

We are now BLMK CCG!

'Business as usual' for Care Home Teams

MDTs and 'Weekly check-ins' - what are they and why are they important?

Covid-19 - Important guidance links for care homes

Covid-19 vaccinations and blood clotting

What is a vaccine & how do they work?

NICE guideline NG 189: Safeguarding adults in care homes

Digitalisation in care homes – update

Department of Health & Social Care Vitamin D supplements - update



We are now BLMK CCG!

As mentioned in previous newsletters, from the 1st April 2021 Bedfordshire, Luton and Milton Keynes Clinical Commissioning Groups (CCGs) merged to become one CCG.

We are now officially Bedfordshire, Luton and Milton Keynes (BLMK) CCG, and therefore a bigger Medicines Optimisation Care home team supporting care homes across BLMK.

Details of the team members covering each area and generic contact emails can be found at the end of this newsletter.

'Business as usual' for Care home teams

As you may be aware, some members of our Medicines Optimisation Care home team have been deployed to support with various other work streams during the pandemic (e.g. infection control training, supporting with the vaccination programme etc.), and this has taken us away from our previous roles.

We are now looking at how we can conduct 'business as usual' to support our care homes. Care home pharmacy technicians and pharmacists from our team have already commenced essential 'field visits' to some homes to advise and guide on medicines management issues. In some cases this has led to shadowing medication rounds to help support the homes with their processes and procedures.

Any visits to care homes by our team are conducted following the completion of appropriate risk assessments including a Covid-19 risk assessment for essential field visits. We will be following strict infection control procedures and conducting a lateral flow test prior to the visit, or on site if requested by the care home. In some cases, a joint visit may be conducted with a member of the CCG Quality team or a member of the Infection Control team. The care home will usually be notified of any visits (unless unannounced visit) and contacted one day prior to the visit day to ensure there have been no recent outbreaks.

If you would like any further information on this, please contact the appropriate team member for your area. Our contact details can be found at the end of this newsletter .

MDTs and 'Weekly check ins'- What are they and why are they important?

As part of the Network Contract DES published in October 2020, Primary Care Networks (PCN's) who have signed up to deliver this contract are required to have a weekly 'check-in' with care homes they are aligned to. PCNs as you may already know are a group of GP Practices.

What is a weekly check in?

Check-ins are conducted weekly and are managed by the care co-ordinator who will also document actions and outcomes.

A 'check-in' is a virtual call once a week usually including:

- A care co-ordinator
- PCN Aligned GP and/or Nurse
- A pharmacist
- Care home staff

Not all residents are discussed – it is a reactive identification process and below are some examples of residents who should be prioritised for discussion:

- ⇒ New residents admitted to the home
- ⇒ Residents with suspected COVID-19
- ⇒ Residents discharged with COVID-19
- ⇒ Residents who are deteriorating - e.g. malnourished, falls, confusion, new symptoms, A&E attendance
- ⇒ Unstable residents who require monitoring
- ⇒ Residents who are End of Life

What is a MDT?

A Multidisciplinary Team (MDT) includes members from a wide range of healthcare professionals. This may include Falls teams, Mental health teams, Dietician and Pharmacist etc. The MDT makes full use of everyone's specialist knowledge and skills.

A Multidisciplinary team (MDT) approach is a proactive in-depth review of the residents within the care home attended by members of the MDT team as above and with the professionals who would usually attend a 'check-in'.

Staff who work in a care home know their residents far better than a visiting health professional, therefore care home staff are a key foundation and critical part of the MDT. The MDT is typically 1-2 hours depending on the size of the care home.

Why are they important?

Residents living in care homes should expect the same level of health care support and treatment as if they were living in their own home. This level of support can only be achieved through collaborative working.

With an MDT approach residents receive better, more co-ordinated and proactive care. Residents with long term conditions are more likely to have better outcomes, fewer hospital admissions and end of life care is more appropriately managed according to the resident's wishes.

COVID-19 - Important guidance links for care homes

During these challenging times we are conscious that guidance is constantly changing and you may be receiving a lot of information from various sources. For this reason we have produced links (below) to a few of the key guidance documents, many of which have been recently updated:

[Coronavirus \(COVID-19\): admission and care of people in a care homes](#)

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

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

[Coronavirus \(COVID-19\): getting tested](#)

[COVID-19: how to work safely in care homes](#)

[Coronavirus \(COVID-19\): adult social care action plan](#)

[COVID 19 Vaccination: guide for older adults](#)

[COVID 19 Vaccination: guide for healthcare workers](#)

[Safeguarding adults in care homes – NICE Guidance *New*](#)

[Testing for professionals visiting care homes *New*](#)

Covid-19 - vaccinations and blood clotting

Recently there have been reports of very rare condition involving blood clots and unusual bleeding after vaccination. We have attached with this newsletter an information leaflet which has been produced by Public Health England and the NHS. We hope this information will help alleviate any concerns that you, your staff or residents may have.

We are continuing to make excellent progress with the care home vaccination programme across BLMK and many of the residents and staff have had, or will soon be having their second dose of the vaccination.

What is a vaccine & how do they work?

A vaccine is a type of medicine that trains the body's immune system so that it can fight a disease it has not come into contact with before.

The human body has many ways of defending itself against disease-causing organisms (pathogens), such as bacteria and viruses, including the skin and mucus which act as physical barriers to prevent entry into the body. When a pathogen enters the body, our immune system recognises this as harmful and an immune response is triggered to attack the pathogen. Our immune system consists of cells, tissues and organs that work together to destroy the pathogen.

One of the ways the immune system fights off infection is by creating large proteins known as antibodies. These antibodies act as scouts, hunting down the infectious agent, and marking it for destruction by the rest of the immune system. Each antibody is specific to the bacteria or virus that is detected and these specific antibodies will remain in the immune system after the infection has gone. This means that if the same bacteria or virus is encountered in the future, your immune system has a 'memory' of it and is ready to quickly destroy it before you get sick and any symptoms can develop.

Vaccines contain an inactive, weakened or broken down form of the bacteria or virus you are being immunised against, meaning an immune response is triggered without actually giving you the disease. Your immune system will attack the harmless form of bacteria or virus from the vaccine and

will produce antibodies to fight it off. These specific antibodies, that your immune system produced to 'fight' the harmless form of bacteria or virus in the vaccine, will remain in your body ready to destroy the bacteria or virus should you ever become infected with the real pathogen.

How do the COVID-19 Vaccines work?

The outside of the COVID-19 virus is studded with 'spike proteins' that the virus uses to gain entry to healthy human cells and make us ill. These spike proteins are the markers that our immune system uses to identify the cell as a potentially harmful intruder.

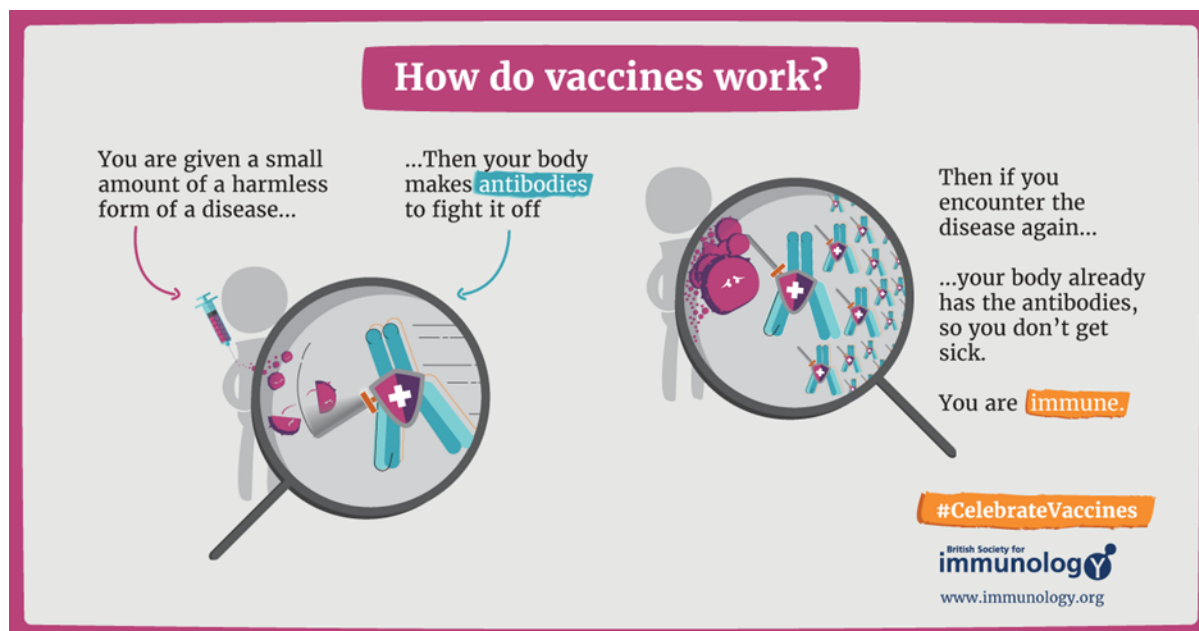
First, COVID-19 vaccines are administered into a muscle (usually the upper arm).

- **Pfizer-BioNTech® & Moderna®** - The COVID-19 messenger RNA (mRNA) vaccines enters our cells and gives instructions for our cells to produce a harmless piece of the COVID-19 "spike protein".
- **Oxford-AstraZeneca®** - The Oxford Astra Zeneca vaccine contains the double stranded DNA of the COVID-19 spike protein transported in a weakened adenovirus (which are common viruses, known to cause things like the common cold).

(Please note: the Pfizer-BioNTech® and Oxford-AstraZeneca® are the two vaccines currently allocated to our local area)

Next, our immune system cells display the harmless COVID-19 spike protein on their cell surface. The rest of our immune system recognises that this spike protein doesn't belong there and launches an immune response against it. Our immune system produces antibodies to fight what it thinks is a virus. This is why you may feel unwell for a short time following your vaccine. The vaccine does not contain any actual virus, meaning it cannot give you COVID-19. Once the spike protein has been made/displayed, our bodies break down the vaccine and gets rid of it.

At the end of the process, our bodies have now learned how to produce antibodies against the COVID-19 spike protein. This means if you become infected with the COVID-19 virus in future, your immune system will recognise the spike protein on the virus surface and will launch an immune attack immediately, without having to learn how to produce the necessary antibodies. As a result, the immune response is more likely to be successful at fighting the virus and you are much less likely to become ill.



Resources:

<https://www.nhs.uk/conditions/coronavirus-covid-19/coronavirus-vaccination/coronavirus-vaccine/>

<https://www.immunology.org/celebrate-vaccines/public-engagement/guide-childhood-vaccinations/how-vaccines-work>

NICE Guideline NG 189: Safeguarding adults in care homes

This recently published guideline covers keeping adults in care homes safe from abuse and neglect. It includes potential indicators of abuse and neglect by individuals or organisations, and covers the safeguarding process from when a concern is first identified, through to section 42 safeguarding enquiries.

The guideline includes recommendations on:

- policy;
- induction and training;
- care home culture and management;
- how to improve care home staff awareness of safeguarding and ensure people can report concerns when needed
- immediate actions to take if you consider or suspect abuse or neglect;
- how care home safeguarding leads and local authorities should respond to reports of abuse or neglect

Included in the guidance are two visual summaries (attached with newsletter) on the recommendations for indicators of individual and organisational abuse and neglect, showing the process to follow if you 'consider' or 'suspect' abuse or neglect.

The guidance can be found at <https://www.nice.org.uk/guidance/NG189>

Digitalisation in care homes - update

Data Security & Protection Toolkit (DSPT):

The DSPT toolkit is an annual self-assessment for health and care organisations, including care homes. This assessment shows what needs to be done to keep your residents and staff information safe, and to protect your homes from the risk of a data breach or cyber attack. The completed DSPT will help demonstrate that you meet CQC expectations of good data security practice and are handling information securely. It is also a pre-requisite for access to NHS systems such as NHSmail and Proxy access to GP records to allow ordering of repeat medication.

NHSX published changes in relation to the DSPT for adult social care providers and there is also additional national and local support available to homes through the '[Better Security, Better Care](#)' programme. There is also the Digital Social Care helpline, which is open to all care providers for advice on the DSPT. It is open between 9am and 5pm Monday to Friday by calling 0208 133 3430 or by email on help@digitalsocialcare.co.uk

Ordering medication online using proxy access:

Our care home team continues to support the roll out of on-line ordering of repeat medication in care home settings. This process would allow you to order repeat medication on-line (via SystemOne) directly from the GP surgeries website once proxy access has been set up.

If you would like to know more about ordering medication via proxy access, please click on the link below to access NHE England guidance, or contact a member of our team:

[Ordering medication using proxy access: Guidance for care homes, GP practices and community pharmacies](https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/) - <https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/>

NHS.net email:

CCGs and the Local authorities have been working with care homes to set up shared/generic email addresses as part of a national NHS mail fast track programme in response to Covid-19.

It is expected that email correspondence between care homes and other healthcare organisations e.g. GP surgeries, community health and social service providers, and the acute trusts will be **via the care home shared nhs.net email account**, rather than solely through individual care home staff nhs.net email accounts.

The care home secure or nhs.net shared mail box will be the primary email account to be used. However it is recommended, particularly in the early stages, that individual care home staff also include their personal nhs.net account address in the 'cc' box of email correspondence.

Our team relies on the use of secure email such as nhs.net email for the safe transfer of medical information to and from care homes. **We encourage all of our care homes to start using NHS mail if they haven't already started. This is a safe and secure way to share information.**

Department of Health & Social Care Vitamin D supplements - update

This year, the government has provided a one-off **free 4-month supply of vitamin D supplements for residents in residential and nursing care homes in England**. Further details were provided in our January newsletter and full guidance on offering vitamin D supplements to residents is available at: <https://www.gov.uk/government/publications/vitamin-d-for-vulnerable-groups/vitamin-d-and-care-homes-guidance>

Care homes are reminded that GPs should not be asked to prescribe ongoing 10 microgram (400iu) doses at the end of the free 4-month supply of Vitamin D. GPs will only continue to prescribe higher doses to treat deficiency of Vitamin D. Any further supply of 10 microgram (400iu) Vitamin D supplements for residents should be provided by care homes. This is in line with regulation 14 (Part A) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which states that care home providers are required to meet resident's full nutritional needs to sustain life and good health, and reduce the risks of malnutrition. In addition to provision of nutritious meals, this should include food supplements where necessary, such as vitamin D. ***If you have any questions or concerns regarding the above, please contact the relevant team member for your area via the email address below.***

Contact us:

Bedfordshire team:

Sharon Tansley – Care Home Pharmacy technician for Central Bedfordshire and LD homes

Lindsey Ashpole – Care Home Pharmacy technician for Bedford care homes

Harprit Bhogal – Care Home Pharmacist for Bedford care homes

Courtenay Pearson – Care Home Pharmacist for Central Bedfordshire care homes

Email: BEDCCG.bedsmeds@nhs.net

Luton team:

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Milton Keynes team:

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Hazel Gervais – Care Home Pharmacist

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