

Medicines Assessment Form

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

The form can be used within a number of care settings, in primary care, secondary care or by social services. It can also be used by pharmacists to determine if a reasonable adjustment is required under the Equality Act (2010).

Through Step 1 and Step 2 this tool attempts to capture relevant details of the patient's abilities. 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 them 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 recommendations they feel would be appropriate. Depending on the circumstances of the patient it may be appropriate to review any support annually.

A copy of this form must be sent to the dispensing pharmacy as appropriate (Hospital or Community). Within social care a copy should be held in the person's file.

Date of Assessment: / /

Service Users Details	
Name	NHS number:-
Address	Post Code:
GP & GP Practice	Telephone No:
Service User's Pharmacy	Telephone No:

Details of current care package if applicable:

Does the Service User already have a care package in place which includes medication support?
[Y/N]

If Yes:- How many days per week? Days. Specify days
 How many times per day? times (Please specify - Morn/Noon/Tea/Night)

Does the Service User have any regular visitors (e.g. carer, family or nurse) who may offer support at home?				
Visitor Name	Contact No.	Type of Visitor e.g. Family, District Nurse	Frequency of Visits/Times	Does visitor provide medication support? Y/N

Step 1

Measure of Complexity:

Total number of medicines (tabs, liquids etc.) taken:

	<i>a.m.</i>	<i>lunch</i>	<i>p.m.</i>	<i>night</i>	<i>Other (e.g. Parkinsons)</i>
Number of medicines taken during the day					

Note to prescribers and pharmacists:

A complex medication regimen, high pill burden and multiple medication changes can lead to nonadherence and poor management of chronic conditions. Careful reduction in the use of unnecessary or unsafe medications, use of combination and once-daily formulations, and patient education and monitoring are effective strategies in managing polypharmacy, reducing pill burden and improving medication management.

Resources

[Polypharmacy and deprescribing – Medicines Adherence](#)

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?		
		Can open or close child resistant packaging?		
*Swallowing or other usage problems				
Mental	Understanding	Can speak/understand English?		
		Can understand medication instructions?		
		Knows which medicines are “regular” or which are “when required”?		
		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?		
		Forget to order?		
Remembering to take	Forget to take medication frequently?			
Informed decision NOT to take meds				

*Recent onset dysphagia, refer to GP/speech and language services

Step 3

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 Service User.

Identified Problem	Possible Solution	Tick	Source
Eyesight	Enhance labelled instructions <ul style="list-style-type: none"> • Increase font size • Provide symbol-based label • Braille labels • Colour/Highlighting 		Some community or hospital pharmacy labelling systems have a facility to increase the font size. The National Pharmacy Association has a number of aids available:- www.npa.co.uk Royal Society for the Blind sells some helpful items:- http://www.srsb.org.uk/ Highlighter pens, 'Bump-on' Strips, Polymark Tactile Marking Ink
Manual dexterity and co-ordination	Assist with dexterity issues <ul style="list-style-type: none"> • 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
Understanding	Enhance understanding <ul style="list-style-type: none"> • Medicines Use Review by pharmacy to assess adherence and concordance • Provide written information • Rationalise medicines regime • Is there an appropriate alternative • Use of clearer directions on label 		Green (reminder) cards may be issued by STH Pharmacy departments on request.
Complexity	Simplify medicines regime <ul style="list-style-type: none"> • Medication review • Medication Administration Record (MAR chart) • Simple domestic routine 		Community Pharmacies may supply Medication Administration Record charts with medication when requested as per the Council Commissioned Service
Remembering to order	Assist with ordering medicines <ul style="list-style-type: none"> • Prescription collection service • Repeat dispensing • Reminder on calendar • SMS Messaging reminders • 'Standalone Telecare Solutions' 		At least one pharmacy labelling system (Positive Solutions) includes a facility to send timely SMS messages
Remembering to take	Assist with taking medicines <ul style="list-style-type: none"> • Rationalise medicines regime • Reminder charts/Green Card • MAR chart • SMS Messaging reminders • City Wide Alarms (0800 013 0980) • Medidose (Provided suitable support to fill dosette is available) 		Medicine Reminder Charts may be available from Community Pharmacies and STHFT Pharmacy Department At least one pharmacy labelling system (Positive Solutions) includes a facility to send timely SMS messages

Step 4

Outcome of Assessment

It is my opinion that this person **does*/does not*** (Please delete as appropriate) have difficulties with taking their medicines

State clearly what support is required with the taking of medicines:

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Signature of Person Completing the Assessment.....

Name

Role

Having been fully informed I, the patient, give my consent for the support being offered to assist me with my medicines.

Signature of Service User