

**The Care Home Ordering Process**

**NICE Guidance: Managing medicines in care homes SC1: 2014 states:**

Care home providers should have an up-to-date medicines policy, which they review, based on current legislation and the best available evidence. The policy should include written processes for ordering medicines

**Care home providers:**

- must ensure that medicines prescribed for a resident are not used by other residents
- should ensure that care home staff have protected time to order and check medicines delivered to the home
- should ensure that at least 2 members of the care home staff have the training and skills to order medicines, although ordering can be done by one member of staff
- should retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy
- should ensure that records are kept of medicines ordered
- should check medicines delivered to the care home against a record of the order to ensure that all medicines have been prescribed and supplied correctly.

**The care home cycle works on a 28 day:**

Day in cycle	Processes
1	<p>Change over day: The start of the new 28 day cycle of medications. New MAR charts should be annotated with any old medicines being carried forward.</p> <p>The old MAR is removed and filed and the new MAR added.</p> <p>Any creams should be annotated with 'see body map' or 'see TMAR'</p> <p>Ensure new Topical MARS are replaced where needed and old ones filed with resident's MAR chart.</p> <p>Ensure there are no changes to PRN medicines where the protocol may need to be updated.</p> <p>Ensure new patch charts are put in place and the details of the last administration carried over.</p> <p>This should be protected time for senior staff.</p>
4-5	<p>The order should be completed by the home for the next 28 day cycle. This should be protected time.</p> <p>Stock levels of PRN meds and creams should be checked and noted for ordering purposes.</p> <p>Current MAR charts should be used to check any changes to the resident's medications and to check usage of PRN medicines.</p> <p>On the medication order form add quantity required for all medicines to be ordered. If a medicine is not needed mark with 'not needed this cycle'.</p> <p>Add any changes that have happened during the current cycle such as dose changes or medications stopped. Ask the surgery for new doses to be updated at the surgery and adjust quantity accordingly.</p>

	The MAR copy should be annotated with the same instructions as the GP order form.
6	Send the MAR chart copies to the pharmacy in the agreed manner. Email each surgery with the medication order form and ask for a reply to ensure the order has been received. (have a saved list of all GP surgery email addresses to hand). The medication form then needs to be updated with new medicines and dose changes and stopped items removed so this is ready for the next monthly order.
7-8	Prescriptions are generated at the GP practice. These are checked and signed by the GP.
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 in the agreed way. For any printed prescriptions the pharmacy need to supply the care home with a photocopy. The token should be checked against the homes record of the order. Any discrepancies should be listed and the surgery notified ASAP. The list of discrepancies should be stored in the order file and checked with the pharmacy no later than day 15. The tokens should then be filed and kept for audit purposes.
15-22	Order is processed at the pharmacy. The pharmacy should provide the care home with a list of missing items and state why they are missing. The care home can speak to the GP practices about these items or alternatively send the list to the technician team who can investigate.
23	Order is delivered to the care home
24-25	Order is checked in by care home. Medicines received should be checked against current MAR, new MAR and medication order form. Anything missing should be reported to the pharmacy/ GP immediately
25-28	Any discrepancies should be rectified with the GP practice and pharmacy prior to the start of the cycle.

**Important Notes:**

1. The care home needs to have a designated folder for storing any old MAR charts.
2. The care home needs to have a designated folder for storing paper copies of the monthly order documents.
3. The care home should have electronic monthly order documents saved in an accessible place with clearly labelled folders.
4. Any discrepancies (e.g. missing medications, wrong dose etc.) identified as part of the ordering process should be recorded as near miss in line with care home medication policy, the possible causes reviewed and learning shared. Any changes made to improve practice due to this review can be used as evidence of an improvement in safety and reduction in risk of errors.

5. Try to carry forward whenever possible. 'When required' medication which is supplied in original packs can be kept until the expiry date on the pack. They DO NOT need to be returned to Pharmacy and reordered every month.
6. Only trained staff should be involved in the ordering process.
7. Care home staff should complete regular medication audits so they have an accurate record of current stock levels.
8. All emails should be saved for audit purposes.
9. Any phone calls to the GP practice or pharmacy should be recorded on the communication form for audit purposes.

For any problems with the monthly order or obtaining interim prescriptions please contact the Pharmacy Technicians:

[tvccg.pcn-pharmacytechnicians@nhs.net](mailto:tvccg.pcn-pharmacytechnicians@nhs.net)