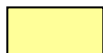
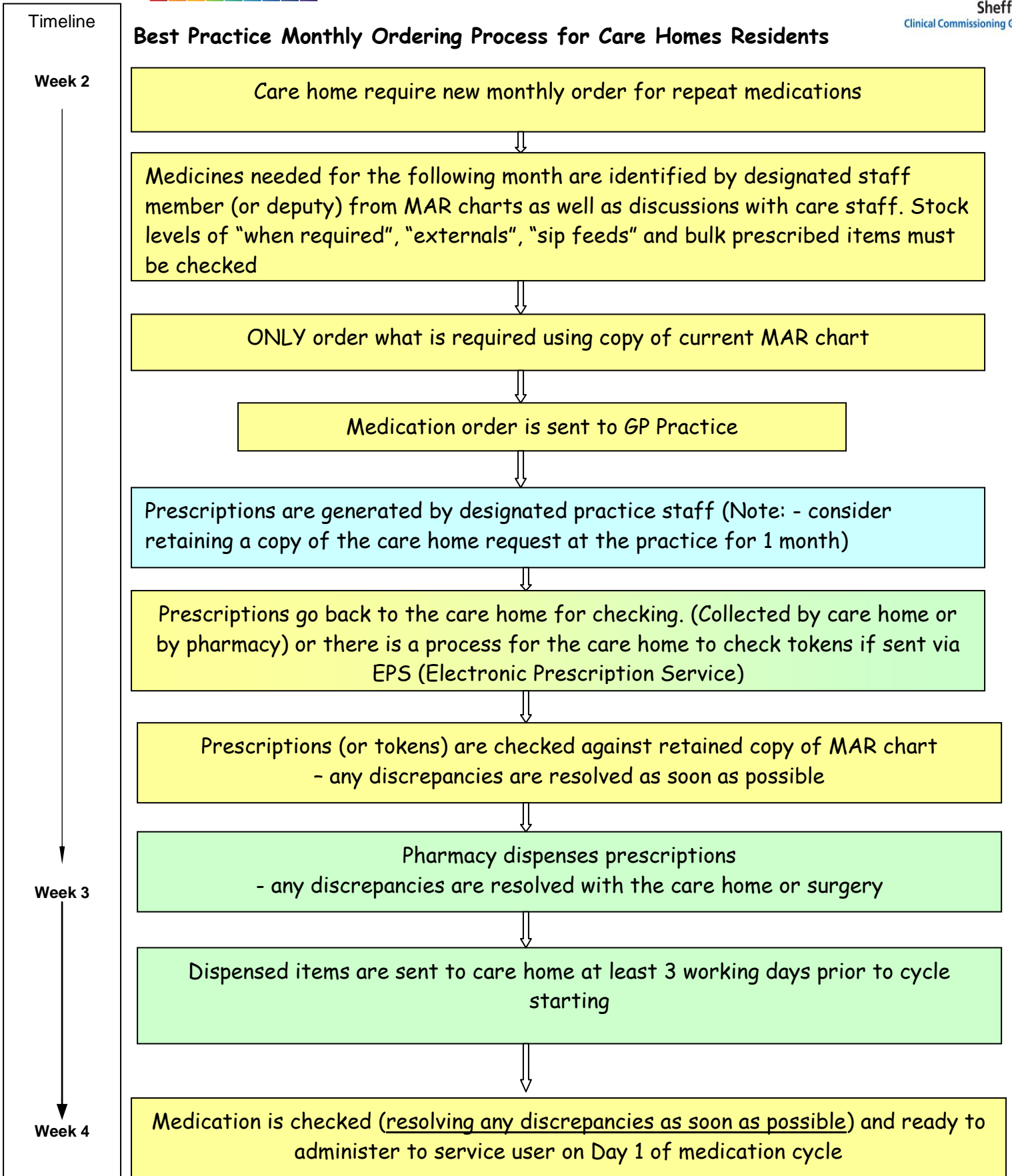
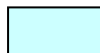


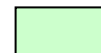
## Best Practice Monthly Ordering Process for Care Homes Residents



Care Home



GP Practice



Community Pharmacy

## Best Practice for Monthly Ordering of Medication for care home residents (see flow chart)

- **Care home requires new monthly order for repeat medications** – the ordering cycle starts during week 2 to allow time to complete the checking process and delivery of medication in time for the new monthly cycle to start.
- **Medicines needed for the following month are identified by designated staff member (or deputy) from MAR charts as well as discussions with care staff. Stock levels of “when required”, “externals”, “sip feeds” and bulk prescribed items must be checked** - Adequate protected time must be given for this task which should take place in a quiet area without disturbance. Designated staff member must be familiar with all aspects of the service user’s medication. A competent deputy should be appointed to cover for absence.
- **Where possible, copies of current MAR charts are used to order medication required. ONLY order what is required** - Right hand side (RHS) of prescription received from community pharmacy with previous months order is checked alongside current MAR chart. Additional notes observed (reverse of MAR, carer’s notes, etc) for any entries made regarding medication which states reason for omissions/ PRN administration etc/ any other relevant info regarding medication. Account is taken of any hand written alterations on current MAR chart by the prescriber. MAR charts are checked for any changes e.g. doses/medication that has been changed, stopped, newly started.
  - Advantages of ordering from the MAR chart:
  - a) Reduce the time when ordering by care home – avoid duplication of ordering off RHS for the practice and ordering copy for pharmacy;
  - b) Reduce selection error when ordering by care home;
  - c) facility to highlight to reception staff when medication had stopped/dose change etc;
  - d) Ensure practice computer is up to date by comparing ordering copy of MAR with service users repeat screen – e.g. opportunity to check items are removed from repeat screen that have been discontinued on the MAR;
  - e) The MAR reflects the current prescribed medication regime rather than the right hand side of the prescription which may not.

Note - It is vital that the home keeps a copy of the order

- **Medication order is sent to GP Practice**
- **Prescriptions are generated by designated practice staff (Note:- consider retaining a copy of the Care Home request at the practice for 1 month).** This will help resolve any subsequent discrepancies- Practice nominates designated receptionist staff to liaise with care home and pharmacy. This person fully understands the ordering process of the care home. Practice keeps a copy of monthly order for one month to refer to if any discrepancies. The reason for not generating a prescription requested is communicated to the care home.  
(Offer job shadowing opportunity to gain full understanding of each role). Note- certain items cannot be sent via EPS (e.g. Controlled Drug, the product is not listed in the NHS Dictionary of Medicines and Devices or it has not been entered onto the prescription in a way to be compliant with EPS )

- **Prescriptions go back to the care home for checking (Collected by care home or by pharmacy) or there is a process for the care home to check if sent via EPS** – Designated care home staff member has protected time to check prescriptions (or tokens) from practice/pharmacy against order prior to pharmacy dispensing.
- **Prescriptions are checked against the order –discrepancies are resolved with the practice as soon as possible** - Each prescription is matched to the order and checked if there have been any changes while requests have been generated at the practice due to prescriber having visited the care home during the interim period. Any discrepancies are resolved with the practice.
- **Pharmacy dispenses prescriptions - any discrepancies are resolved with the care home or practice-** Sufficient time is allowed for pharmacy to dispense medications - processing time is pre-arranged to ensure timely delivery of medication and to allow for the dispensed items to be checked accurately by the home prior to medication cycle starting.
- **Dispensed items are sent to care home where they should be checked at least 3 working days prior to cycle starting by designated care home staff member – any discrepancies resolved with community pharmacy** – Community pharmacy is contacted if there is delay in receiving delivery of order. Compare new MAR chart against existing chart. If changes have been made, new MAR chart is amended and alteration signed and dated by 2 members of staff adding reference for amendment e.g. note from prescriber, endorses date prescriber altered medication
- **Medication is checked and ready to administer to service user on Day 1 of medication cycle**

*Please refer to Management of Acute Prescriptions for Care Home Residents where there is urgent supply need*

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**Approved by:** Area Prescribing Group

**Date Approved:** May 2018

**Review date:** April 2021