# Equality Act & Compliance Assessment & Care Plan

**Notes for GPs:** please see the final page of this assessment form for a summary of outcomes. The rest of the document summaries the outcomes of Equality Act assessment, then the Compliance Assessment, and then the resulting Care Plan & any patient safety issues that have been identified.

**Guidance notes for Community Pharmacy staff:** Any support provided to patients to aid treatment adherence should include a prior assessment of their needs. This form is intended to help make an informed decision, enabling the provision of the most appropriate support for the patient. Patients who live alone with little or no family contact and who rely on others to access their medication and other basic needs may be particularly vulnerable to medication provision breakdown or misuse of their medication. Any concerns should be shared with the appropriate health or social care professional.

This form is to be used by Community Pharmacies to determine if a reasonable adjustment is required under the Equality Act, provide a compliance / adherence /patient safety assessment and from that outline a Care Plan. This form is supplied as a Word document, ideally complete it electronically, print a copy & keep with the patient’s MDS records.

Through Step 1 and Step 2, this tool captures relevant details of any potential patient issues. This form does NOT constitute a clinical assessment, nor does it involve detailed testing of the patient; the information can be gathered simply through conversation with the patient or their family. Having recorded the patient’s needs, Step 3 offers a number of possible solutions or coping strategies. Finally, in Step 4, the assessor can record any recommendation, in particular wrt patient safety issues, which should be raised with the patient’s surgery. Depending on the circumstances of the patient, it may be appropriate to review any support annually.

This assessment form is based on & acknowledges assessment processes in NEL ICB (in particular Hackney) and NCL ICB and documentations produced by NHS Sheffield.

**1. Contact Information**

|  |  |
| --- | --- |
| **Patient’s name** |  |
| Address |  |
| Telephone Number |  |
| Date of birth/Age |  |
| GP’s name |  |
| GP Practice Details |  |

**2. Details of any current Care Package / Care Support (if applicable):**

|  |  |
| --- | --- |
| **Does the patient already have a formal care package in place which includes medication support?** | **Yes / No /**  **Do not know** |

|  |  |  |
| --- | --- | --- |
| **Other Agencies Involved in Patient Care – specify if the patient has regular support** | | |
| **Type of Visitor** | **Frequency of Visits/Times**  *(eg once every day, twice every day, once weekly)*  *Answer N/A if there is no such visitor. Answer ‘unknown’ if the information is unknown* | **Does the visitor administer the medicine to the patient Y/N**  *(NB ADMINISTER the meds, ie not just support the patient with meds)* |
| **Community Nurse** |  |  |
| **Sheltered Housing Manager** |  |  |
| **Sheltered Housing Carer** |  |  |
| **Sheltered Housing Warden** |  |  |
| **Day Hospital** |  |  |
| **Day Centre** |  |  |
| **Social Care** |  |  |
| **Informal Carer (family, friends etc)** |  |  |
| **Other (please specify)** |  |  |

**3. Domiciliary Medicine Arrangements**

|  |  |
| --- | --- |
| **How does the patient visit the GP, or is the patient house bound?** |  |
| **Who orders repeat prescriptions from the GP?** |  |
| **Are repeat prescriptions nominated to a regular pharmacy?** |  |
| **Who collects the meds from the pharmacy / are meds delivered to the patient by the pharmacy?** |  |

Measure of Complexity:

**Step 1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Morning | Lunch | PM | Night | Other (eg PRNs) |
| Number of medicines taken during the day |  |  |  |  |  |
| Total number of regular medicines (tabs, liquids etc.) taken daily |  | | | | |
| Expected number of PRN medicines taken daily |  | | | | |

**Step 2**

Assessment of Need:

Please tick all that apply, as appropriate

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Problems / Difficulties with Taking Medication | | Yes | No |
| Physical | Eyesight | Registered blind/partially sighted? |  |  |
| Able to read labels? |  |  |
| Able to distinguish between medicines by sight? |  |  |
| Manual dexterity and co-ordination | Can manage blister strips from ‘original packs’? |  |  |
| Can open or close child resistant packaging? |  |  |
| Swallowing or other usage problems?  (If recent onset dysphagia, then refer to GP/speech and language services) |  |  |
| Mental | Understanding | Can speak / understand / read English? |  |  |
| Understands medication instructions? |  |  |
| Knows which medicines are regular or PRN? |  |  |
| Knows what each medicine is for? |  |  |
| Understands when to take the medicine? |  |  |
| Complexity | Taking medication with variable doses (e.g. warfarin)? |  |  |
| Complex regime/ dose directions/multiple doses during the day? |  |  |
| Remembering to order | Is continuity of supply a problem? |  |  |
| Forgets to order? |  |  |
| Remembering to take | Forgets to take medication frequently? |  |  |
| Informed decision NOT to take meds | Is the patient making an informed / active decision to NOT take any medicines (eg due to side effects, or other reasons)? |  |  |

# Medicine Compliance Problems

Can the patient or carer manage the following? (**Tick boxes for Yes)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Blister packs |  | Liquids |  | Other devices e.g. inhalers |  |
| Pick-up tablets |  | Open lids |  | State time and day of week |  |
| Read labels |  | Understand directions on labels |  | Swallow the medicines |  |
| Read English |  | Side-effects of medication |  | Obtain prescriptions |  |
| Remember to take medicines |  | The number of prescribed drugs |  | Understand need for drugs |  |

|  |  |
| --- | --- |
| **Is a monitored dosage system (MDS) being used?** |  |
| **If MDS: is it packed by the pharmacist?** |  |
| **If MDS: how frequently is the pack supplied to the patient (delete as applicable)** | **Daily / Weekly / Monthly / Other** |
| **If MDS / Pill reminder: if it is not the Pharmacist, then who fills the device?** |  |
| **If MDS, in addition to meds in the MDS are any other oral medication kept in ‘normal’ (ie non MDS) packaging in the home?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **List of medications taken by the patient, including formulation** | | | |
| **Drug** | **Strength** | **No. of doses a day** | **Formulation** |
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**Coping Strategies Provided:**

The following table identifies a number of coping strategies that may be provided (there may be a cost involved). Please tick those that the assessor feels may assist the patient.

**Step 3**

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| --- | --- | --- | --- |
| **Identified Problem** | **Possible Solution** | **Tick** | **Source** |
| **Eyesight** | **Enhance labelled instructions**   * Increase font size * Provide symbol-based label * Braille labels * Colour/Highlighting |  | PMR/Hospital IT systems have a facility to increase the font size.  The National Pharmacy Association has a number of aids available:- [www.npa.co.uk](http://www.npa.co.uk/)  Highlighter pens |
| **Manual dexterity and co-ordination** | **Assist with dexterity issues**   * Provide screw caps/ wing lids * Dispense blister packed tablets into bottles * Provide larger bottles and lids * Provide oral syringe or measure * Alternative formulation of same medicine * Haleraid (for inhalers) or eye dropper clamp * Tablet cutter |  | Please contact your bottle supplier  Click on the Living Made Easy link of the Disabled Living Foundation website for information on useful aids that may assist Service Users:-  <http://www.dlf.org.uk/>  Alternatively, contact the NPA for information:-  [www.npa.co.uk](http://www.npa.co.uk/) |
| **Understanding** | **Enhance understanding**   * SCR review by surgery staff to assess adherence and concordance * Provide written information * Rationalise medicines regime * Is there an appropriate alternative * Use of clearer directions on label |  |  |
| **Complexity** | **Simplify medicines regime**   * Medication review * MAR chart * Simple domestic routine |  | Community Pharmacies may supply completed MAR charts with medication when requested |
| **Remembering to order** | **Assist with ordering medicines**   * Prescription collection service * Repeat dispensing (RDS) * Reminder on calendar * ‘Standalone’ Telecare Solutions |  |  |
| **Remembering to take** | **Assist with taking medicines**   * Rationalise medicines regime * Reminder charts * MAR chart * Patient filled dosette (Provided suitable support to fill dosette is available) * Pharmacy filled MDS |  |  |

**Outcome of Assessment**

**Step 4**

**Notes re Equality Act**: the Equality Act does not apply: if the patient has support from carers (formal or informal) to take their medications (the carer is the ‘reasonable adjustment’); or if the patient simply has a complex medication regime; or if the patient has a condition that lasts < 1 year.

|  |  |
| --- | --- |
| **Does the Equality Act apply (ie does the pharmacy need to make a reasonable adjustment under the Equality Act):** | **Yes / No** |

|  |  |
| --- | --- |
| **Does the patient have difficulties taking their medicines (which is NOT linked to the Equality Act)?** | **Yes / No** |
| **If the Equality Act does NOT Apply; is there a patient adherence / compliance issue & thus a patient safety issue?** | **Yes / No** |

|  |
| --- |
| **Choice of Support being offered by the pharmacy (from Step 2 - ‘Coping Strategies Provided’)** |
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| --- |
| **Action Plan for identified medicine compliance problems**  *If the Equality Act does NOT apply, still state below what support can be given.*  *e.g. Patient to be put on local Enhanced Service MDS service (if one exists locally); patient purchases support / MDS from Pharmacy (as a private / Non NHS service); surgery supplies 7 day Rxs AND the pharmacy supplies only 7 days of medication at a time in MDS (if a patient adherence / compliance issue /patient safety issue) (need to discus with GP if 7-day prescriptions indicated)* |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pharmacist’s Name:** |  | **GPhC Registration number:** |  |
| **Pharmacy Name & Address** |  | | |
| **Date:** |  | **Next review date:** |  |

|  |  |
| --- | --- |
| **Is request for a 7 Day Rx indicated from the above assessment by the Community Pharmacist wrt patient adherence / compliance issue / patient safety issue?** | **Yes / No** |

|  |
| --- |
| **If a request for a 7 Day Rx indicated from the above assessment GPs / surgery staff, please note the below** |
| Dear Dr,  Having completed the above assessment, I have identified this patient has adherence / compliance issue / patient safety issues. As a result of these patient safety issues, I recommend this patient is supplied with their medicines in a MDS compliance aid (a ‘blister pack’) in line with the above care Plan, which the pharmacy will supply to the patient weekly. To enable this Care Plan & the identified patient safety issues, we request supply of 7-day prescriptions. The pharmacy will supply the medicines in a blister pack weekly to the patients.  Please note:   * The NHS Community Pharmacy Terms of Service does NOT impose a requirement to dispense into compliance aids (where the patient is outside of the Equality Act) or to dispense in instalments, indeed Community Pharmacists are obligated to supply the meds in line with the prescription interval as stated on the prescription. * Prescribing 7-day prescriptions has no cost pressure to the NHS or the GP Practice's Prescribing Budget – as the actual cost of 7-day prescriptions comes out of the NHS Pharmacy Global Sum (ie a NHS fixed cost). * The provision of weekly scripts is NOT paid out of the prescribing budget, nor does it have additional costs to the NHS, however there is certainly a potential impact on the GP's prescribing budget on not supplying 7-day prescribing, in terms of increased medicine wastage, for example with patients not on a stable dosage regime. So, for example if 4 weeks of blister packs are supplied but there is a change in the patient’s meds, then a new prescription for all items needs to be issued, the pharmacist is obligated to NOT take back already supplied meds (in line with MRHA guidelines) to then amend any already supplied blister packs. * Reduced wastage: if the pharmacy receives weekly prescriptions, potential wastage is restricted to a maximum of 7 days, as blister packs are supplied only WEEKLY. In addition, patients are not confused by having multiple packs at home and each pack is delivered weekly to replace the existing one that finishes. There is also a lesser risk of self-harm. * Surgery workload for producing 7 days prescriptions is NOT increased once Repeat Dispensing Prescriptions (RDS) are set up. |