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GP Clinical Lead: Amanda Riley

GP's: Kirsty Walker, Jodie Harrison, Ellen Bruggink

Pharmacy Technicians: Catherine Graham, Andrea King

Care Home Care Coordinators: Mike Campling and Karrean Flavin-Burnip, Helen Marsh

Pharmacists: from NECS- Ann Watson and Barbara Nimmo

Enhanced Health in Care Homes (EHICH)

- Formed as part of the NHS 2019 Long Term Plan
- Aims to be achieve a proactive delivery of care through a coordinated whole system, collaborative approach.
- To ensure that people in care homes receive the same level of care as if they were in their own home.
- Care staff should feel at the heart of an integrated team caring for the needs of the residents.
- Personalised care for the resident is at the heart of the EHICH model.

The Framework

7 core care elements:

- Enhanced primary care support- aligned to PCN, medicine reviews, hydration and nutrition support, oral health care and access to out of hours care.
- Multi-disciplinary team (MDT) support- expert advice and care, continence promotion and management, flu prevention and management, wound care, navigating health and care systems.
- Falls prevention and Reablement- rehabilitation and reablement services, supporting resilience and independence.
- High quality palliative and end of life care- including mental health and dementia.
- Joined up commissioning and collaboration between health and social care- care co-production with providers and networked care homes, promoting integration.
- Workforce development- training of social care provider staff, joint workforce planning across the sector.
- Data and IT- linked health and social care data sets, access to secure email, better use of technology in care homes.

Pharmacy Technician role in the EHICH team:

1. To assist with medication changes from the MDT meetings
2. To assist the pharmacist when needed with SMR (structured medication reviews).
3. Medicine reconciliation and supply for new care home residents
4. Medicine reconciliation and supply for residents discharged from hospital

5. Support the work of the Community Matron Team
6. To work with the Care Coordinators to ensure patient centred, holistic care of the resident.
7. Support care homes to have an effective medicines policy:
 - Reduce medication errors
 - Optimise choice of medicines
 - Improve administration of medicines including covert administration and for those with swallowing problems
 - Reduce waste
 - Ensuring robust ordering systems (including stopping the use of eRD for care home permanent residents), interim prescriptions, safe and robust checking processes, ensuring all residents are matched to the 28 day care home cycle.
 - Storage of medicines is appropriate, safe and legal.
 - Supporting care staff with new medicines, areas requiring training, problems obtaining medicines.
 - Supporting the GP practice staff by solving prescription/ medicine queries.
 - Liaising with the pharmacy provider, care home and practice when problems arise such as missing scripts, out of stock medicines.
 - Basic medication and MAR chart reviews including the use of patch charts, PRN protocols, body maps for creams.
 - Supporting care homes with Quality Improvement Projects.

Best Practice Guidance for Practices with care home residents

Communication:

- The care home manager, community pharmacist and GP surgery should develop relationships which ensure they understand each other's systems, processes and needs.
- Key contacts should be built within the care home and GP surgery to enable any issues to be resolved. A care home champion in the practice helps to achieve this.
- The pharmacy and GP practice should agree a system for raising queries with the home. For example, an agreed contact or agreed time to call.
- If emailing medication requests is to be used between the home and the GP surgery there should be robust checks in place at the surgery to ensure no communication is missed.
- An annual contract review and medicine management meeting with the service provider and the GP practice is advisable to discuss any ongoing issues, review current systems and make necessary improvements.

Prescribing Advice:

Resident's with swallowing problems: please refer to the EHICH team via the pharmacy technician email.

Resident's medication will be reviewed by the pharmacist and a patient centred guide put in place for care staff.

First option is to prescribe a licensed formulation suitable for the patient regardless of cost.

Second option is to prescribe a licensed product to be used in an unlicensed way- e.g. crushing tablets

Third option is to use an unlicensed or 'special' drug.

Full instructions will be added to S1 to ensure these appear on the MAR chart also.

Covert Administration:

Any requests for covert administered medication should be put through to the EHICH pharmacy technicians via email. We will ensure a mental health capacity assessment has been carried out for the resident, ensure a best interest meeting is arranged for covert medicines to be discussed with the pharmacist and the GP.

A resident centred covert guide will be put in place by the pharmacists and technicians. S1 records will be updated accordingly and the pharmacy provider informed of changes. This will be reviewed periodically by the pharmacy team.

All topical preparations should have directions that include:

- How they should be used e.g. as soap substitute, liberally, sparingly etc.
- Where they should be used e.g. legs

Frequency of use, e.g. in the morning after washing, as often as required to alleviate itchiness, three times a day etc

The duration of treatment, especially for creams containing steroids and antimicrobial constituents should be on the dose instructions.

GPs (and practice staff where appropriate) should ensure all medicines have clear directions for use. Medicines should not be given to the home with 'as directed' instructions. However, it is appropriate for some items, such as warfarin and insulin, to be prescribed 'as directed' as they are regularly reviewed and directions may change during a monthly cycle. In these cases, a Clinician should leave detailed administration guidance at the home for staff to follow. This information should be recorded in the care plan of the resident.

All labels for eye or ear preparations should give specific directions about whether it is to be applied to right, left or both eyes/ ears.

All medicines must have a dose e.g. 'one puff twice a day' not 'use twice daily'.

Acute medicines for antibiotics should have a duration of treatment added.

Reducing Waste- what the surgery can do:

- Make sure that there are robust ordering and prescribing procedures in place for care home residents.
- Make sure that quantities are amended so that they are in line with a 28 day cycle.
- Make sure that you **only print prescriptions for medication that is required for this cycle**. If a care home states 'all medicines' return the request for specific medication list.
- Please keep practice records up-to-date. Remove items that have been stopped or are no longer required from repeat list and update directions where appropriate so records are as accurate as possible.
- 'When required' and 'variable dose' medication should not be ordered every month. Care home staff should carry forward where possible. If these medicines are being ordered frequently, please refer to GP as they may wish to review the resident.
- Refer any discrepancies, direction changes, quantity changes, requests for new items etc. to GP.

Interim/ Mid-Month Requests for Medication:

- It is the responsibility of the care home to manage mid-cycle ordering.
- The ordering process in a care home works on a four week cycle (28 days).

- The main monthly order is sent to the practice in week 2, prescriptions are dispensed in week 3 and delivered in week 4 ready for residents to start the new supply of medication in week 1.
- If a new resident moves to the home after the monthly order has been placed in week 2, another order will need to be sent to the surgery. This will be for the remainder of days in the current cycle plus the new 28 day supply to put the new resident in line with the rest of the home.
- If a Clinician makes a change to regular medication of an existing resident after the monthly order has been placed in week 2, an updated request will need to be sent to surgery to cover remaining days of current cycle plus the new 28 day supply to keep resident in line with the rest of their medication and the rest of the home.

Practice staff:

Please ensure the requested amount is prescribed and NOT a monthly script. It is important to prescribe the quantities requested in the order for the home to keep all resident's in line with the same 28 day cycle to avoid confusion and aid better medicines management.

You may then also receive a monthly request for the same item- this is not a duplicate order to use at present but for the pharmacy to prepare for the next cycle.

If the next monthly order has been issued and a request for an interim item is received, you may think the monthly script just issued is at the home. This is not the case, this will be with the pharmacy being prepared for the next monthly cycle and should not be used in place of an interim prescription being issued.

Reasons for an interim request:

Spillage

Dose or frequency altered

New medicine started by GP or Hospital

Medicines not returned after home visit

New resident to the home

More than usual administration of PRN causing a shortfall.

The Monthly Order:

The care home medication cycle is 28 days therefore all medication quantities should be aligned to a 28 day supply e.g. 56 tablets for a twice daily dose, 20mls daily would be 560mls. Avoid prescribing full packs which will generate waste at the end of the cycle.

The following table outlines the process followed by the home, GP surgery and the pharmacy.

Day in cycle	Processes
1	The start of the new 28 day cycle of medications.
4-5	The order should be completed by the home for the next 28 day cycle. Stock levels of PRN meds and creams should be checked and noted for ordering purposes. <ul style="list-style-type: none"> Home should retain a photocopy of the FP10 order slip or order form used in each resident's file which is later checked against the prescription token to ensure all meds have been correctly ordered.
6	Send order to GP practice and information sheets to pharmacy detailing any stopped or changed medicines.
7-8	Prescriptions are generated at the GP practice.
9	Prescriptions are sent to the pharmacy via EPS. Any paper prescriptions should be collected promptly by the pharmacy.
10-14	A copy of the prescription token should be obtained from the pharmacy or the GP practice- to be agreed with the care home. This should be checked against the homes record of the order. The Care Inspectorate advises that care home staff keep copies of the signed prescription form. This provides an audit trail and is evidence of the authorisation to administer medication.
15-22	Order is processed at the pharmacy
23	Order is delivered to the care home
24-25	Order is checked in by care home.
25-28	Any discrepancies should be rectified with the GP practice and pharmacy prior to the start of the cycle. This includes dealing with the missing item list from the pharmacy. If needed the GP may need to prescribe an alternative drug.

GP Process in the 28 day cycle- ideally between day 6-9 of the cycle:

1.Repeat slips/requests are received from the care home for monthly medication order via agreed process.

2.REMEMBER the care home may have made amendments to the repeat requests to include changes made through the month since the last supply was issued. This may include changes made at the MDT, pharmacist or technician review, community matron intervention. Check repeat orders and refer any changes to the GP.

3.Ensure that only items marked on the repeat slip/ order form are prescribed. Care home may not need every item on the list.

4.Remove discontinued medication from the repeat screen. Ensure that only current medication is listed on the repeat.

5.Generate prescriptions and send to prescriber for signing and checking. Communicate to the home any medications the GP is not prescribing and the reason.

6.Prescriptions are sent electronically to supplying pharmacy for dispensing. Token copies of the prescriptions should be sent to the care home for staff to check for discrepancies. An agreement should be made if the practice or pharmacy provider will supply these to the care home. They should be sent ASAP to the home to allow time for checking and communicating discrepancies or missed prescriptions.

Proxy ordering:

Proxy access was developed to allow someone other than the patient to access and manage parts of their GP online services account. The proxy is given their own online access account (rather than using the patient's login details).

Benefits of online ordering:

- Online ordering enables the care home to track a prescription's progress, without the need to phone or email the GP practice or pharmacy
- The process is quicker than conventional 'paper request methods'
- The process is auditable and there is a reduction in transcription errors
- EPS tokens are not required when ordering online EPS (Electronic Prescribing Service), the care home can check orders are correct online.

This is being rolled out in Darlington in the next few months by the pharmacy technician team at NECS who have funding from the Better Health Fund for this project. We will not be directly involved in this project but will support homes and practices if needed.

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