NICE National Institute for Health and Care Excellence

Managing medicines for adults receiving social care in the community

Consultation on draft guideline – deadline for comments 5pm on 11/11/2016 **email:** MMICGuidance@nice.nhs.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment. We would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. Recommendation 1.8.3 states "Home care workers should not give medicines to a person covertly unless authorisation and instructions of how this should be carried out are clearly documented in the person's home care plan." Could you please consider and provide details of how you would implement this within your organisation? See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	United Kingdom Homecare Association
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	NONE
Name of commentator person completing form:	Duncan White

NICE National Institute for Health and Care Excellence

Managing medicines for adults receiving social care in the community

Consultation on draft guideline – deadline for comments 5pm on 11/11/2016 **email:** MMICGuidance@nice.nhs.uk

Type		[office use only]		
Comment number	**Document** (**full** version, **short** version or the **appendices**	**Page number** Or **'general'** for comments on the whole document	**Line number** Or **'general'** for comments on the whole document	**Comments** Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.
A	full	general	general	At 134 pages this NICE Guideline seems inordinately weighed down with extensive sections that do not contribute to the performance of the management of medicines for adults receiving social care in the community**:** there are sections, such as 5.5 and 6.2 that detract from the impact of the guidelines and other sections are repetitious such as in section 6.3.1. We question the value that such elaboration gives in the development of usable guidelines and we would suggest that four pages are entirely adequate for such a document to have any traction with providers and their care staff. Section 6 seems to be a reiteration of preceding information and is therefore superfluous, even if it used to substantiate those earlier clauses Section 7 attracts the same review as noted immediately above for Section 6 The phrase "in order" used throughout the document lacks meaning and its deletion does not alter the intention of the statement**:** it's entirely superfluous
B		general	general	Detailed guidance on the decanting of medications in a homecare setting would add value to the guidelines**:** the requirement of local authority commissioners in contracts of care for the placing of medications in small containers so that the service-user can take the drugs later is fraught with risks
C		general	general	Detailed guidance on the prompting of medications in a homecare setting would add value to the guidelines**:** the requirement of local authority commissioners in contracts of care for homecare staff to visit a service-user to prompt them to take medication is fraught with risk – if the prompting does not take place for whatever reason, the service-user could be at risk, which means, in effect, that the medication is actually being given or supervised.
01		28	10	"…. Best available evidence" is insufficiently precise or defined
02		28	38	The list should include CQC Inspectors and their line managers
03		29	2	"Person's medicines support needs" is too convoluted**:** simplify
04		29	4 + 5	List should include physical limitations

Please return to: MMICGuidance@nice.nhs.uk

Managing medicines for adults receiving social care in the community

Consultation on draft guideline – deadline for comments 5pm on 11/11/2016 **email:** MMICGuidance@nice.nhs.uk

05		29	9	"Creams" should read as 'topical applications'
06		30	6, 7, 8	This clause is very impractical and should be reconsidered
07		30	9, 10, 11	Ditto
08		30	as at 24	Commissioners prescribe care packages and infrequently do health professionals delegate such tasks to homecare staff
09		30	30	The question of training (educating?) care staff has proven problematic in securing competent educators able to award evidence of attendance**:** costs are rarely containable
10		30	32	This clause is very impractical and should be reconsidered as it will be very expensive and resource hungry
11		31	4	"Robust" is ambiguous**:** do you mean 'detailed'? 'comprehensive'?
12		31	13	There appears to be a presumption that the service-user wants this level of third party involvement**:** this may not be the case
13		31	26 - 30	This could place unqualified homecare staff in considerable jeopardy**:** who is, or could be, liable in the event of errors of omission or commission or transmission where the details are unclear or have been misinterpreted? What 'exceptional circumstances' are there likely to be? If a Prescriber considers there to be an urgent situation they should make a domiciliary visit or conversely an ambulance should be summoned
14		31	31	As in item 11 above
15		31	38, 39	As in item 13 above
16		32	3	As in item 11 above
17		32	10	The word 'support' has been used frequently in the document in different contexts**:** it may be useful to define what is meant by this word and use other words in separate or different contexts, such as 'administer', 'offer', 'prepare' for example – but *not* 'prompt' as there is controversy around what constitutes a 'prompt' and what happens if the prompt is unforthcoming
18		32	12	There is controversy over the concept of 'reminding' or prompting someone to take their medications**:** if the person does not receive their medication if the reminder or prompt is not forthcoming then it can reasonably be thought that the medication is being administered rather than the person being simply reminded. Section 40 p35 of your guidelines reflects this position to a degree.
19		32	16	There has been some resistance to the provision of printed MAR type documents because of the lack of payment for this service**:** UKHCA members have reported several instances of difficulties with the regulatory authorities when printed documentation has not been made available and providers are unable to secure other forms of records – this standard should be targeted at prescribers and dispensers rather than at homecare providers, such as ….. ~~"Home care workers~~ Prescribers and dispensers ~~should~~ must use a printed medicines administration record to record any medicines that may ~~they~~ be given to a person. (This record should ideally be provided by a community pharmacist or the dispensing doctor (see also recommendation 56 on 18 supplying medicines))".

Please return to: MMICGuidance@nice.nhs.uk

Managing medicines for adults receiving social care in the community

Consultation on draft guideline – deadline for comments 5pm on 11/11/2016 **email:** MMICGuidance@nice.nhs.uk

				item 36 in your guidelines reflects this approach
20		32	37 - 40	This paragraph is of very limited value and does not offer any particular insights
21		33	8	The concept of 'fair blame' may have currency within the sector but the public are likely only to appreciate 'blame' and this could have unintended consequences and suggest liability
22		33	38 - 41	Homecare staff are unlikely to have sufficient pharmaceutical knowledge to appreciate every potential iatrogenic effect, especially in polypharmaceutical situations, or where psychotropic and behavioural issues are at play**:** this could usefully be re-phrased as it's not the reporting that's the problem but the recognition of the event that is suspect
23		34	18	See comment 05 above
24		35	17 - 19	Homecare staff are infrequently in a position to police such requirements and it should more properly be the responsibility of the prescriber and dispenser to ensure the availability of this documentation. Homecare staff are often not the only people visiting service-users in their own homes and it is unclear as to why this responsibility is conferred upon the least qualified staff to undertake this requirement. Homecare staff will rarely have the time or resources to pursue non-availability of this documentation, particularly when homecare visits are restricted to 15 minute calls. It is inequitable to place this responsibility on homecare providers who rarely have any formal position in the procurement and supply chain of prescribed medications.
25		35 - 36	29 - 04	Comments in item 24 above apply equally in this section 45 and Section 46 of your guidelines supports this position
26		36	23 - 27	In the case of state funded care the responsibility to ensure that there is sufficient time available belongs to care commissioners who should be held to account for making provision within the care contract**:** homecare providers are exceedingly unlikely to have the resources to undertake this unilaterally or without funding.
27		36	38	Medications in original packaging adds significantly a- to the time required to administer the drugs which may not be available in a 15 minute call b- to the risk of administration errors c- to the risk of mis-identification of medications d- to storage and safekeeping requirements e- because it could obscure when, and if, doses have been given or missed that would otherwise be easily recognisable from a metered dosing system f- as this could necessitate counting all remaining medications after every administration which is inviting inaccuracies
27		36	41	This clause appears to limit personal preferences and does not give recognition to limitations that are frequently within the contracting framework**:** to imply that the Disability Discrimination Act 1995 should be the only legitimate source of authority or permission for providing medications in, for example, blister packs or dosimeters, appears to disallow preferences or does not recognise the limitatio0ns of time available for visits
28		37	7 - 13	It may be of considerable benefit to all parties if there was an

Managing medicines for adults receiving social care in the community

Consultation on draft guideline – deadline for comments 5pm on 11/11/2016 **email:** MMICGuidance@nice.nhs.uk

				approved list of iatrogenic interactions and proscribed combinations of OTC and POM medications
29		37	24	The safe disposal of medications should be undertaken by a pharmacist for a variety of reasons**:** your item 63 at page 38 elaborates and which makes this section redundant
30		37	34 & 35	Rarely will a homecare provider be in a position to equip service-users with refrigerators or lockable storage facilities**:** formal reports can be submitted but the budget holder is the point of responsibility for the provision of facilities
31		37	38 - 40	There is considerable hesitation that homecare providers or care staff have the level of continuous updates about a topic where professionally qualified staff are, or should be, routinely available: few care staff will have 'licence' to offer advice as described and this could create significant issues around liability for incorrect advice from unqualified personnel
32		38	16 - 18	This statement lacks clarity and does not define its intended outcome as it starts with a question ["If a person is receiving ...."] and ends in a statement that is disjointed.
33		38	21	Reference "receive appropriate training and support" – what other sort of training and support is there if not 'appropriate'?
34		43	6 - 25	It is important to remember that the defining of care needs is the statutory responsibility of the local authority commissioners-of-care who prepare a detailed Care Plan in the form of instructions to the provider of homecare and this forms the contractual basis for the provision of that *specified* care
35		44	35	Incomplete statement with non-functioning link
36		44	36	This statement is not clear as to what is required
37		45	20 - 23	Is this a question? Please clarify.
38		45 & 46	27 – 47 & 1 - 26	This is duplicated information available elsewhere in the document
39		46	29	Section 5.5 Table 3 does not add value to the guideline
40		51	1 - 8	This list does not appear to be linked to anything and seems to be somewhat random
41		79	8 - 36	The consistent referral to 'low' and 'very low' evidence throughout detracts from the intention of the guideline. It is presumed that the authors consider this to be academically elegant but it has the potential for a very negative impact and doesn't serve any real purpose.

Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to: MMICGuidance@nice.nhs.uk

Managing medicines for adults receiving social care in the community

Consultation on draft guideline – deadline for comments 5pm on 11/11/2016 **email:** MMICGuidance@nice.nhs.uk

- For copyright reasons, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons). We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking NICE Pathways.

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.