

Medicine Matters

Medicines information for care staff in a social setting

Autumn 2018

Waste medicines

There are often times that medicine waste cannot be avoided in care homes, in particular when medicines are discontinued or doses changed. However, staff in care homes can contribute to the minimising the amount of **unnecessary waste** medicines by working closely with prescribers and supplying pharmacy services.

Top Tips for minimal Wastage

- Ensure staff regularly check expiry dates of medicines and are aware of those medicines with a limited life once opened.
- Information about expiry dates could be displayed next to your disposal book (see our website for more information)
- Double check it is appropriate to dispose of the item before it is finally placed in the disposal container.
- Clearly label all medicine containers when they are first opened, or for fridge items when they are first removed from the fridge.
- Only dispose of items when they are past the recommended expiry date or if they are visibly contaminated. To reduce risk of contamination always use a gloved finger to remove sufficient cream for administration from the tub then replace the lid, use new gloves if more cream is required.
- Only order medicines when they are needed, do not order creams, dressings, appliances or "when required" (PRN) medicines with the monthly order.
- Inform the pharmacy when a resident goes into hospital or when a medicine is changed or stopped. (So that they can prevent any discontinued medicines from being dispensed).
- Keep a copy of your medicine order and check this against signed prescriptions or printed dispensing tokens prior to being dispensed by the pharmacy (enables opportunity to clarify any discrepancies with the GP practice, follow up missing items and inform pharmacy of items which may not be required before the medicines are supplied).
- Monitor which medicines are being disposed of to identify trends that can be discussed with the prescriber or the person ordering medicines.

Further top tips to minimise unnecessary medicine waste are available on our website in poster format
<https://medicines.necsu.nhs.uk/necs-good-practice-guidance-and-tools-for-care-homes/>

Common questions regarding Disposal of Controlled Drugs (CDs)

How do you dispose of used Controlled Drugs patches ?

Remember to always **remove the old patch first** and fold in half until stuck together. There will be some residual controlled drug left in the patch. Put back in the empty packet and this can then be discarded in the normal waste . The administration will then be recorded on the MAR chart and also in the CD register. There is no need to return the old patch to the pharmacy or record the destruction in the CD register.

Morphine Oral solution We are still seeing opened bottles of morphine oral solution that have passed their use by date. It is important that Morphine Oral Solution is **discarded 90 days after first opening**. Remember to put a date opened and an expiry date on the bottle to prevent use after this date. We have also seen opened bottles replaced back in the box without tops on .

Recording Controlled Drugs that are returned to the pharmacy We have recently supported a care home with some potential missing CDs. The Controlled Drugs Accountable Officer (CDAO) was made aware of a discrepancy with morphine injections in a care home following a patient death. On checking the CD register it appeared that some injections had been returned to the pharmacy but there was no obvious record in the care home returns book nor had the pharmacy recorded receiving these injections.

On closer investigation the care home had returned the injections along with a large box of other returns but did not have a receipt for the collection or a copy of the items actually returned. Their returns books were not numbered so it was even difficult to find the correct returns book .

Solutions agreed to complete the audit trail were:

- The care home now adds a start and finish date to the front of every returns book.
- The care home calls the pharmacy to arrange a collection of CDs and details are entered on a separate page in the returns book and handed over to the driver who signs the page.
- The driver hands the CDs directly to the pharmacist who records them in the pharmacy returned CD book

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:**

<https://medicines.necsu.nhs.uk/category/resources/care-homes/>

Lessons Learnt: Medicine Reconciliation

On carrying out medicines reconciliation as part of an admission from home to a residential care home, staff obtained a GP summary from the surgery which is considered best practice. It was noted that a number of medications were listed as 'repeat medications' but had not been brought into the home by the new resident. Staff contacted the surgery for clarification, and were told that these were current medicines and should be administered; a prescription for the medicines in question was issued.

The residents' wife was visiting at the time staff were administering medicines and questioned why they were giving medicines which had been stopped. As staff had received confirmation from the GP surgery that these were current medicines, they continued to administer and agreed to contact the surgery again.

On further examination of the GP summary, prescriptions for the medicines in question had not been issued for a number of months, and when this was investigated further at the GP practice, there was evidence of a discussion to stop the medicines, however these were not removed from the repeat medicines list.

As a result, the resident was given medication that had been discontinued.

Consider how this could be prevented

Care homes:

- Use all information available to you – the GP summary should provide information as to WHEN the medicines were last issued by the practice.
- 'Current' medicines (even those which are only used on a when required basis) should have been issued within the last 6 months (unless seasonal e.g. hayfever treatments).
- If a service user or relative is insistent that medicines have been stopped, make sure you relay this information to the GP practice and ask them to check consultation notes to ensure all discussions have been actioned by the practice.

Prescriber:

- Practice good housekeeping with regard to repeat medications, update templates at the time of discussion and add consultation notes evidencing decision making.
- Request that those responsible for issuing repeat prescriptions (reception staff / prescription clerks) look at the dates repeat medicines were last issued, and check consultation notes if there are discrepancies in information.

Pharmacist:

- Check patient medication records at time of dispensing medication – if a regular medicine has not been issued in a number of months contact the GP Surgery for clarification that this remains a current treatment.

Free flu vaccinations for adult social care staff

NHS England have confirmed that free flu vaccinations are available in 2018/19 for social care workers who offer direct care to people using services.

Who is eligible?

Health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza. Vulnerable means those patients/clients in a clinical risk group for flu or who are aged 65 years and over.

NHS England has confirmed that this includes staff directly involved in the care of vulnerable people who are at increased risk from exposure to influenza who are working for registered:

- Residential care homes
- Residential nursing homes
- Domiciliary care services
- Shared Lives schemes
- Extra care housing services
- Supported living services

Where and how can eligible staff get a free vaccination?

Administration of flu vaccines may have been arranged by the employer or staff can go to their own GP practice or any pharmacy. To prove that they are eligible they will need to take identification with them that shows their name and the name of their employing organisation. This could be an ID card or badge, a letter from their employer, or a recent payslip.

What to do in the event of a Flu outbreak in a care home

Public Health England (PHE) have recently published guidance providing information and advice for staff in Health Protection Teams (HPTs), when requested to advise on the management of influenza-like illness (ILI) outbreaks in care homes. The guidance includes information on risk assessment, surveillance, infection control, outbreak management, as well as antiviral treatment and prophylaxis.

Please make sure you know who you should contact if you suspect a flu outbreak in your care home

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/747543/Influenza-like_illness_in_care_home_2018_FINAL.pdf

Help us Help you / Stay Well This Winter

The NHS and local authorities, working together this year have launched a new initiative to help people stay well, prevent an illness getting worse, take the best course of action and get well again sooner in a campaign called **Help us, help you**.

For more information: <https://www.nhs.uk/staywell/>

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!