**HOME FIRST MAR CHART SERVICE – Community Pharmacy Briefing**

Aims

To support self care and promote medication independence in patients.

To reduce the amount of medication transcription done by Home First staff.

To reduce the number of patients discharged from hospital with a compliance aid/MDS

To reduce Hospital Pharmacy workload and increase efficiency.

To reduce the number of MDS trays assembled in community pharmacy

Background

The demand for MDS trays has steadily risen over the past years. Currently every patient that is discharged from hospital with a domiciliary care package, and who needs medication, is supplied with a MDS tray automatically. Once on a MDS, patients tend to stay on them, even if at some point in the future, their ability to cope with their medicines without a tray improves.

As these patients have a domiciliary care package i.e. home help, their MDS tray is not provided solely under the terms of the Equality Act.

Use of MDS trays can create a reliance on them from patients, and reduce their levels of concordance. Where Home First teams are required to transcribe medication details onto their own record cards, this can cause a delay in the patient starting medication, which is not ideal.

MDS provision on discharge puts a huge strain on hospital pharmacy as the patients discharge is often arranged with very little notice. Hospital pharmacies may get almost no notice of the need to prepare a MDS tray. Similarly community pharmacies often get asked for MDS following discharge with little or no notice. There is a cost to preparing and supplying MDS trays for these carers which is not included in the national pharmacy contract.

The Case For Change

The reduction in funding for community pharmacy means that many pharmacies are critically reviewing all elements of their business. Many pharmacies are now operating waiting lists for MDS trays, meaning patients who genuinely need a compliance aid may not get one.

Hospital Pharmacy Depts are concerned about their ability to provide MDS trays in a timely manner, and are worried that with the imminent Winter Pressures, this may get harder to achieve.

NICE has recently updated its guidelines on Community Care for the Elderly. It includes guidance around training for medicines support.

The Home First care team believe that use of MAR Charts will be more efficient for them.

The Pilot Project Overview

*The pilot will initially run from 14th January to 30th June*

Healthcare at Home domiciliary carers are being trained to provide medicines support to their clients without the need for a MDS tray.

Patients who enter hospital, who are not on a MDS tray, will not be discharged with a MDS tray. If they require medicines on discharge then these will be supplied in original packs with a MAR Chart.

Note: Patients who come into hospital using a MDS tray will still be discharged on a MDS tray.

Community Pharmacies will continue to support patients with their medication, but rather than preparing a MDS tray, they should supply medication in original packs along with a standardised MAR chart.

We don’t know how many patients will be discharged from hospital in the 6 month period, or which community pharmacy they will chose to go to. Some community pharmacies will not see any of these patients. However it’s important that everyone knows about the scheme and what they need to do. The pilot will start with 2 wards. If the process is working well by the end of February, the hospital’s intention is to increase the pilot to extend it to cover 8 wards in total.

We don’t want these patients to subsequently be given a MDS tray, but instead have continuity of supply of a MAR chart. We also want domiciliary carers to find it easy to access this scheme.

The Process – A Summary

Patients are discharged from hospital on 14 days medication, so will need to reorder medication around 7 days after discharge. When the community pharmacy received the prescription they should dispense this in original packs with a MAR Chart.

A sample of the MAR Chart required is attached and further copies are available from the LPC website (......). The community pharmacy should attach a second dispensing label to the MAR chart, which is then checked at the same time as the medication. We believe this will be quicker and more cost effective than having to prepare 28 days of MDS trays.

The MAR chart you prepare should include all medications, EXCEPT INJECTABLES, AND MEDICATION WHICH IS USED PR AND PV. Medication with PRN dosages should also be included – but this should be kept to a minimum.

The medication patients are discharged from hospital with will include the time of administration i.e. it will not say take 1 twice a day, but take 1 in the morning and 1 at teatime, so it is clear WHEN the medication is needed.

There has been concern expressed by a few contractors about the idea of attaching duplicate dispensing labels to a MAR Chart for fear of the MAR Chart being tampered with. A similar scheme has been operating in Sheffield for over a year, in which all the multiples are involved, and there have been no reported issues.

A suggested SOP is attached below which you may wish to adapt and adopt.

Project Audit

We need to investigate whether patients can cope perfectly well with original packs and a MAR chart rather than a MDS tray.

We also want to investigate community pharmacy’s views as to the ease of preparation and safety of providing MAR Charts as opposed to MDS trays.

We will therefore ask you to complete a return through PharmOutcomes after you have prepared each 4 week of medication. We are trying to secure funding for the completion of this data from the Local Professional Network, but wont be able to confirm or otherwise until mid January. However, at the very least you will have saved the cost of the MDS consumables and staff time to fill them.

**Suggested Standard Operating Procedure**

The following SOP should be reviewed and adopted by each individual contractor to ensure it reﬂects their individual practice.

**Purpose**

To ensure MAR Charts can be prepared by the pharmacy to support domiciliary care workers administering medicines.

To ensure duplicate labels are securely attached to MAR Charts at the time of dispensing

To ensure appropriate PMR records are made

To ensure appropriate claims for payment are made

**Scope Inclusions**

Prescriptions for those patients for whom a MAR Chart has been issued by secondary care to support a domiciliary care package

**Scope Exclusions**

Medicines purchased OTC by, or on the behalf of, the service user

Medicines not supplied by the pharmacy preparing the MAR Chart

**Process**

The Pharmacyʼs SOPs for dispensing will be followed with the addition of the following steps

1. Upon discharge from hospital the Hospital Discharge Team will contact the community pharmacy to inform them that patient X has been discharged with a MAR Chart. Make a note on the patientʼs PMR that they will require a MAR Chart with each supply.

3. Add the wording “ as per MAR Chart” to directions on the labels.

4. Ensure a blank MAR Chart is available in the pharmacy for new patients. Spares can be downloaded and printed from ....................

5. The patient or their carer need to ensure that further supplies are requested from the GP in good time. Patients should normally be discharged with 14 days medication and a request to the GP should normally be made around Day 8. This should allow the pharmacy to receive the prescription in good time.

6. When the prescription arrives check that the number of days supply does not exceed 28 and that the length of treatment is synchronised.

7. If new repeat medication is prescribed as well/instead of regular prescriptions then it may be necessary to liaise with the prescriber or check the SCR to determine exactly what the patient should be taking.

8. Ensure there are full dosage instructions for all the prescribed medications including “when required” medicines and that these instructions are transferred to the label (Carers cannot help service users with their medicines if the instructions are incomplete. “As Directed” or similarly vague directions are not acceptable. Contact the prescriber / add appropriate instructions as necessary) Similarly ‘bd’ or similar is not sufficient as the actual times of administration are needed.

9.Prepare duplicate labels for each medication that the carer will be helping the patient with AT THE TIME OF DISPENSING and attach these to the MAR Chart. (RPSGB guidance states that it is not acceptable for labels to be produced and transferred to the MAR Chart at a later date or for spare labels to be supplied directly to patients or carers)

10.Assemble dispensed items, prescription and MAR Chart ready for accuracy check

11.Accuracy check MAR Chart. Once checked, sign the label, starting on the left hand side of the chart and continuing onto each label to reduce the risk of labels being removed (Carers may NOT remove or alter labels). Then place it with dispensed items ready for collection or delivery

12.Record the supply on the relevant PharmOutcomes module by the 5th of the following month to ensure prompt payment (subject to funding being agreed.)

**PharmOutcomes Questions**

Service user name *Name*

Date MAR Chart supplied to patient *Date*

How many items were on the MAR Chart? *Number*

How easy was it to prepare the MAR Chart? (*dropdown 1-5)*

Were there any ambiguities between the prescription you received and the prescription you were expecting? *Y/N*

Were they clinically significant? *Y/N*

How is the carer coping with the MAR Chart (*dropdown 1-5)*

Any general comments from the pharmacy or carer? *Freetype*