

COVID-19 Special issue:

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Business continuity - Medicines Optimisation Care Home team

As per the government's recommendations on COVID-19, our team will not be conducting our routine visits in care homes. Like many other members of NHS staff, our team have been deployed to support local GP Practices during the COVID-19 outbreak. However, we will continue to offer remote medicines management service to our care homes by conducting medication reviews, covert administration reviews, support with medicines management related queries and quality work as best we can via telephone, Skype and/or via NHS.net secure email accordingly. Like many other members of NHS staff, our team have been deployed to support local GP Practices.

Our work plan will be regularly reviewed to ensure that we are responsive to our care home residents' needs, working in line with local and national guidance and key stakeholders such as our GP practices and the council, to ensure that we are delivering the best service that we can in the current climate. Naturally we will keep you informed of any further updates in relation to our service delivery. Please note: our contact details are at the end of this newsletter

Our care home guidance documents and updated PrescQIPP training 'log on' guide can be found on the **'GP Ref' website** (link below):

[https://www.gpref.bedfordshire.nhs.uk/referrals/care-home-team-\(bccq-medicines-management\).aspx](https://www.gpref.bedfordshire.nhs.uk/referrals/care-home-team-(bccq-medicines-management).aspx)

Please note: the **COVID-19 End of Life Medicine Service** with list of participating pharmacies and list of medicines stocked can be found on our special COVID-19 page on GP Ref (link below):

<https://www.gpref.bedfordshire.nhs.uk/referrals/covid-19-information.aspx>

COVID-19 - Important guidance links for care homes

We understand that these are extremely challenging times for care homes and we are conscious that you may be receiving a lot of information as things change at such a rapid pace. For this reason we have provided links (below) to a few of the key guidance documents:

[COVID-19: Admission and care of residents during COVID-19 incident in a care home](#)

[British Geriatric Society – Guidance on managing the Covid-19 pandemic in care homes](#)

[COVID-19: infection prevention and control \(IPC\)](#)

[Recommended Personal Protective Equipment \(PPE\), including care homes](#)

[PHE: A visual guide to safe PPE \(poster\)](#)

[DHSC: Mental Capacity Act \(2005\) \(MCA\) and Deprivation of Liberty Safeguards \(DoLS\) during the COVID-19 pandemic](#)

[COVID-19: Action Plan for Adult Social Care](#)

Q – Can our ‘homely remedy’ supplies of Paracetamol be used beyond the 48 hour ‘cut-off’?

A – The use of Paracetamol beyond 48 hours falls outside the current guidance scope, so it would be a clinical decision made by a prescriber/ responsible GP for that particular individual - it is not a change that we can make in isolation, consultation would be required as this cohort is especially vulnerable. The implications of using Paracetamol beyond 48 hours without clinical review could impose a significant clinical risk to the resident and have implications on quality of care.

Currently the guidance states that if a resident requires Paracetamol beyond 48 hours, then they should be reviewed. If the resident is not examined by the GP but it has been agreed that treatment should continue, the GP should confirm in writing that treatment is to continue or a prescription should be provided. Our ‘Homely Remedies’ toolkit can be found on the GP Ref website

Q – Our care home does not keep ‘homely remedies’. I have heard of ‘bulk supplies’ of medication for care homes, what does this mean and could we have a ‘bulk supply’ of Paracetamol for our care home?

A – A ‘bulk prescription’ can be written for a care home provided the following criteria are met:

- The item prescribed in bulk is either ‘P’ (Pharmacy medicine) or GSL (General Sales List), these are medicines normally available for purchase in a pharmacy or supermarket. This can include Paracetamol as long as the quantity does not exceed 96 tablets, as above this its legal status becomes ‘prescription only medicine’.*
- The home has at least 20 residents, 10 of which must be registered with the same GP practice.*
- Those residents who are not registered with the same GP prescribing practice must continue to have individual prescriptions from their own GPs.*

The issue of a bulk prescription allows the care home staff to use the same supply for all residents who are clinically identified as suitable for the prescribed medication.

The prescriber would need to prescribe a small initial supply for each resident (as appropriate) to ensure there has been an identified clinical need and a specified dose is individualised so it can appear on the MAR chart. Following this initial individual prescription, bulk prescribing can be used.

Further detailed information on the procedure for bulk prescribing can be found on GP Ref.

Q – Can residents still take their prescribed Ibuprofen tablets during the COVID-19 outbreak?

A – We are aware there has been concern spreading about the use of ibuprofen and other non-steroidal anti-inflammatory medications (NSAIDs) in relation to COVID-19. It has been concluded that there is currently insufficient evidence to establish a link between use of ibuprofen, or other NSAIDs, and susceptibility to contracting COVID-19 or the worsening of its symptoms. Please click on the link below for detailed government advice:

<https://www.gov.uk/government/news/commission-on-human-medicines-advice-on-ibuprofen-and-coronavirus-covid-19>

Patients can take paracetamol or ibuprofen when self-medicating for symptoms of COVID-19, such as fever and headache, and should [follow NHS advice](#) if they have any questions or if symptoms get worse. Please ensure that you always read the patient information leaflet and the follow the instructions carefully.

Prescribed Ibuprofen: *individual patient risk factors such as any history of heart problems, stomach related illnesses and kidney function would be considered when Ibuprofen is prescribed. Patients who have been prescribed NSAIDs as a treatment for a long-term condition, such as arthritis, should keep taking these medicines as normal.*

Q – We have a resident who takes warfarin tablets, will their INR blood tests still be done on a regular basis?

A – This decision and the frequency between INR blood tests would need to be made on an individual basis by the healthcare professional who conducts the INR test. Residents who require more frequent INR blood tests due to poor control may be reviewed for a possible switch to an alternative anticoagulant medication, if this is appropriate.

As always for those on warfarin, please monitor the resident for any signs of serious bleeding e.g. spontaneous or large bruising, blood in faeces or urine, heavy nosebleed lasting >10 minutes or severe headaches. For more information on warfarin and side effects to be aware of please click on the link: <https://www.nhs.uk/medicines/warfarin/>

Q – We have a resident who has a 3 monthly Vitamin B12 injection administered by a district nurse, will this still be administered?

A – This will be reviewed on an individual basis and will take into account different factors such as whether the resident is being shielded as a vulnerable patient, why they are prescribed the injection and duration of treatment. There are different options depending on these factors and which group the patient falls under. Some patients or patient's relatives may be trained to administer the injection, whereas others will continue to have their injection administered by a healthcare professional. For others there may be a treatment break for 3-6 months or a switch to an oral preparation, if appropriate.

Q – How do we obtain more masks for PPE?

A - If your normal supply route is unable to provide what you need you can escalate your request to the NHS Supply Chain by telephoning 0800 915 9964.

You can also email supplydistributionservice@nhsbsa.nhs.uk

NHS Mail and Electronic Prescriptions

NHS Mail:

The 'roll out' of NHS mail for care homes is being 'fast-tracked' by the NHS. The completion of the Data Security Protection Toolkit (DSPT) is being temporarily waived to allow for quicker implementation. This is in-line with information governance guidance for COVID-19. Providers will be asked to give their own assurance that they are secure, and following the pandemic NHS mail regional teams will take providers through the full DSPT process, supporting them to accredit their secure email system or NHSmail for sharing in future.

The NHS email system will enable secure basic sharing of information to and from care homes, GP practices, acute settings. NHS mail is the only NHS approved method for exchanging patient data by email, but only if both the sender and recipient use an NHSmail account or an equivalent.

For those care homes that already have NHS email accounts we would encourage the use of NHS.net for the safe transfer of any medical information for your residents.

Electronic Prescriptions:

Prescriptions will be signed and sent electronically directly to dispensing pharmacies. This is to help minimise non-essential 'face to face' contact and prevent the need to collect paper prescriptions from surgeries. Please contact the surgery if you would like to be set up for electronic prescriptions.

MCA and DoLS during the Covid-19 pandemic and CCG Covert guidance

The Department of Health and Social Care (DHSC) has produced some emergency guidance on MCA and DoLS during the Covid-19 pandemic. To view the full guidance document please click on the link below. This guidance is only valid during the COVID-19 pandemic and applies to those caring for adults who lack the relevant mental capacity to consent to their care and treatment. **During the pandemic, the principles of the MCA and the safeguards provided by DoLS still apply.**

[DHSC: Mental Capacity Act \(2005\) \(MCA\) and Deprivation of Liberty Safeguards \(DoLS\) during the COVID-19 pandemic](#)

The Covert Administration of Medication Best Practice Guidance has been updated for use across BLMK CCG and can be accessed via the GP Ref website.

If covert administration is being considered, the principles of the MCA still apply during the pandemic. A MCA assessment **MUST** still be completed by the prescriber. If the resident is considered as lacking mental capacity the prescriber must then make a decision about their treatment options following the best interests process.

These are difficult times and we appreciate that face-to face contact will be prohibited and therefore alternative assessment methods will need to be considered. The following methods and means are by way of assistance and assume face to face direct contact is not allowed. These are to be employed during the emergency and must not become the new norm.

- ⇒ **Virtual assessments e.g. via Skype**
- ⇒ **Telephone assessments**
- ⇒ **Evidence gathered by others on your behalf**
- ⇒ **Evidence gathered from recordings and sources**

We have attached with this newsletter a very helpful guidance document produced by Shropshire Council on assessing mental capacity in different ways during COVID-19.

Coronavirus Contingency – Safe administration of Medicines from Original Packs

Community Pharmacies have been under overwhelming pressure in the last month. Many pharmacies are having to dispense medication to care homes in their 'original packs' as opposed to Monitored Dosage Systems (MDS) or multi compliance aids (MCAs).

We appreciate that for some care homes this will be a sudden move to a different medication administration system. We have attached a slide set that care homes may find useful to support the transition to the new system. This has been developed by OPUS who are a commercial training company.

Contact us:

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