

Medicines management for people receiving social care in the community

NICE quality standard

Draft for consultation

26 January 2018

This quality standard covers assessing if people need help managing their medicines, deciding what medicines support is needed, and how health and social care staff can communicate effectively to make sure people have the medicines support they need .

It is for commissioners, service providers, health, public health and social care practitioners, and the public.

The quality standard assumes that the responsibilities for providing medicines support have been agreed between the relevant NHS and local authority commissioners. The term 'medicines support' is defined as any support that enables a person to manage their medicines. This varies for different people depending on their specific needs. Before any medicines support is provided by a social care provider, commissioning and contractual arrangements need to be discussed, agreed and recorded as part of the local care planning process. This is to ensure that it is clear who is responsible and accountable for the decisions being made, and which providers will deliver each aspect of medicines support.

This is the draft quality standard for consultation (from 26 January to 23 February). The final quality standard is expected to publish in June 2018.

Endorsing bodies

This quality standard is endorsed by the [Department of Health](#) as required by the Health and Social Care Act (2012).

Supporting organisations

A number of organisations recognise the benefit of this quality standard in improving care. They work with us to promote it to commissioners and service providers:

- TBC

Quality statements

[Statement 1](#) Adults having an assessment for social care in the community have their medicines support needs included.

[Statement 2](#) Adults receiving social care in the community that includes medicines support have their general practice and supplying pharmacy informed when the support has started.

[Statement 3](#) Adults receiving social care in the community that includes medicines support have information about how and when medicines should be taken included in their medicines administration record.

[Statement 4](#) Adults receiving social care in the community that includes medicines support have changes to their medicines recorded in their medicines administration record.

[Statement 5](#) Adults receiving social care in the community that includes medicines support are given information on how to raise any problems with their medication.

NICE has developed guidance and a quality standard on patient experience in adult NHS services (see the NICE pathway on [patient experience in adult NHS services/service user experience in adult mental health services](#), which should be considered alongside these quality statements.

Other quality standards that should be considered when commissioning or providing medicines support services for people receiving social care in the community include:

- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs](#) (2016) NICE quality standard 136.
- [Social care for older people with multiple long-term conditions](#) (2016) NICE quality standard 132.
- [Home care for older people](#) (2016) NICE quality standard 123.
- [Medicines optimisation](#) (2016) NICE quality standard 120.
- [Medicines management in care homes](#) (2015) NICE quality standard 85.

A full list of NICE quality standards is available from the [quality standards topic library](#).

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 Are local systems and structures in place to collect data for the proposed quality measures? If not, how feasible would it be for these to be put in place?

Question 3 Do you think each of the statements in this draft quality standard would be achievable by local services given the net resources needed to deliver them? Please describe any resource requirements that you think would be necessary for any statement. Please describe any potential cost savings or opportunities for disinvestment.

Questions about the individual quality statements

Question 4 For draft quality statement 4: In practice, who would have responsibility for updating the medicines administration record (MAR)? How could one measure whether changes to medicines are recorded in the MAR?

Local practice case studies

Question 5 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to [NICE local practice case studies](#) on the NICE website. Examples of using NICE quality standards can also be submitted.

Quality statement 1: Assessing medicines support needs

Quality statement

Adults having an assessment for social care in the community have their medicines support needs included.

Rationale

People's medicines support needs should be assessed as part of an overall assessment of needs and preferences for social care in the community, and reviewed on an ongoing basis. This helps people to receive support they need from services to help them take their medicines effectively and safely.

Quality measures

Structure

Evidence that overall assessments of an adult's needs and preferences for social care in the community includes assessment of their medicines support needs.

Data source: Local data collection, for example from assessment forms.

Process

Proportion of adults having an assessment for social care in the community who have their medicines support needs included.

Numerator – the number in the denominator who have their medicines support needs assessed.

Denominator – the number of adults having an assessment for social care in the community.

Data source: Local data collection, for example audit of assessments for social care in the community.

Outcome

a) Satisfaction of people receiving social care in the community with their medicines support.

Data source: Local data collection, for example service user and carer satisfaction surveys.

b) Number of medicines-related incidents for adults receiving social care in the community.

Data source: Local data collection, for example an audit of medicines-related incidents involving adults receiving social care in the community.

What the quality statement means for different audiences

Service providers (services assessing social care needs) ensure that procedures for assessing an adult's overall needs and preferences for social care in the community include an assessment of medicines support needs. This should include recording a timescale for review of medicines support needs in people's care plans. Staff who will assess medicines support needs receive training and have the necessary knowledge, skills and experience.

Social care practitioners assess adults' medicines support needs as part of the assessment of their overall needs and preferences for social care in the community, and record a timescale for review of support needs in their care plan.

Commissioners (local authorities) ensure that services responsible for assessing people's need for social care in the community have systems in place to assess and review people's medicines support needs.

Adults being assessed for social care support at home (and their families or carers if appropriate) are asked about any medicines they are taking and whether they need help to use or look after them. This is checked again at an agreed time to make sure they have the support they need.

Source guidance

[Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67, recommendation 1.2.1.

Definitions of terms used in this quality statement

Medicines support needs

Medicines support needs should be assessed as part of the overall assessment for social care in the community. It should focus on how the person can be supported to manage their own medicines, taking into account:

- the person's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- the person's expectations for confidentiality and [advance care planning](#)
- the person's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements or [parenteral nutrition](#)
- who to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

Discussions and decisions about the person's medicines support needs should be recorded, and any identified support needs documented in the provider's care plan.

[NICE's guideline on [Managing medicines for adults receiving social care in the community](#) recommendations 1.2.4 and 1.2.5]

Equality and diversity considerations

If a person has cognitive decline or fluctuating mental capacity, services providing medicines support should make reasonable adjustments to ensure that the person and their family members or carers are actively involved in discussions and decision-making. The person's views and preferences should be recorded to help

make decisions in the person's best interest if they lack capacity to make decisions in the future.

Quality statement 2: Communicating that medicines support has started

Quality statement

Adults receiving social care in the community that includes medicines support have their general practice and supplying pharmacy informed when the support has started.

Rationale

Knowing who is responsible for providing medicines support and who to contact helps prescribers to communicate any changes to medicines to the relevant person. This helps to ensure that people receive the support they need to take the correct medicines safely and effectively.

Quality measures

Structure

Evidence of local governance arrangements for social care providers to notify a person's GP and supplying pharmacist when they start to provide them with medicines support in the community.

Data source: Local data collection, for example a documented medicines policy.

Process

a) Proportion of adults receiving social care in the community that includes medicines support whose GP is informed that medicines support has started.

Numerator – the number in the denominator whose GP is informed that they have started to receive medicines support.

Denominator – the number of adults receiving social care in the community that includes medicines support.

Data source: Local data collection, for example audit of service user records.

b) Proportion of adults receiving social care in the community that includes medicines support whose supplying pharmacy is informed that medicines support has started.

Numerator – the number in the denominator whose supplying pharmacy is informed that they have started to receive medicines support.

Denominator – the number of adults receiving social care in the community who start to have medicines support.

Outcome

Number of medicines-related incidents.

Data source: Local data collection, for example audit of incident reporting and service user complaints from adults receiving social care in the community who have medicines support.

What the quality statement means for different audiences

Service providers (services providing medicines support) have procedures in place to inform the GP and supplying pharmacy when they start to provide medicines support to an adult receiving social care in the community.

Registered managers of services providing medicines support to adults receiving social care in the community inform a person's GP and supplying pharmacy when they start to provide them with medicines support.

Healthcare professionals (prescribers and supplying pharmacies) record when an adult receiving social care in the community is starting medicines support, and make a note of who to contact about any changes to medicines.

Commissioners (local authorities) ensure that they commission services that inform the person's GP and supplying pharmacy when they start to provide them with medicines support.

Adults receiving social care at home that includes help with their medicines have their GP and pharmacist told when help with their medicines starts. This means

that the GP and pharmacy know who to contact if there are any changes to medicines so they can be helped to take them correctly.

Source guidance

[Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67, recommendations 1.3.1 and 1.3.2

Quality statement 3: Information about medicines

Quality statement

Adults receiving social care in the community that includes medicines support have information about how and when medicines should be taken included in their medicines administration record.

Rationale

Medicines use can be complex, particularly when people have several long-term conditions and are taking multiple medicines. It is important that people administering medicines have clear information about each medicine and how it should be used, so that all medicines can be taken effectively and safely.

Quality measures

Structure

Evidence that medicines administration records of adults receiving social care in the community include how and when each medicine prescribed to them should be taken.

Data source: Local data collection, for example an audit of medicines administration records of adults receiving social care in the community that includes medicines support.

Process

Proportion of medicines prescribed to adults receiving social care in the community that includes medicines support which have information about how and when to take them documented in their medicines administration record.

Numerator – the number in the denominator for which information about how and when to take medicines was documented in the person's medicines administration record.

Denominator – the number of medicines prescribed to adult's receiving social care in the community that includes medicines support.

Data source: Local data collection, for example an audit of medicines administration records of adults receiving social care in the community that includes medicines support.

Outcome

a) Satisfaction of people providing medicines support with information provided about each medicine.

Data source: Local data collection, for example staff surveys.

b) Satisfaction of people receiving social care in the community with their medicines support.

Data source: Local data collection, for example service user and carer satisfaction surveys.

c) Number of medicines-related incidents.

Data source: Local data collection, for example audit of incident reporting and service user complaints from adults receiving social care in the community that includes medicines support.

What the quality statement means for different audiences

Service providers (services providing medicines support) have robust processes for ensuring that medicines administration records are accurate and up to date.

Healthcare professionals (dispensing doctors and supplying pharmacists) should consider supplying printed medicines administration records for a person receiving medicines support from a social care provider, which includes details about how and when medicines should be taken.

Commissioners (local authorities) ensure that they commission services that have and follow robust processes for ensuring that medicines administration records are accurate and up to date.

Adults receiving social care at home that includes help with their medicines

have information about how and when each medicine should be taken included in their care record so that they can be helped to take them correctly.

Source guidance

[Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67, recommendation 1.5.5.

Equality and diversity considerations

If a person has cognitive decline or fluctuating mental capacity, services providing medicines support should ensure that the person and their family members or carers are actively involved in discussions and decision-making. The person's views and preferences should be recorded to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

Quality statement 4: Keeping records up to date

Quality statement

Adults receiving social care in the community that includes medicines support have changes to their medicines recorded in their medicines administration record.

Rationale

It is important that adults receiving social care in the community, and services providing medicines support, have an up-to-date list of medicines so that these can be taken safely and effectively. If services maintain and share changes to medicines with the adult receiving social care in the community, or their named contact, it can reduce the likelihood of medicines-related incidents.

Quality measures

Structure

Evidence of local processes for changes to medicines to be recorded in medicines administration records.

Data source: Local data collection, for example an audit of local processes.

Outcome

Number of medicines-related incidents.

Data source: Local data collection, for example an audit of medicines-related incidents involving adults receiving social care in the community.

What the quality statement means for different audiences

Service providers (services providing medicines support) have robust processes for ensuring that medicines administration records are accurate and up to date. For example, changes should only be made and checked by people who are trained and assessed as competent to do so.

Commissioners (local authorities and clinical commissioning groups) ensure that they commission medicines support services that have and follow processes for ensuring that medicines administration records are accurate and up to date. They

ensure services have robust local processes for sharing information about a person's medicines that take account of each service user's expectations for confidentiality.

Adults receiving social care at home that includes help with their medicines

have an up-to-date record of their medicines that includes any changes, such as stopping or starting a medicine or changes to the dose. This also includes any support they need to take their medicines. This information is shared between services providing care for them, with their agreement, such as GPs and social care services so that everyone has the correct information.

Source guidance

[Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67, recommendations 1.5.1 and 1.5.4.

Question for consultation

Question 4 For draft quality statement 4: In practice, who would have responsibility for updating the medicines administration record (MAR)? How could one measure whether changes to medicines are recorded in the MAR?

Quality statement 5: Managing medicines-related problems

Quality statement

Adults receiving social care in the community that includes medicines support are given information on how to raise any problems with their medication.

Rationale

People receiving medicines support need to know how to raise any problems with the medicines prescribed and the support needed to take them. This can help people to have any concerns addressed, improve management of medicines and may prevent medicines-related incidents. It can also help services to learn from and prevent further medicines-related problems.

Quality measures

Structure

a) Evidence of local processes that actively encourage adults receiving social care in the community that includes medicines support to raise any problems with their medication.

Data source: Local data collection, for example documented procedures for identifying, reporting, reviewing and learning from medicines-related problems.

b) Evidence that care workers providing medicines support for adults receiving social care in the community give them information on how to raise any problems with their medication.

Data source: Local data collection, for example an audit of care plans of adults receiving social care in the community that includes medicines support.

Process

Proportion of adults receiving social care in the community that includes medicines support who are given information on how to raise problems with their medication.

Numerator – the number in the denominator who are given information on how to raise problems with medications

Denominator – the number of adults receiving social care in the community that includes medicines support.

Data source: Local data collection, for example an audit of service user records, or service user surveys of adults receiving social care in the community that includes medicines support.

Outcome

a) People's satisfaction with being able to raise medicines-related problems.

Data source: Local data collection, for example service user and carer satisfaction surveys.

b) Number of medicines-related problems raised by adults receiving social care in the community that includes medicines support and their families, carers or care workers.

Data source: Local data collection, for example service user records.

c) Number of medicines-related incidents involving adults receiving social care in the community that includes medicines support.

Data source: Local data collection, for example an audit of medicines-related incidents involving adults receiving social care in the community that includes medicines support or their families or carers.

d) Number of complaints from adults receiving social care in the community that includes medicines support and their families, carers or care workers about medicines management.

Data source: Local data collection, for example an audit of complaints about medicines from service users or their families or carers.

What the quality statement means for different audiences

Service providers (services providing medicines support) should have robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should actively encourage people receiving social care

in the community that includes medicines support and/or their family members, carer and care worker to raise their concerns. Staff providing medicines support should be given information on how to raise medicines-related problems. They should be trained to understand processes for managing medicine-related problems, and to provide information to service users or their family members or carers on how to raise any medicines-related problems.

Health and social care practitioners providing medicines support follow their organisation's processes for identifying, reporting, reviewing and learning from medicines-related problems. They provide information to service users and/or their family members or carers and care workers on how to raise medicines-related problems.

Commissioners (local authorities and clinical commissioning groups) ensure that they commission services that have and follow robust processes for identifying, reporting, reviewing and learning from medicines-related problems, and that information is provided to staff and service users or their family members or carers on how to raise medicines-related problems.

Adults receiving social care at home that includes help with their medicines or their family members or carers are given information and advice on how to raise any problems they have with their medicines or the support they have to take their medicines.

Source guidance

[Managing medicines for adults receiving social care in the community](#) (2017) NICE guideline NG67, recommendation 1.6.2.

Definitions of terms used in this quality statement

Medicines-related problems

Medicines-related problems include:

- potentially avoidable medicines-related hospital admissions
- prescribing errors
- dispensing 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, incident reporting and significant events
- near misses (a prevented medicines-related patient safety incident which could have led to patient harm)
- deliberate withholding of medicines or deliberate attempt to harm
- restraint or covert administration that 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).

[NICE's guideline on [Managing medicines for adults receiving social care in the community](#) recommendation 1.6.2]

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about [how NICE quality standards are developed](#) is available from the NICE website.

See [quality standard advisory committees](#) on the website for details of standing committee 3 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available on the [quality standard's webpage](#).

This quality standard has been included in the NICE Pathway on [managing medicines for people receiving social care in the community](#), which brings together everything we have said on managing the use of medicines in community settings for people receiving social care in an interactive flowchart.

NICE has produced a [quality standard service improvement template](#) to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those

countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Improving outcomes

This quality standard is expected to contribute to improvements in the following outcomes:

- carer-reported quality of life
- emergency readmissions
- health-related quality of life
- patient safety
- people's control over their daily life
- people's feelings of being supported to manage their condition
- social care-related quality of life.

It is also expected to support delivery of the Department of Health's outcome frameworks:

- [Adult social care outcomes framework 2016–17](#)
- [NHS outcomes framework 2016–17](#)
- [Public health outcomes framework for England, 2016–19.](#)

Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance.

Diversity, equality and language

During the development of this quality standard, equality issues were considered and [equality assessments](#) are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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