



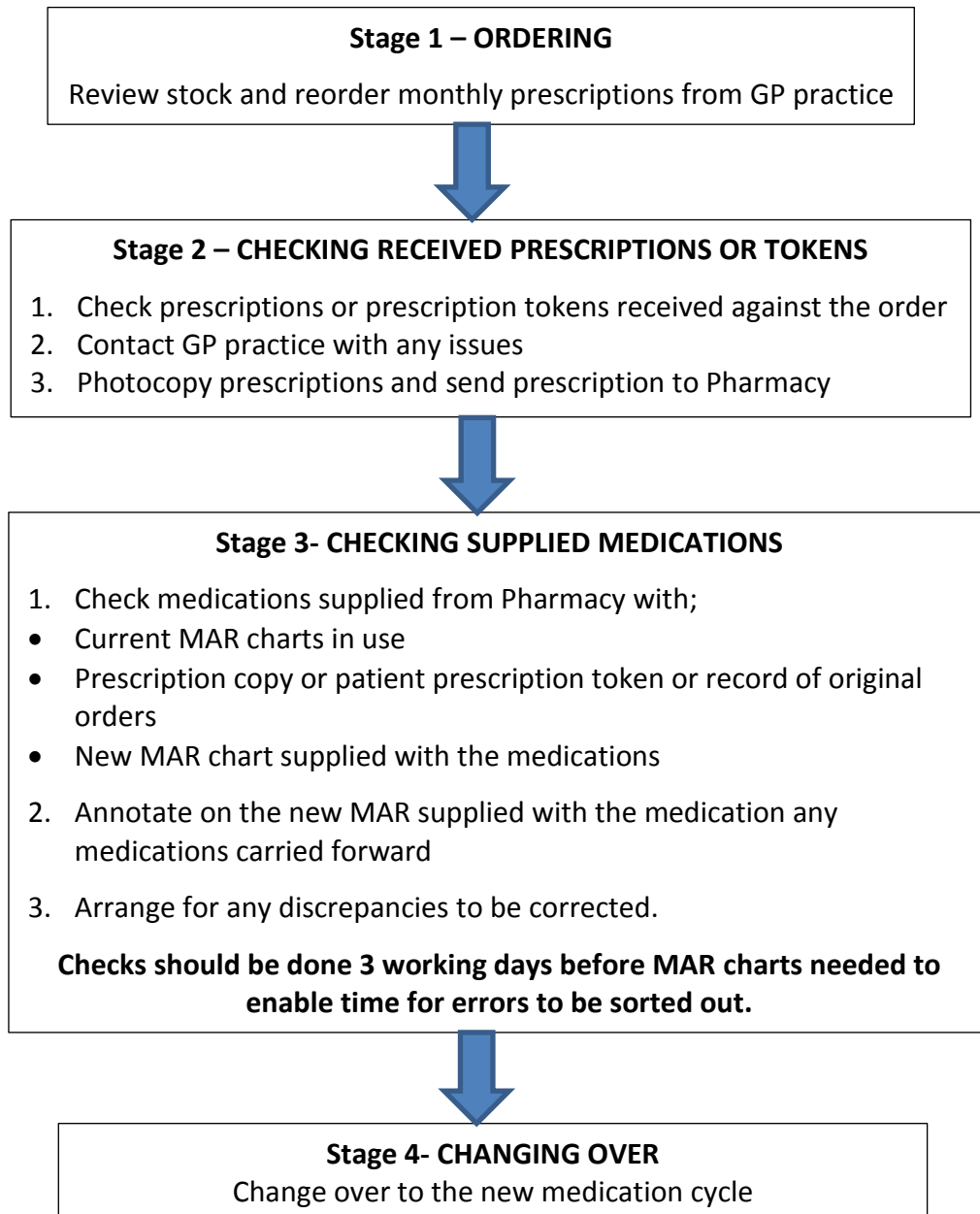
Good Practice Guidance for Care Homes Monthly Medication Ordering Process

For all care home staff responsible for monthly ordering of medications in care homes

Aim

- To provide a framework for a safe and efficient monthly prescription ordering process that ensures compliance with NICE guidance on managing medicines in care¹ Appendix 1
- To adopt a system of working that minimises errors and waste in ordering and delivery of medicines *Systems and processes used in care homes account for around £50m of the estimated £300m annual total medicines waste* [link](#)

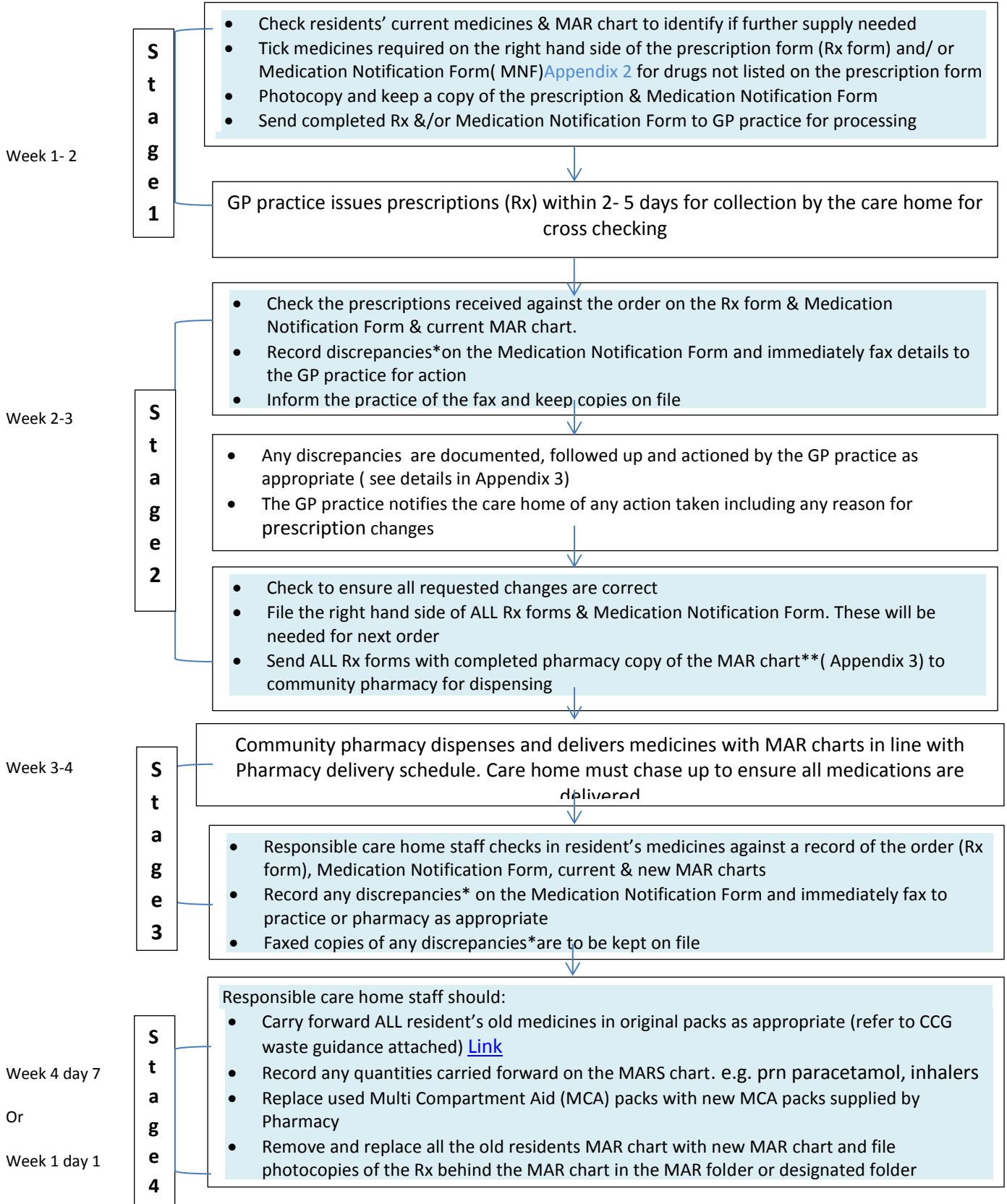
There are four key stages to the medication ordering process





Monthly Medication Ordering Process for Care Home using Paper(Non EPS)

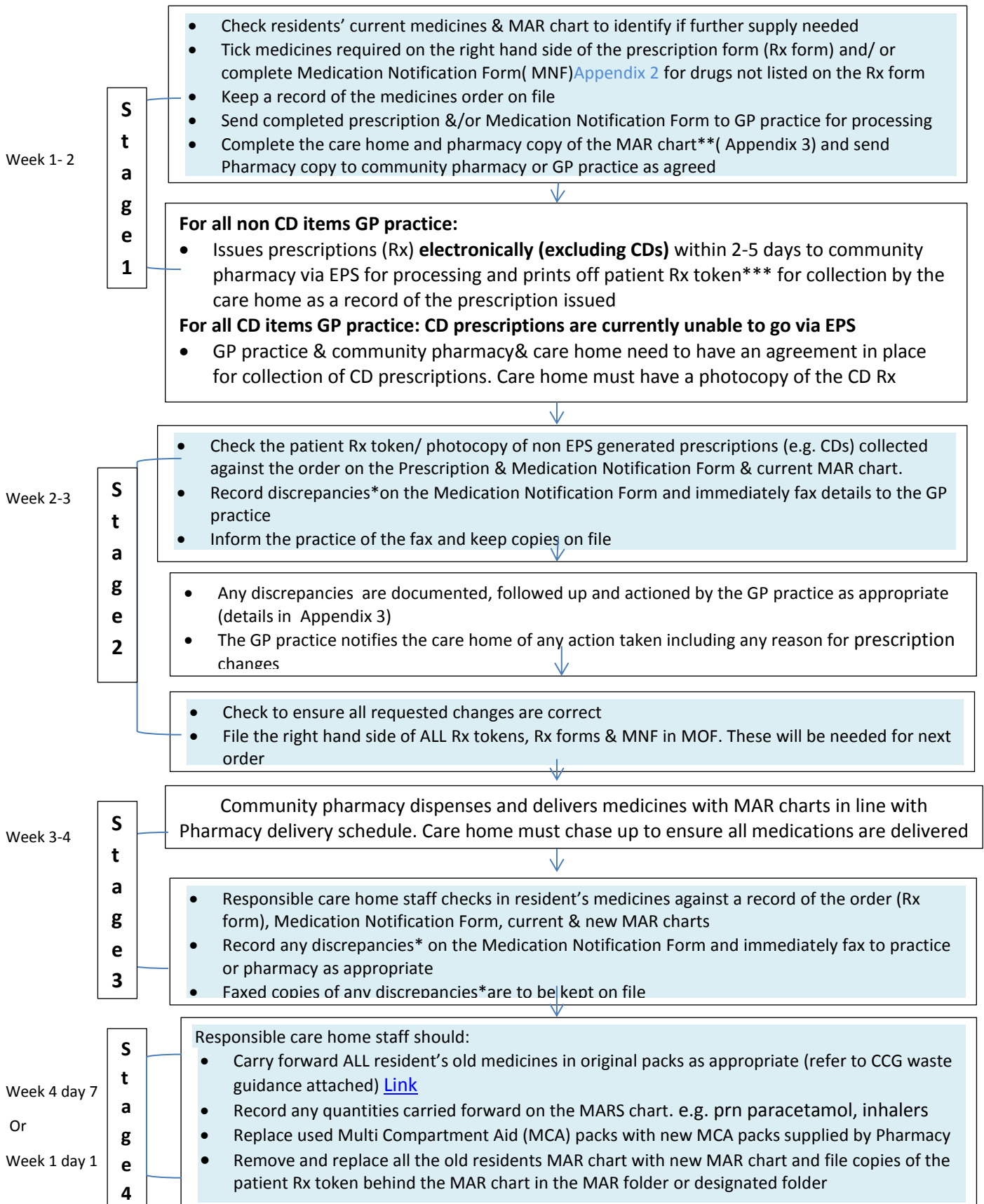
Standards for care homes to adopt- care homes actions are highlighted in the blue boxes





Monthly Medication Ordering Process for Care Home using EPS

Standard for care homes to adopt- care homes actions are highlighted in the blue boxes





Appendix 1

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

Further information is available on the Medicines Policy Standards for care providers which have been developed to support high quality use of medicines in care homes [Link](#)

Additional notes: *This document should be used together with the flow chart for the various stages of the medication ordering process*

Appendix 2: MEDICATION NOTIFICATION FORM for CARE HOMES

Name of Care Home & Contact Details

- When requesting any medicine clearly indicate (by ticking the appropriate box) the reason for request and whether it is an **URGENT ITEM** (i.e. needed processing within 24hours) or a **NON URGENT NEW ITEM / INTERIM REQUEST** (i.e. needed within 2-3 days) or if it is required as part of the next routine **MONTHLY PRESCRIPTION ORDER**.
- For **Non urgent Rx requests** fax form to the GP practice. Non urgent request will **usually be processed within 48 hours (72 hours if over weekend or bank holiday) and delivered to the care home by pharmacy** within 3-5 days of Rx request.
- For all new medicines requests, state number of days treatment if medicine is ACUTE only or if it is a repeat medicine the number of days required to synchronise supply with the next medicine cycle
- For **Urgent Rx requests**- fax form to **BOTH** the GP practice to the designated Pharmacy. Urgent prescriptions will be issued by the practice & forwarded directly to the pharmacy indicated below for urgent delivery. Urgent rRx request should be followed with a telephone call
- **Community pharmacy name****Fax no**

Patient Name..... **Date of Birth**.....

DRUG DETAILS (for each drug entry state name strength if applicable and dose)		Reason for Request (tick all that apply below)					Prescription type (tick below)				Is DRUG REQUEST URGENT? State Yes or No for each drug entry made)
Drug and Dose	Quantity required in days	New drug started	Dose change	Direction change	Formulation change of existing drug	Medicine query* (state details below)	Acute	New item	Interim repeat	Monthly order item	

Comments /Response to Medicine Query* (include additional Monitoring Information if required)

Form Completed by: - Staff Name Signature..... Date.....



Appendix 3

Notes

*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.

** Care home staff **must** indicate on the care home and pharmacy copy of the current MAR chart one of the following against every item.

- Drug ordered and item listed to be kept on MAR
- Drug not ordered but item listed to be continued on MAR
- Drug discontinued and item to be deleted from MAR
- Drug continued & dose/directions change required –amend MAR
- Drug requested ordered and requested in days

In all cases the Care home & Pharmacy copy of the annotated MAR charts must be an accurate reflection of what the care home has ordered

The selection of what is indicated in the care home and pharmacy copy of the MAR chart may vary depending on the community pharmacy that supplies medication to care homes.

***Patient Prescription tokens can either be generated by GP practice or Community Pharmacy. It should be agreed who has the responsibility to provide the care home with prescription tokens.

Example of Pharmacy copy of the MAR Chart – this provides an illustration of information that should be captured at the time of medication reordering

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