

Medication Administration Record (MAR) Chart Scheme

Service Level Agreement (SLA)

Effective from April 2015

**Leeds City Council
Adult Social Care**

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1 Overview

Service covered:	Preparation of a Medication Administration Record (MAR) Sheet
Duration of Agreement¹:	3 years from 1 April 2015 to 31 March 2018.
Commissioner:	Leeds City Council Adult Social Care PO Box 848 Commissioning LEEDS LS1 9PQ
Provider: Enter full business name and address including postcode (BLOCK CAPITALS)	
Provider Contact: Enter name of Pharmacist (this person will be required to sign the SLA in section 15 on behalf of the Provider) (BLOCK CAPITALS)	
Brief description:	This Service Level Agreement (SLA) is for the above named organisation to provide domiciliary patients receiving assistance with their medicines by Adult Social Care (ASC) or commissioned homecare providers with an accurate Medication Administration Record (MAR) chart(s) at all times the pharmacy is open.

¹ For any Pharmacy entering the scheme after 1 April 2015 the Agreement will start on the day of signing and finish on 31 March 2018.

2 Duration of the Agreement

This agreement will start on 1 April 2015 and will run for 3 years². At least 3 months' notice must be given by either party to terminate or change this SLA within the 3 year contract duration. However, if there is evidence of consistent failure to maintain minimum service levels the City Council reserves the right to terminate participation in the scheme immediately.

3 Service Description

The pharmacy will help support domiciliary care workers (commissioned directly or indirectly by the local authority) by preparing a Medication Administration Record (MAR) sheet when a prescription is presented for a patient assessed as requiring the service.

Provision of this service does not affect any other terms and conditions within the community pharmacy services contract – The National Health Service (Pharmaceutical Services) Regulations 2005 as amended. This service does not include any dispensing services.

4 Aims and Intended Service Outcomes

To prepare MAR sheets in the pharmacy by electronically generating the sheets using the pharmacy software systems (Pharmacy labels attached to a pre-printed form are acceptable in the short term until the appropriate pharmacy software is available).

To support domiciliary care workers providing help to patients with long term conditions, which otherwise may have required residential care.

To support self-care and maintain patient independence.

To maximise the benefits achievable by regular medicines taking.

To reduce waste caused by non-compliance.

To reduce dispensing into compliance aids.

5 Service Outline

Prior to commencement of the scheme each Pharmacy must ensure they have signed the Service Level Agreement and returned a copy to the City Council.

Each patient will be informed that the organisation providing care may be utilising a community pharmacy to provide MAR charts. Any patient who does not wish this to happen will not be able to receive services under this SLA. Adult Social Care will advise their staff and community pharmacies if patients opt out.

² For any Pharmacy entering the scheme after 1 April 2015 the Agreement will start on the day of signing and finish on 31 March 2018.

Patients included in this service will comply with the following criteria:

- Over 18 years of age.
- Patients must freely nominate a participating pharmacy.
- Have at least 1 prescription-only medicine on their repeat medication list.
- Reside in a Leeds CCG area.
- Have been assessed to receive assistance with their medicines from Home Care community support teams.
- Be receiving at least 1 medicine which requires Home Care support.

The pharmacist will use their professional judgment to ensure the MAR chart produced is safe, accurate, current and fit for purpose. The pharmacy will produce a MAR Chart for a patient that includes all the medication that is currently required to be administered to the patient. The list of medication must be compiled by the pharmacy based upon:

- Their own PMR (Patient Medical Record).
- Over the counter medication which has been purchased from the pharmacy that produces the MAR chart.
- Repeat medication list – this is in addition to the prescription.
- Where access to patient records is available (e.g. Summary Care Record) the Pharmacist will use the records to ensure that the MAR is as accurate as possible.

If at any stage there is a change in terms of start of new therapy or discontinuation or amendment to the current medication that the patient is taking, then this change must be made with the development of a new MAR chart. However these amendments will only be made providing official evidence is provided to the pharmacist either in the form of a prescription, copy of the patient's notes if seen by a prescriber other than the GP, or formal notification by the prescriber stating the drug, dose, frequency, form and if possible the duration if known. This must be signed and dated and contact details provided of the prescriber.

5.1 Patient Identification

Community Pharmacies will receive official notification in the form of an authorization letter from Adult Social Care, informing them that a new or existing patient of the pharmacy now requires a MAR chart. This authorization note will be required to be faxed to the patient's GP practice by the community pharmacist to ensure that the practice flags this up on their computer system.

Patients will be identified and approached to receive services under this SLA by Adult Social Care and commissioned independent home care providers. The pharmacy will annotate the patient medication record that the patient requires a MAR chart with each dispensed medication.

5.2 MAR chart production

The pharmacy should have a Standard Operating Procedure (SOP) in place for the production of MAR charts which ensures:

- The MAR chart is individual to the person and reflects the items which are still being currently prescribed and administered.
- The MAR chart is clear, indelible, and permanent.
- The MAR chart incorporates a method to ensure that any changes made after production are evident (dated, signed and indicates who has made the changes – this must only be done by a prescriber or a pharmacist). N.B. Where the Pharmacy which produced the MAR Chart dispenses a new medicine then it is expected they should provide a full new MAR Chart as per section 5. Only if the new medicine is produced by a different Pharmacy would amendment of the existing MAR Chart be appropriate. For example if a new course of antibiotics is initiated out of hours, the pharmacy from where the medication is dispensed can add the additional details to the existing MAR chart.

5.3 Fields to be included on a MAR chart

- Name of the Patient, Date of Birth, Address.
- Patients NHS number *desirable* (this will make it easier when electronic prescriptions are adopted by Pharmacies).
- Patient drug allergies.
- GP name & contact details.
- Pharmacy Name Address/contact details.
- Name of pharmacist responsible for preparation of the MAR chart.
- Name of the medicine.
- Strength of the medicine.
- Formulation or presentation of the Medicine.
- The prescribed dose of the medicine – if not oral then include route/site of administration in dosage instructions.
- Quantity/dose of medicine to be administered.
- Warning advice.
- Date of preparation.
- Date the chart is to be started.
- Date the chart is to end.
- Page number on each chart in the form, '1 of 2', '2 of 2'.
- Date of administration.
- Time of administration.

And spaces for:

- The initials of the person administering, or
- The reason for medicines being omitted from administration.
- Two-hole punched.

The following information should also be supplied with the chart:

- Out of hours contact details for medication advice & NHS 111's details.

5.4 Good practice principles

At all times, pharmacists should use their professional judgement and balance risk and benefit to the individual person they are supplying the MAR chart for.

Principle 1

The MAR chart is constructed on the basis of the current prescription together with information about repeat prescriptions for PRN medicines. Changes to MAR charts should only be made after communication from or with the prescriber.

Principle 2

The MAR chart should include all prescribed externally applied medicines.

Principle 3

When a medicine is prescribed for as required (PRN) administration or as directed clarity is sought from the prescriber for clear directions and these directions are added to the chart.

Principle 4

The pharmacy and care service should have robust systems in place to ensure timely removal from the MAR chart of items no longer prescribed or administered.

Principle 5

When a medicine is included in a MAR chart as two or more differing strengths for administration at differing times of the day, these should be placed next to each other on the same MAR chart.

Principle 6

When medicine formulations are changed, for example from a tablet to a liquid version, the pharmacist should ensure that the original item is removed from all future MAR charts for that person.

Principle 7

Care should be taken to ensure that MAR charts contain clear instructions for medicines that when taken in combination can cause patient harm.

Principle 8

When a new prescription is issued mid cycle for a long term medicine, a new chart will be produced and the product included in subsequent MAR charts when the next cycle commences.

Principle 9

When a new prescription is issued mid cycle for an acute medicine a new MAR chart is produced that will cover the entire treatment period.

Principle 10

Where a pharmacy produces a MAR chart which contains 'codes' to explain why a medicine is not administered, they should ensure that care workers are informed of the purpose and meaning of each code.

Principle 11

MAR charts should provide the facility for care workers to record additional notes and exceptions.

Principle 12

The pharmacist should use their professional judgement and liaise with the care service to include the appropriate times of administration for each medicine on the MAR.

5.5 Omitted medicines

Codes should be available on the MAR Chart to record the reasons for omitted doses. Where MARs are not pre-printed with codes the following reference numbers shall be used:

- 1: Patient away from ward/home.
- 2: Patient could not take dose.
- 3: Patient refused.
- 4: Dose not available.
- 5: Omitted at nurse's/carer's discretion.
- 6: Doctor requested omission.
- 7: Un-witnessed self-administration.
- 8: Administered late.

5.6 Physical description of the MAR chart

A4 Single ply (not duplicate) sheet.

Hole punched with 2 holes on the left hand side of the sheet suitable for insertion into a 2 ring binder.

5.7 Clarity of MARs

Bold & legible (preferably in Ariel font 12pt size).

No hand alterations, except in exceptional circumstances by a prescriber or pharmacist, where the transcription guidance will be followed.

5.8 Frequency of MARs

- Produced on a 28 day or 7 day cycle based on the frequency of prescriptions and delivery/collection of medicines.
- If the medicine is delivered each week a MAR for each week would have to be generated.
- A new complete chart is to be issued each time there is a change/new drug. The MAR chart should be prepared at the time of dispensing the prescription.

5.9 Delivery/collection

- Collected by formal/informal carer.
- The pharmacy may choose to deliver if medication deliveries are being offered.

5.10 Record keeping

The Pharmacy will provide ASC with the following data for each patient:

- First and last initial.
- Year of birth (final two digits).
- An additional single digit identifier – only if two or more patients have the same initials and year of birth.
- Date on which each 28-day cycle started.
- Whether a set-up fee was claimed.
- Whether at least 1 MAR Chart was prepared for use during each 28-day cycle.

The above list is the only information which ASC requires to process claims. A sample of the form is provided in Appendix 1. Rules for completing the form can be found in Appendix 2.

For complaints see section 11. For incidents and near misses see section 12. For monitoring see section 13. For evaluation see section 14.

Beyond the requirements given above it is up to the professional judgement of the Pharmacist to decide what other records should be kept.

5.11 Data submissions

A set of forms will be supplied to each Pharmacy which they should use to submit claims on a quarterly basis. Quarters and submission dates are as follows:

Quarter	Dates covered	Submission date*
1	1 April to 30 June inclusive	21 July
2	1 July to 30 September inclusive	21 October
3	1 October to 31 December inclusive	21 January
4	1 January to 31 March inclusive	21 April

* This will be extended to the next working day if the submission date falls on a Saturday, Sunday, or Public Holiday.

When a new patient enters the scheme a copy of the authorisation letter from Adult Social Care (see section 5.1) confirming the patient's consent to participate must be sent with the first claim³. A sample of the letter is included in Appendix 3.

Claims that are incorrect and/or incomplete will be returned without payment to the Pharmacy for correction and/or completion.

From April 2015 Pharmacies will have the option of submitting their claims by email. Pharmacies who wish to do this should tick the relevant box in the Signatories section.

³ This requirement may be relaxed at a future date.

5.12 Fees

The service will attract a payment of an initial set-up fee of £11.00 per patient.

There will be subsequent payments of £5.00 per patient per 28-day cycle provided that at least 1 MAR Chart was prepared for the patient during the cycle.

6 Termination of Agreement

Should either party wish to terminate the agreement, three months' notice will be given in writing (see also section 2).

7 Health and Safety

The pharmacy will be responsible for the provision and maintenance of a safe and suitable environment for clients and will comply with all relevant statutory requirements, legislation, Department of Health Guidance and professional Codes of Practice and all health and safety regulations.

8 Training and Development

Pharmacists, locums and staff must be adequately trained regarding operation of the scheme.

9 Confidentiality

All parties agree that access to records and documents containing information relating to individual clients treated under the terms of this SLA will be restricted to authorised personnel and that information will not be disclosed to a third party. The parties will comply with the Data Protection Act, Caldicott and other legislation covering access to confidential client information.

10 Indemnity

This agreement does not abrogate the pharmacy or pharmacist from any of their professional duties or obligations and the City Council cannot be held liable for any action or inaction by a pharmacy or pharmacist under the auspices of this agreement that may lead to client harm.

11 Complaints

The pharmacy will effectively manage any complaints or incidents, keeping a record for audit purposes.

12 Incidents and Near Misses

Currently pharmacies do not have to identify themselves within the National Reporting and Learning Service (NRLS) reports in line with the NHS contractual arrangements. If the NHS arrangements are amended and the pharmacy is required

to identify themselves in incident reports then it would also be a requirement to identify themselves in any incident relating to this service

13 Monitoring

The City Council may monitor the quality of the service utilising a range of options:

- Monitoring complaints and incidents reported to the City Council by third parties.
- The completeness of the anonymised MAR Charts.
- Review of pharmacy standard operating procedures relating to this service.
- Observation of delivery of the service.
- Anonymised random inspection of records kept in relation to patients on MAR Chart scheme.
- Cross referencing the following data:
 - Claims for payment.
 - Requests for patients MAR charts from Adult Social Care.
 - Number of opt outs.
 - Number of new patients.
 - Number of new MAR Charts for existing patients.
 - Retaining copies of requests for MAR charts and send a copy to the City Council.
- Evidence that the pharmacy has robust systems in place to ensure timely removal from the MAR chart of items no longer prescribed or administered.

14 Evaluation

- Primary outcome measures will be assessed using the indicators below:
 - Uptake of service.
 - Complaints from service users.
- Secondary outcome measures will be assessed by the pharmacists participating in a reasonable level of audit.

16 Additional Provider information

Any Pharmacy that has not participated in the scheme prior to April 2015 should also provide the following information (BLOCK CAPITALS):

Pharmacy Name and Address including postcode	
Telephone Number	
Pharmacy e-mail	
Pharmacy Opening Times	
Area manager name and contact details (if appropriate)	
Name and address of bank	
Account name	
Account number	
Sort code	

17 Commissioner contact details

Name Andrew Harter

Address Adult Social Care
PO Box 848
Commissioning
LEEDS
LS1 9PQ

Telephone 0113 3783832

Email Andrew.Harter@leeds.gov.uk

Appendix 2 Rules for completion of Quarterly claim form

These are mandatory rules for the completion of claims forms. Any form that does not conform with these rules will be returned without payment to the Pharmacy for correction. The Pharmacy must not make any entries other than the ones described below. All entries must be legible.

At the start of the financial year each Pharmacy will be supplied with 4 forms – one for each Quarter. Claims must be submitted on the correct form.

A zero-tolerance approach to incorrectly completed forms will be strictly adhered to.

Name and address

The full name and address including postcode should be provided in BLOCK CAPITALS, 1 character/box.

Alternative payment address

If payment should be made to another address the full name and address including postcode should be provided in BLOCK CAPITALS, together with any reference numbers, 1 character/box.

Telephone number

Provide the telephone number of the Pharmacy, 1 character per box.

Email address

Provide the Pharmacy's email address in BLOCK CAPITALS, 1 character/box.

Patient initials

Give the initial letter of the patient's first forename and surname in BLOCK CAPITALS, 1 character/box.

<u>Examples:</u>	Joan Smith	J S
	Joan Mary Smith	J S
	Joan Caborn-Smith	J C
	Joan McDonald	J M
	Joan O'Donnell	J O
	Joan DuBarrie	J D
	Joan du Barrie	J D

If a change of name occurs which results in a change of initials the Pharmacy must inform ASC in writing or email (see section 17 for contact details).

Examples: Joan Smith becomes Joan Summers – no action required.
Joan Smith becomes Joan Harris – ASC must be informed.

Year of birth

The final two digits of the year of birth should be provided using leading zeroes and 1 character per box.

<u>Examples:</u>	1909	0 9
	1917	1 7
	1923	2 3
	1952	5 2

Additional 1-digit identifier

Very occasionally there may be instances of two (or more) patients who have the same initials and year of birth. In such instances the individuals should be distinguished by an additional unique single digit identifier. This column should only be used when necessary. Once a patient is assigned such a number it must be used consistently on every claim.

28-day MAR Chart cycles

For each 28-day cycle that commences in the quarter the Pharmacy should provide:

- The first day of the cycle in the form DDMM – 1 character/box with leading zeroes.

<u>Examples</u>	3 April	0 3 0 4
	16 May	1 6 0 5
	9 October	0 9 1 0
	23 November	2 3 1 1

- Enter a single upper-case Y in column S if a set-up fee is claimed. Do not enter numbers, ticks, crosses, or any other characters.
- Enter a single upper-case Y in column N if at least one MAR Chart was prepared for use during the cycle. Do not enter numbers, ticks, crosses, or any other characters.

It should be noted that the maximum number of 28-day cycles that can commence in a quarter is four – though it will more usually be three.

For ASC use only

Do not make any entry in this column.

Name of Pharmacist

Provide the name of the Pharmacist in BLOCK CAPITALS, 1 character per box.

Signature

The Pharmacist's signature must be recognisable and match the name given to the left. A full signature must be provided – not just initials. Indecipherable squiggles will be rejected.

Date

Provide the date in the form DDMMYY using leading zeroes and 1 character per box.

<u>Examples:</u>	23 April 2015	2 3 0 4 1 5
	5 June 2015	0 5 0 6 1 5
	1 December 2015	0 1 1 2 1 5
	25 January 2016	2 5 0 1 1 6

Submission address


The submission address is given at the bottom of the claim form. ASC accepts no responsibility for incorrectly addressed forms.

Postage

It is the responsibility of the Pharmacy to ensure postage is paid. ASC accepts no responsibility for forms sent with insufficient postage.

Appendix 3 Sample authorisation letter

I

**Leeds**
CITY COUNCIL

Adult Social Care
Enterprise House
St. Pauls Street
Leeds
LS1 2LE

Tel: (0113) 2224401
Fax: (0113) 2477228
Minicom (0113) 2478629

Your Ref:
Our Ref: [ESCR No]

Date:

Dear Pharmacist

REQUEST TO PRODUCE A MEDICATION ADMINISTRATION RECORD (MAR CHART)
START DATE: WITHIN TWO WORKING DAYS OF RECEIPT OF THE PRESCRIPTION FROM THE GP PRACTICE

Name	Address	DOB	
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The above named service user has been assessed as needing support with medication. The support will be provided by Home Care / Community Support Staff. See below for details of the Service Users GP and Home Care Provider.

GP Name	Tel No.
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Service Provider	Tel No.
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In the event of a problem or query regarding this service user, please contact LCC Contact Centre on Tel: 0113 2224401 who will be able to refer you on to the relevant person able to respond to this.

Yours sincerely

Liz Ward
Head of Service - Access and Inclusion
Adult Social Care

Helen Liddell
Head of Medicines Optimisation
Leeds South & East CCG