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| Title of Guideline | Good Practice Guidance for Care Homes Monthly Medication Ordering Process |
| Guideline Number | |
| Version | Version 2.0 |
| Effective Date | February 2024 |
| Review Date | February 2027 |
| Original Version Published | |
| Equality Impact Assessment | |
| <i>Approvals:</i> | |
| Give details of approval at appropriate Governance meeting(s) | Approved at BHT pharmacy governance on 25/01/24. Approved at Community & Rehabilitation Clinical Governance & Quality Board on 21/02/24 |
| | |
| Medicines Check (Pharmacy) | |
| Clinical Guidelines Group | |
| Original author/s | Original authors - Unoma Okoli, Lead Interface Pharmacist- older people |
| Contributing author: | Monice Hussain, Care Homes Pharmacy Technician. |
| Revising author/s: | Monice Hussain, Care Homes Pharmacy Technician |
| SDU(s)/Department(s) responsible for updating the guideline | Division of Integrated Elderly and Community Care |
| Date uploaded | February 2024 |
| Buckinghamshire Healthcare NHS Trust | |

Good Practice Guidance for Care Homes Monthly Medication Ordering Process

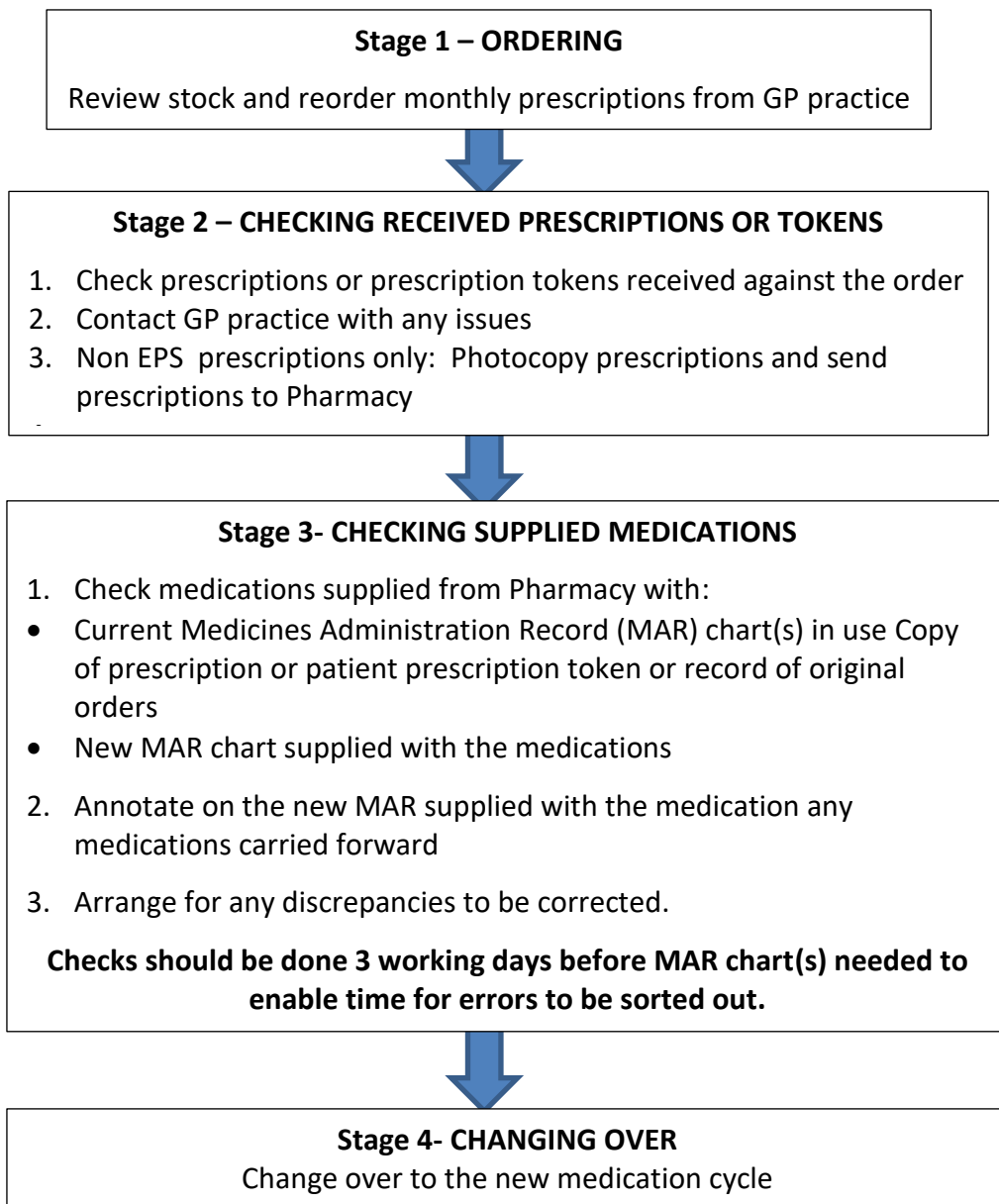
For all care home staff responsible for monthly ordering of medications in care homes

Aim

To provide a framework for a safe and efficient monthly prescription ordering process that ensures compliance with NICE guidance on managing medicines in care homes¹ Appendix 1

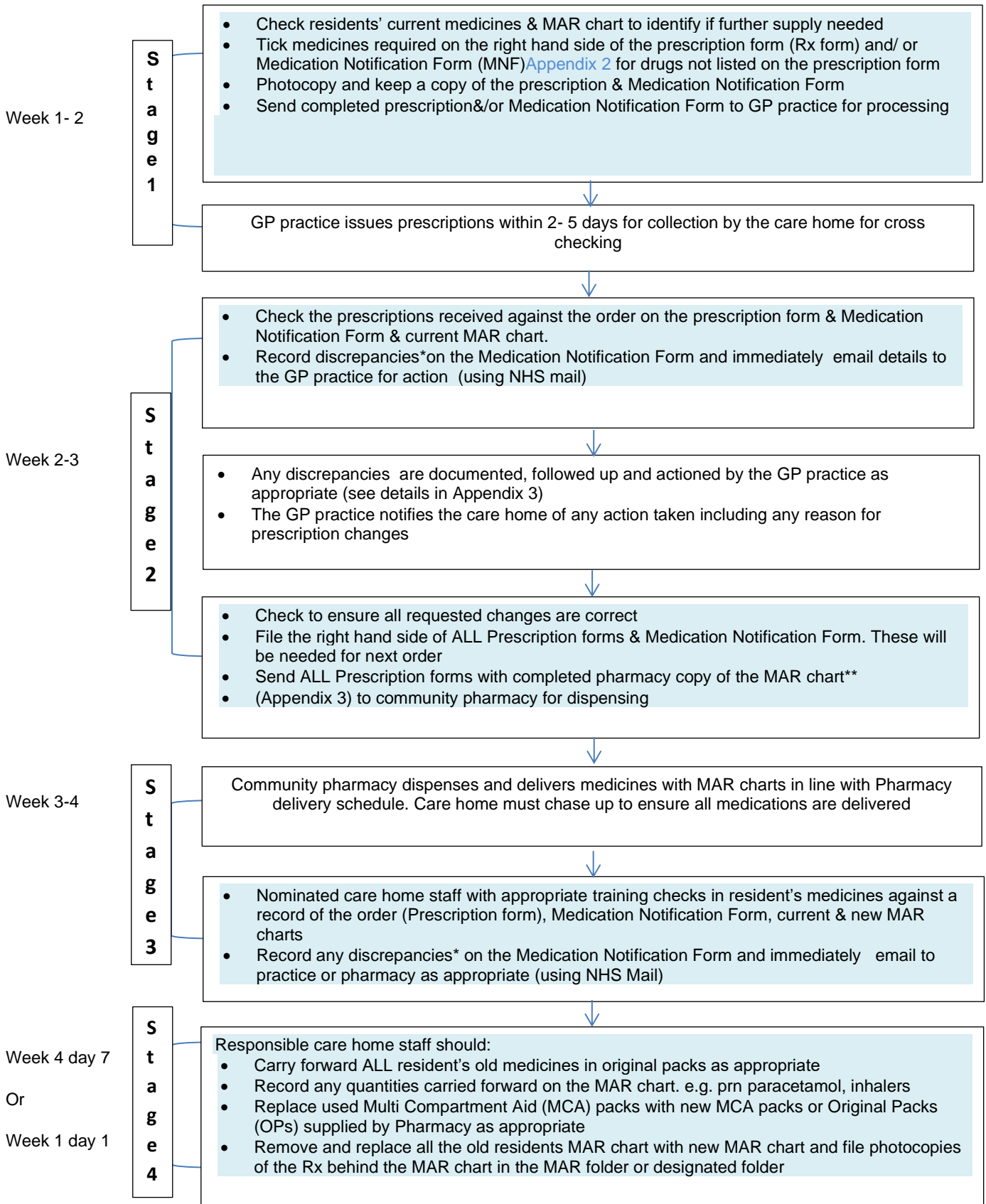
To adopt a system of working that minimises errors , waste in ordering and delivery of medicines

There are four key stages to the medication ordering process



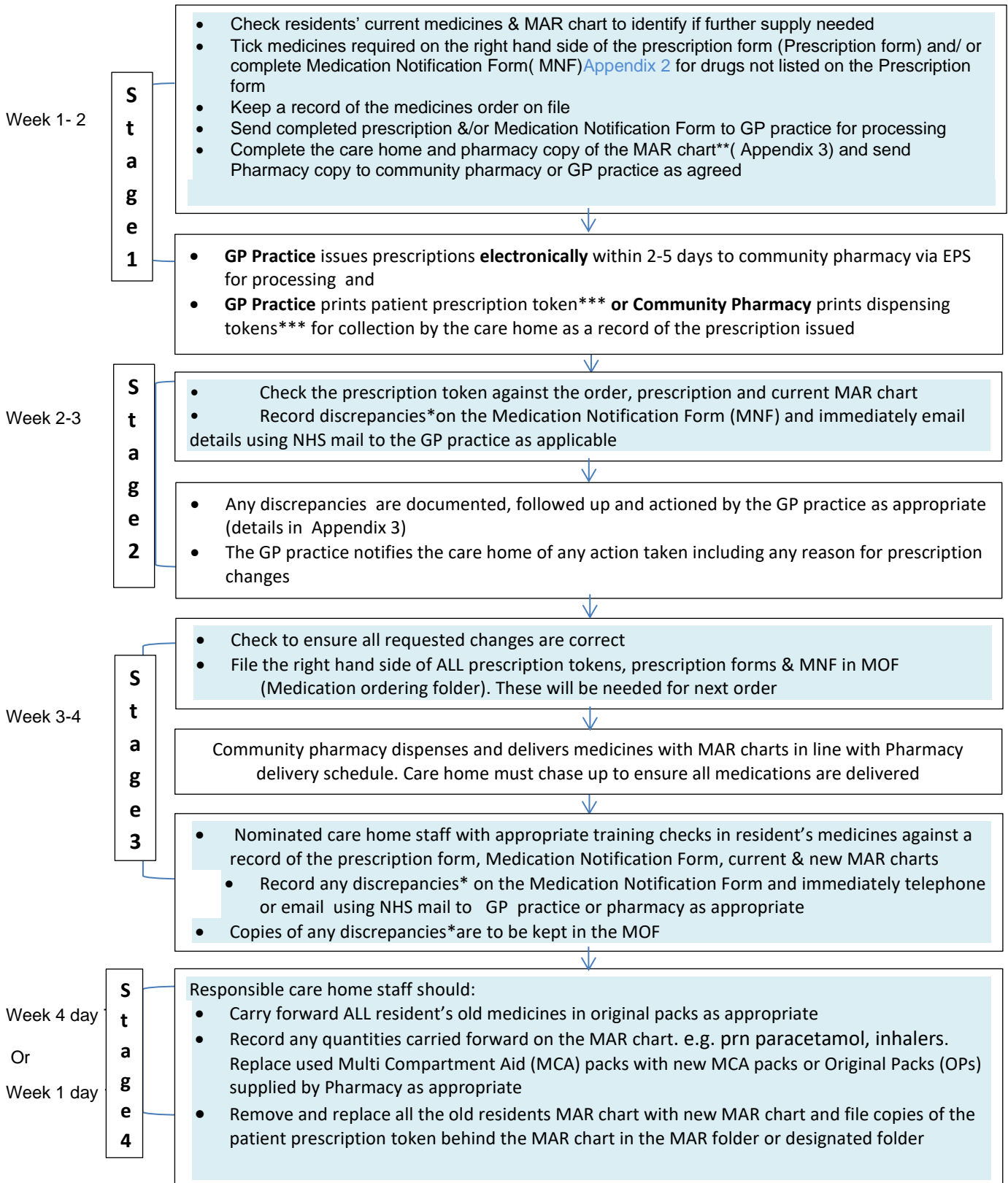
Monthly Medication Ordering Process for Care Home using Paper (Non EPS)

Standards for care homes to adopt- care homes actions are highlighted in the blue boxes



Monthly Medication Ordering Process for Care Home using EPS

Standards for care homes to adopt- care homes actions are highlighted in the blue boxes



Appendix 1

NICE Guidance: Managing medicines in care homes SC1: 2014 states:

Care home providers should have an up-to-date medicines policy, which they review, based on current legislation and the best available evidence. The policy should include written processes for ordering medicines

Care home providers:

- **must** ensure that medicines prescribed for a resident are not used by other residents
- should ensure that care home staff have protected time to order and check medicines delivered to the home
- should ensure that at **least 2 members** of the care home staff have the training and skills to order medicines, although ordering can be done by one member **of staff**
- **should retain responsibility for ordering medicines from** the GP practice and should not delegate this to the supplying pharmacy
- should ensure that **records are kept of medicines ordered**
- should **check medicines delivered** to the care home against a record of the order to ensure that all medicines have been prescribed and supplied correctly

Additional notes: *This document should be used together with the flow chart for the various stages of the medication ordering process*

Appendix 2: MEDICATION NOTIFICATION FORM for CARE HOMES

Name of Care Home & Contact Details

- When requesting any medicine clearly indicate (by ticking the appropriate box) the reason for request and whether it is an **URGENT ITEM** (i.e. needed processing within 24hours) or a **NON URGENT NEW ITEM / INTERIM REQUEST** (i.e. needed within 2-3 days) or if it is required as part of the next routine **MONTHLY PRESCRIPTION ORDER**.
- For Non urgent prescription requests email the GP practice using NHS mail. Non urgent request will **usually be processed within 48 hours (72 hours if over weekend or bank holiday) and delivered to the care home by pharmacy** within 3-5 days of prescription request.
- For all new medicines requests, state number of days treatment if medicine is ACUTE only or if it is a repeat medicine the number of days required to synchronise supply with the next medicine cycle
- For Urgent Prescription requests- e-mail using NHS Mail to **BOTH** the GP practice to the designated Pharmacy. Urgent prescriptions will be issued by the practice & forwarded directly to the pharmacy indicated below for urgent delivery. Urgent prescription request should be followed with a telephone call

| DRUG DETAILS (for each drug entry state name strength if applicable and dose) | | Reason for Request (tick all that apply below) | | | | | | Prescription type (tick below) | | | Is DRUG REQUEST URGENT? State Yes or No for each drug entry made) |
|--|---------------------------|---|-------------|------------------|--------------------------------|---------------------------------|-------|------------------------------------|----------------|--------------------|---|
| Drug and Dose | Quantity required in days | New drug started | Dose change | Direction change | Formulation change of existing | Medicine query* (state details | Acute | New item | Interim repeat | Monthly order item | |
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Comments /Response to Medicine Query* (include additional Monitoring Information if required)

Form Completed by: - Staff Name Signature.....
Date.....

Appendix 3

Explanatory Notes

How to report errors:

*Any discrepancies (e.g. missing medications, wrong dose etc.) identified as part of the ordering process should be recorded as near miss in line with care home medication policy, the possible causes reviewed and learning shared. Any changes made to improve practice due to this review can be used as evidence of an improvement in safety and reduction in risk of errors.

Process of what to record on the MAR chart

** Care home staff **must** indicate on the care home and pharmacy copy of the current MAR chart one of the following against every item.

- Drug ordered and item listed to be kept on MAR
- Drug not ordered but item listed to be continued on MAR
- Drug discontinued and item to be deleted from MAR
- Drug continued & dose/directions change required –amend MAR
- Drug requested ordered and requested in days

In all cases the Care home & Pharmacy copy of the annotated MAR charts must be an accurate reflection of what the care home has ordered

The selection of what is indicated in the care home and pharmacy copy of the MAR chart may vary depending on the community pharmacy that supplies medication to care homes.

Who is responsible for generating the prescription tokens?

***Patient Prescription tokens can either be generated by GP practice or Community Pharmacy. It should be agreed who has the responsibility to provide the care home with prescription tokens.

Example of Pharmacy copy of the MAR Chart – this provides an illustration of information that should be captured at the time of medication reordering

PHARMACY
MEDIATION ADMINISTRATION RECORD
PHARMACY COPY

NAME
ADDRESS
(Room Number, Care Home)
D.O.B.
ALLERGIES
DOCTOR

START DATE
END DATE
START DAY

WE HAVE REQUESTED THE FOLLOWING FROM THE SURGERY

| MEDICATION PROFILE | TIME:DOSE | REQUEST IN DAYS | CONTINUE ON MARR SHEET | DISCONTINUE ON MARR SHEET | CHANGE DIRECTIONS TO | DOCTOR'S SIGNATURE AND DATE |
|--------------------|-----------|-----------------|------------------------|---------------------------|----------------------|-----------------------------|
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TEAR OFF THIS MARGIN BEHIND