.21	0.91	0.53	0.70
	95% CI*	0.13 – 0.30	0.86 – 0.96	0.29 – 0.77	0.66 – 0.74
	Thirst	0.43	0.77	0.29	0.86
	95% CI*	0.24 – 0.63	0.72 – 0.81	0.16 – 0.43	0.81 – 0.91
	<i>Renal failure – heart failure</i>				
	Tight chest	0.57	0.74	0.13	0.96
	95% CI*	0.20 – 0.88	0.72 – 0.76	0.05 – 0.19	0.93 – 0.99
	Faint spells	0.39	0.97	0.63	0.93
	95% CI*	0.17 – 0.55	0.94 – 0.99	0.28 – 0.89	0.90 – 0.95
	Digoxin intoxication – nausea, vomiting with or without loss of appetite (n=16)				
		0.33	0.90	0.69	0.36
	95% CI*	0.07 – 0.49	0.74 – 1.00	0.13 – 0.98	0.57 – 0.77

	Constipation <sup>8</sup>	0.10	0.92	0.11	0.92
	95% CI*	0.01 – 0.40	0.92 – 0.95	0.01 – 0.44	0.91 – 0.94
	Disturbances of diabetic control (n=50) <sup>9</sup>				
		0.33	0.82	0.20	0.90
	95% CI*	0.06 – 0.73	0.78 – 0.87	0.04 – 0.44	0.86 – 0.96
	Falls	0.34	0.94	0.81	0.65
	95% CI*	0.25 – 0.39	0.87 – 0.98	0.70 – 0.94	0.60 – 0.68
<b>Source of funding</b>	The study was supported by a grant from the Foundation of Innovation Alliance, Regional Attention and Action for Knowledge Circulation (SIA RAAK Public).				
<b>Comments</b>	<p>1 No <a href="#">standard deviation</a> (SD) given.</p> <p>2 <a href="#">Sensitivity</a> is the chance of having a positive diagnostic test result given that you have a disease.</p> <p>3 <a href="#">Specificity</a> is the chance of having a negative diagnostic test result given that you do not have a disease.</p> <p>4 A <a href="#">Positive predictive value</a> (PPV) is the chance of having a disease given a positive test result.</p> <p>5 A <a href="#">Negative predictive value</a> (NPV) is the chance of not having the disease given a negative test result.</p> <p>6 Includes stomach ache, very black faeces and regular nosebleeds</p> <p>* 95% <a href="#">Confidence Interval</a> (CI) is a way of expressing how certain we are about the findings from a study, using statistics. It gives a range of results that is likely to include the 'true' value for the population.</p> <p>7 Dizziness on standing</p> <p>8 Abdominal pain, no bowel movement for ≥ 5 days</p> <p>9 Irregular heart rhythm, perspiration or hunger</p>				

## Appendix E: Mapping evidence to recommendations

This appendix shows identify the evidence that has been used to devise the guideline recommendations. Supporting evidence is either from the evidence statements and/or guideline committee (committee) discussions. All committee discussions are captured in the evidence to recommendations section of the full guideline (sections 5.5, 6.5, 7.5, 8.5, 9.5 and 10.5).

The guideline includes 6 evidence reviews written in corresponding sections of the full guideline:

- Section 5: Person-centred medicines assessment
- Section 6: Handling medicines
- Section 7: Administering medicines
- Section 8: Identifying, reporting and learning from medicines-related problems
- Section 9: Communication
- Section 10: Roles and responsibilities of organisations and health and social care practitioners.

Each recommendation has a short code indicating where the evidence has come from. The number(s) in the code refer to the section of the full guideline where the statement is from. For example **Recommendation 5** has the code 5.4.1 which refers to the evidence statement(s) in section 5.4.1 in the guideline. Each recommendation may have more than 1 code.

Where a recommendation is not directly taken from the evidence statements, but is inferred from the evidence during committee discussions, this is indicated by IDE (inference derived from the evidence).

**Recommendation 1:** 5.5 (IDE), 6.5, 7.4.1, 8.4.1, 9.4.1, 10.5 (IDE)

**Recommendation 2:** 6.5 (IDE)

**Recommendation 3:** 5.5 (IDE), 7.5 (IDE)

**Recommendation 4:** 5.5 (IDE), 7.5 (IDE)

**Recommendation 5:** 5.4.1, 5.5 (IDE)

**Recommendation 6:** 5.4.1, 5.5 (IDE), 9.4.1, 9.5 (IDE)

**Recommendation 7:** 5.5 (IDE), 7.4.1, 9.5 (IDE)

**Recommendation 8:** 5.4.1, 5.5 (IDE)

**Recommendation 9:** 9.5 (IDE)

**Recommendation 10:** 9.5 (IDE)

**Recommendation 11:** 6.5 (IDE), 7.5 (IDE), 8.5 (IDE), 9.5 (IDE)

**Recommendation 12:** 7.5 (IDE)

**Recommendation 13:** 10.4.1, 10.5 (IDE)

**Recommendation 14:** 10.5 (IDE)

- Recommendation 15:** 9.4.1, 9.5 (IDE)
- Recommendation 16:** 7.5 (IDE), 8.5 (IDE), 9.5 (IDE)
- Recommendation 17:** N/A
- Recommendation 18:** 9.5 (IDE)
- Recommendation 19:** 9.4.1, 9.5 (IDE)
- Recommendation 20:** 9.4.1, 9.5 (IDE)
- Recommendation 21:** 9.5 (IDE)
- Recommendation 22:** 7.5 (IDE)
- Recommendation 23:** 9.4.1, 9.5 (IDE)
- Recommendation 24:** 9.5 (IDE)
- Recommendation 25:** 9.5 (IDE)
- Recommendation 26:** 7.5 (IDE)
- Recommendation 27:** 8.5 (IDE)
- Recommendation 28:** 8.4.1, 8.5 (IDE)
- Recommendation 29:** 8.5 (IDE)
- Recommendation 30:** 8.4.1, 8.5 (IDE)
- Recommendation 31:** 8.4.1, 8.5 (IDE)
- Recommendation 32:** 8.5 (IDE)
- Recommendation 33:** 8.5 (IDE)
- Recommendation 34:** 7.4.1, 7.5 (IDE)
- Recommendation 35:** 7.5 (IDE)
- Recommendation 36:** 7.5 (IDE)
- Recommendation 37:** 7.5 (IDE)
- Recommendation 38:** 7.5 (IDE), 9.5 (IDE), 10.5 (IDE)
- Recommendation 39:** 7.5 (IDE)
- Recommendation 40:** 7.5 (IDE)
- Recommendation 41:** 7.5 (IDE)
- Recommendation 42:** 7.4.1, 7.5 (IDE)
- Recommendation 43:** 6.5 (IDE), 7.5 (IDE)
- Recommendation 44:** 6.5 (IDE), 7.5 (IDE)
- Recommendation 45:** 7.5 (IDE)
- Recommendation 46:** 7.5 (IDE)
- Recommendation 47:** 7.5 (IDE)

- Recommendation 48:** 6.4.1, 6.5 (IDE)
- Recommendation 49:** 6.4.1
- Recommendation 50:** 6.5 (IDE)
- Recommendation 51:** 6.4.1, 10.5 (IDE)
- Recommendation 52:** 6.5 (IDE)
- Recommendation 53:** 6.5 (IDE)
- Recommendation 54:** 6.5 (IDE)
- Recommendation 55:** 5.5 (IDE), 6.5 (IDE), 7.5 (IDE)
- Recommendation 56:** 6.5 (IDE)
- Recommendation 57:** 6.5 (IDE)
- Recommendation 58:** 6.4.1, 6.5 (IDE)
- Recommendation 59:** 6.5 (IDE)
- Recommendation 60:** 6.5 (IDE)
- Recommendation 61:** 6.5 (IDE)
- Recommendation 62:** 6.5 (IDE)
- Recommendation 63:** N/A
- Recommendation 64:** 6.5 (IDE), 9.5 (IDE)
- Recommendation 65:** 7.4.1, 7.5 (IDE)
- Recommendation 66:** N/A

## Appendix F: AGREE II – Domain summary scores for included guidelines

All items on the scale are rated 1 – 7

	Domain 1. Scope and purpose (3 items)	Domain 2. Stakeholder involvement (3 items)	Domain 3. Rigour of development (5 items)	Domain 4. Clarity of presentation (3 items)	Domain 5. Applicability (4 items)	Domain 6. Editorial independence (2 items)	Overall score
Care Quality Commission (2015)	21 (100%)	12 (57%)	13 (37%)	19 (90%)	28 (100%)	2 (14%)	95 (68%)
Department of Health (2016)	21 (100%)	12 (57%)	19 (54%)	17 (81%)	19 (68%)	2 (14%)	90 (64%)
Housing Learning and Improvement Network (2008)	21 (100%)	12 (57%)	5 (14%)	13 (62%)	9 (32%)	2 (14%)	62 (44%)
National Mental Health Development Unit and College of Mental Health Pharmacy (2010)	21 (100%)	18 (86%)	8 (23%)	16 (76%)	18 (64%)	2 (14%)	83 (59%)
Northern Ireland Social Care Council Guidance (2013)	21 (100%)	12 (57%)	6 (17%)	17 (81%)	14 (50%)	2 (14%)	72 (51%)
Royal Pharmaceutical Society (2007)	21 (100%)	13 (62%)	7 (20%)	16 (76%)	22 (79%)	2 (14%)	81 (58%)
Scottish Government (2005)	21 (100%)	20 (95%)	11 (31%)	15 (71%)	13 (46%)	2 (14%)	82 (59%)

