Request for information under the Freedom of Information Act - 7130

Thank you for your email dated 11 April 2017 regarding medication adherence for people with Parkinson’s in hospital. Please find below your original request and our response.

Original Request:

Please could you answer the questions below about your Trust’s policies? Many thanks in advance for your assistance:

Self-administration of medicines policies
1. Does your Trust have a self-administration of medicines policy for competent patients?
   Yes, Kent Community Health NHS Foundation Trust (KCHFT) does have a policy for the self-administration of medicines for competent patients.

   a. If yes, please provide a copy of this policy?
      A copy of the policy is attached as Appendix A.

   b. If yes, please outline whether this policy applies to all hospital sites and all wards, or specify the sites or wards to which it applies?
      The policy applies to all bedded units.

   c. If no, are you planning to introduce this policy in 2017/18?
      Not applicable

2. If you have a policy please provide details of the use of the self-administration of medicines policy? This includes:
   a. How are your staff informed about this policy?
      KCHFT staff are informed of this policy via medicines level 1 and 2 training and via contact with pharmacy staff. The policy is also available on the Trust's intranet.

   b. How is the implementation of this policy monitored across the hospitals in your Trust?
      Clinical Pharmacists and technicians monitor implementation of this policy as part of routine work and formal audit is via the Medicines Policy audits.

3. If you do not have a self-administration of medicines policy, why is this? [Please let us know of any barriers to introducing a policy in your Trust].
   Not applicable, see responses to questions 1 and 2.

Carers visiting hours
4. Do you currently have a policy which allows carers to visit the person they care for outside of visiting hours? Yes/ No
   No. the Trust does not have a policy covering carers visiting patients in community hospitals outside of visiting hours.
a. If yes, please provide a copy of this policy

b. If yes, please outline whether this policy applies to all hospital sites and all wards, or specify the sites or wards to which it applies

The answers to 4a and 4b are not applicable.

c. If no, are you planning to introduce a policy in 2017/18? Yes/No

No, the Trust is not planning on introducing a policy covering carers visiting patients in community hospitals outside of visiting hours.

d. If no, please outline any work that your Trust is undertaking with a view to enabling carers to visit the person they care for outside visiting hours?

The Trust has ‘Welcome to your local community hospital’ booklets which are available on our public website at https://www.kentcht.nhs.uk/leaflet/welcome-local-community-hospital/.

Patients are offered this booklet on admission to a community hospital ward (the content of each booklet is the same. The booklet contains the following advice:

- Page 12: ‘If you usually have a visitor at mealtimes to help you eat, we are very happy for this to be arranged.’
- Page 13: ‘Visitors are always welcome between 2pm to 5pm and 6pm to 8pm or by arrangement with staff.’
- Page 15: If visitors would normally help at mealtimes we are happy for them to visit during this time.’

The Trust is also ensuring that each community hospital ward has a suitable space available where relatives can stay overnight if required, for example if the patient is at end of life.

5. If you have a policy, please provide details of the use of the policy to allow carers to visit outside of traditional visiting hours? This includes:

a. How are your staff informed about this policy?

b. How is the implementation of this policy monitored across the hospitals in your Trust?

Not applicable, see response to question 4.

6. If you do not have a policy which allows carers to visit the person they care for outside of visiting hours, why is this? [Please let us know of any barriers to introducing a policy in your Trust].

Whilst the Trust does not have a policy specifically covering carers visiting patients in community hospitals outside of visiting hours, it does have the information leaflets available on its website as detailed in our answer to question 4 above.

The Trust also has information covering support for carers on its website at https://www.kentcht.nhs.uk/our-services/self-care/carers/. This webpage also contains a link to the Trust’s carers involvement strategy https://www.kentcht.nhs.uk/wp-content/uploads/2016/04/Carers-Involvement-strategy.pdf.
SELF-ADMINISTRATION OF MEDICINES (SAM) SCHEME WITHIN COMMUNITY HOSPITALS

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<td>Version Number</td>
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<td>Replacing/Superseded policy or documents</td>
<td>Version 3.0</td>
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<tr>
<td>Number of Pages</td>
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<td>Target audience/applicable to</td>
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</tr>
<tr>
<td>Author</td>
<td>Pharmacist, with support from members of the medicines management and nursing teams</td>
</tr>
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<td>Contact Point for Queries</td>
<td>Head of Medicines Management</td>
</tr>
<tr>
<td>Date Ratified</td>
<td>18 August 2016</td>
</tr>
<tr>
<td>Date of Implementation/distribution</td>
<td>August 2016</td>
</tr>
<tr>
<td>Circulation</td>
<td>Policy Leads. Staff Intranet.</td>
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EXECUTIVE SUMMARY

Self-administration of medicines (SAM) schemes can now be viewed as being an integral part of the discharge planning process on community hospital wards. This forms just one part of medicines management and is strongly recommended by the Care Quality Commission as well as the Nursing and Midwifery Council (NMC) as part of their Standards for Medicines Management (2007). The Royal Pharmaceutical Society of Great Britain (RPSGB) also highlights the need to increase the patient’s confidence with taking medication safely within their four key principles for Medicines Optimisation.

They are:
   a. Aim to understand the patient’s experience;
   b. Evidence based choice of medicines;
   c. Ensure medicine use is as safe as possible; and
   d. Make medicines optimisation part of routine practice.

Self-administration is particularly prominent in the National Health Service (NHS) Outcomes Framework in order to improve a patient’s independence following an illness or injury.

Involving people in decisions about their care and treatment is essential to creating a truly person-centered service. For SAM schemes to be safe and effective, patients must be carefully selected. Patients require adequate manual dexterity and cognitive function and the ability to demonstrate sufficient knowledge of their medication during their in-patient stay. It is important to target patients taking an established regimen, rather than a rapidly changing prescription; and those who will be responsible for their own medicine administration on discharge. The accumulated evidence supporting the benefits of self-administration is overwhelming.

Scope and purpose of Policy

The main aims of a self-administration programme are to improve patients’ understanding of their drug therapy, encourage independence and promote adherence post-discharge. It is hoped that an improvement in adherence will reduce medication-related hospital re-admissions and patient morbidity.

This document is intended to help support nursing and medical staff in the implementation of medicines self-administration by service users in KCHFT.

Risks addressed

This policy is designed to address the risks inherent in self-administration of medicines and to guide the multidisciplinary team in implementation and monitoring the scheme.
Governance Arrangements

<table>
<thead>
<tr>
<th>Directorate or Functional Governance Group responsible for developing document</th>
<th>Medicines Management Team</th>
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<tr>
<td>Review criteria</td>
<td>This document will be reviewed prior to review date if a legislative change or other event dictates.</td>
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Key References

Department of Health. (August 2006). Mental Capacity Act Best Practice Tool Appendix A and B.


Care Quality Commission. (March 2015). Guidance for providers on meeting the regulations.


Related Policies/Procedures

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<tr>
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<th>Reference</th>
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<tr>
<td>KCHT Standard Operating Procedure (SOP) to check Patient’s Own Medication (PODs)</td>
<td>MMSOP016</td>
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<tr>
<td>KCHT SOP to Write a Patient-Held Medication Record Card (MRC)</td>
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Document Tracking Sheet

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<td>21 June 2016</td>
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<td>18 August 2016</td>
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<td>Complete revision; Level Zero introduced; New leaflets. Consulted with Senior staff on wards. (YC liaised with West Kent staff). Discussed at Adult Quality on 18 July 2016. Links with patient safety bundle. To be launch with support of MMAS staff following ratification.</td>
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**Summary of Changes**

**General changes**

<p>| Executive summary | Updated with supporting information from Care Quality Commission, Nursing and Midwifery Council Standards for Medicines Management 2010 and the Royal Pharmaceutical Society of Great Britain. Four key principles for medicines optimisation from the RPSGB added. Updated with supporting information from the NHS Outcomes Framework (April 2016). |
| 2.5.3 | Updated with supporting information from the Nursing and Midwifery Council Standards for Medicines Management |</p>
<table>
<thead>
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<td>2.5.4</td>
<td>Added NMC Standards for Medicines Management Standard 9.</td>
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<tr>
<td>4.1.1</td>
<td>Recommendation added that all patients should be assessed on admission and assigned a level of suitability to participate in the SAM scheme.</td>
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<tr>
<td>4.4.1</td>
<td>Change to say that a pharmacist, pharmacy technician or nurse may undertake the initial assessment. Inclusion of the role of the pharmacy technician is included throughout the document.</td>
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<tr>
<td>4.4.3</td>
<td>Clarified that the exclusion criteria is the same as level 0.</td>
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<tr>
<td>4.6.2</td>
<td>Added level 0 to the four levels of SAM.</td>
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<tr>
<td>4.6.4</td>
<td>Included recommendations on using a selection of drugs for SAM.</td>
</tr>
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<td>4.7.4</td>
<td>Wording changed from ‘all doctors’ appointments’ to ‘all appointments with health professionals’.</td>
</tr>
<tr>
<td>Appendix 1</td>
<td>Assessment tool</td>
</tr>
<tr>
<td>Appendix 4</td>
<td>Flow chart</td>
</tr>
<tr>
<td>Appendix 5</td>
<td>SAM patient information leaflet</td>
</tr>
<tr>
<td>Appendix 6</td>
<td>Key holder information leaflet</td>
</tr>
<tr>
<td>Appendix 7</td>
<td>Self-administration scheme reconciliation form</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>2</td>
</tr>
<tr>
<td>1.0 INTRODUCTION</td>
<td>7</td>
</tr>
<tr>
<td>2.0 ROLES AND RESPONSIBILITIES</td>
<td>9</td>
</tr>
<tr>
<td>3.0 IMPLEMENTATION OF SELF-ADMINISTRATION</td>
<td>11</td>
</tr>
<tr>
<td>4.0 PATIENT ASSESSMENT</td>
<td>13</td>
</tr>
<tr>
<td>5.0 SUPERVISION AND MONITORING OF THE PATIENT</td>
<td>19</td>
</tr>
<tr>
<td>6.0 TRAINING AND AWARENESS</td>
<td>20</td>
</tr>
<tr>
<td>7.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY</td>
<td>20</td>
</tr>
<tr>
<td>8.0 EXCEPTIONS</td>
<td>20</td>
</tr>
<tr>
<td>9.0 GLOSSARY AND ABBREVIATIONS</td>
<td>20</td>
</tr>
<tr>
<td>10.0 REFERENCES</td>
<td>21</td>
</tr>
<tr>
<td>Appendix 1 Assessment tool for Self-administration of Medicines (SAM)</td>
<td>22</td>
</tr>
<tr>
<td>Appendix 2 Self-Administration of Medicines Monitoring Form</td>
<td>23</td>
</tr>
<tr>
<td>Appendix 3 Consent for Self-Administration of Medicines Form</td>
<td>24</td>
</tr>
<tr>
<td>Appendix 3 Withdrawal of Consent to Self-Administer Medicines Form</td>
<td></td>
</tr>
<tr>
<td>Appendix 4 Flowchart for Self-Administration of Medicines (SAM) Scheme</td>
<td>25</td>
</tr>
<tr>
<td>Appendix 5 Self-Administration of Medicines Leaflet</td>
<td>26</td>
</tr>
<tr>
<td>Appendix 6 Self-Administration of Medicines – Key Holder Information</td>
<td>28</td>
</tr>
<tr>
<td>Appendix 7 Self-Administration Scheme Reconciliation Form</td>
<td>29</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

1.1 Patient involvement in the self-administration of medicines assists the rehabilitation process and is believed to promote improved patient satisfaction. The self-administration of medicines is one component of a medicines optimisation system that could include medication review, use of patients own medicines and medicines reconciliation.

1.2 Self-administration is beneficial to patients because it:
   a. incorporates a teaching programme;
   b. returns control of medicine-taking to the patient, thereby promoting patient comfort and involvement;
   c. allows patients to practice taking their medicines under supervision;
   d. alerts healthcare staff to any problems that the patient may experience in adhering to a medicine regime; and
   e. demonstrates trust – which has psychological benefits for patients and raises morale.

1.3 All aspects of medicines administration and use involves some degree of risk. However, rigorous patient selection criteria and the use of appropriate controls can help to minimise risks for both staff and patients.

   This should involve:
   a. effective multidisciplinary team working and communication;
   b. a robust policy framework, supported by procedures for all aspects of the process;
   c. access to appropriate staff training and clearly defined roles and responsibilities;
   d. appropriate assessments of patients that minimise risk of the patient harming themselves or others.

1.4 The main aims of self-administration are:
   a. to establish a standardised approach for determining the ability of patients to take their own medicines correctly and safely;
   b. to increase the patient’s knowledge and understanding of their medication;
   c. to promote and maintain patient independence and autonomy.

1.5 Equality, Diversity and Inclusion

1.5.1 Communication and the provision of information are essential tools of good quality care. All patients, carers and staff should be given full assistance to ensure understanding. This assistance will take many forms and media. These principles should be enshrined in all formal documents.

1.5.2 Kent Community Health NHS Foundation Trust is committed to ensuring that patients whose first language is not English receive the information they need and are able to communicate appropriately with healthcare staff. It is not appropriate to use relatives to interpret for family members who do not speak English. There is an interpreter service available and staff should be aware of how to access this service.

1.5.3 The privacy and dignity rights of patients must be observed whilst enforcing any care standards e.g. providing same sex carers for those who request it. (Refer to Privacy and Dignity Policy).

1.5.4 All forms of communication (e.g. sign language, visual aids or other means) which ensures the patient understands should be considered. Publications in different
languages or different formats can be produced through the Communications and Engagement Team and a translation service should be made available where required.

1.5.5 Staff must be aware of personal responsibilities under Equality legislation, given that there is a corporate and individual responsibility to comply with Equality legislation. This also applies to contractors when engaged by the Trust, for NHS business.

1.6 Equality Analysis

1.6.1 Kent Community Healthcare NHS Trust is committed to promoting and championing a culture of diversity, fairness and equality for all our staff, patients, service users and their families, as well as members of the public.

1.6.2 Understanding of how policy decisions, behaviour and services can impact on people with ‘protected characteristics’ under the Equality Act 2010 is key to ensuring quality and productive environments for patient care and also our workforce.

1.6.3 Protected Characteristics under the Equality Act 2010 are:
- Race
- Disability
- Sex
- Religion or belief
- Sexual orientation (being lesbian, gay or bisexual)
- Age
- Gender Re-assignment
- Pregnancy and maternity
- Marriage and civil partnership

1.6.4 To ensure full involvement and understanding of the patient and their family in the options and decision making process about their care and treatment, all forms of communication (e.g. sign language, visual aids, interpreting and translation, or other means) should be considered and made available if required.

1.6.5 The privacy and dignity (human rights) of patients must be considered alongside any care standards, in recognition of the fundamental link between good health care and equality.

1.6.6 It is also important for the Trust to look to the future and ensure that it remains equitable to all, by considering elements that may be outside current legislation, such as financial deprivation, educational discrimination, class exclusion and many other elements.

1.6.7 The Equality Analysis for this policy is located on the public website.
2.0 ROLES AND RESPONSIBILITIES

2.1 Trust Board

2.1.1 It is the responsibility of the Trust Board and Heads of Service to acknowledge the importance of the Self-Administration Scheme in the rehabilitation programme and discharge process of patients in the Community Hospitals. It is their responsibility to ensure that KCHFT staff understand and acknowledge this importance.

2.1.2 It is the responsibility of the Trust Board to acknowledge the risk of the SAM scheme but to accept that the risk can be minimised by:
   a. careful selection of patients in order to identify and possibly exclude those who may endanger themselves or others; and
   b. particular vigilance on the part of staff involved in operating these schemes, especially nursing staff within whose professional responsibility medicine administration rests.

2.2 Directors

It is the responsibility of the directors to acknowledge the importance of the Self-Administration Scheme in the rehabilitation programme and discharge process of patients in the Community Hospitals. It is their responsibility to ensure that KCHFT staff understand and acknowledge this importance.

2.3 Committees
The following group has responsibilities as shown:

Medicines Management Governance Group:
   a. The Medicines Management Group is a group set up by the KCHFT Quality Committee and reports directly to it.
   b. The group will ensure that all services and functions within KCHFT meet all the required quality standards related to medicines and that staff and patients are safe.
   c. It will report to the KCHFT Quality Committee on the development, implementation and monitoring of medicines policies guidance, systems and medicines related training to provide assurance that standards are met.

2.4 Heads of Service / Managers

2.4.1 It is the responsibility of the Heads of Service to acknowledge the importance of the Self-Administration Scheme in the rehabilitation programme and discharge process of patients in the Community Hospitals. It is their responsibility to ensure that KCHFT staff understand and acknowledge this importance.

2.4.2 It is the responsibility of managers to ensure that the Self-administration of Medicines Policy is read, understood and implemented by KCHFT staff.

2.5 Staff

2.5.1 It is the responsibility of staff to ensure that the Self-administration of Medicines Policy is read, understood and implemented by KCHFT staff.
2.5.2 It is the responsibility of registered nurses to ensure that they read and understand the Self-administration of Medicines Policy. It is their responsibility to ask if there is any aspect which they do not understand. It is also the responsibility of registered nurses to undertake the initial and continued patient assessments as described within this policy and to document their conclusions. Registered nurses have responsibility for recognising and acting upon changes in a patient’s condition with regards to safety of the patient and others.

2.5.3 The United Kingdom Nursing and Midwifery Council (NMC) welcomes and supports the self-administration of medicinal products and have offered the following guidance:

| As a registrant you are responsible for the initial and continued assessment of patients who are self-administering, and have continuing responsibility for recognising and acting upon changes in a patient’s condition with regards to safety of the patient and others. |
| The NMC welcomes and supports the self-administration of medicinal products and the administration of medication by carers wherever it is appropriate. Registrants may assess the patients as suitable to self-administer medicinal products both in the hospital and primary care settings. |

| Where self-administration of medicinal products is taking place, you should ensure that records are maintained appropriate to the environment in which the patient is being cared for. The Mental Capacity Act 2005 requires all those working with potentially incapacitated people to assess the individual’s capacity at a particular moment about a particular decision or issue. All patients should be assessed on a regular basis using local policies to ensure that the individual patient is still able to self-administer and this should be documented in their records. |

2.5.4 Although nurses remain anxious about personal accountability in relation to self-administration, what must be remembered is that nurses are also accountable for providing the best possible care to patients. In relation to adherence with medicine taking, then self-administration is undoubtedly the most appropriate care for many patients. Ongoing assessment of patient’s progress with self-administration will ensure that risks are minimised.

NMC STANDARD FOR MEDICINES MANAGEMENT STANDARD 9

| Whilst the registrant has a duty of care towards all patients, the registrant is not liable if a patient makes a mistake self-administering as long as the assessment was completed as the local policy describes and appropriate actions were taken to prevent re-occurrence of the incident. |

2.5.5 It is thus vital to ensure that a self-administration scheme is set up and conducted in accordance with practice that is accepted as proper by a responsible body of skilled nursing and pharmacy opinion. So in principle there can be more than one method of administering medicines in hospitals and both can be right and proper.
3.0 IMPLEMENTATION OF SELF-ADMINISTRATION

3.1 A self-administration programme requires additional staff time to establish the project. Nursing and Pharmacy staff must be trained to administer the programme effectively and consistently. Initially, each patient takes up more nursing time. There is an increased contribution from the pharmacist or pharmacy technician in assessment and counselling and additional staff time for organising individual inpatient medication. In a system of self-administration, all patients’ medication must be individually dispensed with the patient’s name and a Patient Information Leaflet.

3.1.1 The cost of funding this net increase in staff time can be justified because once the patient is self-administering, less time is required; and there are considerable benefits for the patient (in terms of compliance, comfort, and empowerment) particularly when the patient is back in the community.

3.1.2 The pharmacist will become involved in educating nurses and doctors of potential common side effects with medication and interactions. Through teaching the staff about medication and by providing written information, the pharmacist can help to ensure that the patient receives consistent information.

3.2 The system is especially under threat from new medical and nursing staff that may be unfamiliar with it.

3.3 Competence in self-administration will be measured by the patient’s capacity to demonstrate knowledge and understanding of the need to safely manage medicines whilst carrying out the requirements of the prescription.

3.4 The Mental Capacity Act 2005 provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about doing this. It enables people to plan ahead for a time when they may lose capacity. The whole act is underpinned by a set of five key principles:

   a. A presumption of capacity – every adult has the right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise;
   b. The right for individuals to be supported to make their own decisions – people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
   c. That individuals must retain the right to make what might be seen as eccentric or unwise decisions;
   d. Best interests – anything done for or on behalf of people without capacity must be in their best interests; and
   e. Least restrictive intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.
**THE FUNCTIONAL TEST OF CAPACITY (OPG 2007: 19)**

In order to decide whether an individual has the mental capacity to make a particular decision, you must first decide whether there is an impairment of, or disturbance in, the functioning of the person’s mind or brain (it does not matter if this is permanent or temporary).

If so, the second question you must answer is does the impairment or disturbance make the person unable to make the particular decision?

The person will be unable to make the particular decision if after all appropriate help and support to make the decision has been given to them (principle 2) they cannot do the following things.

1. Understand the information relevant to that decision, including understanding the likely consequences of making, or not making the decision.
2. Retain that information.
3. Use or weigh that information as part of the process of making the decision.
4. Communicate their decision (whether by talking, using sign language or any other means).

Every effort should be made to find ways of communicating with someone before deciding that they lack the capacity to make a decision based solely on their inability to communicate. Very few people will lack capacity on this ground alone. In many other cases such simple actions as blinking or squeezing a hand may be enough to communicate a decision. The input of professionals with specialised skills in verbal and non-verbal communication is likely to be required when making decisions in this area.

An assessment must be made on the balance of probabilities - is it more likely than not that the person lacks capacity? You should be able to show in your records why you have come to the conclusion that the person lacks capacity to make the particular decision.

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3.5 The principles underpinning patient self-administration of medicines

It is essential that wherever patient self-administration of medicines is encouraged the management of such an approach should be in keeping with the following principles:

a. **The environment of care** within which self-administration is being considered is appropriately assessed for risk and that secure individualised storage facilities are in place.

b. **The responsibilities of nursing staff** are clearly understood and that self-administration of medication by the patient is not a devolved responsibility. Nurses retain the responsibility for safe, correct administration and for adequate and appropriate care as outlined within the relevant policies for the management of medicines.

c. **An emphasis on support, facilitation and concordance** should be the primary feature of self-administration approaches. Whilst the patient may accept a personal challenge for growth and skills development these can neither be expected nor demanded.

d. **A measured change process** involving the patient and the clinical team at every stage should ensure that the acquisition of new skills is within the capabilities of the patient and if necessary recognises levels of ability below the final stages of the programme.
e. Independence requires education; in order to acquire a safe and competent attitude towards medicines the patient will have to understand and value their use from a personal perspective.

f. The maintenance of independent living is a continuous feature of professional caring whatever the setting. Support with and education for self-administration continues from hospital into the community.

g. Competence in self-administration will be measurable by the patient’s capacity to demonstrate knowledge and understanding of, and commitment to, the need to safely manage medicines whilst also carrying out the requirements of the prescription. This clearly involves the patient in demonstrating a supportive attitude to the principles of self-administration and agreeing to any monitoring. If at any stage of the programme it is felt that the patient is unable to meet the required level of competence then s/he should be transferred back to a previous stage of the programme and made aware of the reasons why. Further progression will then proceed as per the programme.

h. Individualised care must be recognised for all patients. Not all patients will be successful in self-administering and this fact may well determine the level of support that continues to be necessary both in hospital and the community. The programme should never be seen as competitive and at no time should the patient’s progress be compared with that of another. It should also be noted, that steps may be missed out if clinically appropriate. This decision making process would normally occur at a multidisciplinary team (MDT) meeting and should be documented in the care plan.

4.0 PATIENT ASSESSMENT

4.1 Introducing the programme

4.1.1 All patients should be assessed on admission and assigned a level of suitability to participate in the SAM scheme. Some patients may be assigned a level indicating that they are not suitable for the SAM scheme.

4.1.2 Appropriateness for a patient to commence the SAM scheme should be discussed at the MDT prior to starting. Only those who will be responsible for their own medication after discharged should be considered.

4.1.3 Assessment does not provide a guarantee that nothing will ever go wrong, but risks can be minimised by completing the assessments consistently and thoroughly.

4.1.4 Each patient will vary as to when the time is right to start self-administration. In most cases, this will start as soon as possible after the decision is made that the patient can return to their home environment.
4.2 Information Leaflets

4.2.1 Prior to the assessment being done, the patient must be given an information leaflet (see Self-administration of medicines leaflet Appendix 5) explaining what is involved. A full verbal explanation is also given to each patient by his or her named nurse, pharmacist or pharmacy technician, and the leaflet should be used as a guide to help ensure consistency.

4.3 Consent

4.3.1 If the patient wishes to self-administer, he or she must sign the consent form (see Appendix 3). The purpose of the signature is to provide written documentation that the patient has received an explanation about his or her medicines and the self-administration programme, and that he or she wants to take part. What it does not mean is that all responsibility for medicine administration has been transferred from the nurse to the patient, but is shared. However, the consent form is a legal document insofar as it demonstrates that information has been given to the patient. The documentation follows a protocol, showing that the patient has been assessed to the best of the nurse’s ability, and the patient has agreed to co-operate. Adhering to a protocol that has been agreed by the whole team reduces the likelihood of litigation. The signed consent form must be put in the patient’s SAM care plan folder. Consent must be obtained before a patient can be entered into a self-administration scheme. If consent is not given the patient is to be excluded but information about their medicines and what to do after discharge must still be given.

4.3.2 Not all patients will wish to self-administer – some actively do not. It is a matter of patient choice: no pressure should be placed on the patient, although it is of course worth emphasising the benefits, especially where the patient will be self-administering at home. Patients can be reassured that self-administration offers a safe, supervised and educational programme for them.

4.3.3 Patients may withdraw their consent at any time. He or she must sign the ‘Withdrawal of Consent’ form. The original must be placed in the patient’s SAM care plan folder.

4.4 Conducting the initial assessment

4.4.1 A pharmacist, pharmacy technician or nurse may undertake the initial assessment, but nurses are best placed to form an effective partnership with the patient, and to continuously assess a patient as a natural part of the ward routine. The planning and implementation of such an intervention can be enhanced by input from all healthcare professionals involved in the overall care of the patient through the regular meetings of the multidisciplinary meeting (See Appendix 4 for SAM flowchart). When conducting the assessment, the pharmacist/nurse undertaking the assessment must complete the assessment tool (see Appendix 1).

4.4.2 Inclusion criteria:
   a. stable mental state;
   b. capable of understanding the purpose of the medication, remembering how to take the medication, and agreeing to take the medication prescribed;
   c. stabilised on medication – not likely to have changes to the medication regime (however, please note that consideration for each patient’s abilities need to be assessed on an individual basis and not all patients on altering regimes need to be excluded);
   d. progressing well on current treatment.
4.4.3 Exclusion criteria (this is the same as level 0 or 'level zero'. Further detail about levels is in 4.6.2):
   a. patients who do not self-administer when they are outside hospital;
   b. patients who are confused (See 5.5 Q7 for further discussion);
   c. patients who have an unstable mental state;
   d. any person who continues to misuse alcohol or drugs;
   e. previous history of overdose.

4.5 Guidelines for the completion of the ‘Assessment tool for SAM Scheme’

4.5.1 This set of guidelines is to be used in conjunction with the assessment form. The main objective of the assessment form is to highlight possible areas of extra education and supervision that may be required by a patient before they are given custody of their own medicines and commence on the SAM scheme.

4.5.2 If the assessing pharmacist, pharmacy technician or registered nurse, in his or her professional judgement, is at all unhappy to let the patient self-administer then the patient will be assigned level 0 (i.e. excluded from active participation) and reassessed at another point in the current admission.

Q1 Will the patient be responsible for taking their own medicines in the community?
If a patient is resident in a care home or anywhere that will not allow them to self-administer then they are usually to be excluded. Patients whose relatives or friends have responsibility for the administration of medicines whilst at home are also usually to be excluded. Ways to educate the relatives or friends should be explored. Other reasons for self-administration of medicines may need to be discussed e.g. symptom control.

Q2 Is the medicine regime relatively stable?
If the patient is on daily changing doses of medication then it may be better to wait a couple of days to stabilise the regime before commencing self-administration. There are often concerns about patients self-administering medicines such as warfarin, reducing steroid doses, analgesics and controlled drugs. These are often cited as potential problem areas because doses can change on a daily basis and patients might not understand changes and take the wrong dose with potentially serious consequences. Many patients go home on reducing doses of steroids, altering doses of warfarin or high levels of analgesic medication and these patients can benefit from a period of self-medication in a controlled environment.

Q3 Has the patient been given the SAM leaflet and had the process explained?
The information leaflet is written information about the self-administration system and the perceived benefits for the patient if they wish to be involved. This is given to every patient to read before they commence on the self-administration system so that the patient knows what is expected of them. This must be read and understood by the patient before they self-administer. The patient must be given the opportunity to ask questions.

Q4 Does the patient understand the process and their responsibilities and is willing and motivated to self-administer?
Explore verbally whether the patient understands the process and aim to improve motivation.
Q5  Does the patient understand the purpose of the medicines, the dosage instructions (including special counselling) and the main possible side-effects?
The patient must be counselled to ensure that they understand the purpose of the medication, the dosage and special instructions and the main possible side-effects. Language and terminology appropriate to the patient should be used during this discussion. Every patient should be provided with a medication information chart. If the card is completed by the nurse or pharmacy technician, it is desirable that a pharmacist checks it. Both parties should sign and date the card. Other aids might be used if necessary e.g. large print compliance charts.

Q6  Are there any other reasons why the patient is unable to self-administer?
Please state reasons and actions to be taken. Refer to the MDT.

Q7  Is the patient confused or disorientated to time and place?
The patient may still need to trial the SAM scheme if they are to manage their medicine and self-administer on discharge. Patients who may be confused must not be given custody of their medicines but can administer on levels one and two only. The assessment should then be carried out at an appropriate time in the course of the patient’s admission to determine if they could be entered into the scheme at a later stage.

Q8  Is the patient depressed, suicidal or have cognitive impairment?
The benefits of the SAM scheme must be weighed against the risks. The patient must be discussed at the MDT.

Q9  Does the patient have a history of drug abuse or alcoholism?
Patients with a past history of drug or alcohol abuse do not have to be excluded from the scheme but the need for extra supervision and reinforcement of education will be highlighted and documented. These patients would have to spend more time on levels one and two to ensure they receive adequate supervision and education. These patients may never get to administer at level three but they can still be educated at levels one and two. The patient must be discussed at the MDT.

Q10 Would the patient self-administering their medication present any foreseeable risk to others / risks from other patients on the ward?
Steps need to be taken to resolve risks and then reassess. The patient must be discussed at the MDT.

Q11 Can the patient read and understand the instructions on the label well enough to be safe?
If a patient cannot read the labels this does not mean that he or she cannot self-administer. A pharmacist or pharmacy technician should assess and should try to meet the needs of the individual e.g. with larger print labels. A referral to the Occupational Therapist for other visual aids may be an option.

Q12 Can the patient:
  - Open child-resistant caps, bottles or boxes?
  - Remove tablets or capsules from blister packs?
  - Pour out liquid formulations / Dissolve tablets in water?
The patient should be referred to a pharmacist or pharmacy technician. Ordinary screw caps for bottles may be requested if necessary. Continuity of arrangements post-discharge must be considered. Review the appropriateness / need for the specific medication and refer to a doctor if necessary.
• **Open the cabinet?**
The ability of the patient to mobilise sufficiently to get to the cabinet and to open the cabinet might influence the SAM level assigned. See also 5.8.4.

Q13 **Can the patient safely look after the key?**
Consider the risks and discuss with a pharmacist.

Q14 **Can the patient access the medicines at appropriate times and frequency?**
This may be important for some patients e.g. with asthma, Parkinson’s disease. Discuss with a pharmacist or pharmacy technician.

Q15 **Is this patient suitable for self-administering all of their medication or only some of their medication?**
This may be important for patients who insist on self-administering only a selection of medication or if it is considered more suitable for the patient to self-administer selected medication.

### 4.6 Levels of supervision

4.6.1 According to the assessment, a level of supervision must be assigned to every patient on admission.

4.6.2 The SAM scheme has four levels of supervision:

- **Level 0** – the patient has been assessed as not suitable to actively participate in the SAM scheme. The nurse administers all medicines. See 4.4.3.
- **Level 1** – the nurse administers medicines giving a full explanation.
- **Level 2** – the patient administers medicines with nurse supervision.
- **Level 3** – when deemed competent, the patient administers his or her own medicines without supervision and is given responsibility for the key to their medicines cabinet.

4.6.3 Only in exceptional circumstances should a patient commence on Level 3.

4.6.4 There may be occasions when patients are only suitable or willing to participate in the SAM scheme with a selection of medication, for example with insulin or Parkinson’s disease medication. This must be indicated on the assessment tool. In these circumstances all other medication must be administered by the registered nurse.

### 4.7 Medicines Record Card

*See also KCHT Standard Operating Procedure to Write a Patient-Held Medication Record Card (MRC)*

4.7.1 Patients need written information about their medicines. The use of Medicines Record Cards improves adherence. These cards should be completed with the patient to fit in with their routines and vocabulary. It is the responsibility of the nurse, the pharmacist, pharmacy technician and the doctor to establish a routine for the patient that is suitable for their medication regime, and to write any special instructions for the individual medications on the card.

4.7.2 The following information should be provided to the patient:
  a. the name, form and strength of the medication. The actual name of the medicines can also cause confusion since people refer to the same medicine by different names. To avoid confusion, it is best to write the name of the
medicine that the patient is familiar in the notes section of the medicines reminder card.

b. dose and frequency; It must be remembered that tablets and capsules can be of different strengths. In such cases the dose in terms of milligrams might be necessary.

c. how long to continue with the medication for.

d. purpose of the medication.

e. the potential common side-effects and what to do if they occur. Many healthcare professionals are reluctant to tell patients of potential side effects in case it deters them from taking their medication. But the issue is one of informed choice and patients should be told about common side effects – research has shown that patients are more likely to stop their regime if they are not told about possible side effects.

f. any special instructions.

4.7.3 It is also necessary to warn patients that the name, shape and colour of the tablets may change if the community pharmacist uses a different manufacturer. Patients should be encouraged to take their reminder cards with them to the community pharmacist, so that the community pharmacist can alter the card if necessary.

4.7.4 The patient should be encouraged to take the card to all appointments with health professionals, to show them to their district nurse, and to their community pharmacist.

4.7.5 All reminder charts should be routinely re-checked before discharge.

4.8 Supply and storage of medicines

4.8.1 A full set of labelled medication must be obtained from the Supplying Pharmacy prior to commencing the Self-Administration of Medicines Scheme.

4.8.2 Medication for a patient must be kept in a locked medication cabinet near to the patient bed. Each lockable cabinet will have an individual and a master key.

4.8.3 Where practical, the ward pharmacist should possess a master key. This will enable different nursing teams to administer medicines concurrently. Master keys must be accounted for at the beginning of each shift. Individual cabinet keys, when not in use, must be stored securely and labelled appropriately.

4.8.4 If the patient is deemed competent, the patient may administer his or her own medicines without supervision and is given responsibility for the key to their medicines cabinet. The Registered Nurse must ensure that the patient is able to open the medicine cabinet. The patient must be given the ‘Keyholder Information’ Patient Information Leaflet. If the patient is unable to open the medicine cabinet assistance must be offered. Careful consideration of the management of medicines in the home environment is necessary in this case.

4.9 Controlled drugs

4.9.1 Controlled drugs are excluded from the self-administration scheme.
5.0 SUPERVISION AND MONITORING OF THE PATIENT

5.1 The patient should be feeling well in themselves, not nauseated, drowsy or in discomfort.

5.2 Self-administering patients must be assessed by the nurse for their ability to continue. During the check, the nurse must:

a) check the prescription for changes and update the medicine information record;
b) assess if the patient’s ability to self-administer at the same level has changed;
c) discuss the medicine regime with the patient to confirm their understanding;
d) for patients at level 0 and 1, the nurse must sign the medicines record in the usual manner to indicate that the medicines have been given; and

e) for patients at levels 2 or 3, the nurse must complete the record and states the level of self-administration.

f) When patient is totally independent at level 3, continue discharge process as per agreed plan with provision of relevant supporting information and discharge medicines to continue independently at home.

5.3 The nurse must document the patient’s ability to self-medicate on the SAM Monitoring Form (see Appendix 2). Factual information is encouraged.

Example: Had I not intervened, the patient would have taken two furosemide 40 mg tablets instead of one.

5.4 The frequency of supervision and consequent documentation will vary depending on the patient. When commencing the SAM scheme supervision will be required at each dose administration time. The frequency may be reduced to once daily if the patient is deemed capable and then reduced further to a maximum time interval of every three days. It is important to assess the patient’s ability at different times of the day.

5.5 At level three a tablet count may be performed as deemed necessary, the frequency decreasing when the patient has demonstrated good adherence. This should be documented on the Self-Administration Scheme Reconciliation Form (see Appendix 7).

5.6 If a patient is stopped and then restarted on the SAM scheme it is important that they are reassessed prior to recommencing self-administrating. The original assessment form can be used but a new entry must be made to explain the decision and current level of supervision. This must be signed and dated.

5.7 When a patient has problems with self-administration, it does not follow that the programme should be stopped – sometimes, closer supervision is required. It is necessary to document any changes, however, and explain them on the SAM monitoring form (see Appendix 2).

5.8 If the patient is clearly unable to continue, the SAM scheme should be stopped. This should be documented with a full explanation. The nurse should resume the administration of medicines and alternative arrangements must be made for the patient’s discharge.

5.9 Whilst the registrant has a duty of care towards all patients, the nurse is not liable if a patient makes a mistake self-administering as long as the assessment was completed as this policy describes and appropriate actions are taken to prevent re-occurrence of the incident.

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1 Nursing and Midwifery Council (NMC) Standards for Medicines Management 2010
6.0 TRAINING AND AWARENESS

6.1 All staff involved in the administration of medication to patients should be trained with regard to the SAM scheme, with regard to the safety and security of medicines and with regard to safeguarding themselves and those under their supervision from any risks.

6.2 Medicines-related training needs to be approved by KCHFT Medicines Management Governance Group.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS OF THIS POLICY

7.1 Internal quality assurance visits are undertaken by Pharmacy Staff at least every six months on the Medicines Policy and other associated policies with services.

7.2 External audits may be carried out at any time.

7.3 Monitoring matrix:

<table>
<thead>
<tr>
<th>What will be monitored?</th>
<th>How will it be monitored?</th>
<th>Who will monitor?</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All policies have been published on staff intranet</td>
<td>By producing a list of known policies for each Governance Group By checking to ensure that all policies on list are also on web site</td>
<td>Pharmacy staff</td>
<td>To be completed for every Governance Group at least once a year</td>
</tr>
<tr>
<td>Audit of impact and compliance</td>
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<td></td>
<td>After 6 months following introduction</td>
</tr>
<tr>
<td>Staff awareness of the documents and associated requirements</td>
<td>By a post-implementation audit of a policy to confirm that staff training/awareness has been implemented</td>
<td>Pharmacy staff</td>
<td>Within six months of implementation</td>
</tr>
</tbody>
</table>

8.0 EXCEPTIONS

8.1 The document does not apply to children and young people.

8.2 The document does not apply to patients within a domiciliary environment because there is a separate policy detailing this.

9.0 GLOSSARY AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM</td>
<td>Self-administration of Medicines</td>
</tr>
<tr>
<td>KCHFT</td>
<td>Kent Community Health NHS Foundation Trust</td>
</tr>
<tr>
<td>MDT</td>
<td>Multidisciplinary Team comprising expertise from nursing staff, Physiotherapists, Occupational therapists, Pharmacy Staff, Social Services Staff and in some cases, although not all, a Doctor.</td>
</tr>
<tr>
<td>NMC</td>
<td>Nursing and Midwifery Council</td>
</tr>
<tr>
<td>RPSGB</td>
<td>Royal Pharmaceutical Society of Great Britain</td>
</tr>
</tbody>
</table>
10.0 REFERENCES

(August 2006). Mental Capacity Act Best Practice Tool Appendix A and B

(1 April 2009). The Functional Test of Mental Capacity OPG 2007: 19

http://www.southstaffsandshropshealthcareft.nhs.uk/getattachment/7a81e027-f3c3-42b3-8962-06b3637a2711/C-YEL-mm-08-(1).aspx [Accessed 9th July 2013].


Care Quality Commission. (March 2015). Guidance for providers on meeting the regulations.


Royal Pharmaceutical Society of Great Britain. (May 2013). Medicines Optimisation: Helping patients to make the most of medicines.
APPENDIX 1

Assessment tool for Self-administration of Medicines (SAM) Scheme

<table>
<thead>
<tr>
<th>Patient’s Name: ________________________</th>
<th>NHS No.: ________________________</th>
<th>DOB: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ward: ________________________</td>
<td>Hospital: ________________________</td>
<td>Assessed by: ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comments and issues raised and action to be taken / MDT involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Will the patient be responsible for taking their own medicines in the community on discharge?</td>
<td></td>
<td>Need not be excluded: consider the carers needs if appropriate or any other reasons for self administering e.g. symptom control</td>
<td></td>
</tr>
<tr>
<td>2. Is the medicine regime relatively stable?</td>
<td></td>
<td>Consider appropriateness of SAM for rapidly changing regime until more stable. Discuss with doctor and pharmacist.</td>
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<tr>
<td>3. Has the patient been given the SAM leaflet and had the process explained?</td>
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<td></td>
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<tr>
<td>4. Does the patient understand the process and their responsibilities and is willing and motivated to self-administer?</td>
<td></td>
<td>Explain process again using SAM leaflet and aim to improve motivation.</td>
<td></td>
</tr>
<tr>
<td>5. Does the patient understand the purpose of the medicines, the dosage instructions (including special counselling) and the main possible side-effects?</td>
<td></td>
<td>Discuss with patient using medicines information card and other aids if necessary.</td>
<td></td>
</tr>
<tr>
<td>6. Are there any other reasons why patient is unable to self-administer?</td>
<td></td>
<td>Please state reasons and actions to be taken. Refer to MD team.</td>
<td></td>
</tr>
<tr>
<td>7. Is the patient confused or disorientated to time and place? Patient may need to self-administer if needs to take own medicine on discharge. Refer to MD team.</td>
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<tr>
<td>8. Is the patient depressed, suicidal or have cognitive impairment?</td>
<td></td>
<td>Need to assess benefits of SAM scheme against the risks. Refer to MD team.</td>
<td></td>
</tr>
<tr>
<td>9. Does the patient have a history of drug abuse or alcoholism?</td>
<td></td>
<td>Need to assess benefits of SAM scheme against the risks. Refer to MD team.</td>
<td></td>
</tr>
<tr>
<td>10. Would the patient self-administering their medicines present any foreseeable risk to others/risks from other patients on the ward?</td>
<td></td>
<td>Steps need to be taken to resolve risks and reassess. Refer to MD team.</td>
<td></td>
</tr>
<tr>
<td>11. Can the patient read &amp; understand the instructions on the label well enough to be safe?</td>
<td></td>
<td>Contact pharmacy team for advice on large print labels or discuss with the pharmacist, pharmacy technician or OT for other visual aids.</td>
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<tr>
<td>12. Can the patient:</td>
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<tr>
<td>- Open CRC caps or bottles or boxes</td>
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<td>- Remove tablets from blister packs</td>
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<td></td>
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<tr>
<td>- Pour out liquid formulations / Dissolve tablets in water</td>
<td></td>
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<tr>
<td>- Open the cabinet?</td>
<td></td>
<td>Request ordinary screw caps for bottles if necessary. Review appropriateness/need for the specific medication – refer to doctor or pharmacist? Discuss with pharmacist or pharmacy technician?</td>
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<tr>
<td>13. Can the patient safely look after the key?</td>
<td></td>
<td>Consider risks to others and discuss with pharmacist.</td>
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<tr>
<td>14. Can the patient access their medicines at appropriate times and frequency? E.g. Parkinson’s, Asthma. Discuss with pharmacist or pharmacy technician.</td>
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<tr>
<td>15. Is this patient suitable for self-administering all of their medication? If only a selection of medication will be involved with SAM please state the reason for this and list the selection of medication on the reverse of this tool.</td>
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</table>

Based on the patient’s knowledge of their medicine treatment and other assessment criteria, what level of supervision do you recommend for this patient?

Ensure all support information is provided and understood prior to commencement of SAM scheme.

LEVEL 0 (Patient not deemed suitable for SAM participation) _____________

LEVEL 1 (Not able to self-administer yet) _____________

LEVEL 2 (Able to self-administer under supervision) _____________

LEVEL 3 (Able to self-administer with periodic assessment) _____________

Have you provided the patient with a SAM leaflet and a Medicines Record Card? _____________
APPENDIX 2

SELF-ADMINISTRATION OF MEDICINES MONITORING FORM

Patient's Name: ________________________ NHS No.: ________________________ DOB: ________________

Using the checklist “Assessment tool for Self-Administration of Medicines (SAM) Scheme”, please record below any comments or concerns you may have, particularly to document a patient’s continued suitability to Self-administer medication, or to move from one level to another.

“Please note that the maximum interval between supervision assessments should not exceed 72 hours”

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>LEVEL 1</td>
<td>The nurse administers medicines giving a full explanation</td>
</tr>
<tr>
<td>LEVEL 2</td>
<td>The patient administers medicines with nurse supervision</td>
</tr>
<tr>
<td>LEVEL 3</td>
<td>The patient administers his or her own medicines without supervision and is given responsibility for the key to their medicines cabinet.</td>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Current Level</th>
<th>Notes</th>
<th>Name and Signature</th>
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<tbody>
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APPENDIX 3

CONSENT FOR SELF-ADMINISTRATION OF MEDICINES

I, __________________________(Print Name here), NHS number: __________________________
hereby confirm that:
• The self-administration scheme has been fully explained to me and I have read and understand the patient information sheet.
• I wish to take part in the self-administration scheme.
• I understand that I can withdraw from it at any time.
• I understand that I can be withdrawn from the scheme by a nurse or doctor at any time and the reasons for this will be explained to me.

Signed : __________________________
Witnessed : __________________________
Designation : __________________________
Date : __________________________

WITHDRAWAL OF CONSENT TO SELF-ADMINISTER MEDICINES

I, __________________________(Print Name here), NHS number: __________________________
do not wish to remain involved in the self-administration scheme on this ward due to:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

I therefore withdraw my consent to participate in this scheme.

Signed : __________________________
Witnessed : __________________________
Designation : __________________________
Date : __________________________
APPENDIX 4  FLOWCHART FOR SELF-ADMINISTRATION OF MEDICATIONS (SAM) SCHEME

Has an assessment for the self administration of medication been carried out? (Appendix 1)

NO

Nursing staff to carry out an assessment using the assessment tool in Appendix 1

Could patient be given consent to start SAM?

NO

Nursing staff to continue to administer medication as per SOP on ward.

YES

Nurse, pharmacist or pharmacy technician to discuss the SAM scheme with patient and provide the SAM leaflet.

Has the patient given consent to start SAM?

NO

NO

YES

Tick once completed:

- Complete the consent form (Appendix 3)
- Check patient’s drugs are locked away in the patient’s own drugs (PODs) locker and are labelled with directions
- Order any drugs needed
- Check patient has a Medicine Record Card (MRC) to refer to. If not, provide a MRC.

Complete the SAM monitoring form to comment on the patient’s progress.
(Initially monitor for each drug administration and then daily monitoring if appropriate. Reduce frequency of monitoring according to patient’s needs.)

Is the patient suitable to continue?

NO

ACTION PLAN FOR DISCHARGE AS AGREED WITH THE MULTIDISCIPLINARY TEAM

- Consider the reasons for non-suitability to continue
- Consider the need for further medication counselling
- Seek advice from a pharmacist and resume the SAM process following further medication counselling and/or assessment if appropriate

Either continue at level 2 or consider if patient is suitable for level 3 by carrying out re-assessment.
For level 3 only:
- Provide patient with POD locker keys
- Perform tablet count following administration
- Complete the SAM monitoring form periodically

YES

Patient independent and will continue on discharge.
Patient provided with support information and discharge medication.

Patient provided with support information and discharge medication.

If deemed unsafe to continue then stop the SAM process and document concerns

NO
A guide for patients about self-administration of medicines

Self-administration is a programme used on this ward to help you take your medicines by yourself and improve your knowledge about the medicines so that you are able to manage when you go home.

It will help you to:
- maintain your independence by taking your own medication
- understand why you are taking your medication
- understand how to take the medication safely
- get support and/or contact healthcare professionals outside of the hospital once you go home if you need help.

Before you start to self-administer
Before you take part in this programme you will have a chance to speak with a member of the pharmacy or nursing team who will be able to discuss the benefits of the programme with you. The programme is not compulsory and you don't have to take part, even if you are asked to. You can also change your mind at any time.

What happens next?
If you agree to take part, then you will be asked to sign a form to say that you understand the programme and would like to self-administer. The nurse or pharmacist will then explain exactly how the programme works and will provide information about how to take your medicines and at what times. A detailed medication information card will be provided to help you remember the information. Where possible, your own medicines from home will be re-used and any other new medication will be supplied by the ward. All medication will be labelled with your name, the name of the medicine and full instructions on how to take the medicine correctly.

What happens if I have any problems?
Please talk to your pharmacist or nurse on the ward if you:
- are unsure about how or when to take any medicines
- forget to take a dose
- are going to run out of medicines or if you are due to run out soon
- have any further questions about your medicines or the programme
- have decided not to continue with the self-administration programme.

What happens when it is time to go home?
We will always try to send you home with enough medicines (usually a minimum of seven days' supply) until you are able to get a new prescription from your doctor. All your medicines will be checked before you leave and you will be given the medicines information card to take home.

What happens if I have problems with my medicines at home?
When you are at home if you have any difficulties with self-administration your local community pharmacist can provide you with additional support.

Please carry your medicine information card with you at all times once discharged from hospital.

Always contact your local pharmacist or doctor if you have any difficulty with your medicines at home.
Customer Care Team
If you have a query about our health services, or would like to comment, compliment or complain about Kent Community Health NHS Foundation Trust, you can contact the Customer Care Team.

Phone: 0300 123 1807, 8am to 6pm, Monday to Friday
Please say if you would like the team to call you back
Text: 07943 091958  Email: kcht.cct@nhs.net

Address: Customer Care Team, Kent Community Health NHS Foundation Trust, Trinity House, 110-120 Upper Pemberton, Eureka Park, Ashford, Kent TN25 4AZ  Web: www.kentcht.nhs.uk

If you would like this information in another language, audio, Braille, Easy Read or large print, please ask a member of staff.

You will be asked for your agreement to treatment and, if necessary, your permission to share your personal information.

Leaflet code: 010111  Published: June 2016  Expires: June 2019
Page 2 of 2
Keyholder information for patients participating in the self-administration of medicines programme

As part of the SAM programme you have been given a key. This leaflet lists important information about keeping your key and medicines safe whilst on the ward.

Please remember:
- to keep all medicines out of the reach of children
- that medicines, if not properly used, can be dangerous
- it is your responsibility to keep your medicines and the key in a safe place
- if a visitor or other patient tries to take your medicines and/or your key, inform a nurse immediately
- never share your medicines with anyone else
- to tell a member of nursing staff if you have forgotten to take a dose of medication
- not to exceed the prescribed dose
- your medication will be checked before you go home
- to return your key to a nurse before you go home.

If you have any questions, are unsure about anything or if you have changed your mind about participating in the programme please speak to a member of staff.
APPENDIX 7

SELF-ADMINISTRATION SCHEME RECONCILIATION FORM
(For level 3 only or if deemed necessary for drugs of concern)

Patients Name...........................................NHS Number............................................DOB..........................................Ward..........................................................Hospital...........................................

<table>
<thead>
<tr>
<th>Drug Name, Form &amp; Strength</th>
<th>Total at start</th>
<th>No to be taken each day</th>
<th>Expected</th>
<th>Actual</th>
<th>Expected</th>
<th>Actual</th>
<th>Expected</th>
<th>Actual</th>
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