Care Home Medicines Management Checklist Re-launch

In December 2011 we launched the care home self-assessment tool and supporting audits. The tool was designed to provide care homes with support, guidance and suggested evidence towards demonstrating compliance with Care Quality Commission (CQC) Outcome 9: Management of Medicines.

Feedback regarding this document has been extremely positive and care homes have reported how useful it has been especially when producing evidence of review, reflection and action to CQC.

We are pleased to announce this document has been reviewed, improved and renamed. It is now called the Care Home Medicines Management Checklist.

To assist with completion and to provide consistent results across different care homes, guidance points have been added for the red, amber and green scoring system. To access the new Care Home Medicines Management Checklist go to: http://www.plymouth.gov.uk/medicinesmanagementsg.htm

Yellow Card Reporting Scheme

The MHRA (Medicines and Healthcare products Regulatory Agency) issued a campaign on 1st February 2013 to highlight the need for the public to report any suspected side effects from medicines through the Yellow Card Scheme. The Yellow Card Scheme is run by the MHRA and the CHM (Commission on Human Medicines), and helps identify potential safety factors that ultimately help to make taking medicines even safer.

The scheme encourages anyone who may have experienced a suspected side effect (also known as adverse drug reactions) to medicine, vaccine, herbal or complementary remedy to report it through the Yellow Card Scheme. The yellow card can be handwritten (forms available in the BNF) or accessed online at www.yellowcard.mhra.gov.uk. Reports can be made directly by members of the public, healthcare professionals or through a pharmacist or GP.

Carers may often be the first person to notice a side effect experienced by a service user and we would encourage you to report these through the Yellow Card Scheme as detailed above.

Patient Information Leaflet (PIL)

The MHRA (Medicines and Healthcare products Regulatory Agency) recommends every patient should be given a patient information leaflet with each medicine regardless of whether these are purchased over the counter, supplied on prescription or administered by a health professional.

The leaflet is usually found inside the packet or attached to the bottle. However, when medication is dispensed in a Monitored Dosage System / blister pack tray the accompanying PIL may not be directly attached. It is important all PIL’s are kept for future reference.

One Care Home has shared their good practice point with us. They file all their PIL’s in a ring binder and use this as an information resource in respect of any current medication being taken by a service user. You may wish to consider using this idea in your care setting.

If at any time you do not have a PIL for a medication and you need further information you can use the following link to access an electronic version which you may wish to print a copy http://www.medicines.org.uk/EMC/default.aspx

To find a PIL, enter the name of the medication in the search box, select PIL only from the drop down and click search. Alternatively contact your Pharmacist or Dispensing Practice.
**Requesting Oral Liquids for Service Users**

If a service user is experiencing swallowing difficulties and is struggling to take their medication, care homes should not assume a liquid preparation is the solution to the problem. There are many different formulations available of most medications.

It is a common misconception that liquid preparations are readily available for each medication. Sometimes a liquid preparation will need to be manufactured on an individual patient basis. These are called ‘specials’. To obtain a special, an order is placed by the pharmacy to initiate the manufacturing and subsequent delivery of the product. Unfortunately this can sometimes lead to a delay in the patient starting treatment.

Specials are unlicensed medicines made to meet the clinical needs of an individual patient. Prescribers should be satisfied that the patient’s clinical needs cannot be met by a licensed medicine as there are risks associated with prescribing an unlicensed medicine. This responsibility lies with the prescriber.

Specials are often expensive products and can cost in excess of £100 for only one month’s supply. Once opened specials usually last between 14-28 days, then the remainder must be disposed of. Patient information leaflets are not routinely available for specials so it is important information is provided by the GP and Pharmacist.

Next time you contact the GP to request a liquid please stop and consider the implications. By informing the GP that the service user has developed swallowing difficulties and is unable to take their medication (rather than requesting a liquid) leaves the GP to make a clinical judgement on the most appropriate formulation to prescribe rather than just for filling your request. The GP may also refer the service user to a speech and language therapist for further assessment if necessary.

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**Direction for ‘As Directed’**

In 2010 a baseline audit was carried out in a pharmacy to establish how many prescription items for care homes had the dose ‘as directed’ used inappropriately. Following the audit an article was written to highlight the importance of the use of specific dose instructions. Two years later, in 2013, this audit has been repeated and results have shown a clear improvement.

There has been an increase in the use of specific dose instructions on tablets, capsules, sachets, liquids, inhalers, nebules eye drops, ear drops, nutritional supplements and injections.

However, further improvements are required particularly in areas of prescribing of creams, ointments, bath preparations and shampoos.

Inclusion of additional prescribing information like reason for use, where to apply the product and length of treatment are all extremely valuable for a service user or carer. This ensures that treatments are used appropriately and for no longer than advised by the prescriber.

We would like to thank Care Homes, GP Practices and Pharmacies for their continued support with this area of work and through a maintained focus we will keep the use of inappropriate ‘as directed’ doses to a minimum.

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**For Your Eyes Only?**

This Newsletter is circulated to Care Homes, GP Practices and Pharmacies across Northern, Eastern and Western Devon (NEW Devon). Emails are sent to individual contacts in expectation of them cascading the newsletter to all other relevant staff.

**Who do you circulate the Newsletter to?**

Ideally we would like anyone providing a service to care homes or working directly with service users to receive the opportunity to read our newsletter. This ensures best practice points are shared with the widest audience possible thus improving service user care. One of our care homes said they print a copy of the newsletter and attach it to a circulation list which everyone signs as read.

**What process do you have in place?**

For those with access to the internet, a reminder that the care home checklist, significant event reporting form and all past newsletters and guidance sheets can also be found at: [http://www.plymouth.gov.uk/medicinesmanagementsg.htm](http://www.plymouth.gov.uk/medicinesmanagementsg.htm)