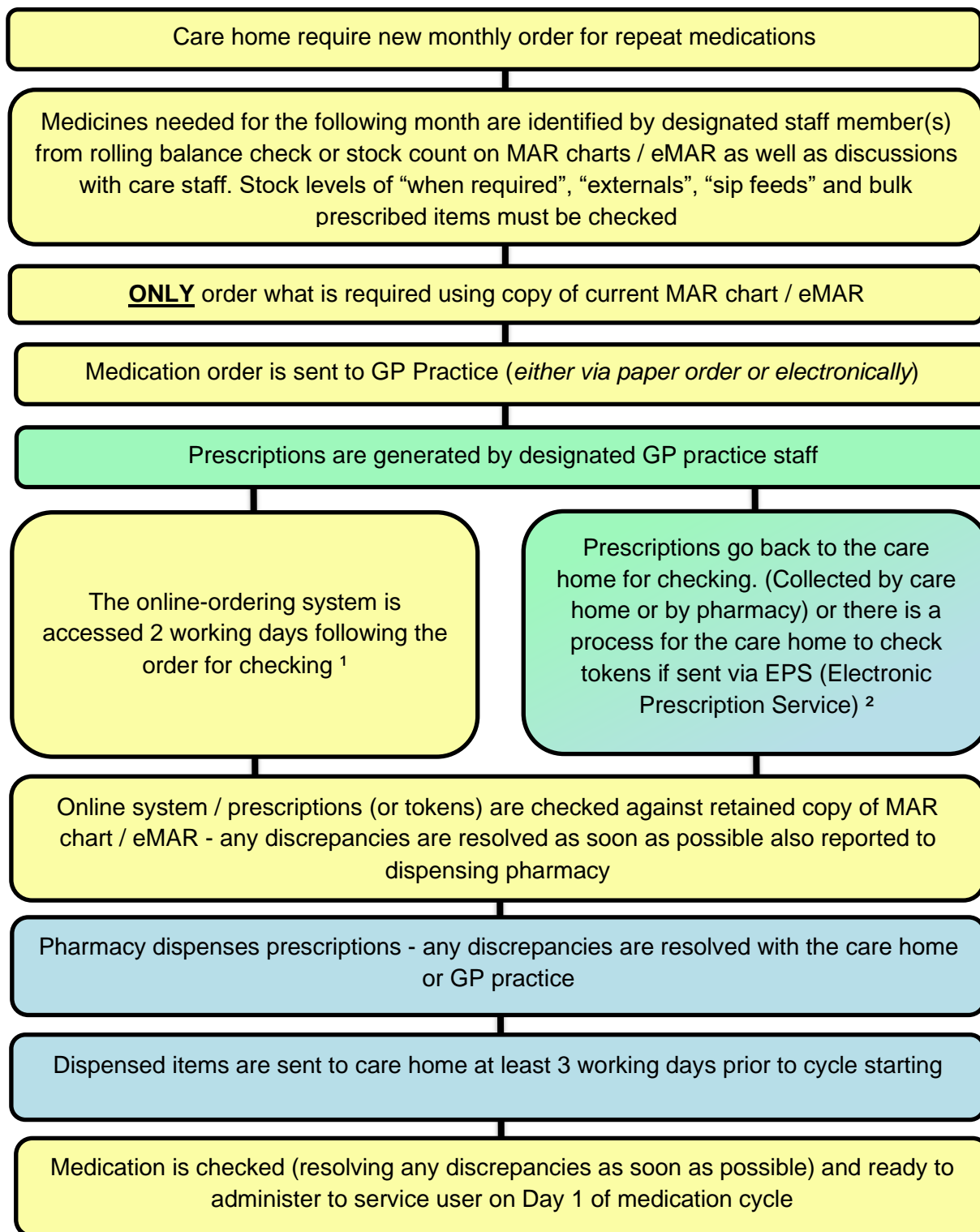


Best Practice Monthly Ordering Process for Care Homes Residents

Timeline

Week 2



Week 3

Week 4

Key:



Care home



GP Practice



Pharmacy

¹ Online ordering system ² Paper-based system

MAR: Medication Administration Record eMAR: Electronic Medication Administration Record

NICE SC1 guidelines for Ordering medicines to Care Homes

- Care home providers 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 1 member of staff.
- Care home providers should retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy.
- Care home providers should ensure that records are kept of medicines ordered. Medicines delivered to the care home should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly.

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, generally day 8, 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(s) from rolling balance check or stock count on MAR charts / eMAR 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. Particular attention should be given for checking stock levels of PRN items e.g. emollients, to avoid medication waste. A competent member of staff should be appointed to cover for absence.
- **Where possible, copies of current MAR charts / eMAR are used to order medication required. ONLY order what is required** - 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 information. Account is taken of any alterations on current MAR chart / eMAR - checking for e.g. doses / medication that has been changed, stopped, newly started.

If using the right-hand side (RHS) of prescription, received from community pharmacy in previous months order, ensure it is carefully checked against the MAR / eMAR for changes. If paper-based systems are in operation, ordering on the MAR itself offers many advantages versus using the RHS:

- a) Reduces the time when ordering by care home by avoiding duplication of ordering off both the RHS for the practice and ordering copy MAR for pharmacy;
- b) Avoids necessity for duplicates to be made for the practice & pharmacy;
- c) Reduces selection error when ordering by care home;
- d) Facility to highlight to reception staff when medication had stopped / dose change etc;

e) Ensures 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;

f) The MAR reflects the current prescribed medication regime rather than the RHS of the prescription (which may be out of date).

Online ordering systems alleviate the concerns faced with paper-based ordering because the information is already up-to-date based on the information held on the GP practice clinical systems. For further information on how to set-up an online ordering system between the GP practice and care home please see [Ordering medication using proxy access: Guidance for care homes, GP practices and community pharmacies](#).

- **Medication order is sent to GP Practice (either via paper order or electronically)** - where paper-based systems are used ensure the order is handed over to designated practice staff only. It is considered good practice to obtain proof of receipt.

Note: It is vital that the care home keep a copy of the order if using paper.

- **Prescriptions are generated by designated practice staff** - consider retaining a copy of the care home request at the GP practice for one 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 requested prescription is communicated to the care home (offer job shadowing opportunity to gain full understanding of each role).

- **The online ordering system is accessed 2 working days following the order for checking** - this allows sufficient time for the prescriptions to be generated and for any tasks to be actioned. The status of each ordered item will be shown in the online ordering systems relevant section e.g. Summary Patient Record.

Or

- **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 GP practice / pharmacy against order prior to pharmacy dispensing.

- **Prescriptions are checked against the order - discrepancies are resolved with the GP 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 GP practice e.g. due to prescriber having visited the care home during the interim period. Any discrepancies are resolved with the GP practice.

- **Pharmacy dispenses prescriptions** - any discrepancies are resolved with the care home or GP practice. Sufficient time is allowed for pharmacy to dispense medications - processing time is prearranged 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 / eMAR against existing record. If changes have been made, new MAR chart / eMAR is amended and alteration signed (digitally in case of eMAR) and dated by two members of staff adding reference for amendment e.g. note from prescriber, endorse date prescriber altered medication.

- **Medication is checked and ready to administer to service user on Day 1 of medication cycle**

Also see related guidance: 'Management of Acute Prescriptions for Care Home Residents where there is urgent supply need'

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