

Medicine Matters

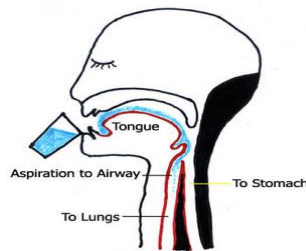
North of England
Commissioning Support

Medicines information for care staff in a social setting

Winter 2017/18

Medicines and Dysphagia

The potential for developing dysphagia (or swallowing difficulties) becomes increasingly common as people grow older. The incidence of dysphagia amongst older people in care homes is high (possibly as high as 68%). Of particular concern in this cohort, are residents who perhaps because of dementia also unable to understand or communicate the problem. Typically older people in care homes take 8 or more medicines each day. Dysphagia is a big problem.



Do you regularly assess a resident's ability to swallow the medicines they are prescribed?
Do you have a protocol that includes assessment of capacity and are staff trained to administer medicines to residents with dysphagia?

Most medicines are formulated into tablets and capsules, the risk with this type of medicine is that the person who has difficulty with their swallow may bite into the tablet or capsule resulting in an unpleasant taste, harm to the mouth and throat, change the way in which the drug is absorbed or may choke whilst attempting to swallow. Liquid medicines are sometimes available but changing to a liquid also has problems as the dosing is less accurate, thin (watery consistency) liquid medicines may also result in aspiration or choking and the resident may not have the capacity to consent to the change. Liquid medicines are also sometimes very expensive options.

All prescribed medicines are thoroughly tested before they are given a license. This license effectively guarantees the safety and efficacy of the medicine. However any manipulation to the medicine (if not specified in the license) such as storing out of the manufacturers packaging, splitting

or crushing tablets, opening capsules or thickening liquid medicines will void this guarantee and in these circumstances, the prescriber, the pharmacist, the nurse or the carer administering the medicine may become legally responsible for any adverse effect resulting from taking the medicine.

If you split or crush a tablet, open a capsule, thicken a liquid medicine or administer a medicine via a peg, you must have written authority to do so and the instruction should be checked with a pharmacist prior to administration.

If you have any residents who struggle to swallow their medicines you should contact the GP practice for a prompt review of medication, discuss how best to administer these medicines with a pharmacist and then write an individualised protocol for administration of each medicine

Further guidance regarding administering medicines to residents with swallowing difficulties is available on our website.

Medicine Training for Care Homes

PrescQIPP have recently launched their new Care Home e-learning course which supports care home staff involved in any aspect of medicines use. There are seven modules that can be listened to at a pace and time that suits the individual and can be undertaken in any order, followed by a short quiz to test understanding.

Further information can be found on:

<https://www.prescqipp.info/the-e-learning-hub/engage/the-e-learning-hub#flyers-for-subscribers-that-have-commissioned-the-course-for-their-area>

Care home staff will need to register for a website account <https://www.prescqipp.info/register/registers> by selecting the 'I work for a care provider but do NOT have an NHS e-mail address' option and specify the commissioning (CCG) area that they fall under.

The Medicines Optimisation Website

Information, guidance documents and various medicine related tools are accessible via our website. These can be downloaded and many may be adjusted to suit your needs.

NECS Medicines Optimisation website: <http://medicines.necsu.nhs.uk/resources/care-homes/>

Electronic Prescription Service

Most practices now send prescriptions automatically to the pharmacy. This is called electronic prescription service or EPS for short.

Whilst this should be very safe and efficient process, poor communication between the GP practice, the care home and the community pharmacy can lead to adverse incidents. To minimise the risk it is important that you understand the following:



- A supplying pharmacy service must be nominated. In addition, a dispensing appliance contractor may be nominated for the supply of catheters, leg bags etc. Nominations of one pharmacy plus one appliance contractor are made by contacting either surgery or directly with the pharmacy/contractor.
- Changes to nomination can be made at any time, for example if you want change pharmacies or if you need a one off prescription from another pharmacy. If you change your nomination for a one off, you must remember to change it back again to your regular pharmacy.
- If the pharmacy is out of stock of a medicine, they can bounce that item to another pharmacy to dispense.
- Some items cannot be sent by EPS, it is up to the care home to ensure that there is a process for collection of the paper FP10's.
- The care home **must** communicate with the pharmacy whenever a prescription is requested. The care home must also advise the pharmacy if this is a monthly prescription or if it a mid-cycle order. For mid cycle prescriptions you must provide the pharmacy with an acceptable delivery schedule. Prescriptions DO NOT arrive automatically.
- It is good practice to get a copy of the prescribing token. This is a record of authority to administer the prescribed medicines under the Medicines Act 1968.

Lessons Learnt:

EPS and Urgent Medicines

A patient in Nottingham recently died when an urgent prescription for an antibiotic was not promptly dispensed and delivered.

The Coroner's inquest recommended that prescribers are alerted to potentially serious consequences of shortcomings in the current configuration of EPS in that **"The EPS system does NOT allow urgent prescriptions to be highlighted to the receiving pharmacy when sent from a GP system"**

The recommendations for care homes is that **"...for urgent prescriptions a phone call is needed to alert the pharmacy team to the patient need"**

Care homes with NURSING care: T-28 Exemption Certificates

Care home providing nursing care will need to make arrangements for the collection of waste medication with a Waste Management Regulations licensed waste disposal company. Controlled Drugs (CDs) must be denatured before being handed to the waste disposal company, e.g. in specially designed denaturing kits. A T28 exemption will be needed in order to comply with the legislation that is overseen by the Environment Agency.

Recent inspections by the CQC have highlighted that some providers are not aware they need to have an Environment Agency issued T-28 Exemption Certificate to dispose of CDs. The exemption is free of charge and allows pharmacies and other similar places, including healthcare settings, to comply with the requirements of the Misuse of Drugs Regulations 2001 by denaturing controlled drugs (making them unsuitable for consumption).

The information about this waste exemption, including how to apply for it, can be found at: <https://www.gov.uk/guidance/waste-exemption-t28-sort-and-denature-controlled-drugs-for-disposal> . Please also note that the exemption only lasts 3 years so after this period the exemption needs to be renewed.

Updated guidance on the management of CDs is now available on our web-site

If you have any questions regarding this newsletter or if you have an idea for an article to be included in a future issue, please contact us on Tel: 0191 2172558 where you will be forwarded to the most appropriate member of the team

Please don't forget to share this newsletter with your colleagues!