

Good Practice Guidance for Care Homes

Medication Cycle and monthly medicines ordering via FP10 paper prescriptions & electronic prescriptions (EPS)

Aim

To provide a framework for care home staff, pharmacy and GP practice staff responsible for ordering and processing of medications for patients in care homes. This is to ensure a safe and efficient monthly prescription process that ensures compliance with NICE guidance on managing medicines in care homes.

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

The National Institute for Health and Care Excellence (NICE) Guidance for Managing Medicines in Care Homes (SC1) which applies across both health and social care states that **“Care homes should retain responsibility for ordering medicines from the GP Practice and should not delegate this to the pharmacy”**. Pharmacies may collect/drop off prescriptions but should not be ordering on behalf of care homes. The recommended prescription cycle is every **28 days** and 7 days prescriptions are not required for care home blister packs and repeat dispensing is not recommended for these patient group.

NICE also states:

- Homes should have a written process for ordering medication
- A minimum of two members of staff should have training and skills to order medicines
- Care home providers should ensure that staff have protected time to order/check in medicines

There are 4 key stages to the medication ordering process for a care home

Stage 1 – ORDERING

- Review stock and reorder monthly prescriptions from GP practice

Stage 2 – CHECKING RECEIVED PRESCRIPTIONS OR TOKENS

- Check prescriptions or prescription tokens received against the order
- Contact GP practice with any issues
- Photocopy prescriptions and send prescription to Pharmacy

Stage 3- CHECKING SUPPLIED MEDICATIONS

- Check medications supplied from Pharmacy with;
 - Current MAR charts in use
 - Prescription copy or patient prescription token or record of original orders
 - New MAR chart supplied with the medications
- Annotate on the new MAR supplied with the medication any medications carried forward
- Arrange for any discrepancies to be corrected

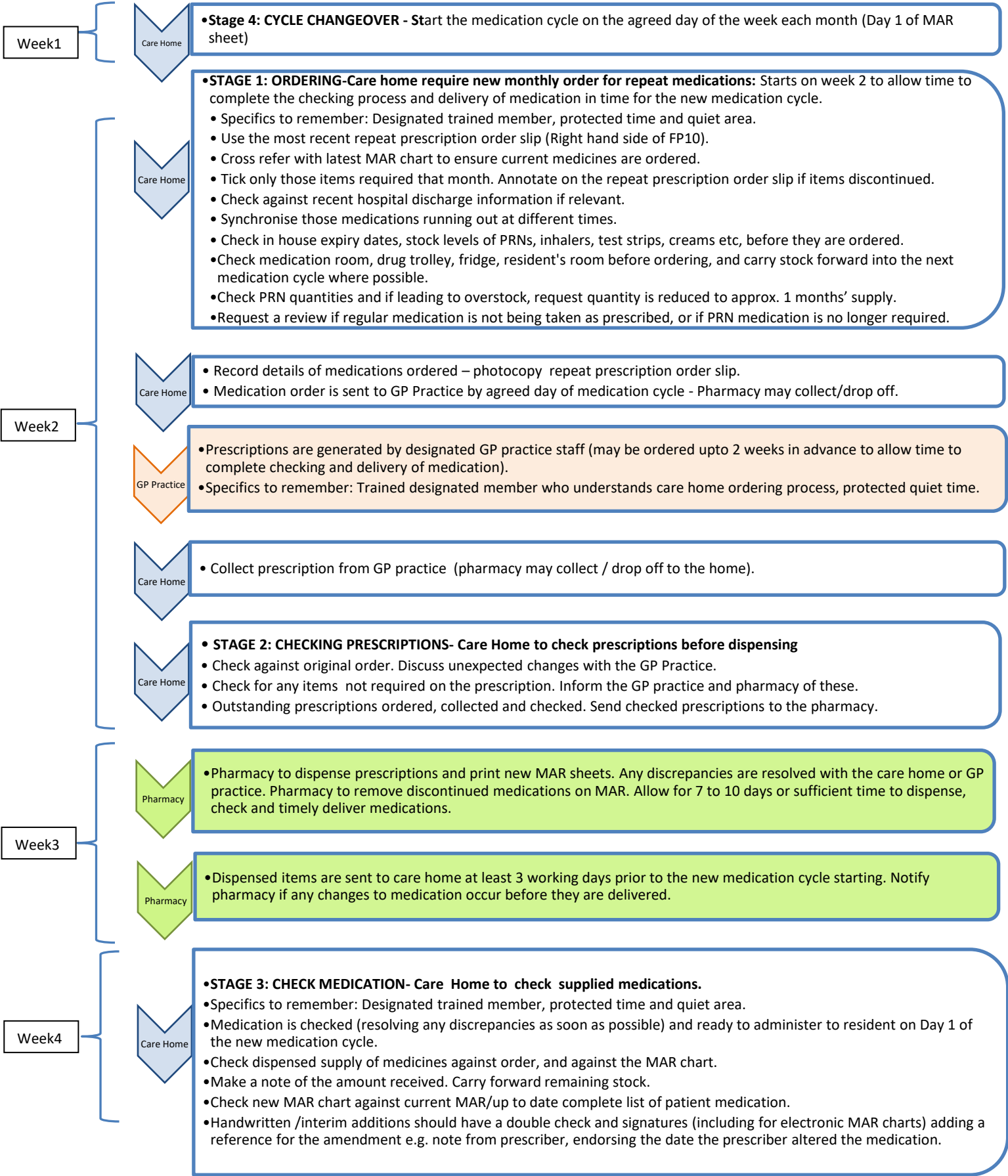
Checks should be done at least 2 working days before next medication cycle to enable time for errors to be sorted out.

Stage 4- CHANGING OVER

Change over to the new medication cycle

Good Practice Guidance documents are believed to accurately reflect practice/literature at the time of writing. However, users should always consult the literature and take account of new developments because these may affect this guidance.

FLOWCHART 1: CARE HOME REPEAT PRESCRIPTION FLOWCHART (FP10 PAPER PRESCRIPTIONS)



Key: Care Home Pharmacy GP practice

FLOWCHART 2: CARE HOME REPEAT PRESCRIPTION FLOWCHART (via EPS*)

Week1



• **Stage 4: CYCLE CHANGEOVER**- Start the medication cycle on the agreed day of the week each month (Day 1 of MAR sheet)



• **STAGE 1: ORDERING**-Care home require new monthly order for repeat medications: Starts on week 2 to allow time to complete the checking process and delivery of medication in time for the new medication cycle.

- Specifics to remember: Designated trained member, protected time and quiet area.
- Use the most recent repeat prescription ordering slip (copy of EPS dispensing token).
- Cross refer to the latest MAR chart to ensure current medicines are ordered.
- Tick only those items required that month. Annotate on the repeat prescription ordering slip if items discontinued.
- Check against recent hospital discharge information if relevant.
- Synchronise those medications running out at different times.
- Check in house expiry dates, stock levels of PRNs, inhalers, test strips, creams etc, before they are ordered.
- Check medication room, drug trolley, fridge, resident's room before ordering, and carry stock forward into the next medication cycle where possible.
- Check PRN quantities and if leading to overstock, request quantity is reduced to approx. 1 months' supply.
- Request a review if regular medication is not being taken as prescribed, or if PRN medication is no longer required.

Week2



• Record details of medications ordered – photocopy repeat prescription order slip
• Medication order is sent to GP Practice by agreed day of medication cycle - Pharmacy may collect/drop off



• Prescriptions are generated by designated GP practice staff and **issues scripts to nominated pharmacy via EPS (Electronic Prescription Service)** . (Maybe ordered upto 2 weeks in advance to process and deliver prescriptions)
• Specifics to remember: Trained designated member who understands care home ordering process, protected quiet time.



• When prescription is uploaded successfully and waiting to be dispensed, print off or photocopy 2 copies of EPS dispensing tokens. EPS dispensing token is copy of electronic prescription and not a legal prescription.
• **It is important that the care home gets to check items ordered against tokens BEFORE dispensing which cuts down on queries between care home, pharmacy and GP practice.**



• **STAGE 2: CHECK PRESCRIPTIONS** - Care Home to check EPS dispensing token recieved from the pharmacy before dispensing
• Check EPS dispensing token against original order. Discuss unexpected changes with the GP Practice.
• Check for any items not required on the EPS dispensing token. Inform the GP practice and pharmacy of these.
• Send **checked EPS dispensing tokens** to Pharmacy .

Week3



• Pharmacy to dispense medication and print new MAR sheets. Any discrepancies are resolved with the care home or GP practice. Pharmacy to remove discontinued medications on MAR. Allow for 7 to 10 days or sufficient time to dispense, check and timely deliver medications.



• Dispensed items are sent to care home at least 3 working days prior to the new medication cycle starting. Notify pharmacy if any changes to medication occur before they are delivered.

Week4



• **STAGE 3: CHECK MEDICATIONS** - Care Home to check supplied medications.
• Specifics to remember: Designated trained member , protected time and quiet area.
• Medication is checked (resolving any discrepancies as soon as possible) and ready to administer to resident on Day 1 of the new medication cycle
• Check dispensed supply of medicines against order, and against the old MAR chart.
• Make a note of the amount received. Carry forward remaining stock.
• Check new MAR chart against current MAR/up to date complete list of patient medication.
• Handwritten /interim additions should have a double check and signatures (including for electronic MAR charts) adding a reference for the amendment e.g. note from prescriber, endorsing the date the prescriber altered the medication.

Key: Care Home Pharmacy GP practice

***ADDITIONAL NOTES FOR FLOWCHART 2:**

- EPS is an electronic prescription; it can be tracked at every stage of the process and so cannot be lost.
- For **MONTHLY** prescriptions, please follow the flowchart above.
- For **ACUTE** prescriptions following a GP visit, prescriptions can also be sent electronically e.g. antibiotics, new medicine started after order was placed or dose changed after order has been checked
 - The pharmacy will **not know** that the prescription is being sent as it is **not** one of the planned routine prescriptions. The prescription will be held on the digital central point (NHS spine) until it is downloaded by the pharmacist to be dispensed. They are identifiable as ACUTE but **not** that they are URGENT.
 - For **URGENT ACUTE** prescriptions such as antibiotics it is important that the pharmacy is notified that a prescription is being sent to them. This will ensure that the pharmacist looks for the prescription and that they ensure it is delivered in a timely way and the patient’s treatment is started as soon as possible.
 - Some care homes and pharmacies already have processes in place to ensure this happens. We have developed an email template – **Appendix 1** that can be used to send to your usual pharmacy to notify them that a prescription has been sent electronically. If the script is URGENT, you may wish to contact the pharmacy to ensure this has been received AND to confirm time of delivery.

REFERENCES:

- Good Practice Guidance for Care Homes- Monthly medication ordering process. September 2016. Aylesbury Vale CCG & Chiltern CCG.
- Good Practice Guidance-Medication ordering and receipt (incl EPS). Date modified July 2017 <http://www.elmmb.nhs.uk/resource-centre/care-home-resources/care-home-resources/?p=2>

HVCCG file path: [N:_SECURE\PMOT\QIPP\Care Homes\Project Documentation\EPS and Medication Ordering Process\v2.0 Guide to medication ordering cycle in Care Homes July & December 2021.docx](#)

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APPENDIX 1

[Organisation]

Communication Sheet

Please ensure EPS prescription information is sent via encrypted secure email address to your nominated pharmacy.

To: Care Home/MDS Team		From:	
Name of Pharmacy		Name of Care Home:	
Email address	<i>(can be pre-populated for ease)</i>	Name of Person sending email	
Tel. No:		Email address:	<i>(can be prepopulated for ease)</i>
Date:		Tel. No:	
No. of pages being emailed (including this sheet):			

All columns below must be completed.

Service User Name	Date of Birth	Comments (e.g. new service user, room number, unit/floor)	Priority (1, 2 or 3)

Priority: (Please use one of the following codes for each request)

- 1: This item is an emergency and is required as soon as possible.
- 2: This item is urgent and is needed on the next scheduled delivery, i.e. the next working day.
- 3: The item is non-urgent (please specify in the comments when you require the item)