

NHS Kent and Medway

Use of digital systems to support medicines management in care homes

Best Practice Guidance

Version History

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0.1	Draft	September 2024	-	First draft complete.
0.2	Draft	July 2025	-	BPG changed from eMAR guidance to digital systems guidance. Use of remote pharmacies is incorporated into guidance.
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Contents

Background.....	3
Definitions	3
Electronic Medication Administration Records (eMAR).....	4
What is eMAR?.....	4
Framework for the minimum expectations of eMAR platforms in care homes	5
1. Supporting safe processes in the care home	5
2. Improving efficiency and ensuring usability by all staff	6
3. Functioning as an effective auditing tool.....	7
4. Being supported well by the eMAR provider, and complying with legal and regulatory requirements	8
5. Having a seamless interface with the community pharmacy	8
Costs of using eMAR.....	9
Distance-selling and remote pharmacies	10
What is a distance-selling pharmacy?	10
What is a remote pharmacy?	10
Guidance for using distance-selling or remote pharmacies	11
Medication shortages and prescribing medicines by brand name	12
Raising concerns	12
References.....	13
Appendix 1: Framework for minimum standards of eMAR platforms in care homes.....	14

Background

There have been questions and concerns raised to the ICB regarding the use of digital systems to support the management of medicines in care homes. The two most common areas are:

- The use of electronic medicine administration records (eMAR), with the following concerns being highlighted:
 - Medication errors (reporting and whilst using the eMAR system)
 - Poor training on the use of the system for staff,
 - Medication ordering (leading to delays in medication),
 - eMAR providers not supporting care homes with issues that arise,
 - Community pharmacies not trained on using and integrating the eMAR system.
- The use of remote or distance-selling pharmacies:
 - Medication not being delivered as expected (including delays and incorrect medications)
 - Acute medicines being dispensed several days after being prescribed,
 - Medicines being dispensed by multiple pharmacies, and medicines being claimed for despite not arriving at the care home. (leading to increased medication errors and missed doses)

The aim of this Best Practice Guidance (BPG) is to support care homes when using these digital systems. This BPG will cover minimum expected standards for eMAR systems when transitioning to eMAR or once eMAR is in place, and provide guidance on what processes are expected when receiving medication from a remote or distance-selling pharmacy.

This does not replace the human aspect of the medication administration process, and processes should still be in place for the prescribing, dispensing, ordering, storage, and disposal of medicines.

The ICB and this BPG do not recommend or endorse any specific eMAR platform or remote / distance-selling pharmacy; the choice to use these systems, and the eMAR platform or pharmacy chosen, will remain with the care home.

Definitions

MAR: Medicines Administration Record - a record of all medicines administered to a patient in a care setting, showing when the medication was administered, and any omitted doses.

eMAR: Electronic Medicines Administration Record - a digital MAR, providing the same functionality as a paper MAR, but recorded digitally

eMAR platform: The digital software used by the care provider that has eMAR built into it

eMAR provider: The company that provides the digital software (or eMAR platform) to the care provider

NHS Kent and Medway - ICMO Team	Approval date: October 2025 Status: Approved	Version: 1.0	Review date: October 2027
			Page 3

Electronic Medication Administration Records (eMAR)

Care homes are required to maintain records of medications administered to their residents. This is usually recorded on paper medicine administration record (MAR) charts produced by the community pharmacy. However, with electronic medicines administration records (eMAR), these records are digitised to create a live document of medicines administration.

The Care Quality Commission (CQC) summarised that “eMAR can offer benefits such as making it easier to identify missed doses. However, poor training, implementation and IT literacy of staff, and variable quality of equipment and software, can mean that people don’t have their medicines administered as prescribed”.¹

This BPG may also set out elements of an eMAR platform that could be beneficial to a care home, but these will not be a minimum expectation and will be stated as such.

What is eMAR?

eMAR (electronic medicines administration record) is a digital alternative to paper-based medication charts. Using digital software, eMAR digitally records the administration of every medicine administered to a resident to create a live document of medicine administration.

The following are some advantages and disadvantages of eMAR:

Advantages	Disadvantages
<ul style="list-style-type: none"> Improved patient safety through a reduction in medication errors. A reduction in the overall time taken to administer medicines. Medication records are stored electronically and available 24/7 for easy access. Allergies and interactions are automatically highlighted. The system will give extensive and robust audit information on medicine usage. For example, timings of administered medicines will be recorded, and any missed doses will be easily highlighted. 	<ul style="list-style-type: none"> Relies on working IT equipment. Can introduce new administration errors. Still requires human interaction and clear processes (the IT system is only as good as the process) Requires all staff to have access. Forgetting the username/password to the system may result in the inability to administer medication. Medication errors can still occur Allergies can be missed

There are a significant number of eMAR providers available for care settings, providing varying levels of digital input. Some eMAR providers also tailor services towards domiciliary and supported living services.

At a minimum, an eMAR platform is expected to:

1. Support **safe processes** in the care home, with mechanisms in place to optimise medicines safety in the care home.
2. Be **efficient**, meaning it is easy for all staff to learn and use as part of day-to-day practice, as well as simplifying medicines management processes in the home (administration, ordering, stock management) without compromising patient safety.
3. Be able to function as an **effective auditing tool** on medicines usage and administration (for example, missed doses, timing of medicines administered) and as an effective tool when investigating and reducing the risk of medication-related incidents.
4. Be **supported well** by the eMAR provider, 24 hours a day, and comply with **legal and regulatory requirements**.
5. Provide a **seamless interface** between the care home and the community pharmacy.

Framework for the minimum expectations of eMAR platforms in care homes

A framework for the minimum expectations for eMAR platforms in care homes can be found in Appendix 1. The framework covers the five expectations listed above (safe, efficient, auditing tool, well supported by eMAR provider, and seamless interface) and can be used by care homes when reviewing their current eMAR platform or when deciding to transition to eMAR. These are covered in more detail in the following paragraphs.

1. Supporting safe processes in the care home

Medicines safety is the main priority for all medicine-related processes and procedures in the care home (Care Providers), and this also applies to the use of eMAR. An eMAR platform should not only be able to take the place of all the processes of a paper MAR but should also include mechanisms to automatically identify potential errors and near misses around medicines management.

Medicines administration is the focus of an eMAR platform, and the platform must be able to:

- Clearly show which medicines have been administered and which medicines have not.
- Identify any missed doses.
- Add in medicines that are prescribed for short courses.
- Add in medicines that are purchased by the resident or the home, including homely remedies.
- Have clear coding for intentionally missed doses (for example, medication declined, out of stock).
- Input time-critical medicines at the appropriate time for the patient and highlight when they are due if they are outside of normal administration rounds (for example, medicines for Parkinson's Disease).

- Allow for photographs of residents to be included in the eMAR to support medicines being administered to the correct resident.
- Document allergies for each resident and have them easily accessible.
- Highlight any medicines that are prescribed where the resident has a documented allergy or adverse reaction.
- Flag when a medicine is prescribed twice for the same resident.
- Either lock a medicine used as required (PRN) until the appropriate time has passed since the last dose (preferable) or flag when it is too soon to administer another dose.

There are a wide variety of additional functions that an eMAR platform may utilise in medicines administration. These may be beneficial to the care home, but they are not the minimum standards expected from the platform. For example: linking medicines administration to physical health monitoring, such as allowing for blood pressure or heart rate to be added when administering medicines used in cardiovascular disease or adding blood glucose when insulin is administered. When systems are used that do not link physical health to medication, staff should be trained and competent in identifying what additional monitoring requirements are needed for their residents.

2. Improving efficiency and ensuring usability by all staff

A main advantage of using an eMAR platform is the reduction in the overall time taken to administer medicines - this is especially significant for care homes with a high number of beds. However, whether time is saved is dependent on the complexity of the system and the competence and confidence of the people using the system. An eMAR platform should be simple to learn and use by any staff member trained to administer medicines, including those with less familiarity with digital systems.

Additionally, any increase in efficiency must not come at the expense of patient safety.

The eMAR provider must:

- Provide training to all staff who will be using the eMAR platform. This training should be accessible and understandable regardless of familiarity with digital systems.
- Ensure training is available to staff who may require it at short notice, for example, agency staff.

The eMAR platform must:

- Avoid complex procedures in the administration process. For example, not having to click through significant numbers of screens/tabs to administer each medicine.
- Include a process for identifying patients based on their location in the home (for example, room number, floor, etc.)
- Have a function to monitor stock levels of each medicine used, to ensure timely ordering and avoid overstocking of medicines.

Note: The care home still has a responsibility to ensure its staff are suitably trained and competent to administer medicines. This includes, but is not limited to:

- Ensuring agency staff have the ability and time to learn how to use the eMAR platform.
- Working with the eMAR platform to ensure only required medicines are ordered.

3. Functioning as an effective auditing tool

A key element and significant advantage of an eMAR platform is its ability to store information digitally, including past medication records, and the input of every user administering the medication. This can allow for easy reporting and auditing of medicines administration, as an eMAR platform can identify who administered which medication at the exact time it was inputted, and just as importantly, which medicines were omitted or missed. These reports can also support the home following medication incidents, providing additional information on what happened and why it happened. Therefore, eMAR platforms must include this feature.

Although the details and functionalities of different eMAR system reports may differ, at a minimum, the platform must be able to:

- Produce reports of the following information:
 - Medicines with administration that have not been marked as given, or given an omission code (i.e., a missed dose).
 - Medicines with documented codes for omitted doses (e.g., dose declined, sleeping, out of stock, outside of the home).
 - Timings of medicines administration.
- Filter reports to specific time frames and individual staff members (for example, filtering a missed dose report to the specific administration round it occurred, and being able to identify the staff member administering to check if the medicine was given).
- Allow for each user to have their own individual login to the system, with access appropriate to their role.
- Have an internal system to document incidents and near misses (**note:** the care home must still report incidents and near misses as per their policies - this is in addition to supporting investigations into incidents and near misses)
- Have a mechanism to be able to search previous charts or administration periods, for at least 8 years, as per the Records Management Code of Practice.²

Note: Although it is expected that the eMAR platform will be able to provide these reports and tools for auditing, it is still the responsibility of the care home to use these reports appropriately and in line with their policies and procedures.

NHS Kent and Medway - ICMO Team	Approval date: October 2025 Status: Approved	Version: 1.0	Review date: October 2027 Page 7
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4. Being supported well by the eMAR provider, and complying with legal and regulatory requirements

Any eMAR platform used in a care home should be overseen and supported by its provider to facilitate ongoing and effective use of the platform. The care home staff should have a clear process to access advice and support from the provider, and steps must be taken proactively to ensure patient care is not impacted when the platform is not working as it should.

The eMAR platform and provider must also comply with any legal and regulatory requirements, for example, data protection regulations, record keeping, and national and CQC standards on medicines administration.

The eMAR provider must:

- Provide a contact for the care home 24 hours a day (including weekends and bank holidays) to provide support and advice when needed.
- Ensure there are contingency plans in place for events that could impact the use of the eMAR platform (e.g., power cuts, internet outages), and ensure the care home is aware of how to access these.
- Have a system to back up and recover data in the event of a system failure or other incident leading to data loss.
- Have a contingency plan in place to support the care home when medication cannot be obtained by usual means (i.e., the usual community pharmacy is unable to supply the medication).
 - **Note:** it is still the responsibility of the care home to identify and resolve issues not related to the eMAR platform (for example, if medication is not ordered in time, or if prescriptions do not arrive at the community pharmacy in time) - the above point relates to ensuring that if medication is sourced from other locations, the eMAR platform can still be used to record and administer these medicines safely. This should all be documented in the care home's business continuity processes and procedures.
- Ensure that all data included within the eMAR platform (e.g., patient data, medication data) is appropriately secured according to national legal data protection regulations and be able to provide evidence of this. For example, compliance with the Data Protection and Security Toolkit (DPST).
- Ensure that the eMAR platform complies with good, safe, and effective practice as set out by the CQC.

5. Having a seamless interface with the community pharmacy

An eMAR platform is not solely within a care home; there is a secondary element of the platform within the community pharmacy, which allows for the medicines to be prepared and dispensed to link into the care home. This includes the creation of the eMAR based on the medicines dispensed by the pharmacy, and the creation of the medication cycles (e.g. 4-week cycle, 1-week cycle)

NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved	Page 8	

dependent on the individual resident and the care home. The eMAR platform must be tailored to both the care home and the community pharmacy, and the above considerations should also be followed for the system used in the community pharmacy.

The eMAR provider must:

- Ensure that there is a clear link between the community pharmacy and the care home, so that documents created by the pharmacy are transferred automatically (e.g., electronic MARs).
- Provide 24-hour support to the community pharmacy in the event of any queries or emergencies.
- Provide adequate training to the pharmacy team - this should include any member of the team who may have to interact with the eMAR platform within their role.
- Ensure that contingency plans are in place in the event of system failure/downtime within the community pharmacy to ensure patient care is not compromised.

Costs of using eMAR

The cost of the eMAR platform should be a discussion between the care home and the eMAR provider, and will vary depending on the care home size, the eMAR provider itself, and the services and functionalities within the eMAR platform provided. It is important to note that there will also be a cost to the community pharmacy who is supplying the medication as they will also require a system to be introduced. Patient safety **must not** be compromised to save costs.

Distance-selling and remote pharmacies

Distance-selling pharmacies (DSPs) and remote pharmacies are pharmacies that provide services outside of traditional face-to-face interactions. This may include dispensing of medication and delivering to patients, including patients outside of the pharmacy area.

Pharmacy services provided at a distance pose different risks than those provided in face-to-face settings. The General Pharmaceutical Council (GPhC) advises that “when medicines are not given to the person or their representative in the registered pharmacy, but instead are delivered to the person’s home or workplace, there may be a bigger risk of medicines being lost or delivered to the wrong person”.

Pharmacies must have a risk assessment completed to identify and manage the risks around the pharmacy’s operation; this should be completed for each service, medication and medical device being provided at a distance, including medication delivery and record keeping.³ Care homes must also have a policy in place if using a DSP or remote pharmacy to ensure processes remain safe and consistent.

What is a distance-selling pharmacy?

A distance-selling pharmacy (DSP) is a pharmacy that provides essential pharmacy services, but all patients receiving these services do not receive them at the pharmacy premises. These pharmacies cannot provide essential services face-to-face and must be registered with the General Pharmaceutical Council (GPhC).

What is a remote pharmacy?

A remote pharmacy is a term used for a pharmacy that provides services outside of traditional face-to-face interactions. A DSP is an example of a remote pharmacy, but remote pharmacies can also include pharmacies that use a combination of in-person interaction at the premises and longer-distance services. An example of a remote pharmacy is a hub-and-spoke pharmacy, where medicines are dispensed at a central “hub” location, but pharmacy services are still provided at the individual local “spoke” locations. Remote pharmacies may also incorporate the use of digital technologies, for example, virtual consultations with some patients.

Guidance for using distance-selling or remote pharmacies

If a care home chooses to use a DSP or remote pharmacy for their medication dispensing and delivery services:

- The home must have a policy on how medicines will be obtained if the medication is not delivered by the remote pharmacy. This is particularly important for medicines required for acute conditions (e.g. antibiotics) or critical medicines (e.g. insulin, medicines for Parkinson's Disease). Please refer to the ICB Critical Medicines List for a full list.
- **ALL** missed deliveries should be reported to the Integrated Care Medicines Optimisation (ICMO) team at kmicb.icmopharmacyteam@nhs.net. The ICMO team will then work with the care home and remote pharmacy to communicate the risks around missed medication and what actions can be taken to avoid future missed deliveries of medicines.

When setting up pharmacy services with a DSP or remote pharmacy, the following must be confirmed in writing. If a contract is set up between the home and the pharmacy, then the following must be included in the care home contract:

- The care home must keep records of each medicine ordered for each of their residents, so that this can be cross-checked against the medicines that are delivered.
- The pharmacy must keep records of all medicines dispensed on the patient medical record (PMR - legal requirement), and records of medicines delivered to care homes. The PMR should be kept for a minimum of 2 years⁴, but it is recommended to keep it for 10 years after the death of a patient.⁵
- Prescriptions for the following medicines must be delivered to the care home within 24 hours of prescribing:
 - Medicines on the Critical Medicines List
 - Medicines for acute conditions (e.g., antibiotics)
 - Short courses of medicines / one-off medicines
 - Changes to medication
- The pharmacy must deliver regular monthly medicines at least 5 days before the start of the cycle.
 - If there are any medicines not delivered, the pharmacy must provide the care home with an estimated date of delivery for each medicine not delivered. If the medicines will not be delivered by the cycle start date, then the care home must be informed at least 2 working days before the cycle starts, so that arrangements can be made with the GP practice to avoid any missed doses.
 - Medicines not delivered **must not** be claimed by the pharmacy.
- The care home must inform the pharmacy of any missed medicines within 24 hours of receiving them.
- There must be a contingency plan in place in the event of medication being continually delayed (for example, the option to leave the contract and use a different pharmacy), to ensure the best patient care is provided.

NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved	Page 11	

If residents are no longer at the care home (e.g. transferred to another home / own home, or if the resident is deceased), then the care home should inform the pharmacy as soon as possible. The pharmacy must then ensure the resident is no longer linked to the care home on their system, and a note should be made on the PMR that medicines should not be dispensed for that resident to the care home any longer.

Medication shortages and prescribing medicines by brand name

Prescribing within the NHS must always be based on patient safety, clinical appropriateness, and cost-effectiveness, in line with NHS England policy and the local formulary. Care homes should be aware that requests to prescribe medicines by brand name, purely for financial reasons, are not supported, and may cause additional delays in medicines being supplied to residents.

Where a medicine is prescribed generically, pharmacies are reimbursed according to the Drug Tariff. During periods when a medicine is listed as “**No Cheaper Stock Obtainable**” (NCSO), pharmacies are reimbursed at the concessionary price (a new, fixed price for that month which is higher than in the Drug Tariff) regardless of whether the prescription is written generically or by brand. Therefore, there is no financial disadvantage to pharmacies if generic prescriptions are issued during NCSO periods.

Brand prescribing should only be requested where there is a clear clinical need, such as for medicines with a narrow therapeutic index, modified-release formulations, or biological products.

Raising concerns

Delays in delivering medication to care homes can lead to serious complications for the residents (including withdrawal symptoms, missed doses of critical medicines, and even hospital admissions).

Delays in delivering medication can also lead to short courses of medication being re-issued by GP practices to local pharmacies, which compounds the risk in the future of medicines not being supplied to residents correctly. For example, issuing a one-off prescription to a local pharmacy could inadvertently change their nominated pharmacy, meaning the resident's prescriptions would be sent electronically to the wrong location going forward (however, GPs should be able to select a one-off nomination for acute prescriptions without changing the resident's chosen pharmacy - this should be discussed with the GP practice).

It is the responsibility of the care home to ensure its residents receive the best, safest, and most appropriate care, which includes ensuring medication is administered to their residents correctly. If there are any concerns regarding the delivery of medicines from remote pharmacies, in the first instance, the pharmacy should be contacted to discuss the concern.

If the concern cannot be resolved, or if the person/organisation raising the concern does not wish to discuss with the pharmacy, the concern can be raised to the South East Complaints Hub at

NHS Kent and Medway - ICMO Team	Approval date: October 2025 Status: Approved	Version: 1.0	Review date: October 2027 Page 12
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frimleyicb.southeastcomplaints@nhs.net, or the Integrated Care Medicines Optimisation team at kmicb.icmopharmacyteam@nhs.net.

If a medication has not been received as included in this guidance, the GP practice must be contacted to try and arrange a prescription to be sent to a local pharmacy. If this occurs, please inform the Integrated Care team at kmicb.icmopharmacyteam@nhs.net. If it is not possible to contact the GP, or it is out of hours, then 111 must be contacted to try and arrange an urgent prescription.

If medication is continually delayed, the care home should consider switching to a pharmacy that can provide the service that the residents require.

References

1. Care Quality Commission (2023) *Electronic medicines administration records (eMAR) in adult social care*. Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/electronic-medicines-administration-records>
2. NHS England (2021) *Records Management Code of Practice. A guide to the management of health and care records*. Available at: <https://www.cqc.org.uk/guidance-providers/adult-social-care/electronic-medicines-administration-records>
3. General Pharmaceutical Council (2025) *Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet*. Available at: <https://assets.pharmacyregulation.org/files/2025-02/gphc-guidance-registered-pharmacies-providing-pharmacy-services-distance-february-2025.pdf>
4. NHS England (2021) *Records Management Code of Practice*. Available at: https://transform.england.nhs.uk/media/documents/NHSE_Records_Management_CoP_2023_V5.pdf
5. Specialist Pharmacy Service (2023) *Prescription and dispensing records in community pharmacy*. Available at: <https://www.sps.nhs.uk/articles/prescription-and-dispensing-records-in-community-pharmacy/>

Appendix 1: Framework for minimum standards of eMAR platforms in care homes

This framework has been designed for care homes when considering transitioning to an eMAR platform or when reviewing an eMAR system currently in place. It sets out the minimum standards expected from an eMAR platform in a care home. However, it does not recommend any specific eMAR to meet these standards - it is the responsibility of the care home to discuss with the eMAR provider if these standards can be met by the eMAR provider.

A box is included in the right column of the framework for care homes to check off when reviewing a new or current eMAR system and provider.

Domain 1: Medicines safety		
Any digital service used within a care home must ensure that patient safety is not negatively compromised and ensure that medicines management processes and procedures are maintained at the expected high standard.		
Standard	Information	
1.1	The eMAR platform must easily identify missed doses and highlight these to the staff promptly.	<input type="checkbox"/>
1.2	The eMAR platform must have a mechanism in place to stop, or significantly reduce the risk of, as required (PRN) medicines being administered without an appropriate time between doses. For example, locking the medication from being administered, or clear flags when attempting to administer before the appropriate time has elapsed.	<input type="checkbox"/>
1.3	The eMAR platform must ensure time-critical medicines can be inputted at the appropriate time for the resident and highlight when these medicines are due.	<input type="checkbox"/>
1.4	The eMAR platform must document all allergies and adverse reactions for each resident, and flag when these medicines are prescribed.	<input type="checkbox"/>
1.5	The eMAR platform must have a mechanism to flag when a medicine is prescribed more than once to a resident.	<input type="checkbox"/>
1.6	The eMAR platform must have a mechanism to ensure that medicines that require two signatures (for example, controlled drugs) require two signatures as part of the administration.	<input type="checkbox"/>
1.7	The eMAR platform must have a mechanism for adding ad-hoc or short courses of medicines.	<input type="checkbox"/>
1.8	The eMAR platform must have a mechanism for adding medicines that are not prescribed, for example, over-the-counter medicines, or homely remedies.	<input type="checkbox"/>
1.9	The eMAR platform must allow for photographs of residents to be included in the eMAR to support medicines being administered to the correct resident.	<input type="checkbox"/>

NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved		

NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved		

Domain 2: Efficiency		
<p>An eMAR platform should be easy to learn for all members of staff, including those who may have a more limited understanding of technology or digital systems. The system should also be easy to use on a day-to-day basis.</p> <p>An eMAR platform should simplify the medicines administration process, along with related processes in the home, including medication ordering and stock management.</p>		
Standard	Information	
2.1	The eMAR provider must provide training to all staff who will need to use the eMAR platform. The type of training is not specified in this framework, but the training should cover all aspects of the platform that may need to be utilised, and how to respond when its use is not functioning as intended.	<input type="checkbox"/>
2.2	The eMAR provider must ensure training is accessible and available to staff requiring training last minute (for example, agency staff)	<input type="checkbox"/>
2.3	The eMAR platform must avoid complex procedures in the administration process. For example, not having to click through significant numbers of screens / tabs to administer each medicine.	<input type="checkbox"/>
2.4	The eMAR platform must include a process for identifying patients based on their location in the home (for example, room number, floor, etc).	<input type="checkbox"/>
2.5	The eMAR platform must have a function to monitor stock levels of each medicine used, to ensure timely ordering and avoid overstocking of medicines.	<input type="checkbox"/>
Domain 3: Use as an auditing tool		
<p>eMAR systems must be able to provide robust data on medicine usage and administration, which can then be used as part of the audit process, for example, missed doses or timings of medicines administered.</p>		
Standard	Information	
3.1	The eMAR platform must allow for each user of the system to have an individual login. This should include the capacity to add users at short notice, for example, agency staff.	<input type="checkbox"/>
3.2	The eMAR platform must be able to produce a report of medicines with administration that have not been marked as given, or given an omission code (i.e., a missed dose).	<input type="checkbox"/>
3.3	The eMAR platform must be able to produce a report of medicines with documented codes for omitted doses (e.g., dose declined, sleeping, out of stock, outside of the home).	<input type="checkbox"/>
3.4	The eMAR platform must allow the reports produced to be filtered as needed (for example, to specific days or medication administration rounds, or by specific members of staff).	<input type="checkbox"/>
3.5	The eMAR platform must be able to produce a report showing the times medicines have been administered.	<input type="checkbox"/>
3.6	The eMAR platform must be able to store historical documents and medication administration charts for at least 8 years.	<input type="checkbox"/>

NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved		
			Page 16

Domain 4: Supported well by the eMAR provider		
eMAR providers must ensure they have a system in place for when their platform is not working as it should. This should include having contingency plans in place for when the system is not available (such as internet outages) and ensuring the platform meets current data protection and cybersecurity requirements (such as compliance with the Data Security and Protection Toolkit).		
Standard	Information	
4.1	The eMAR provider must have a documented contingency plan for how to manage periods when the eMAR platform is not available (for example, power cuts, system updates or breakdowns).	<input type="checkbox"/>
4.2	The eMAR provider must have a documented policy for how the eMAR platform should be used if there are internet outages at the care home (if different from the contingency plan in 4.1).	<input type="checkbox"/>
4.3	The eMAR provider must provide 24-hour support to the care home for when unexpected concerns or queries arise.	<input type="checkbox"/>
4.4	The eMAR provider must have a documented contingency plan for if the community pharmacy linked with the care home cannot dispense some of or all of the home's medicines.	<input type="checkbox"/>
4.5	The eMAR platform must have a system to back up and recover data in the event of a system failure or other incident that may lead to data loss.	<input type="checkbox"/>
4.6	The eMAR provider must ensure that all data included within the eMAR platform (for example, patient data, medication data) is appropriately secure according to national legal data protection regulations and be able to provide evidence of this. For example, compliance with the Data Protection and Security Toolkit	<input type="checkbox"/>
4.7	The eMAR provider must ensure that the eMAR platform complies with good, safe, and effective practice as set out by the CQC for both electronic medicines administration and medicines administration as a whole.	<input type="checkbox"/>
Domain 5: Having a seamless interface with the community pharmacy		
eMAR providers must ensure that the community pharmacies responsible for dispensing medication to the care homes are well supported and that the systems in both the pharmacy and the care home are linked and communicate seamlessly with one another.		
Standard	Information	
5.1	The eMAR provider must ensure that there is a clear and seamless link between the community pharmacy and the care home, so that documents created by the pharmacy, such as the electronic MARs, are transferred automatically.	<input type="checkbox"/>
5.2	The eMAR provider must provide 24-hour support to the community pharmacy in the event of any queries or emergencies.	<input type="checkbox"/>
5.3	The eMAR provider must provide adequate training to all members of the pharmacy team who will be using the eMAR platform.	<input type="checkbox"/>

NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved		
			Page 17

5.4	The eMAR provider must ensure that contingency plans are in place in the event of system failure/downtime with the community pharmacy to ensure patient care is not compromised.	<input type="checkbox"/>
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NHS Kent and Medway - ICMO Team	Approval date: October 2025	Version: 1.0	Review date: October 2027
	Status: Approved		