

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	Meeting:	Cabinet Member for Adult Social Care
2.	Date:	22nd October, 2012
3.	Title:	Rotherham MBC Medication Policy – Independent Sector Home Care and In House Enabling Services
4.	Programme Area:	Resource Directorate

5. Summary:

The Rotherham Metropolitan Borough Council (RMBC) Medication Policy as applies to home care services, including Enabling and Independent Sector services, has been updated.

The 2003 policy has been revised into two separate documents for contracted Community and Home Care Services (Domiciliary Care) (Appendix 1) and RMBC Enabling Services (Appendix 2).

Both policies outline a 'verbal prompt or administer from a pharmacy dispensed monitored dosage system only' approach.

The policy has been updated to bring it into line with changes in legislation, policy and practice and is a step towards a further revision of the policy to move towards 'administration' of medication. For RMBC to move to a position of adopting a safe 'administration' policy, full engagement is required from NHSR/CCG to implement relevant procedures across all partner agencies. A full risk and impact assessment will be completed.

6. Recommendations:

- **Endorse the implementation of the 2012 revised versions of the 2003 policy.**
- **Agree to receive a further report outlining the revised policy including the administration of medication.**

7. Proposals and Details

- 7.1 The 2012 revised versions of the 2003 policy contain updated procedures pathways and references necessary as a result of the transformation of services, such as; the in house domiciliary care service becoming enablement service and to differentiate the independent sector provision under a separate policy.

Medication policies take a stepped approach to the provision of medication support. Assessment of customers results in the following outcomes:

- They are independent and can take medication without support
- They require a prompt to take medication (verbal reminder)
- They require assistance to take medication (bottle opened, etc)
- They require their medication to be administered (given directly to them by the staff member)

Background

- 7.2 A draft medication policy was set to replace one agreed in 2003. In respect of home care, the former policy advocated prompt and dispense from a monitored dosage system (pre filled by a pharmacist).

The later policy proposed the move to administer directly from bottles/tubs. This meant a radical change was required in the management of medicines in the home setting. This new policy has not been adopted due to concerns regarding safety and practicality arising from the pilot undertaken in residential homes. Further work with health partners will be undertaken to reach agreement on how the administration element of the policy will be fulfilled as this is an NHS responsibility.

- 7.3 The policy has been revised as an interim measure to ensure that it meets current requirements. This work is now complete (see Appendix 1 and 2).

The Residential and Intermediate Care policy is currently under review. Both these locations already operate a policy where medications are administered and will form a separate report.

8. Risk and Uncertainties

- 8.1 The current RMBC policy is different from some other local authorities who have adopted a full administration policy for home care services.
- 8.2 A move towards a safe administer medication policy requires a change in approach in respect of assessment and requires agreement from, all

care provider organisations, NHSR Medication Management Services, GP's, Pharmacists and Learning and Development Teams.

9. Financial Implications

- 9.1 There are no financial implications in adopting the revised version of the policy (Appendix 1 and 2).
- 9.2 Adoption of a medication administration policy could result in an increase in the unit cost of care. This would be as a result of providers employing additional supervisory and management staff with enhanced skills to monitor compliance and competency.
- 9.3 Costs of RMBC resources required to move to an administration policy would need to be estimated (i.e. project and training costs and potential of increased service delivery time).

10. Policy and Performance Agenda Implications

- The absence of robust practice guidelines on medication management may result in non compliance against:
 - Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010
 - The Royal Pharmaceutical Society (of Great Britain) The Handling of Medicines in Social Care
 - Outcome 9, Care Quality Commission, Essential Standards of Health and Safety
- Monitoring of compliance of independent sector providers against standards and regulations is undertaken by the contracts team.

11. Background Papers and Consultation

1. Consultation on the revised 2003 RMBC Medication Policy has been undertaken with A&CM Social Work Teams, Care Providers, Contracting and Commissioning Staff, SMT (H&WB).
2. Consultation on the development of a new policy to move to administration of medication has taken place previously but will require repeating. A large amount of the preparatory work has already been undertaken reducing the requirement for a large amount of project time.
3. Minutes documenting the meetings/work undertaken previously and more recently are available in Adult Contracting.
4. 2009 Medication Policy and associated documents (draft).

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