



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Community Pharmacy Medicine Adherence Support Service 2022

An NHS Additional Clinical Service pilot

Author(s)

Name	Role
Ellen Lanham	Interim Strategic Lead for Community Pharmacy BCU

Date Approved

Community Pharmacy Wales	
--------------------------	--

Key dates

Date activated:	1 April 2023
Date to be reviewed:	1 January 2024

Version history

Version	Changes from previous version	Date
1	First version	November 2022
2	Updated following feedback from Cluster 1	March 2023
3	Updated and imbedded new supporting documents	June 2023

This document describes the specification and standards pertaining to the provision of the BCU Community Pharmacy Medicine Adherence Support Service. This document does not constitute a Service Level Agreement (SLA) although the provisions within the document may be contained within any SLA between a Local Health Board and pharmacy contractor for the provision of the service.

1. INTERPRETATION

In this document:

Approved service provider means a registered pharmacist.

Betsi Cadwaladr University Health Board means the Local Health Board (LHB) established under section 11 of the National Health Service (Wales) Act 2006 and the Health Board commissioning the service.

Patient means any person in receipt of the service.

Pharmacy means any premises where drugs are provided by a pharmacist as part of pharmaceutical services.

Pharmacy contractor (or contractor) means a person lawfully conducting a retail pharmacy business.

Registered pharmacist (pharmacist) means a person who is registered in Part 1 of the General Pharmaceutical Council register or in the register maintained under Articles 6 and 9 of the Pharmacy (Northern Ireland) Order 1976.

Care Home means an establishment that provides accommodation, together with nursing or care at a place in Wales, to persons because of their vulnerability or need as outlined in the Regulation and Inspection of Social Care (Wales) Act 2016.

GP practice means any premises where a patient is registered to receive primary care services by General Practitioners.

Registered pharmacy technician means a person who is registered in Part 2 of the GPhC register.

Foundation pharmacist means a person registered on the GPhC Pharmacy Foundation Training scheme.

2. SERVICE AIM

The Community Pharmacy Medicine Adherence Support Service has the primary aim of supporting patients to safely take medicines in their own homes, improving adherence to medicines and achieving better therapeutic outcomes.

The service is commissioned to improve outcomes for patients by ensuring that each patient with potential adherence issues:

- receives a robust assessment to identify the root cause of the issues impacting their adherence;
- is provided with the necessary adjustment to enable them to safely take their medicines;
- has a review of their support requirements at least annually;

3. SERVICES OUTCOMES

3.1 The service will utilise the skills and accessibility of community pharmacy to support and improve medicine outcomes for domiciliary patients through:

- Improved patient understanding and hence adherence;
- Improved adherence through the necessary adjustments to support patients taking medicines to aid safe and effective medicines use;
- A reduction in adverse events associated with no-adherence to prescribed medicines;
- providing a referral pathway for other health and social care colleagues to highlight patients who may need support;

3.2 The service will reduce waste by:

- Optimising the use and therapeutic outcomes of prescribed medicine;

3.3 Measurable outcomes:

- Number of adherence issues identified where a tangible improvement can be made to improve it;

4. ELIGIBILITY

4.1 PATIENT CRITERIA

4.1.1 Any patient with a Welsh home address or who is registered with a GP practice within the area of Betsi Cadwaladr University Health Board for the provision of General Medical Services;

4.1.2 Any patient who accesses pharmaceutical services from a community pharmacy and has a complex medicine adherence issue(s) which is likely to require more than a simple amendment(s) (such as supplying non-click loc containers) who:

4.1.1.1 Self-refers or has been referred by family members or another patient representative for support with taking medicines;

4.1.1.2 Has been referred to the pharmacy by any health or social care colleague with or without Part 1 of the BCU Medicine Adherence Assessment (Appendix1) completed;

4.1.1.3 Currently receives a multi-compartment compliance aid (MCCA) to support them to take their medicines;

4.1.1.4 Has been identified by the community pharmacy team as having problems with medicine adherence;

4.1.3 The patient must be willing and able to participate in a review OR provide consent for a representative to participate on their behalf;

4.1.4 The patient must consent to the provider contacting the practice that he or

she is registered with for the provision of General Medical Services;

4.1.5 The patient may not access the service more than once in any 12-month period. Unless, in the reasonable opinion of the pharmacist, a change to the patient's condition or circumstances justifies a further assessment;

4.1.6 Age of the patient:

4.1.5.1 Patients aged 18 and over are eligible for the service;

4.1.5.2 The service may be provided to any person aged between 12 and 17 years provided they meet the criteria of the Fraser Guidelines on consent to medical treatment;

4.1.7 The service excludes patients receipt of formal care support that includes prompting or administration by formal care workers, who should be included in the National MAR Chart service;

4.2 PROVIDER CRITERIA

4.2.1. Only pharmacies located within and commissioned by the Local Health Board will be eligible to provide the service;

4.2.2. The service may be provided by a Pharmacist, Pharmacy Technician or a Foundation Pharmacist;

4.2.3. Providers must have completed the generic skills and competencies assessment of the Wales Centre for Pharmacy Professional Education (WCPPE)/ Health Education and Improvement Wales (HEIW) programme;

4.2.4. Have successfully completed an Enhanced Disclosure and Barring Service (DBS) check request with NHS Wales Shared Services Partnership(NWSSP);

4.2.5. Approved service providers shall ensure that their practice complies with all relevant standards required by the GPhC as far as they relate to registered pharmacy colleagues.

4.3 PROVIDER LIMITS

4.3.1 There will be a limit of a maximum of 100 patients per financial year (this will be reviewed after 6 months of the service going live). Where an individual contractor has reached this limit but feels that there may be patients that could benefit from the service, the contractor can discuss this with the LHB.

5. SERVICE DESCRIPTION

5.1 SURGERY ENGAGEMENT:

- 5.1.1 Prior to starting the service, each pharmacy should engage with their local surgery(ies) and agree the following:
- Which simple adjustments the surgery agree can be highlighted as recommendations to simplify the regime for a patient and how (and to whom) such recommendations will be communicated with the surgery;
 - The criteria that would require a referral for a medicine review by the primary care team and how (and to whom) these should be highlighted;
 - Whether the surgery would like to be informed that a review of adherence has been completed for a patient and how this should be communicated;
- A template to support this engagement with GP surgeries is included in Appendix 4.

5.2 PATIENT CONSULTATION:

- 5.2.1 Check the patient's eligibility, explain the nature of the service and gain and record the patient's consent to participate in the service. Where the patient has provided consent (or where there is a legal basis to do so), the discussion can be undertaken with the patient's representative.
- 5.2.2 The pharmacist, pharmacy technician or foundation pharmacist will conduct a face-to-face (preferable), video or telephone consultation with the patient;
- 5.2.3 Using the BCU Medicine Adherence Assessment (Appendix 1) (or its electronic equivalent), the pharmacist, pharmacy technician or foundation pharmacist providing the service will:
- 5.2.3.1 Complete the patient's responses to the adherence questions OR clarify any responses (where these have been captured by another health or social care colleague prior to referral);
 - 5.2.3.2 Review the responses to the adherence questions to identify the potential root cause for the adherence issues;
 - 5.2.3.3 Discuss the potential support mechanisms that could aid adherence (refer to Appendix 2: BCU Medicine Adherence Service – Guidance to support delivery and Appendices 6 and 7) with the patient (preferable) or with his/her representative (with the patient's consent see 5.1) and agree the option that will be progressed with the patient (or their representative);
 - 5.2.3.4 Record the action agreed with the patient (or their representative) in the relevant section of the BCU Medicine Adherence Assessment;
 - 5.2.3.5 The pharmacist, pharmacy technician or foundation pharmacist will take the necessary steps to implement the agreed action.
 - 5.2.3.5.1 Where the adjustment includes referral or recommendation that will require input from the patient's GP surgery, the pharmacy colleague will do this by the method agreed with

- the relevant surgery (see 5.1.1);
- 5.2.3.5.2 Where the reasonable adjustment is the supply of a Medication Administration Record (MAR chart), the pharmacy will supply this to the patient following the national Community Pharmacy Medicines Administration Record (MAR) Provision specification omitting the requirement for the patient to be supported by a formal carer;
- 5.2.3.5.3 Where the recommendation includes equipment, software or software applications (apps), this must be sourced by the patient at their own cost. Where applicable patients may be signposted to charitable organisation (see Appendix 2);
- 5.2.3.5.4 A claim can be submitted for a contribution to the costs associated with the additional workload for consultations exceeding 15 minutes or consultations requiring significant time of specialist resources exceeding 15mins (see Appendix 4). For any such claims, there must be a documented, clear rationale for the specific intervention which must be kept in the pharmacy for the purposes of post-payment verification (PPV) (see 13.3) ;
- 5.2.3.5.5 In the event that the pharmacist decides a multi-compartment compliance aid (MCCA) is the best solution for the patient (e.g. vision impairment or health literacy issues), approval must be obtained from the LHB. Once approval has been granted, a claim can be submitted for the additional workload associated dispensing medicine into MCCA;
- 5.2.4 Record the action agreed with the patient (or their representative) in the relevant section of the BCU Medicine Adherence Assessment;
- 5.2.5 Agree with the patient when a review of the proposed solution will take place (this should ideally be 4-8 weeks after implementation); during this review the pharmacy colleague should assess whether the adjustment previously agreed support has had the desired outcome and where this has not been the case agree an alternate solution to be trialled with the patient with a subsequent review date until a solution that supports adherence is identified or the patient is referred to another health care professional;
- 5.2.6 In addition, patients included in this service should be reviewed at least annually after the implementation of the final adjustment;
- 5.2.7 If at any point during the assessment issues are identified that cannot be

- addressed by the provision of support and advice from the pharmacy colleague, the patient should be referred to the relevant health or social care colleague(s);
- 5.2.8 Retain a copy of the completed assessment form (Appendix 1) in the pharmacy for at least 3 years;
- 5.2.9 Enter the relevant information on the appropriate paper or electronic claim form for the service;

6. CONTRACTOR RESPONSIBILITIES

- 6.1 The contractors wishing to provide the Medicine Adherence Support Service should apply Betsi Cadwaladr University Health Board;
- 6.2 Other than with the agreement of the Local Health Board, the contractor shall ensure that the service is provided from a consultation area which:
- 6.2.1 Must be a clearly designated area for confidential discussion which is distinct from the general public areas of the pharmacy; and
- 6.2.2 Must be an area where both the patient receiving the service and the registered pharmacist can sit down together and talk at normal speaking volumes without being overheard by other visitors to the pharmacy or by any other person, including pharmacy staff;
- 6.3 The contractor will ensure that appropriate indemnity arrangements are in place for registered pharmacists, and other staff involved in providing the service;
- 6.4 The contractor entering into the commissioning must ensure all professionals providing the service are appropriately registered with the General Pharmaceutical Council (GPhC). The LHB may require evidence of this;
- 6.5 The contractor shall make available a copy of this Service Specification so that it can be consulted by pharmacists, pharmacy technicians or trainee pharmacists providing the service;
- 6.6 The contractor entering into the commissioning agreement has a responsibility to ensure that any employed pharmacists providing the service are fully competent and suitably accredited to provide the service and aware of the requirements of the service specification and the relevant Standard Operating Procedures;
- 6.7 The contractor will have awareness of, and ensure the service is provided in accordance with, any relevant nationally or locally agreed standards;
- 6.8 The contractor will have appropriate arrangements in place to maintain continuity of service;
- 6.9 The contractor shall ensure that all standards required by the General

Pharmaceutical Council, so far as they relate to pharmacy owners and superintendent pharmacists, are met;

- 6.10 The contractor will ensure that, prior to entering into any agreement to provide the service; they are satisfactorily complying with their obligation under Schedule 5 Part 2 of the National Health Service (Pharmaceutical Services) (Wales) Regulations 2020 to provide pharmaceutical essential services and have a system of clinical governance that is acceptable;
- 6.11 The contractor will notify the relevant Local Health Board, of circumstances which result in the temporary unavailability of the service;
- 6.12 The contractor agrees to take part in any reasonable request to audit the service in order to evaluate its effectiveness;
- 6.13 The contractor will ensure that the service is provided by approved service providers who are able to demonstrate competence according to the provisions set out in paragraphs 4.2;
- 6.14 The contractor shall participate in any reasonable publicity of the availability of the service required by the Local Health Board and shall not publicise the availability of the service other than with the agreement of the Local Health Board;
- 6.15 The contractor agrees to take part in any reasonable request to audit the service in order to evaluate its effectiveness;

7. LOCAL HEALTH BOARD RESPONSIBILITIES

- 7.1 The Betsi Cadwaladr University Board, or their authorised officer, shall determine the fees and allowances payable in respect of the service;
- 7.2 The Betsi Cadwaladr University Health Board shall enter into a Service Level Agreement (SLA) with all pharmacies commissioned to provide the service;
- 7.3 The Betsi Cadwaladr University Health Board will have in place reasonable measures to ensure stakeholders are aware of local service provision;
- 7.4 The Betsi Cadwaladr University Health Board, or its authorised officer, shall support the resolution of difficulties so far as they relate to issues within the control of the Health Board;
- 7.5 The Betsi Cadwaladr University Health Board, or its authorised officer, shall support the handling of any complaints or issues relating to the service as far as they relate to issues within the control of the Local Health Board;
- 7.6 The Betsi Cadwaladr University Health Board, or its Authorised Officer, shall, where appropriate, publicise the availability of this service;

- 7.7 The Betsi Cadwaladr University Health Board, or its Authorised officer, shall in conjunction with Community Pharmacy Wales, determine the fees and allowances payable in respect of the service;
- 7.8 The Betsi Cadwaladr University Health Board, or its Authorised Officer, shall periodically review and update the service specification to ensure it meets service needs;
- 7.9 The Betsi Cadwaladr University Health Board, or its Authorised Officer, shall undertake visits to support and help resolve any issues within individual pharmacies, including concerns regarding compliance with the service specification;

8 CONFIDENTIALITY AND DATA PROTECTION

- 8.1 The Contractor will ensure that no-one shall, whether during or after their appointment, disclose or allow to be disclosed to any person (except on a confidential basis to their professional advisers) any information of a confidential nature acquired by the Provider or any named person in the course of carrying out their duties under this Agreement, except as may be required by law or falls within the consent to share data with others involved in their care in line with the General Data Protection Regulation (GDPR) (2016) and the Data Protection Act (2018);
- 8.2 The Contractor must protect personal data in accordance with the provisions and principles of Data Protection Act 2018 and Confidentiality: NHS Wales Code of Practice and must ensure that all staff that have access to such data are informed of, and comply with, this requirement;
- 8.3 The Contractor shall at all times ensure that appropriate technical and organisational security measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data;
- 8.4 The Contractor must be aware that any information held by the Welsh Government, Local Health Board or their Authorised Officers and the pharmacy contractor/provider may be subject to disclosure under the Freedom of Information Act 2000;

9 EQUALITY AND HUMAN RIGHTS

- 9.1 The contractor will ensure that the service it offers does not discriminate against service user and staff on the basis of their race, disability, gender, age, sexual orientation, religion/belief or non belief;
- 9.2 The contractor will ensure that it is able to respond to any communication needs and access requirements of service users

- 9.3 Service users and their care providers will be treated with dignity and respect at all times in accordance with the Health Board's commitment to promote and give effect to the Human Rights Act and Dignity at Work Act

10 AUTHORISED OFFICERS

- 10.1 For the purpose of the service, the Health Board shall inform the Contractor immediately, in writing, of the details of any officer authorised to act on its behalf. Any notice, information, or communication given by the authorised officer will be deemed to have been given by Betsi Cadwaladr University Health Board.

11 REVIEW VARIATION AND TERMINATION

- 11.1 Variation to the service specification can only be made following consultation with Community Pharmacy Wales;
- 11.2 Any variations to the service specification will be discussed with the contractor(s) and the contractor(s) will be notified of any variations to the service specification in writing. No variation to the specification will be made until 90 days after that notice is received;
- 11.3 Contractors or Approved Service Providers, as signatories to the SLA, may cease to provide the service by giving notice in writing to the Betsi Cadwaladr University Health Board. In the event of such notice, the service will be terminated 90 days after that notice is received;
- 11.4 Betsi Cadwaladr University Health Board may terminate commissioning of the service by a given provider or providers through given 90 days' notice in writing;
- 11.5 Where a contractor has significantly, or repeatedly, failed to provide the service according to the above provisions, or there is significant concern regarding patient safety, Betsi Cadwaladr University Health Board may terminate commissioning of the service with the contractor with immediate effect;

12 FEES AND ALLOWANCES

- 12.1 The contractor will receive £35 per Medicine Adherence Assessment and review completed, copies of the assessments will be made available for audit purposes;
- 12.2 Where a patient discharged from a care setting has been identified as eligible for the Medicine Adherence Support Service, but is also eligible for the Discharge Medicine Review (DMR) service, the Medicine Adherence Support Service should be offered alongside the DMR service and will attract a reduced fee of £15;
- 12.3 Any consumables provided as part of this service, will be provided to the patient free of charge as part of the pharmacy's responsibilities to make reasonable adjustments under the **Disability Discrimination Act 1995** and the **Equality Act 2010** (or future legislation which replaces this). Cost associated with this is deemed to be included in

the sum already paid to contractors as part of the Community Pharmacy Contractual Framework Agreement¹;

- 12.4 A Claim can be submitted for a contribution towards additional activity which significantly increases workload (examples included in Appendix 4). In all instances a clear rationale for the decision must be documented and kept in the pharmacy. Where activity is not included in Appendix 4, but the pharmacist believes that this is the most appropriate solution to provide the necessary support for a patient, this must be discussed with the LHB on a case by case basis prior to any claimable activity being carried out;
- 12.5 If the pharmacist believes that the most appropriate place to undertake a review is in the patient's own home, an additional fee of £50 can be claim for completing the review in the patient's home. A rationale for this should be included in the claim form;
- 12.6 Contractors shall submit all claims to Health Board officer;
- 12.7 Claims should ideally be submitted monthly but must be made no later than the 5th May following the end of the relevant financial year. Claims made after this date will not normally be paid;
- 12.8 Claims for payment shall be subject to post payment verification by the Local Health Board or their authorised representatives;
- 12.9 Only those pharmacies located within and commissioned by Betsi Cadwaladr University Health Board (BCUHB) to provide the service will be eligible for payment;

SERVICE LEVEL AGREEMENT:

A COMMUNITY PHARMACY ADDITIONAL CLINICAL SERVICE:

BCUHB COMMUNITY PHARMACY MEDICINE ADHERENCE SUPPORT SERVICE

This SLA is to be submitted to the Local Health Board (LHB) by a pharmacy or contractor wishing to provide the above Additional Clinical Service

Agreement Period:

The agreement will commence on the date on which this agreement is authorised by the Local Health Board.

The agreement will continue unless terminated by one or both parties. The agreement may be terminated without penalty if either party gives the other party three months'

¹ Where the costs associated with consumables are significant and the contractor believes that this does not constitute a reasonable adjustment, the pharmacist can contact the LHB to discuss this.

notice in writing.

I/we agree to participate in the Betsi Cadwaladr University Health Board Medicine Adherence Support Service under The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 Direction 8 (2) (j), in accordance with the service specification.

Pharmacy details:

Name of pharmacy contractor	
Correspondence address	
Postcode	
Branch e-mail address (this should not be person specific, and should be accessible to pharmacy staff)	
Pharmacy address	
Name and GPhC number of the pharmacist who will be providing the service	

A COMMUNITY PHARMACY ADDITIONAL CLINICAL SERVICE:

BCUHB COMMUNITY PHARMACY MEDICINE ADHERENCE SUPPORT SERVICE

Declaration on behalf of the contractor:

I / We agree to participate in the Pharmacy Additional Clinical Service described above, under The Pharmaceutical Services (Clinical Services) (Wales) Directions 2022 Direction 8 (2) (j), for the specified agreement period and in accordance with the service specification.

I / We confirm that the pharmacy contractor has an acceptable system of clinical governance and is compliant with their obligations under the Pharmaceutical Services Regulations to provide pharmaceutical essential services

I / We confirm that an audit trail will be available at the pharmacy for inspection by the Health Board authorised officer or officers acting on its behalf

I / We confirm that the pharmacy contractor will comply with any relevant service specification relating to the provision of this Additional Clinical Service






I / We confirm that I / We shall notify the Medical Director of the relevant LHB of any significant adverse incident that arises due to, or related to, provision of this Additional Clinical Service






I / we declare to the best of my/our belief that the information on this form is correct and request that the contractor named herein be included in the list of contractors who may provide this Additional Clinical Service.

Signed for and on behalf of the contractor	
Signature:	Date:
Name:	
Position:	

Please submit this form to BCUHB at:

BCU.CommunityPharmacy@wales.nhs.uk

Appendix	Title	Document
Appendix 1	Medicine Adherence Assessment (different assessment for new or existing patient)	 Medication Adherence Assessment  Medication Adherence Assessment
Appendix 2	BCU Medicines Adherence Support Service – Guidance to support delivery	 BCU Medicine Adherence Support Service
Appendix 3	GP Engagement Template	 CP Medicines Adherence Support Service
Appendix 4	Examples of additional workload associated with Medicine Adherence Support that attract additional contributions	 Workload associated with the BCU Medicines Adherence Support Service

Appendix 5	Community Pharmacy Medicines Adherence Support Service Claim form	 BCU Medicine Adherence Service CI
Appendix 6	Specialised Pharmacy Service Product Interventions to aid Medication Adherence	 SPS_ProductsInterventionsToAidMedicati
Appendix 7	Life Sciences Hub Wales – Technologies to support medication adherence	 20220808 Technologies to supp
	Community Pharmacy Medicines Adherence Support Service Data Collection Sheet	 BCUHB CP Medicine Adherence Service D
	Nottingham Guidelines for the use of the Medicines and Falls Chart	 Tool 11 - Medicines and Falls guidance.pc