This booklet supports the implementation of recommendations in the NICE guideline on managing medicines for adults receiving social care in the community and medicines optimisation. It also supports statement 6 in the NICE quality standard for medicines optimisation.
National Institute for Health and Care Excellence
October 2019

National Guiding Principles for Medicines Support in the Domiciliary Care Sector

Introduction

Across Wales there are differences in how domiciliary medicines support is delivered within the 7 Health Board and 22 Local Authority areas. The support is delivered by Local Authorities and Health Boards either using their own staff or via commissioned agencies. The majority of health boards are actively working with their respective Local Authorities to review their existing policies and support, alongside how the support is delivered. Along with the Social Services and Well Being Act (2014), A Healthier Wales[1] and NICE Guidelines 67 (2017)[2], this presents an ideal opportunity to develop national guiding principles in relation to medicines support within the domiciliary setting.

These principles have been developed in partnership with the All Wales Heads of Adults' Services Group (AWASH) and NHS Wales to provide a template for the development of medicines policies so that medicines support is delivered in a consistent way across Wales.

This work is supported and endorsed as good practice by the following organisations:

- Care inspectorate Wales
- Social Care Wales
- The National Institute for Health and Care Excellence (NICE)
- The Royal Pharmaceutical Society

The principles are also supported by the *Involved* & I*nformed* medicines campaign, which is a multi-organisation initiative promoting safe, person-centred medicines support across social care and health. It encourages key audiences to take specific actions from NICE's guideline and quality standard on Managing medicines in the community and aims to ensure that people accessing medicines support feel involved, informed and in control of their medicines.

[1] Welsh Government (2018) A Healthier Wales: our plan for health and social care. Available: https://gweddill.gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf Last accessed 23rd May 2019.
[2] NICE guideline [NG67]. (2017) Managing medicines for adults receiving social care in the community. Available: https://www.nice.org.uk/guidance/ng67 Last accessed 23rd May 2019

Scope of Guidance

The principles are intended to be high level with the operational delivery elements agreed according to local circumstances.
The principles include solid oral medicines (tablets and capsules), liquid oral medicines, topical preparations (creams, ointments, eye preparations, nasal preparations), transdermal patches and inhalers, administered on a regular and when required (prn) basis. These principles also cover use of controlled drugs in the domiciliary setting – i.e. that they are viewed in the same way as any prescribed medicines and no special arrangements should be made.
These principles do not routinely include internal medicines (suppositories and pessaries), injections of any type, medicines delivered down tubes or via alternate methods (e.g. crushing tablets, opening capsules), nebulised therapy, oxygen or any medicines form not included above. This also includes medicines where monitoring dictates the dose e.g. warfarin. Such specialised techniques / enhanced support can be included where a jointly agreed risk assessment between the health board and care provider, appropriate training and provider's care plan are in place. This is to ensure that where care staff are undertaking administration of medicines via an authorised specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the person and the care worker.
This guidance should be considered in the context of the other planned work (Appendix 1) which relies on these principles being agreed nationally before these work streams can be started. Supporting tools to put the principles into practice and Quality Standards to help improve the quality of care provided are also available (See Appendix 2 and 3).

Principles

Where there is a need for a medicines only care package (i.e. where a person does not require any other form of personal care package), this should be considered by the person's health board to demonstrate effective joint working with care providers, in line with the principles set out in the Welsh Government document: A Healthier Wales promoting whole systems approach to health and social care. This guidance is to be used in conjunction with NICE guideline 67, where commissioners have responsibilities to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home.

It is of utmost importance that health and care practitioners take every step to empower people to look after their own health and wellbeing. People should be given the opportunity to be involved in making decisions about their medicines.[3] A person-centred approach and supporting people to manage their own medicines is the preferred option, with help from family members or carers if needed. Care provider support should only be considered after this has been explored and eliminated as an option. If a care provider is involved following an assessment of the person's medicines support needs, the levels outline below should be followed.[4]

[3] Refer to NICE Shared decision-making about medicines, https://pathways.nice.org.uk/pathways/medicines-optimisation. There is also a NICE webpage on shared decision making.
https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-guidelines/shared-decision-making and a NICE Key therapeutic topic (KTT) https://www.nice.org.uk/advice/ktt23
[4] Categorisation of medicines support is beyond the remit of NG67.

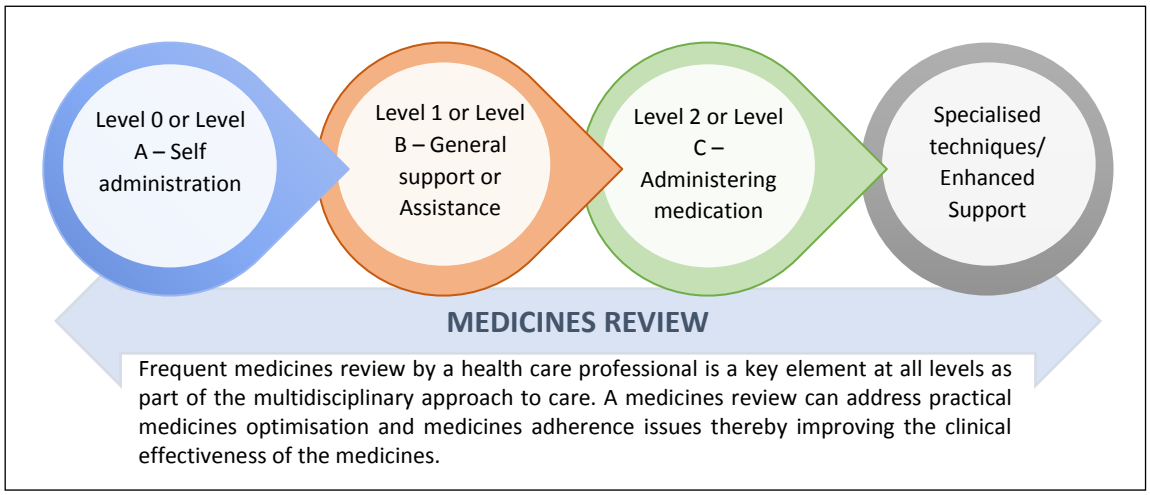

Figure 1: Levels of medicines support

Medicines optimisation[5]

- **Medicines Review**

  Where it is identified that a person is potentially starting to experience difficulty managing or taking their own medicine the first step should be a comprehensive review of their medicines. This review should be carried out by a pharmacist or by an appropriate health professional who is part of a multidisciplinary team. In line with their professional responsibilities, healthcare professionals are expected to monitor and evaluate the safety and effectiveness of a person's medicines. Care workers are not expected to make any clinical judgements about medicines when they are supporting people to take their medicines. They should ensure they have access to advice from a pharmacy professional or another appropriate health care professional. Local Health and Social care providers should work together to have systems in place to identify those people who would benefit from a structured medicines review.[6]

  Healthcare professionals should review the ongoing need for medicines focussing on the impact that managing large quantities of medicines every day has on a person's well-being and social functioning. The review should consider potential ways to reduce or simplify the medicines e.g. using longer acting or topical preparations to reduce the number of daily doses needed. This could also reduce unnecessary calls by care staff.

- **Medicines Aids**

  If the person is still experiencing difficulty with their medicines after the rationalisation of the medicines, consideration should be given to providing/recommending aids to support the person to take their medicines – this may include reminder charts, eye drop aids, inhaler aids, audible alarms, monitored dosage system (MDS) or telehealth aids. Consideration should also be given to family or friends support for the person and exploration of the support they would be willing to provide – this may include helping with compliance aids or further support as listed below. Care workers must never undertake the task of filling a compliance aid. A compliance aid (such as a MDS) must be filled and labelled by the community pharmacist or dispensing GP.

[5] Medicines optimisation is defined as 'a person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines'. Refer to NICE guideline [NG5] for evidence base recommendations on medicines optimisation. See section 1.4 for medication review.

[6] Refer to NICE Quality standard [QS120] statement 6: Structured medication review

The use of monitored dosage systems (MDS)

There is no legal reason why care workers are unable to support with medicines from original packs. MDS should not be seen as the default option and can have many drawbacks.

This guidance should be used in conjunction with guidance from the Royal Pharmaceutical Society (Improving patient outcomes through the better use of multi-compartment compliance aids)[7] which gives a balanced and accurate view of the risks and benefits of monitored dosage systems. This is consistent with NICE guideline 67 and NICE Social care guideline 1[SC1][8]. MDS should be used for the benefit of the person receiving care, rather than for the ease of carers or care workers. The provision of MDS should only be provided after an assessment has been carried out by an appropriate individual, in line with legislation and when a specific need has been identified to support medicines adherence.

A community pharmacy is under no obligation to supply a compliance aid to meet the needs of the care provider or Local Authority specification. There are risks associated with the use of MDS, some pharmacists feel they are less safe as the medicines in the packaging cannot be identified. Additionally, if a tablet is dropped, there is no replacement. "When required medicines," inhalers and other formulations that are not able to be included within the MDS can be forgotten.

The limited evidence base around MDS use, currently indicates a lack of person benefit outcomes. Providing care workers are suitably trained, the supply of medicines in original packs should be promoted as standard.

Levels of Medicines Support

1. Level 0 or Level A – Self administration

1.1 **Independent** – no medicines support is required; person manages their own medicines with no support. Regular clinical medicines review by GP practices and Medicines Use Reviews by community pharmacy should be undertaken to identify and to reduce the risk of potential problems arising in the future.

2. Level 1 or Level B – General support or Assistance

2.1 **Remind** – this should be the first level intervention where there is suspicion the person is forgetting (or getting confused) to take their medicines regularly, even with medicines aids and following a medicines review. At this level the responsibility of the care worker is to remind/prompt the person to take their medicines. The person is still responsible for their own medicines, and the person has the right to decline medicines. If it is found that the person does not take their medicines following this reminder, it should be recorded, and if happening with regularity the level of medicines support required should be reviewed as per locally agreed systems. There is no requirement to report this to Care Inspectorate Wales (CIW).

2.2 **Physical assistance** - this should be the first level intervention where it is identified that the person is having difficulty accessing their medicines, even with medicines aids. At this

[7] Royal Pharmaceutical Society, Improving patient outcomes The better use of multi-compartment compliance aids, 2013, Available: <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/rps-mca-july-2013.pdf > [Last accessed 23rd May 2019}

[8] NICE guideline [SC1] (2014) Managing medicines in care homes. Available: https://www.nice.org.uk/guidance/sc1 Last accessed 23rd May 2019. NB: Appendix D of the full guidance compares the risks and benefits of original packs versus MDS. It is agreed that this is applicable to the domiciliary care setting also. Available: https://www.nice.org.uk/guidance/sc1/evidence

level the responsibility of the care worker is to assist the person in taking their medicines (may be retrieving medicines from a cupboard or opening packaging), the person is still responsible for their own medicines and should be directing the care worker in this activity. The person has the right to decline medicines. If it is found that the person is not taking their medicines with assistance (i.e. forgetting certain medicines or unable to swallow due to form), it should be recorded in the person's notes or care record, and if happening with regularity the person should be referred for a medicines review by a health care professional. There is no requirement to report this to CIW.

2.3 **Remind and Physical assistance**– this step may be required where a person can still retain responsibility for their medicines and knows what they need to take but may need reminding to take their medicines and assistance as above. At this level the responsibility of the care worker is to remind/prompt and support the person with any physical assistance needed to take their medicines. The person is still responsible for their own medicines and they have the right to decline medicines. If it is found the person has not taken their medicines following this intervention, it should be recorded in the person's notes or care record, and if happening with regularity the level of medicines support required should be reviewed. There is no requirement to report this to CIW.

The responsibility for ordering medicines usually stays with the person and/or their family members or carers. It is agreed that in some situations a care worker may provide support, if this support has been agreed and they have been trained and assessed as competent to do so. (See Appendix 4. *Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 Part 14, Section 58* states that service provider must have arrangements in place to ensure that medicines are stored and administered safely including maintaining a sufficient supply of medicines)

3. Level 2 or Level C – Administering medicines

3.1 **Administer** – this last line action covers selection, stock management and administration of the person's medicines and can only be undertaken by care workers with appropriate training and will be commissioned in line with local policies. The care worker has responsibility for selecting the right medicines at the right time, getting consent from the person and recording what has been administered (and why if not). This support should be delivered using original packs of medicines and Medicine Administration Record (MAR) charts so that a clear audit trail exists of what has happened to the person's medicines. There may be occasions where administration from a pharmacy filled MDS may be appropriate to reduce waste during a transition period from MDS to MAR. Such circumstances should be risk assessed by an appropriate healthcare professional. The person still has the right to decline their medicines which should be documented. If the person is declining with regularity this should be discussed with an appropriate health care professional to decide further action. Declining of medicines does not require reporting to CIW.

Handling of medicines – Further definition of terms used**:**

The levels of medicines support needed by an individual must be assessed and documented in the person's care plan. This must be reviewed on a regular basis.

A care worker should not administer medicines to any individual who is acutely unwell and an unstable health condition without seeking advice from a healthcare professional. Any advice sought must be clearly documented.

Level	Term	Support required by the person
Level 0 or Level A – Self administration	Independent	The person takes full responsibility for their own medicines and require no assistance with medicines from the care worker. Self – administration.
Level 1 or Level B – General support or Assistance	Assist	The person is aware of, and understands their medicines regime and retains responsibility for their medicines, but may have difficulties with undertaking the task. This type of support includes: 1. Reminder: The person may require a simple reminder to initiate the task but is then able to self-administer without physical assistance. This is not appropriate for people with significant cognitive/memory difficulties. 2. Physical assistance: The person manages their own medicines but has difficulty with dexterity and/or mobility and may ask the care worker to help carry out certain tasks. It is the responsibility of the person to direct which package/bottle/topical medicines they require assistance with and to direct the task (e.g. open, close, place in mouth, store). Such tasks must be completed within sight of the person at all times. Care workers may give either, or both types of support listed above within this level. The exact assistance given on each visit will be documented by the care worker. The care worker will assist from original packs as standard practice. MDS is not recommended without appropriate assessment. Although it would be considered an exceptional circumstance, since the person is fully responsible for their medicines, placing the medicines directly in the person's mouth would still be classed as Level 1/B if the person felt it necessary and the action is under the direction of the person. This is to ensure that the independence of people who lack manual dexterity (such as Parkinson's disease, arthritis) are not being compromised when they otherwise would be able to self-administer**.** People with a physical impairment should not be disadvantaged and elevated to level 2/C when they are competent.

		Only competent and confident staff should be assigned to people who require help with their medicines. **N.B. The person, NOT the care worker, retains sole responsibility for their medicines management and administration.**
Level 2 or Level C – Administering medicines	Administer	The person is not aware of and is unable understand the medicines regime, cannot retain responsibility for the medicines and cannot self-administer. This may be due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment. Where no family/carers are available to take responsibility for medicines, a care worker will have the responsibility of selecting the medicine from packets and preparing the medicines for administration by the person after gaining consent (including placing in the person's hand or mouth if appropriate). This includes oral, topical, inhaled medicines, buccal and transdermal patches. The care worker will administer medicines from original packs and document administration/non-administration fully using a printed/electronic MAR chart. MDS is not recommended. Full training and competency assessment of care worker providing this level of support will be required. **N.B. The care worker, NOT the person, is responsible for the medicines management and administration.**

Terms used in this guideline

Carer
The term 'carer' is used to define an informal, unpaid carer only (see also 'care worker').

Care provider
A provider organisation, registered with the Care Inspectorate Wales to provide community care services, which directly employs care workers to provide personal care and support in a person's home.

Care worker
A person who is employed to provide care and support to people in their own home[9]. This includes domiciliary care workers, personal assistants (who are directly employed by people who use services) and other support workers.

Health and social care practitioners
The wider health and social care team of health professionals and social care practitioners. Health professionals include, but are not limited to, GPs, pharmacists, hospital consultants, community nurses, specialist nurses and mental health professionals. Social care practitioners include, but are not limited to, care workers, case managers, care coordinators and social workers. When specific recommendations are made for a particular group, this is specified in the recommendation.

Medicine
All prescription and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

Medicines support
Any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

Monitored dosage system
A system for packing medicines, for example, by putting medicines for each time of day in separate blisters or compartments in a box.

Original packaging
The packaging in which the medicine is supplied by the supplying pharmacy. This could be a manufacturers packaging or pharmacy supplied packaging after larger amounts of medicines have been decanted for individual person use.

Provider's care plan
A written plan that sets out the care and support that providers and the person have agreed will be put in place, following a local authority assessment. It includes details of both personal care and practical support.

[9]This includes extra care housing, Shared Lives Scheme (formerly Adult Placement Scheme) living arrangements, sheltered housing (such as supported housing or specialist accommodation), supported living and temporary accommodation (such as for people who are homeless).

Appendix 1:

Planned supporting work

The agreement and adoption of the guiding principles above need to be underpinned by further work to support a national approach to medicines support in the domiciliary care sector.

- *A National training and competency framework* – The challenges and resource implications of training and assessment of competency of care workers is recognised. Once a standardised approach to medicines support in this sector is agreed, a standardised accredited training for care providers and managers undertaking this activity needs to be developed or endorsed. It is envisaged that this training would be readily accessible and that staff from different providers/geographies can attend to avoid delay in completing the training. A national training and competency package (where principles of the activity, knowledge and skills would be transferable) would facilitate care worker's working across local authority borders.

- *Medicines only support* – Health Boards need to give consideration for the identified group of people who require support with their medicines but have no other identified care needs. This would be via the same process as the pathway above – i.e. commissioned medicines support is the last line after all other interventions have been considered or trialled.

- *Medicines Review* – Health Boards need to demonstrate joint effective working with Local Authorities to provide medicines review for people who have been identified as having potential problems with their medicines alongside other care needs. This review could be provided by GPs, pharmacists (HB employed, practice based or community) or other healthcare professionals with the appropriate skills (may vary by Health Board area). The reviewer needs to be available to undertake this review in a timely manner and link with social care when concerns about medicines are identified. The aim of this support is to maintain the person's independence with their own medicines and provide timely clinical advice in case of issues relating to medicines (such as omission of a dose or doubling of a dose) to prevent escalation (where possible) to emergency care.

- *Community Pharmacy Service* – A national service to provide MAR charts to support administration needs to be developed, based on the existing services currently in operation in certain localities. As a minimum this should include dispensing regular medicines with corresponding MAR charts and interim prescriptions within the month (e.g. antibiotics) but may also be expanded to include initial and annual medicines reconciliation, domiciliary medicines reviews, supply and support of medicines aids before care provider intervention or medicines review as above. Progression towards the community pharmacy team being the first point of contact, with responsibility for medicines and review for this group of people.

Appendix 2:

Implementation support:

1. NICE Guideline NG67 Baseline Assessment Tool[10] can be used to evaluate whether local policies are in line with recommendations and to help plan activity to meet the recommendations. This should be used to benchmark policies, whilst also considering:
    - Existing workstreams and achievements
    - How to identify social care providers who need to be involved
    - Local implementation priorities
    - Potential challenges and barriers

2. Local operational delivery plans can be developed, considering:
    - Who needs to be involved, what resources you need, how will you raise awareness and stakeholder engagement?
    - What you need to do and how will you communicate this
    - What will success look like and how will you measure it
    - Ideally, these should be informed by NICE Into Practice guides and Flow Charts[11]
    - There is a specific section for putting NICE Guideline NG67 into practice[12]

3. Create individualised care plans for each person, ensuring:
    - Their needs are assessed and discussed
    - Their family/carers are actively involved in the discussions
    - A range of resources are offered in line with the 'Levels of medicines support' outlined in Figure 1
    - Social care providers with responsibilities for medicines support should have robust processes to ensure that medicines administration records (MARs) 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. In line NG67, care workers should record each time they provide medicine support. The record should include who administered the medicine and whether a medicine was taken or declined.

[10] Available: https://www.nice.org.uk/guidance/ng67/resources/baseline-assessment-tool-excel-4422435373

[11] Available:https://www.nice.org.uk/about/what-we-do/into-practice/resources-help-put-guidance-into-practice

[12] Available: https://www.nice.org.uk/guidance/ng67/chapter/Putting-this-guideline-into-practice

Appendix 3:

Measuring quality:

NICE quality standards focus on a few key priorities within a defined area of care that are most likely to need improvement, along with providing information about how to measure progress. The following quality standards are extracted from NICE QS171[13] and are designed for care workers to use as a measure for service to assess if people need help with their medicines and decide what medicines support is needed to enable people to manage their medicines. It also includes communication between health and social care staff, to ensure people have the medicines support they need. Suggested priority areas for improvement in high-quality care in priority areas are:

1. Adults having an assessment for social care in the community have their medicines support needs included in the assessment.
2. Adults receiving medicines support in the community from a social care provider have their general practice and supplying pharmacy informed that support has started.
3. Adults receiving medicines support in the community from a social care provider have a record of the medicines support that they need in their care plan.
4. Adults receiving medicines support in the community from a social care provider are given information on how to raise any medicines-related problems.

The Quality Standard and Service Improvement Template[14] should be used to measure the quality of care and identify any gaps and areas for improvement.

Further information on how to use quality standards can be found here:
https://www.nice.org.uk/standards-and-indicators/how-to-use-quality-standards

[13] https://www.nice.org.uk/guidance/qs171

[14] https://www.nice.org.uk/guidance/qs171/resources/quality-standard-service-improvement-template-excel-2297715949

Appendix 4:
Guidance and legislation

Medicines administration.

- In order to deliver a 'Healthier Wales'[15], there is a need to clarify issues surrounding administration of medicines by care staff. The continued discussion and conflicting personal viewpoints whether medicines administration constitutes NHS healthcare or social care is not helpful and is a major barrier to delivering the vision.

- Legislation through Social Services and Wellbeing Wales Act 2014 (SSWA) gives a 'steer' that managing medicines, (obtaining medicines and taking them as directed) is considered an aspect of daily living and therefore medicines support should be considered as part of personal care.

Social Services and Wellbeing Wales Act 2014

- **Section 47 of the SSWA 2014 sets out limitations on a local authority's powers to provide health services. A local authority may not meet a person's need for care and support by providing a service which must be provided under the NHS (Wales) Act 2006 (or other specified health enactments).**

- **This prohibition does not apply to the provision of health services which are "incidental or ancillary" to something else that the local authority is doing to meet to meet a person's needs under sections 35 to 45 (meeting needs of adults, children and carers for care and/or support) or to the provision of other services under section 15 (preventative services).**

- **Local authorities can in certain circumstances allow staff with appropriate training, support and supervision to take on certain specified health related tasks whilst providing social care.**

- **An example of this is the provision of support with the administration of some medication.[16]**

A guide to registering under the Regulation and Inspection of Social Care (Wales) Act 2016

Domiciliary support services

- **A domiciliary support service consists of the provision (or making arrangements for the provision) of care and support to people who are unable to provide it for themselves because of their vulnerability or need and is provided to the person where they live. This does not include the need for care and support which arises solely because of a person's young age.**

- **This regulated service includes the provision of supported living and extra care housing. Providers of these types of services must ensure that the contractual arrangements they have in place with individuals using their services are separate from any contractual arrangements in relation to the accommodation provided.**

- **"Care" means the day to day physical tasks and needs of a person being cared for and the mental processes associated with those tasks or needs, for example eating, washing and administering medication and remembering to eat, wash and take medication.**

[15] Welsh Government (2018) A Healthier Wales: our plan for health and social care. Available: <https://gweddill.gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>Last accessed 23rd May 2019.

[16] Welsh Government (2016). Law Wales, *Local authority responsibilities - Assessing and meeting needs.* Available: <https://law.gov.wales/publicservices/social-care/Local-authority-responsibilities/Care-and-support-for-adults-and-children/Assessing-and-meeting-needs/?lang=en#/publicservices/social-care/Local-author> Last accessed 23rd May 2019.

Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

Part 14 sets out requirements as to supplies, hygiene, health and safety and medicines. These requirements will apply to all regulated services, whether accommodation based or not.

Section 58

1. **The service provider must have arrangements in place to ensure that medicines are stored and administered safely.**
2. **These arrangements must include the arrangements for—**
   a) **maintaining a sufficient supply of medicines;**
   b) **the effective ordering, re-ordering, recording, handling and disposal of medicines;**
   c) **regular auditing of the storage and administration of medicines.**
3. **The service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the service is provided in accordance with this policy and these procedures.**

NICE guidelines make evidence-based recommendations on a wide range of topics, from preventing and managing specific conditions, improving health, and managing medicines in different settings, to providing social care and support to adults and children, and planning broader services and interventions to improve the health of communities. They aim to promote individualised care and integrated care (for example, by covering transitions between children's and adult services and between health and social care)

NICE NG67

NICE NG67 covers medicines support for adults (aged 18 and over) who are receiving social care in the community. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It gives advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

Commissioners have responsibilities to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home.

Governance arrangements should be clear about who is accountable and responsible for provision of medicine support.

The essence of the guidance is to enable patients to experience real benefits and outcomes from taking medicines rather than simply "ticking off" that medicines policies exists.

Implementing NG67 is not expected to have a significant impact on resources beyond those discussed in the costing statement[17] for NICE's guideline on home care. Potential areas for additional costs are recruiting additional care workers to provide more hours of care and providing training to care workers.

[17] Refer to NICE Guidelines 67 Resource Impact Statement, Available: https://www.nice.org.uk/guidance/ng67/resources/resource-impact-statement-4420937197, Last accessed 23rd May 2019

Decision Support Tool for Continuing NHS Healthcare Section - Care Domains[18]

Assessed Levels of Need

- Drug Therapies and Medication: Symptom Control

Description	Level of need
Symptoms are managed effectively and without any problems, and medication is not resulting in any unmanageable side-effects.	No needs
Requires supervision/administration of and/or prompting with medication but shows compliance with medication regime. **OR** Mild pain that is predictable and/or is associated with certain activities of daily living. Pain and other symptoms do not have an impact on the provision of care.	Low
Requires the administration of medication (by a registered nurse, carer or care worker) due to: non-concordance or non-compliance, or type of medication (for example insulin), or route of medication (for example PEG,). **OR** Moderate pain which follows a predictable pattern; or other symptoms which are having a moderate effect on other domains or on the provision of care.	Moderate
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for the task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. However, with such monitoring the condition is usually non-problematic to manage. **OR** Moderate pain or other symptoms which is/are having a significant effect on other domains or on the provision of care.	High
Requires administration and monitoring of medication regime by a registered nurse, carer or care worker specifically trained for this task because there are risks associated with the potential fluctuation of the medical condition or mental state, or risks regarding the effectiveness of the medication or the potential nature or severity of side-effects. Even with such monitoring the condition is usually problematic to manage. **OR** Severe recurrent or constant pain which is not responding to treatment. **OR** Risk of non-concordance with medication, placing them at risk of relapse.	Severe
Has a drug regime that requires daily monitoring by a registered nurse to ensure effective symptom and pain management associated with a rapidly changing and/or deteriorating condition. OR Unremitting and overwhelming pain despite all efforts to control pain effectively	Priority

- **Cognition**

Description	Level of need
Cognitive impairment which requires some supervision, prompting or assistance with more complex activities of daily living, such as finance and medication, but awareness of basic risks that affect their safety is evident. OR Occasional difficulty with memory and decisions/choices requiring support, prompting or assistance. However, the individual has insight into their impairment.	Low

Note: Decision Support Tool for Continuing NHS Healthcare defines medication as an activity of daily living similar to the Regulation and Inspection of Social Care (Wales) Act 2016 guide.

[18] Welsh Government, NHS Wales (2014) Decision Support Tool for Continuing NHS Healthcare

Appendix 5:

Examples of good practice of integrated care.

1. Your medicines @Home Team - Cwm Taf Morgannwg/ Merthyr and Rhondda Cynon Taf Local Authorities

- A team of pharmacists and pharmacy technicians have developed a clinical pharmacy service to promote independence and to empower people to remain in control of their medicines**.**
- Following referral, the team carry out domiciliary medicines assessments and make interventions to reduce medicine related problems.
- Referral into the scheme is currently via Stay Well at Home (SW@H) Teams at Prince Charles Hospital and Royal Glamorgan Hospital; acute sites and wards, for assessment following discharge. The single point of access and short-term care teams (or equivalent) refer patients residing in the community. Further expansion is planned.
- Through developing partnerships and facilitating collaborative working between multidisciplinary teams/agencies, the team have developed a commissioning agreement for the provision of medicines administration in domiciliary care. This is based on the following funding pathway:

1)	Person who needs a new personal package of care AND medicines administration – this would be funded by Local Authority
2)	Person with an existing personal package of care AND needs medicines administration added – this would be funded by Local Authority
3)	Person with NO personal package of care who needs medicines administration – this would be funded by Health Board
4)	Person who has medicines administration who then needs personal POC –funding would be transferred to Local Authority

- Following a review of the person's medicines, the team are able to commission a medicines only package directly with the care provider if required.

2. North Wales – Health and Social Care Support workers

- There is a general recognition that a better interface between health and social care saves costs, as it reduces inefficiencies, and give people a better service
- Care Support Workers in North Wales are employed as Health and Social Care Support workers (H&SCSWs) and undertake both health and social care tasks thus promoting workforce integration
- Some H&SCSW are employed by the local authorities whilst others are employed by the health board, however their roles are consistent across the health board footprint
- H&SCSWs work to a detailed competence framework agreed by managers and professional service leads. This framework contains 8 competency descriptors related to medicines. Below are the overreaching competence statements:
  1. Receive and store medicines and products
  2. Help individuals to use oxygen safely and effectively
  3. Support/enable individuals to take their medicines as prescribed
  4. Help individuals to use nebulised medicines safely and effectively
  5. Administer oxygen safely and effectively
  6. Administer medicines to individuals
  7. Assist in the administration of medicines to individuals
  8. Administer oral nutritional products to individuals