

Medicine Matters

North of England
Commissioning Support

Medicines information for care staff in a social setting

Autumn 2019

Timing of doses

There are many factors that influence the optimum time to take medicines and this may depend on a number of different factors. As medicines are increasingly being supplied to care homes in original containers (“boxes and bottles”) rather than in monitored dosage containers or monthly blister packs, care home staff may find they are unsure regarding the best time to administer doses. If unsure, please always consider discussing timing of doses with the supplying pharmacy service, however, consider the following points:

Before or after food?

- The stomach or intestinal contents can affect the absorption of some medicines. Some medicines need to be taken on an empty stomach. These medicines need to be absorbed before stomach contents move through the intestinal tract.
- Other medicines need food in the stomach to protect the stomach lining against irritation.
- Medicines should be clearly labelled for those medicines where taking before or with food is significant.

Is the medicine time specific?

- Some medicines must have a specific time between doses e.g. Paracetamol (MUST be more than 4 hours since that last dose, and no more than 4 doses in any 24 hour period).
- Medicines for other conditions e.g. Parkinsons must be given at specific times – usually specified on the label

What if doses are missed?

- Some medicines are considered to be “critical” medicines and doses ought not to be missed.
- If a person refuses concurrent doses of these “critical” medicines, the care team should have a clear strategy regarding whether to trigger a request for further advice
- “High risk” medicines – those that require close monitoring also include:
 - Lithium
 - Insulin
 - Valproate
- “Critical” medicines
 - Parkinson’s medicines
 - Anticonvulsants
 - Anti-biotics
 - Anti-coagulants

(* described in archived National Patient Safety records 2010)

Further information is available:

CQC website – for information on high risk medicines and timing of doses <https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-time-sensitive-medicines>

Medicine Optimisation in Care Homes (MOCH)

Medicines Optimisation in Care Homes (MOCH) is a national programme funded by NHS England and has been implemented since April 2018. This service aims to integrate Pharmacists and Pharmacy Technicians into care homes as part of the multidisciplinary team, where they will be able to support residents and staff with managing medicines in this setting.

The aims of this work are:

- To improve quality of care through better medicine use
- Reduce risk of harm from medicines through medicine optimisation and safe medicine systems and staff training
- To ensure that the residents, their families, friends and carers are included in any decisions made about their medicines.

MOCH Pharmacy teams take part in an 18 month training programme which will enhance knowledge, encourage new clinical review skills and ensure that learning and resources are provided to promote expertise in this field.

Care homes and GP practices will be aware that the MOCH teams are starting to work in their areas. Although the teams may have slightly different emphasis of work in different areas, generally, they are providing support with medicine reviews of current and new residents being admitted to the home. In some cases, the pharmacists may be independent prescribers and therefore they can implement changes, and in other cases these decisions need to be discussed with the GP before implementation. They should provide clear information regarding any recommendations that they make both to the care home service and the GP practice records.

Further information regarding the principles of the MOCH project is available: <https://www.england.nhs.uk/wp-content/uploads/2018/03/medicines-optimisation-in-care-homes-programme-overview.pdf>

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:

The incident:

A GP practice recently contacted our team identifying that a care home, as part of the monthly reordering cycle, had ordered medicines for a resident who was currently an inpatient in hospital.

On being challenged about this request, the home responded that residents are often discharged from hospital at short notice with insufficient medicines, therefore they were ordering the person's regular medicines as part of the cycle in anticipation of having a supply ready for them when they returned to the care home.

What are the concerns with this practice?

Although the care home were acting with good intentions, they did not know when the person was due to be discharged from hospital or whether their medicine regimen had been altered during the inpatient stay.

As a result, there was a risk that medicine would be no longer prescribed and therefore the supply wasted.

There was also a risk that the old medicine regimen could be re-administered, contrary to the current prescribed medicines and therefore incorrect medicines subsequently administered.

What should have happened?

- The care home should be informed when a resident is due to be discharged and returning to the home.
- The hospital should provide accurate information about the current medicine regimen that the person is prescribed.
- Sufficient medicines should be provided on discharge to enable new medicine regimen to proceed.

Note:

- There are differing arrangements regarding the number of days medicines that are provided on discharge at different hospitals- please check that you are familiar with your local arrangements.
- If a person is only in for a short visit (e.g. outpatient or day patient) there may not be any medicines provided but information regarding recommended changes to medicines should be shared with the GP and ideally the care home.
- Often hospitals provide 7-14 day's supply of medicines on discharge – in this case, the care home should liaise with the GP practice to arrange how to resynchronise the supply to the medicine cycle.
- Medicines should be checked and reconciled on receipt into the home to ensure there are no discrepancies with the supply received and any issues clarified before administration proceeds.

Annual Flu Vaccine

It's that time of year again to ensure that the flu vaccine is administered to all those eligible, as advised by the Joint Committee on Vaccination and Immunisation (JCVI). The national flu immunisation programme aims to provide direct protection to those who are at higher risk of flu associated morbidity and mortality. This includes children, older people (>65 years old), people in long stay residential care homes, pregnant women, and those with certain underlying medical conditions.

As with last year, 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 are also eligible to receive the vaccination as part of the national programme.

Further information regarding this season's campaign: <https://www.gov.uk/government/collections/annual-flu-programme>

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

Public Health England (PHE) have published guidance last year 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://www.gov.uk/government/publications/acute-respiratory-disease-managing-outbreaks-in-care-homes>

Insulin dosage; Handwritten MAR charts

As highlighted in our Spring 2019 edition, we have been asked to further remind care homes regarding handwritten MAR charts for insulin:

When prescribing, transcribing or recording insulin do not abbreviate the word 'unit'. Always write it in full. Abbreviations (such as 'u') can be confused with a zero (particularly if handwritten). This could have serious consequences

<https://www.cqc.org.uk/guidance-providers/adult-social-care/high-risk-medicines-insulin>

Consider the use of a separate insulin administration chart if the MAR chart does not provide sufficient space to accurately record dosage and administration

NOTE: Handwritten medicine and dosage information on MAR charts and care plans should always be clearly written avoiding any abbreviations or latin terms.

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!