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Commissioning Officer**

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Report of: *Phil Holmes, Director for Adults Services*

Report to: *Councillor Cate McDonald, Cabinet Member for Health & Social Care*

Date of Decision: *10th January 2018*

Subject: *Procurement of Medication Administration Record Service*

Is this a Key Decision? If Yes, reason Key Decision:-	Yes <input checked="checked" type="checkbox"/>	No <input type="checkbox"/>
- Expenditure and/or savings over £500,000	<input checked="checked" type="checkbox"/>	
- Affects 2 or more Wards	<input checked="checked" type="checkbox"/>	
Which Cabinet Member Portfolio does this relate to? <i>Health & Social Care</i>		
Which Scrutiny and Policy Development Committee does this relate to? <i>Healthier Communities and Adult Social Care</i>		
Has an Equality Impact Assessment (EIA) been undertaken?	Yes <input checked="checked" type="checkbox"/>	No <input type="checkbox"/>
If YES, what EIA reference number has it been given? <i>68</i>		
Does the report contain confidential or exempt information?	Yes <input type="checkbox"/>	No <input checked="checked" type="checkbox"/>
If YES, give details as to whether the exemption applies to the full report / part of the report and/or appendices and complete below:-		
<i>"The (report/appendix) is not for publication because it contains exempt information under Paragraph (insert relevant paragraph number) of Schedule 12A of the Local Government Act 1972 (as amended)."</i>		

Purpose of Report:

This report is requesting authority to commission a Medication Administration Record Service. Community pharmacists in Sheffield will supply Medication Administration Records, known as MAR charts, for individuals in receipt of a home care service who require a care worker to directly administer their medication.

Recommendations:

It is recommended that the Individual Cabinet Member for Health and Social Care:

- (i) approves the development and agreement of a procurement strategy for the provision of a Medication Administration Record Service; and
- (ii) delegates authority to the Director for Adults Services in consultation with the Director of Finance and Commercial Services to award a contract and complete all the necessary documentation for the commissioning of the service as outlined within this report.

Background Papers:

- Letter from Phil Holmes to Sheffield Local Pharmaceutical Committee, dated 28th March 2017
- Service Specification

Lead Officer to complete:-		
1	I have consulted the relevant departments in respect of any relevant implications indicated on the Statutory and Council Policy Checklist, and comments have been incorporated / additional forms completed / EIA completed, where required.	Finance: <i>Ann Hardy</i>
		Legal: <i>Deepak Parmar / Janusz Siodmiak</i>
		Equalities: <i>Ed Sexton</i>
	<i>Legal, financial/commercial and equalities implications must be included within the report and the name of the officer consulted must be included above.</i>	
2	EMT member who approved submission:	<i>Phil Holmes, Director of Adults Services</i>
3	Cabinet Member consulted:	<i>Cate McDonald, Cabinet Member for Health and Social Care</i>
4	I confirm that all necessary approval has been obtained in respect of the implications indicated on the Statutory and Council Policy Checklist and that the report has been approved for submission to the Decision Maker by the EMT member indicated at 2. In addition, any additional forms have been completed and signed off as required at 1.	
	Lead Officer Name: <i>Andy Hare</i>	Job Title: <i>Strategic Commissioning Manager</i>
	Date: <i>7.12.17</i>	

1. PROPOSAL

The Council is proposing to procure a service from community pharmacists in Sheffield to supply Medication Administration Records, known as MAR charts, for individuals who are in receipt of a home care service and require a care worker to directly administer their medication.

Since the implementation of the Council's Medication Policy for Home Support¹ in 2006, pharmacists have supplied MAR charts without charge, effectively as a gesture of goodwill. However, due to the combined impact of the costs incurred and budgetary cuts, pharmacists, via their collective body the Sheffield Local Pharmaceutical Committee, informed the Council in 2016 that they are no longer able to continue without suitable remuneration.

It is a legislative requirement under the The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014² for 'medications administered in a health or social care setting to be recorded' and for providers to 'securely maintain accurate and up-to-date records about medicines for each person receiving medicines support'.

While the obligation to have appropriate records in place ultimately lies with the provider carrying out the regulated activity, it is both a requirement of the Council's own policy, and widely acknowledged as best practice, for MAR charts to be used. The National Institute for Health & Care Excellence (NICE) recommends that 'care workers should use a medicines administration record to record any medicines support that they give to a person. This should ideally be a printed record provided by the supplying pharmacist'³.

Evidence also demonstrates that poor records can put people receiving medication support, and the care workers administering medicines, at risk. Skills for Care, for example, have noted that medication has emerged as one of the more commonly recurring areas of unsafe practice amongst providers rated as inadequate or requiring improvement by Care Quality Commission (CQC)⁴. Furthermore, NHS Litigation Authority data shows that since 2008 there have been 551 successful claims made against NHS trusts in which medication error is listed as one of the causes. A total of £16,572,028 was awarded in damages and a further £1,643,142 paid to cover defence costs⁵.

¹ <http://www.sheffield.gov.uk/content/sheffield/home/disability-mental-health/medication-policy.html>

² <http://www.legislation.gov.uk/uksi/2014/2936/contents/made>

³ <https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#ordering-and-supplying-medicines>

⁴ <http://www.skillsforcare.org.uk/Documents/Standards-legislation/CQC/Good-and-outstanding-care-guide.pdf>

⁵ <https://www.nice.org.uk/guidance/ng5/resources/costing-statement-6916717>

The prospect of the removal of MAR charts caused significant disquiet among home care providers and other stakeholders. In addition to the potential risks to vulnerable service users, transferring the fiscal and administrative responsibility to providers is contrary to the other steps the Council has taken over the past 18 months to stabilise the home care market and fairly reward providers for the services they deliver. Therefore, in March 2017, Phil Holmes, Director of Adult Services, gave a written commitment to the Local Pharmaceutical Committee (LPC) to put in place a new arrangement, funded by the Council, which would ensure the provision of MAR charts continued.

Since then Commissioners have worked with the LPC, internal colleagues, including the Right First Time Medicines Steering Group and home care providers, to develop a Service Specification which both details the service to be delivered and associated governance and quality assurance processes. Pharmacists providing the service will carry out the following activities:

- Supply a standardised MAR chart for each service user requiring the service.
- Record information pertaining to each individual requiring the service, increasing the level of data available to the Council.
- Replace MAR charts as required.
- Complete Medicines Use Reviews for individuals on an annual basis.
- Support the Council and LPC to put in place measures in the future to proactively review the instructions provided to care workers, ensuring that medication regimes are effective and efficient for all parties.

Funding for 'Improving medication management for people who receive care at home', as part of the Cabinet Report: 'Additional Budget Funding to Spend on Adult Social Care Services', was approved on 19th July 2017⁶.

2. HOW DOES THIS DECISION CONTRIBUTE?

The individuals who require a MAR chart to be issued as part of their package of care are those who are unable, due to frailty or mental incapacity, to be independent with their medication. The actions described within this proposal are ultimately intended to support these individuals to receive their medication safely and ensure the governance around this vital activity is strengthened.

This decision therefore contributes to a number of elements of the 'Better Health & Wellbeing' section of the Corporate Plan:

- To promote good health
- To prevent and tackle ill health

⁶ <http://democracy.sheffield.gov.uk/ieListDocuments.aspx?CId=123&MId=6619&Ver=4>

- To ensure that every contact that the Council has with the people of Sheffield acts to promote their health

The service will be delivered citywide and will positively impact upon those receiving home care from the Council's in-house services and those in receipt of support from independent sector home care providers

3. HAS THERE BEEN ANY CONSULTATION?

Commissioners have consulted with stakeholders from the following teams and organisations:

- Sheffield Local Pharmaceutical Committee
- Right First Time Medication Steering Group
- Sheffield Teaching Hospitals
- Sheffield Clinical Commissioning Group
- Assessment & Care Management
- Adult Safeguarding & Practice Development
- Care4you
- Independent sector home care providers

The consultation undertaken has helped to shape the service specification.

4. RISK ANALYSIS AND IMPLICATIONS OF THE DECISION

4.1 Equality of Opportunity Implications

Access

The intention of the service is to positively improve the safety of those who are most vulnerable, while not impinging upon the independence of those who require other aspects of support.

Council-arranged home care services are available to all adults residing in Sheffield with an unmet eligible need. As per the Sheffield Medication Policy, 'the majority of service users take responsibility for administering their own medication and their independence with this task should be enabled wherever possible'. A MAR chart is therefore only to be issued in instances, for example due to frailty or cognitive impairment, where a care worker has to take responsibility for a) ensuring medication is directly administered and; b) that this activity is appropriately recorded.

Sheffield is well-served by its pharmacies with good coverage and choice across the different areas of the City and good availability and access arrangements, including out of hours⁷. While full coverage for the MAR

⁷ 'Pharmaceutical Needs Assessment 2015-18':
<http://www.sheffield.gov.uk/content/sheffield/home/public-health/health-wellbeing-needs-assessment.html>

chart service cannot be guaranteed when entering into a competitive tender process, Commissioners have worked closely with the LPC to develop a Service Specification which is acceptable to pharmacists, while meeting the needs of the Council and citizens, and it is therefore hoped that full coverage can be achieved.

Data Security

The home care provider will complete a 'Medication Authorisation Form' at the point of undertaking their initial assessment with the service user and send it to the specified pharmacist and the service user's GP by one of the following methods, the most secure in the absence of suitable electronic system, i.e. in person, fax or by post.

The Service Specification stipulates that 'the Pharmacist will ensure the Authorisation Form and any other data pertaining to Service Users in the scheme are stored secured and required protocols in respect of confidentiality are adhered to. Any breach of confidentiality, such as the loss of data regarding vulnerable adults, will be reported to the Council at the earliest possible opportunity'.

4.2 Financial and Commercial Implications

The cost of this Service will be financed from funding of £187,000 per annum, for 'Improving medication management for people who receive care at home', as part of the Cabinet Report: 'Additional Budget Funding to Spend on Adult Social Care Services', was approved on 19th July 2017. This funding is for 3 years.

Analysis of the market suggests that the service offered by Sheffield community pharmacists of MAR charts is critical for vulnerable service users and the potential removal of such a service prompted significant disquiet among home care providers and other stakeholders.

In addition to the potential risks to vulnerable service users, transferring the fiscal and administrative responsibility to providers is contrary to the other steps the Council has taken over the past 18 months to stabilise the home care market and fairly reward providers.

4.3 Legal Implications

It is a legislative requirement under the The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014⁸ for 'medications administered in a health or social care setting to be recorded' and for providers to 'securely maintain accurate and up-to-date records about medicines for each person receiving medicines support'.

⁸ <http://www.legislation.gov.uk/ukxi/2014/2936/contents/made>

Officers are mindful of the importance of putting into place appropriate arrangements to secure the desired outcomes, ensure compliance with legal requirements and protect the Council's position.

The Council's Contracts Standing Orders, including the European Union Procurement Rules, will be adhered to throughout the procurement. The procurement will follow the principles of transparency and non-discrimination, and facilitate the achievement of value for money.

The successful tenderer will be required to enter into a formal written contract with the Council until the end of March 2020, which will provide for effective service delivery at levels that accord with the Council's requirements.

5. ALTERNATIVE OPTIONS CONSIDERED

The following alternative option have been considered:

a) Do nothing

In practice this is not an acceptable option. Pharmacists clearly stated that they would stop producing MAR charts if a resolution was not implemented. Further to the assurances given by Phil Holmes they agreed to continue as an interim measure, on this agreement that payment will be backdated to April 2017.

To take no action now would renege on the formal assurances provided. Furthermore, it would place service users at greater risk of medication errors and cause disruption within the home care market.

b) Implement an electronic alternative

There are a number of electronic MAR systems on the market which have the potential to improve administration of medication, record keeping and accountability.

However, there are a number of technical, operational and financial implications which need to be fully understood before this option can be pursued. It is not, therefore, feasible to undertake this option at the present time, however there is potential to do so at a later date, following the implementation of the MAR Service in its proposed form.

c) Rewrite the Sheffield Medication Policy for Home Support, removing the requirement for MAR charts

For the reasons described in section 1, in terms of the legislative context, safety of service users and stability of the home care market, this option was also discounted.

6. REASONS FOR RECOMMENDATIONS

The described proposal is the preferred option as it will help to maintain the safety of vulnerable citizens and avoid disruption to what remains a relatively fragile home care market.

By implementing the proposal it is intended that the following outcomes will be achieved:

- Community pharmacists will continue to provide MAR charts and it will be financially and operationally viable for them to do so.
- The governance supporting the provision of MAR charts will be strengthened.
- There will be a consistent approach to the provision of MAR charts for service users across the city.
- The Council will support best practice in the regard and act as a leader within the local social care sector.
- A safe 'holding position' is created, allowing time for the Medication Policy for Home Support to be comprehensively reviewed and revised, and options for further improving medication governance to be explored.