

# Medicines administration in Wales

The first Welsh joint medicines administration scheme between pharmacy and social services is now being extended to the whole of Cardiff.

**Hannah Pike** finds out how it works

Patients and home care staff in Wales are starting to see the benefits of a joint pharmacy and social services scheme designed to ensure that medicines are administered safely to those needing help.

The scheme, known as CARMAS (see Panel), involves community pharmacists liaising with home care managers to develop care plans for administration of medicines to vulnerable patients. Central to the scheme is the pharmacist's role in training and supporting domiciliary care staff.

Alan Brookes, a community pharmacist from Cardiff, is one of the pharmacists who has been instrumental in the delivery of CARMAS. With input from Mr Brookes, working closely with Cardiff social services, CARMAS is now benefiting a number of patients in the area, and is gradually being extended across the city.

"With this scheme we are providing an extra level of care that patients might not have had before," Mr Brookes explains. "Being on the front line, I see patients who are struggling with their medication and have confusion that may carry on month after month. There seem to be certain gaps in the community that need to be filled."

The scheme relies on good communication pathways and exchange of information about patients' medication between health care professionals, social services and care staff. Patients on the scheme benefit from a more rationalised medication regimen, accurate recording of medicines being taken, managed ordering and dispensing of repeat

medication and supply of medication administration record sheets and the safe storage and disposal of medicines. It has been proposed that the scheme keeps patients in their own homes for longer, avoiding residential care and hospital admissions, and may also facilitate earlier discharge from secondary care.

Cath O'Brien, now secretary of the Royal Pharmaceutical Society's Welsh Executive, was formerly the project manager of CARMAS and helped develop the pilot in 1999, funded by a primary care development grant. Ms O'Brien says the scheme was set up because many patients in the community had problems understanding or self-administering their prescribed medicines. "There are other examples of similar types of service model being undertaken throughout the UK, for example, in Norfolk (*PJ*, 16 August 2003, p196). However, this is the first scheme of its kind in Wales to be extended from a pilot to implementation throughout the local health board."

Six months ago funding was secured from the local health board in the form of a "flexibilities special grant" from the National Assembly, which is available for funding projects at the interface between health and social care, and more pharmacists are now becoming involved in the project across the area.

Mr Brookes explains how he has helped develop the pharmacists' role in the scheme. "Initially social services staff were initiating the scheme, but as it has progressed we have started identifying patients ourselves and referring them back to the doctor through the home care manager."

For the pilot the pharmacist was paid an initial set up fee of £50 per patient, and then £5 per patient per month. This fee is now being reviewed. Mr Brookes currently has seven patients on his list. He explains that operating the scheme now fits into his daily routine without causing too many time restraints. "The initial set up did take time but now it takes about 15 minutes per month per patient", he says. Mr Brookes also meets Diane Sherlock, home care manager, Cardiff social services, at least once a month so that they can update each other on each patient, assess the feedback given by the carers, and refer back to the doctor if needed.

Mrs Sherlock says that having a pharmacist involved in the scheme has made a great



**Alan Brookes and Diane Sherlock**

difference to the patients with whom she has contact. "CARMAS stabilises the clients, and benefits their families," she says. "The difference in some clients can be noticeable in a few days." Mrs Sherlock explains that six pharmacies in north Cardiff and two pharmacies in the Llanrumney area are now running the scheme, and that the catchment areas are expanding. She says that pharmacists are being individually recruited to the scheme depending on the patient need in each area. The scheme is open to all pharmacists which allows patients to continue to use their preferred community pharmacy.

This scheme also meets the Welsh Assembly Government Joint Planning and Priorities Guidance for the NHS and social services (2001/2–2003/4), which identifies priorities for social services that include promoting independence and independent living, supporting families and carers and protecting vulnerable people.

Maria Witham, also a community pharmacist and current project manager, co-ordinates, with pharmacists, the engagement of social care services. She says: "We are beginning to understand the problems that social services have with providing long-term care for patients and have given them feedback in return. It also gives us a chance to use our pharmaceutical training to do something a bit different from what we normally do."

She describes a patient who was struggling to administer her own medicines from a medication aid box and was taking doses erratically. The patient was confused and would call the home care office at least 20 times a day to ask what time her carers were coming. However, once on the medication scheme an improvement in the patient's condition was immediately noticeable, and since then she has not made one confused telephone call, and has returned to her usual routine of attending a day centre.

## Cardiff Medication Administration Scheme

- Pharmacist, social services or other health care professional identifies a patient needing help with their medicines administration
- Home care manager assesses patient need and suitability
- Patient nominates a preferred community pharmacy
- Pharmacist analyses patient medicine information, decides administration regimen and provides medication administration record sheet
- Pharmacist informs GP of patient inclusion and co-ordinates repeat medication
- Pharmacist liaises with home care manager to develop medicines administration aspect of care plan for the patient
- Trained carer administers medication, monitored by pharmacist
- Pharmacist and home care manager carry out regular review and feedback to GP as required