

Medicine Matters

June 2022

Medicines information for care staff in a social setting

Proxy on-line ordering of medicines

Proxy access refers to somebody acting on behalf of a patient, usually with the patient's consent, to access GP online services. Many care homes have been supported in the introduction of on-line medicine ordering on behalf of their residents, often known as "Proxy ordering". For more information regarding proxy ordering ask your GP practice or medicine review teams.

Step-by-step guidance from the NHS and the Local Government Association explains how GP practices, care homes and pharmacies can set up care staff with proxy access to a resident's GP online account.

<https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/>

NOTE: if staff leave the home or new staff are involved in proxy ordering, you must inform your GP practice of the changes and arrange for access to the on-line process to be updated.

Frequently asked questions about proxy ordering:

What happens if care home staff are off sick? Who then requests the medication for their assigned patients?

Staff who have been approved for proxy access can access the accounts of all residents who have signed a form agreeing to the home ordering their medication online. The care home manager just needs to make sure enough staff are approved for proxy access to allow for holiday and sickness cover. The care home must tell the GP practice when a proxy leaves and when a new person needs to be set up as a proxy.

Can you order a different quantity of medication to help align patients to the home cycle?

Yes – this can be done in the message section of the online request if this is enabled between the home and GP practice

How do care homes order acute prescriptions using the GP system?

As with a paper-based system, if an acute prescription is urgent a phone call to the practice may be required. If enabled, you can use the messaging section in the GP system.

How are patients who are on controlled drugs (and need regular monitoring) managed?

The process for ordering medication is the same online as in a paper-based system. Just tick the box to request.

What happens if a care home manager leaves or if the nhs.net account is set up, but unused/unmonitored?

The NHSmail account issue has been recognised nationally and there is a lot of work going on around supporting the use of the shared NHSmail inboxes in care homes. Individual accounts for named staff should ideally be set up to avoid these issues. It is the care home's responsibility to inform the surgery of any staff leavers or joiners.

Make sure the staff who have an NHSmail account regularly access it (once or twice per month) as this will keep the account "live".

Identify someone to manage the process once established. Make sure your on-going management plan includes:

- briefing and training new staff
- checks to stop anyone using paper-based ordering
- a process for ensuring staff who leave are removed as proxies from GP systems

Make sure a process is in place for all staff to refer to. NHS Digital have produced [guidance](#) for CCGs to support the implementation and use of Proxy ordering which could be used or adapted and is available to download.

Medicines management and administration of medicines eLearning modules

A wide range of people; non-registered and registered workforce, patients and their carers all contribute to safe handling and administration of medicine. It is important that people are trained appropriately to manage medicines safely and that people are supported to make shared decisions about medicines. Health Education England worked with health and social care colleagues to develop a collection of medicines related training resources for non-registered staff across the wider workforce.



The modules are free to access

[Training for non-registered medicines workforce | Health Education England \(hee.nhs.uk\)](#)

Further information has been distributed with this newsletter.

NECS 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:

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

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Key messages: Controlled Drugs

Some prescription medicines are prone to misuse as a result they have stricter legal controls. They are controlled under the Misuse of Drugs Act 1971 and are known as controlled drugs or CDs.

CDs are divided into five schedules (from 1 to 5) depending on their potential for abuse if misused. These schedules determine the legal requirement concerning prescribing, storage and record keeping. Care homes in particular need to be aware of requirements for schedule 2 & 3 CDs.

For a summary of commonly used CDs in care homes: [NECS good practice guidance and tools for care homes - NECS Medicines Optimisation \(necsu.nhs.uk\)](#)

It is a legal requirement to ensure supply, receipt, storage, administration, and disposal of CDs meets regulatory requirements. All Providers should have detailed policies covering all aspects of CD management. There also should be a process in place for identifying, reporting and reviewing incidents, errors and near misses involving CDs as well as sharing concerns about mishandling of CDs. To avoid and minimise the risk of errors happening, it is important to ensure:

- CD register is kept neat and tidy and used to record the receipt, administration, disposal and transfer of controlled drugs held by the care home.
- Relevant CD entry is made as soon as possible on the same day, entries must be made in chronological order.
- An index page is maintained in the CD register, indicating for individual residents, on which page of the CD register each CD can be found.
- A separate page is used for each form, strength of each medication and resident.
- Entries are not cancelled, altered, or crossed out; any corrections are made using marginal notes or footnotes which are signed and dated.
- All entries are signed and dated by the member of staff making the entry and witnessed by a suitably trained member of care home staff (where practical to do so) who should also sign the entry.
- The running balance is maintained, ensuring that irregularities or discrepancies are identified as quickly as possible. The balance should be updated each time an entry is made.
- All stock (including zero balances where appropriate) is checked regularly including expiry dates, we recommend at least weekly.
- The CD register is kept for two years from the last entry. Good practice would be to retain the CD register for longer as cases can take several years to come to light or before they go to court.

All expired stock in care homes without nursing facilities should be returned to the relevant pharmacist for appropriate and safe disposal.

Please ensure you make the pharmacy aware you are returning CDs

Care homes with nursing facilities should have separate arrangements in place for the collection of waste medication. All CDs must be denatured before being handed to the waste disposal company, for example in specially designed denaturing kits

- A [T28 Waste Exemption certificate](#) should be held by the service

For more information and guidance please visit [Controlled Drugs - NECS Medicines Optimisation \(necsu.nhs.uk\)](#) or contact your relevant Medicine Optimisation care home team.

Paracetamol dosing, in the frail elderly patient

BNF now (since 2016) advises:

Some patients may be at increased risk of experiencing toxicity at therapeutic doses, particularly those with a body weight under 50 kg and those with risk factors for hepatotoxicity.

In addition, some medicines (such as for people on long-term treatment with liver enzyme-inducing drugs e.g., carbamazepine, phenytoin, primidone, rifampicin, phenobarbital, St John's Wort or other drugs that induce liver enzymes) may interact with paracetamol and may increase this risk of toxicity.

As a result of this guidance, frail, elderly, or those adults with a low body weight, may be prescribed a lower dose of paracetamol than is often seen as they are particularly susceptible to paracetamol toxicity.

Please ensure that

- staff always check MAR chart and label to enable the correct dosage to be administered and to guard against complacency
- staff always check previous doses of medicines before proceeding with medicine administration. This may include PRN medicines

Any recent changes of medicine doses are clearly recorded on the MAR chart and shared with relevant team members as part of the handover process.

If you have examples of new and innovative ways of working regarding medicine management within your care home or with services that you interface with and would like to share this with others, please let us know for us to include in future editions of Medicine Matters necsu.moadmin@nhs.net

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 via necsu.moadmin@nhs.net where you will be forwarded to the most appropriate member of the team

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