

# Medicine Matters

Autumn 2023

## Medicines information for care staff in a social setting

### Allergies, Anaphylaxis and use of Adrenaline Auto injectors

Care home staff should ensure that the resident's GP is contacted to find out about any allergies and intolerances to medicines or their ingredients. This information should be accurately recorded on the medicines administration record (MAR) chart and shared with the team(s) providing care to the resident and the type of reaction experienced (<https://www.nice.org.uk/guidance/sc1>).

In terms of how this is managed, usually printed MAR charts have an "allergies" section included in the resident's information. This can be completed by the care homes staff as part of the routine checking and reconciliation of the MAR charts or allergy information can be shared with the pharmacy who will often include the detail as part of the printed chart. Note: the care home staff should still check this information is up to date and accurate.

### Resources for the safe use of adrenaline auto-injectors (AAIs)

In June 2023, the MHRA, with the support of allergy awareness advocates, launched a [safety campaign to raise awareness of anaphylaxis and provide advice on the use of adrenaline auto-injectors \(AAIs\)](#). The launch coincided with the World Allergy Week, an annual initiative led by the [World Allergy Organization](#). A toolkit of resources is now available for health and social care professionals to support the safe and effective use of AAIs and includes posters, YouTube information videos and advice for healthcare professionals and also how information should be provided to patients and carers. <https://www.gov.uk/drug-safety-update/adrenaline-auto-injectors-aais-new-guidance-and-resources-for-safe-use>

### Scabies outbreaks in care homes

Scabies is a skin condition caused by an immune reaction to the mite *Sarcoptes scabiei* and their saliva, eggs and faeces. The typical clinical presentation of infection is intense itching associated with burrows, nodules and redness. However, asymptomatic infection has been demonstrated in the elderly. Symptoms may last for weeks or months, can be hard to recognise and are often mistakenly attributed to other skin conditions, leading to avoidable transmission. Scabies is most often transmitted by prolonged or frequent skin-to-skin contact. Itching may be severe, particularly at night and scratching may lead to secondary bacterial infection and its complications. Treatment with Permethrin and/or Malathion is recommended and must be applied in 2 separate doses 7 days apart and staff/residents should avoid contact with others until completion of the first 24 hours of treatment as prescribed by clinician.

### NHS mail - proxy ordering, change of staff

Over recent years, communication has moved significantly to the use of electronic records, in particular, with the use of emails to share and evidence key information between care homes and healthcare professionals involved in the care of residents. All care homes are required to have access to secure email accounts, the majority of which will be via the NHSmail system although some care homes, such as those that remain local authority provision have access to alternative secure emails such as gov.uk accounts. The secure email accounts ensure that the data and information shared is protected and in line with data security requirements.

As a further development, many care homes will now be ordering their regular cycle of medicines via on-line proxy ordering systems. In order to register and enable proxy ordering of medicines, the care homes need to ensure that they have named staff with secure email accounts.

We are encountering many occasions that, due to changes of management and staff within care homes, the secure email accounts are not updated to reflect the current key staff, resulting in difficulties with on-line proxy ordering as well as secure communication between services.

### Suggested actions for care homes:

- Ensure that there are always between 2-3 staff who have a secure email account that is regularly being accessed (NHSmail accounts are marked as inactive if not used every 30 days).
- It's best practice for staff to use a shared mailbox rather than using individual user email accounts – in this way, information is accessed and shared to those who have permission.
- Make sure that email accounts are updated to reflect staff changes such as people leaving the service as well as new staff.
- Also inform the GP practice and pharmacy if the changes impact on the people who are involved in medicine ordering.
- Ensure that passwords are changed frequently.
- Reminders are sent via NHSmail at least every 12 months
- For more information:
  - [Starter guide for Social Care providers – NHSmail Support](#)
  - [User Guide – NHSmail Support](#)

## Medicine Matters: Autumn 2023

### Lessons Learnt: Unlabelled medication supplies provided by Healthcare Professionals

We have received a number of calls recently from care homes regarding unlabelled products (usually skin preparations) provided for individual residents by visiting healthcare teams. The concern from most services is whether they are able to accept and use a preparation which does not contain a pharmacy dispensing label, and therefore, instructions for use.

In an ideal world, all medication / preparations are labelled by a pharmacy with full instructions for care staff to follow, however as is the case with many newly introduced skin preparations, these are often initially provided by a district or community nurse after assessing a person, and may be unlabelled when first provided. This reduces the delay in initiating treatment, and has improved outcomes for maintaining skin integrity.

The care home should be provided with information when the resident is seen by the Nurse (preferably in writing) detailing specific instructions on how to use/where to apply/duration of treatment.

Following visits, district or community nurses will also make an entry into the person's medical record.

If no written instructions are provided at the point the provision, the care home should request this information by contacting the district nursing base. This information can be printed and available for staff to follow when using the product.

If these preparations are to be continued, they will become part of the person's prescribed medicines and will be supplied on prescription and therefore subsequently labelled by pharmacy.

#### [External medicines such as creams and patches - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

*The person applying the external medication should be able to access information about:*

- *the frequency of use*
- *thickness of application*
- *where on the body the medicine should be applied*

*This could be a member of staff or the person for whom the medicine is prescribed.*

*You should keep records of any creams applied by staff, nurses, and if applicable carers. This could be in the form of an external or topical medicine administration record.*

#### Care home staff should:

- Ask questions when the resident is seen by visiting district or community nurse
  - Where and how thickly / thinly should preparation be applied?
  - How often should preparation be used?
  - How long should treatment continue – long-term, or just until redness has cleared?

### Digitisation for the nation

As part of the plans for reform, set out in the 2021 government white paper, [People at the Heart of Care](#), the digitising social care programme is supporting widespread digitisation across the sector to improve the quality, safety and personalisation of care and support services. A priority focus for us is to support the adoption of digital social care record solutions (DSCR) within adult social care.

**What is a DSCR?** A DSCR solution, also known as an electronic care plan, allows the digital recording of care information and care received by an individual, within a social care setting, replacing traditional paper records. DSCRs allow information to be shared securely and in real-time with authorised individuals across the health and care sector.

They have the potential to transform the way in which care is provided. Moving care plans from paper to electronic formats makes it easier for care workers and managers to get the information they need to respond more quickly to people's needs, minimise risks to people's safety and reduce time wasted on administration and reporting.

And looking to the future, they will provide the platform for other remote care tools to integrate, supporting more personalised care and making sure health and care professionals can build up a more complete picture of someone's care needs. Already, 1,000 providers can access relevant information from GP records through their DSCR and that's just the beginning.

Medicine Matters will aim to continue to keep you updated with hints and tips as we move further into the digital world.

### Time sensitive medicines – further useful resources

Our Spring 2023 edition of Medicine Matters had guidance about time sensitive medicines. The following information, although focussed on hospital settings, has some useful information regarding timing of Parkinsons medicines and useful resources produced by Parkinsons UK.

- [Time critical medication and Get It On Time campaign resources | Parkinson's UK \(parkinsons.org.uk\)](#)
- [A quality improvement project to increase self-administration of medicines in an acute hospital - PMC \(nih.gov\)](#)

If you have any specific learning or areas of new ways of working regarding medicine management in your service or with healthcare partners that you would like to share, please contact the team and we will use Medicine Matters to disseminate your experience to others

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](mailto: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!*