NHS

Guidance for Care Homes

Ordering Prescriptions and Receipt of Dispensed Medicines

Purpose of this document

Outcome 9 of the Care Quality Commission; Essential Standards (1) states that "*The registered person must protect service users against the risk associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the ordering, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purpose of the regulated activity*" .

In addition, NICE guidance recommends that "*Care home providers should ensure that the care home has responsibility for the ordering of medicines from the GP practice and not delegate this to the supplying pharmacy*"[1].

Having a robust ordering and receipt process helps ensure that residents have all the medicines that they need at the time they need them.

This document provides best practice guidance on arrangements for ordering and receiving of medicines.

1) Principles

- Medicines are prescribed in response to patient need as assessed by their prescriber.
- In many instances electronic prescribing (EPS) is suitable for care home patients
- Medicines are supplied to meet the needs of patients with **minimum waste**.
- Prescriptions for care homes are normally for 28 days' supply.
- Medicines are supplied in a timely manner.
- Secure processes in care homes, community pharmacy and GP practices, safeguard patients.
- Medicines are supplied and administered according to the Medicines Act (1968) and the Misuse of Drugs Act (1971).
- Good communication between and the co-operation of GP practices, pharmacies and care homes is essential (3).

The following points should be considered in a care home prescription ordering and receipt of medication procedure: -

- The home should have a designated named person(s) and a deputy who processes the regular repeat medication order. This ensures a minimum of two trained staff capable for this task in order to cover holidays/sick or absence etc.
- It is the responsibility of the designated person(s)/deputy to ascertain the current prescribed medication before a further supply is requested, in whichever way is appropriate to the service, (i.e. have a full list of the resident's current medication to refer to prior to ordering).
- The designated person(s)/deputy should order medication based on the patient's continued need and the stock they already hold. Care should be taken to ensure that only current required prescribed medication is ordered, to prevent an overstock.

[1] NICE Guidance; Managing Medicines in care homes published March 2014

- The designated person(s)/deputy (or patient if applicable) should order medicines from the prescriber and keep a record of what has been ordered. The community pharmacy should not undertake this regulated task.
- There may be a number of methods used to document which medicines are required to be ordered including;
    - Supplementary pages of MAR (Medication administration record) charts sent to Home on delivery of previous months medication (may vary between pharmacies)
    - If surgeries do not accept orders on MAR sheets .The Left Hand sides of previous month's prescriptions to be sent to care home.

- When preparing the orders for the new supply of medicines, the allocated person at home should check charts against current medication;
    - ✓ Check all medications on MAR charts are still required.
    - ✓ Check all doses and strengths are correct.
    - ✓ Any omission to MAR chart may be added with a valid reason and then initialled by the supervisor on that unit.
    - ✓ Inform chemist of any changes.

- Use checked MAR chart to order medication for following month by
    - Requesting ALL regular medication
    - Before ordering 'when required' medication, creams, ointments, dressings, sip feeds etc. ALWAYS check current stock levels in the relevant cupboard(s).
    - When an item is NOT REQUIRED due to sufficient stock at Home write NOT REQUIRED clearly against the item on the MAR/ token etc.
    - NOT REQUIRED items will be recorded on the following months MAR (i.e. MAR returned at end of WEEK 4) as 'not supplied this month'

- This process will take place monthly to allow the timely dispensing and receipt of medication. In general it is good practice to synchronise all repeat medication so that all resident's regular repeat medicines are ordered monthly at the same time.
- Paper prescriptions requested from the GP should be returned to the care home to allow them to be checked for accuracy, i.e. check the prescription form against items ordered.
- Electronic prescriptions are sent directly to pharmacies**.** It is the care home's responsibility to nominate a pharmacy. This can be changed at any time for example if you need an urgent prescription sent to a local pharmacy. If this happens you must remember to change the nomination back to your regular pharmacy. **Our recommendation is that the pharmacy prints off a token for the care home to check prior to dispensing and arrangements made to ensure these tokens are delivered to the care home to enable accuracy checks (as used to be done with the prescription).** The order must be checked by the supplying pharmacy liaising with the care home for accuracy prior to dispensing.
- For all prescriptions any discrepancies must be resolved before the pharmacy begins to dispense.
- The designated person(s)/deputy must have sight of the prescription forms. The prescription signed physically or electronically by the prescriber is the care homes legal authority to administer the prescribed medication (4**). Our recommendation is that the care home keeps a photocopy of the green FP10 or the printed dispensing token.**

- The home should have written processes for ordering medication which will vary from service to service, but should include as a minimum: -
    - Who orders?
    - What day?
    - By what method?
    - By which pharmacy?
    - From which GP?
    - Records/copies kept
    - Where & how evidence is filed

Prepared prescriptions at the surgery;

- Allow **at least 48 hours** for the surgery to prepare the prescriptions
- A member of staff from the Home will collect the prescriptions from the surgery or surgery will send prescriptions directly to the Pharmacy as previously arranged

N.B; Late arrival of prescription requests may mean late delivery of medication to the Home

1.1 Emergency Orders

- A robust ordering system within the home should minimise the need for requiring an emergency prescription. (If a resident has run out of medication, an investigation must be undertaken to identify the reason).
- During GP practice hours the request must be made to the resident's GP practice for the prescription of the shortfall of medication required.
- Ideally the shortfall quantity should bring the resident's medication back into cycle with all their other repeat medication.
- Any "out of hours" emergency supply must be requested from a pharmacy and any cost incurred for the emergency supply is the responsibility of the patient/care home.

1.2 Interim Orders

- Interim orders for **repeat** prescriptions should only be required where a resident has had a change to their medication made "mid-cycle".
- In this case the prescription should ideally be of a quantity needed to take that medication to the end of the current medication cycle. A further 28 days' supply should also be requested if the normal monthly order has already been requested/ordered.
- The care home must have a robust procedure to ensure that the pharmacy is informed about the prescription. The pharmacy must be told whether this is a paper prescription to be collected or an electronic prescription to be downloaded. The pharmacy must also be informed about the urgency of the prescription**. Our recommendation is that any telephone message is followed by a fax to ensure the care home has an audit trail of the request.**
- Medicines delivered **mid-cycle** should be entered on the **MAR chart** appropriately, ensuring that all the dates correspond correctly, i.e. the cycle end date for all the service users' medication is the same.
- If an additional MAR sheet arrives from the pharmacy, ensure that the page numbers are updated to reflect an additional sheet eg 1of 4 becomes 1 of 5 etc.

1.3 Residents admitted to hospital

- **PLEASE NOTE** – if any resident is admitted to hospital or passes away, especially after prescriptions have been ordered, you **MUST** inform staff at Community Pharmacy and the appropriate surgery.
- This will help to prevent waste of medication.
- It is also important to use the Communication sheets to inform both the Community Pharmacy and the surgery of any medication changes or changes in circumstances, including new residents.

2) Additional points to be aware of: -

EPS Prescriptions;

- A supplying pharmacy service must be nominated. In addition, a dispensing appliance contractor may be nominated for the supply of catheter leg bags etc. Nominations of one pharmacy plus one appliance contractor are 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 eg controlled drugs, 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 to the pharmacy that an electronic prescription is expected. This will enable them to search for it and download it. Please advise them if this is a monthly prescription or if it an interim. For interim prescriptions you must provide the pharmacy with an acceptable delivery schedule.
- Prescriptions cannot be sent via EPS to other suppliers such as those providing PEG feeds, These must be prescribed via paper FP1 .
- 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.

Receipt of Medicines

- Medication for the new month will be delivered to the Home at the end of WEEK 4

On receipt of the medication from the pharmacy, the home should have processes in place to ensure:

  - The dispensed supply is checked against the ordered medication
  - The dispensed supply is checked against the MAR sheet supplied
  - The new MAR sheet is checked against a up-to-date and complete list of the patient's medication
- It is good practice to track the ordering of prescriptions and receipt of medicines. Records should be kept of all stages. This can be done using either the MAR sheet or a tracker sheet.

GP Practices:

- GP practices have best practice guidance in relation to care homes. One of which is that the recommended prescribing interval for people residing in Care Homes is 28 days, unless a lesser interval is clinically indicated. When treatment is started mid-month the prescriber may have to write a one-off prescription to synchronise treatment with the regular monthly order.

Community Pharmacy

- Medication to be taken on a "when required" basis (PRN medication) **should be left out of the monitored dosage system (MDS)** to reduce waste.

3) Appendices: -

Appendix 1: - Flow chart of an example for medication supply to a care home
Appendix 2: - Record keeping requirement for the medication cycle.

4) References: -

1) CQC: Guidance about compliance Essential standards of quality and safety. Outcome 9: Management of medicines: Regulation 13.

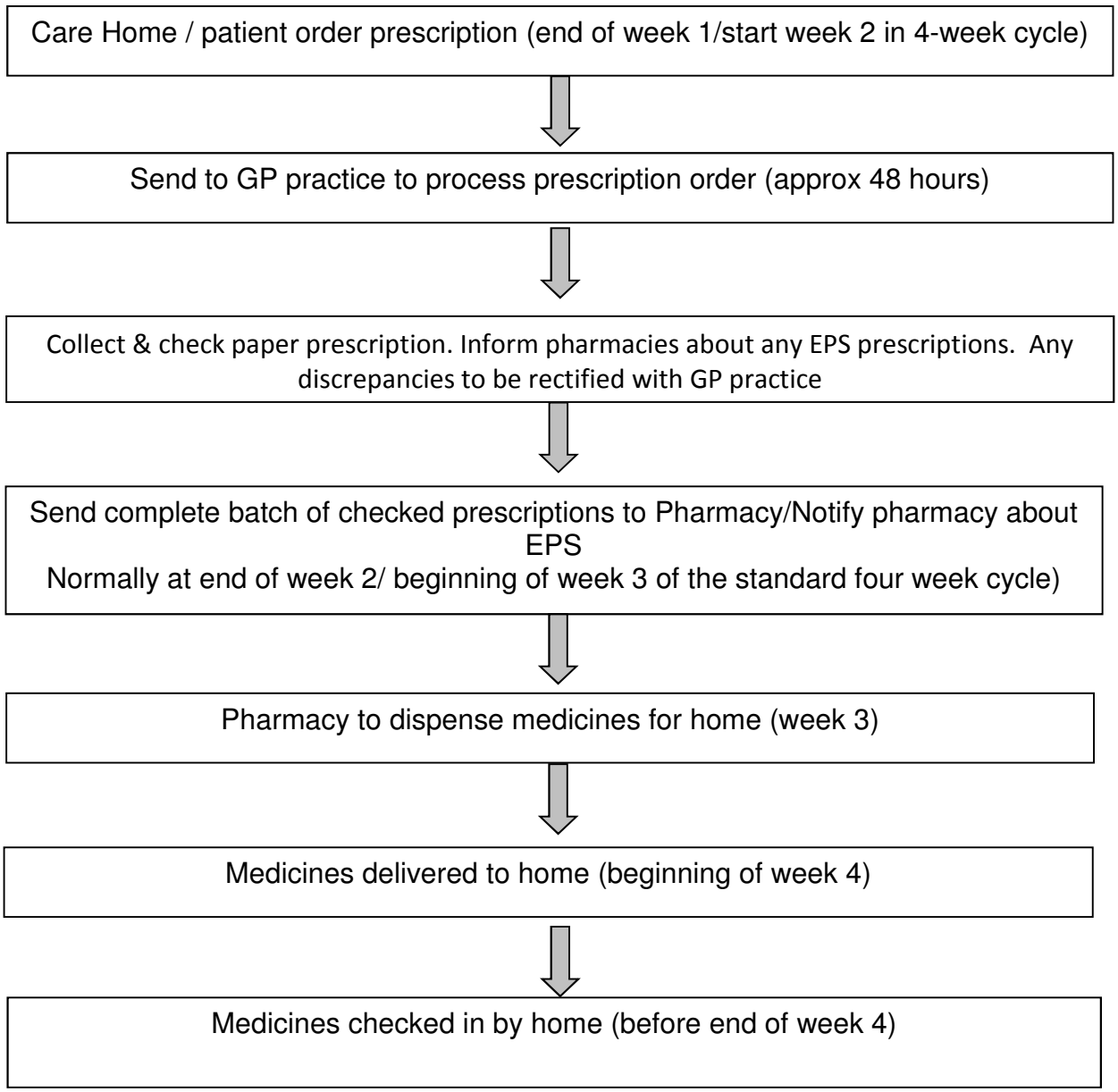
2) NICE Guidance, Managing Medicines in Care Homes Published March 2014

3) Prof. Nick Barber et al. Care Homes Use of Medicines Study (CHUMS). ***Patient Safety Research Portfolio (PSRP), School of Pharmacy*,** University of London. Policy Paper, University of Leeds, University of Surrey (January 2010).

4) The Medicines Act 1968.

4) The Handling of Medicines in Social Care (2007). ***Royal Pharmaceutical Society of Great Britain.***

Appendix 1 - Flowchart of example supply of medicines to a care home



Appendix 2 – Record keeping requirements for the medication cycle

Ordering of prescriptions

Record details of all medication requested for each service user. This can either be done on a purpose-made form, by photo copying the green scripts/EPS dispensing tokens or, by using the pharmacy MAR form (if they are designed for this purpose)

Checking of prescriptions prior to sending to pharmacy for dispensing

Check prescriptions received against the original order - have all items ordered been issued? If not contact the surgery to obtain missing items. Any prescriptions items that may have been printed in error and/or not required **should not be dispensed** – the GP practice should be informed of such discrepancies. Remember to keep a record of all interventions made.
Many care homes find it useful to take a copy of the prescription/dispensing token to use as evidence should any discrepancy occur on receipt of medication.

Receipt of Medication

Check dispensed supply against the MAR sheet supplied making a record of the amount received (include date checked and initial). **Carry any remaining stock forward** to ensure that the MAR chart shows accurate quantities for all service users' medication. **Check that the MAR chart lists all current medications for each service user.** It is recommended that any handwritten additions to a MAR chart have a second check and signature. Check the new MAR against the old MAR as a double check that any changes are reconciled.
Medicines requiring cold storage should be promptly placed into an appropriate fridge. Controlled drugs must be recorded into the CD register and stored in the CD cupboard.

Administration of Medication

Record all medication being administered including homely medicines on the MAR form. Use the appropriate code to record the reason for a medicine not being administered. There should be no gaps on a MAR chart. It is recommended that the MAR chart is dotted on preparing the medication (pop and dot) and only signed when the medicine has been administered.. These requirements apply equally to creams, oral nutrition, patches and injections. A running balance should be kept of all "when required" (PRN) medicines. The MAR sheet should include all prescribed medicines including those administered by other professionals EG insulin in a residential home
All Controlled Drugs must be recorded in the CD register, together with a running balance and have a double signature on MAR chart

Disposal of Medication

Make a written record of any medication requiring disposal; this should include details of the service user's name, medication, quantity for disposal and reason for disposal. All medication should be listed including any dropped, spat out or popped and then refused. **All Controlled drugs should be stored in the CD cupboard until returned to a community pharmacy or for registered nursing homes until appropriately denatured on disposal.** The return / disposal must be recorded in the CD register and the running balance must be updated and witnessed. It is recommended that CDs should be recorded separately in the written record.