

**Quality standards advisory committee 3 meeting**

**Date:** 21 March 2018

**Location:** ETC Venues, 8th floor, 11 Portland Street, Manchester, M1 3HU

**Afternoon session: Medicines management for people receiving social care in the community – review of stakeholder feedback**

**Minutes:** Draft

**Attendees**

**Quality standards advisory committee 3 standing members:**

Hugh McIntyre (Chair), Barry Attwood, Malcolm Fisk, Madhavan Krishnaswamy, Keith Lowe, Ann Nevinson, Jim Stephenson (vice-chair), Deryn Bishop, Eve Scott, Deryn Bishop, Ben Anderson

**Apologies** Ivan Benett, Amanda de La Motte, Ulrike Harrower, Jane Ingham, Asma Khalil, David Pugh, Nadim Fazlani, Darryl Thompson, Julia Thompson

**Specialist committee members:**

**Afternoon session – Medicines management for people receiving social care in the community :**

Kevin Minier  
Susannah Jacks  
Linda Bracewell

**Apologies:** Siobhan Chadwick, Helen Wilson, Paul Morgan, Anne Bentley, Debbie O'Brien

**NICE staff**

Nick Baillie (NB), Shaun Rowark (SR), Michelle Gilberthorpe (MG) Rick Keen (RK – PM only)

<b>Specialist committee members for the medicines management for people receiving social care in the community quality standard joined.</b>
<b>1. Welcome, introductions and objectives of the afternoon</b>
<p>The Chair welcomed the specialist committee members for medicines management for people receiving social care in the community and QSAC members introduced themselves. The Chair informed the committee of the apologies and outlined the objectives of the afternoon, which was to review stakeholder comments on the medicines management for people receiving social care in the community quality standard.</p> <p>The Chair welcomed the public observers and reminded them of the code of conduct that they were required to follow.</p> <p><b>The Chair noted that the committee was not quorate, but it was agreed to proceed on the basis of ratifying decisions with the absent committee members following the meeting.</b></p>
<b>2. Confirmation of matter under discussion and declarations of interest</b>
<p>The Chair confirmed that, for the purpose of managing conflicts of interest, the matter under discussion in the afternoon session was medicines management for people receiving social care in the community: specifically:</p> <ul style="list-style-type: none"> <li>• Assessing medicines support needs</li> <li>• Communicating that medicines support has started</li> </ul>

- Information about medicines
- Keeping records up-to-date
- Managing medicines-related problems

The Chair asked both standing specialist QSAC members to declare verbally all interests specifically related to the matters under discussion during the afternoon session. Interests declared are included in appendix 1.

### 3. Recap of prioritisation meeting and discussion of stakeholder feedback

MG provided a recap of the areas for quality improvement prioritised at the first QSAC meeting for potential inclusion in the medicines management for people receiving social care in the community draft quality standard.

MG summarised the significant themes from the stakeholder comments received on the draft quality standard and referred the committee to the full set of stakeholder comments provided in the papers.

The committee noted that many of the stakeholder comments received were primarily from the perspective of current practice, rather than future practice.

The committee discussed the position of the quality standard, which assumes that responsibilities between the local authority and health and social care providers for medicines support are determined locally. The Chair read through to the committee the draft quality statement overview for clarity on the objective of the quality statements and to empathise that the statements must defer from delegating actions to healthcare providers.

### 3.1 Discussion and agreement of amendments required to quality standard

<p><b>Draft statement 1:</b> Adults having an assessment for social care in the community have their medicines support needs included.</p>	<p>The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team:</p> <ul style="list-style-type: none"> <li>• The committee discussed the different potential arrangements for medicines support, including people who are self-funding their care. It was agreed that social care assessments are a good opportunity to assess medicine support needs.</li> <li>• The committee agreed that medicines support needs should be assessed on an ongoing basis. It was acknowledged that it is difficult to measure that reviews have taken place as needed due to different potential reasons for review.</li> <li>• The committee drew attention to the fact that ‘review assessment’ was misleading in that it potentially denoted a singular assessment.</li> <li>• The committee discussed whether the word ‘included’ at the end of the statement could be changed to ‘assessed’.</li> </ul> <p><b>Action: Statement unchanged. NICE team to alter statement rationale to present a greater focus on safety. Potential rewording in rationale in regards to ‘review assessment’ to note the potential of multiple assessments taking place.</b></p>
<p><b>Draft statement 2:</b> Adults receiving social care in the community that includes medicines support have their general practice and supplying pharmacy informed when the support</p>	<p>The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team:</p> <ul style="list-style-type: none"> <li>• The committee agreed with the consultation feedback that that this statement encourages communication between all healthcare</li> </ul>

<p>has started.</p>	<p>agencies involved in medicines support and that it could be measured through an audit of records.</p> <ul style="list-style-type: none"> <li>• The committee highlighted that general practice may not be the initial prescriber but it was noted that such wording was supported by the relevant recommendation in the NICE guideline.</li> </ul> <p><b>Action: Statement unchanged. NICE team to ensure rationale focuses on encouraging communication between different services involved in medicines management.</b></p>
<p><b>Draft statement 3:</b> 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.</p>	<p>The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team:</p> <ul style="list-style-type: none"> <li>• The committee discussed the consultation comments which highlighted that medicines administration records (MAR) are not always supplied with each medicine, and that the statement could add an extra layer of administration. The responsibilities for completing a domestic MAR (DOMAR) and required competencies for making changes to the MAR were discussed, in view of consultation comments around availability of MAR and statutory responsibilities.</li> <li>• The committee discussed the possibility of removing the MAR entirely from the statement and instead simply stating that records of how and when to take medicines should be accurate and up-to-date, with the potential types of records to be detailed in the statement definition.</li> </ul> <p><b>Action: Consideration to be given to merging statements 3 and 4. Reference to the MAR to be removed in place of wording stating that an ‘accurate and up to date’ record is kept.</b></p>
<p><b>Draft statement 4:</b> Adults receiving social care in the community that includes medicines support have changes to their medicines recorded in their medicines administration record.</p>	<p>The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team:</p> <ul style="list-style-type: none"> <li>• The committee noted that the actions for statement 3 also applied to this statement in regards to the merging of the two.</li> <li>• The committee discussed the different potential records where changes could be recorded and the need to ensure medicine are reconciled so that the right medicines support can be given.</li> </ul> <p><b>Action: Consideration to be given to merging statements 3 and 4. Reference to the MAR to be removed in place of wording stating that an ‘accurate and up to date’ record is kept.</b></p>
<p><b>Draft statement 5:</b> Adults receiving social care in the community that includes medicines support are given information on how to raise any problems with their medication.</p>	<p>The committee agreed that as there was support for the statement from stakeholders it should be progressed for inclusion in the final quality standard, with the following amendments and issues to be explored by the NICE team:</p> <ul style="list-style-type: none"> <li>• The committee discussed the possibility of changing the statement wording to reflect that adults are ‘enabled’ to raise problems, rather than given information.</li> <li>• The committee discussed the possibility of changing the statement</li> </ul>

	<p>wording to ‘raise concerns’ with their medication, as ‘raise any problems’ might be taken to refer to more serious problems. However, it was agreed that the definition of medicines-related problems covers a range of potential issues.</p> <ul style="list-style-type: none"> <li>• The committee agreed with consultation feedback that family and informal carers should be included in the statement. The committee discussed the need for care workers to be able to raise problems with medicines, however it was agreed that the recommendation relating to this covered different issues, such as stockpiling of medicines, whereas this statement is focused on the person receiving medicines support being able to raise concerns. The NICE team agree to explore again whether that the need for care workers and informal carers to receive information about how to raise problems should be included in the rationale.</li> </ul> <p><b>Action: NICE team to explore possibility of altering statement wording to include family and informal carers, and the rationale to include care workers also knowing how to report issues with medicines’.</b></p>
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### 3.2 Additional quality improvement areas suggested by stakeholders at consultation

The following areas were not progressed for inclusion in the final quality standard:

- Medicines reconciliation (it was noted that this is already covered in the existing quality standard for medicines optimisation).
- Medication reviews (it was noted that this is already covered in the existing quality standard for medicines optimisation).
- Use of over the counter medications that will no longer be prescribed (the committee agreed that the existing statements should address this issue by identifying support needs, ensuring records are up to date and enabling people to report problems).
- “When needed” drugs management (the committee agreed that the existing statements should address this by identifying support needs, ensuring records are up to date and enabling people to report problems).
- Sharing information about unused medicines (the committee agreed that the existing statements should address this by identifying support needs, ensuring records are up to date and enabling people to report problems).
- Tackling inappropriate use of monitored dosage systems (the committee agreed that the existing statements should address this by identifying support needs, ensuring records are up to date and enabling people to report problems. It was agreed that the wider issue of tackling monitored dosage systems is outside the scope of the quality standard). Support for people with a learning disability (it was noted that the statements should advance equality for all groups with a social care need. People with a learning disability are included within equalities and diversity considerations)
- Personalised care (the committee agreed that the existing statements should encourage personalised care through involving people in identifying whether they require support, what their medicines support needs are, and enabling people to report concerns with their medicines).

The following area was not progressed for inclusion in the final quality standard as the committee agreed that it was out of the scope of this quality standard:

- Raising awareness of entitlement to pharmacy-based support.
- Support to take as few medications as possible.

### 3.3. Resource impact and overarching outcomes

The committee considered the resource impact of the quality standard.

The committee confirmed the overarching outcomes are those presented in the draft quality standard.

MG requested that the committee submit suggestions to the NICE team relating to the overarching

outcomes of the quality standard when it is sent to them for review.
<b>4. Equality and diversity</b>
MG provided an outline of the equality and diversity considerations included so far and requested that the committee submit suggestions when the quality standard is sent to them for review.
<b>5. Any other business</b>
None.
<b>Close of meeting</b>

**Appendix 1: Declarations of interest**

**Table 1: Afternoon session**

<b>Name</b>	<b>Membership</b>	<b>Declaration</b>
Paul Morgan	Specialist member	None.
Linda Bracewell	Specialist member	Linda was a Director at Linda Bracewell Ltd t/a Baxenden Pharmacy, Accrington until October 2017. Linda is chair of Lancashire Pharmacy Network.
Anne Bentley	Specialist member	None.
Siobhan Chadwick	Specialist member	Time to Care Specialist Services. Northumbria University. Care Quality Commission.
Helen Wilson	Specialist member	Helen manages a local authority service which receives funds from the NHS to in-part manage this area of practice i.e. managing medicines in social care in the community.
Susannah Jacks	Specialist member	None.
Debbie O'Brien	Specialist member	None.
Kevin Minier	Specialist member	Kevin is a lay patient/service user/carer representative and sometimes receive expenses and/or an honorarium fee for input and services.