

BLMK Medicines Optimisation Care Home team

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Welcome to the 1st edition of the Bedfordshire, Luton and Milton Keynes (BLMK) CCG quarterly care homes newsletter.

From the 1st April 2021, Bedfordshire, Luton and Milton Keynes CCGs will formally merge to become one single CCG – BLMK CCG. As a result, we are now a bigger medicines optimisation care home team supporting care homes across BLMK.

Please see list below for our team members covering each area and generic contact emails.

Bedfordshire team:

Sharon Tansley – Senior Care Home technician for Central Bedfordshire and Learning Disability homes across Bedfordshire

Lindsey Ashpole – Care Home Pharmacy technician for Bedford care homes

Courtenay Pearson – Care Home Pharmacist for Central Bedfordshire care homes

Harprit Bhogal – Care Home Pharmacist for Bedford care homes

Email: BEDCCG.bedsmeds@nhs.net

Luton team:

Lisa Woods – Care Home Pharmacy technician

Kaylie McNaughton – Care Home Pharmacist

Rafal Ali – Care Home Pharmacist

Email: lutonccg.carehomes@nhs.net

Milton Keynes team:

Kasia Wolska – Care Home Pharmacy technician

Hazel Gervais – Care Home Pharmacist

Email: mkccg.carehomespharmacy@nhs.net

We hope you find this newsletter informative and welcome any feedback

BLMK Medicines Management website - Care Home page

The Medicines Optimisation team for BLMK have launched its new website (link below):

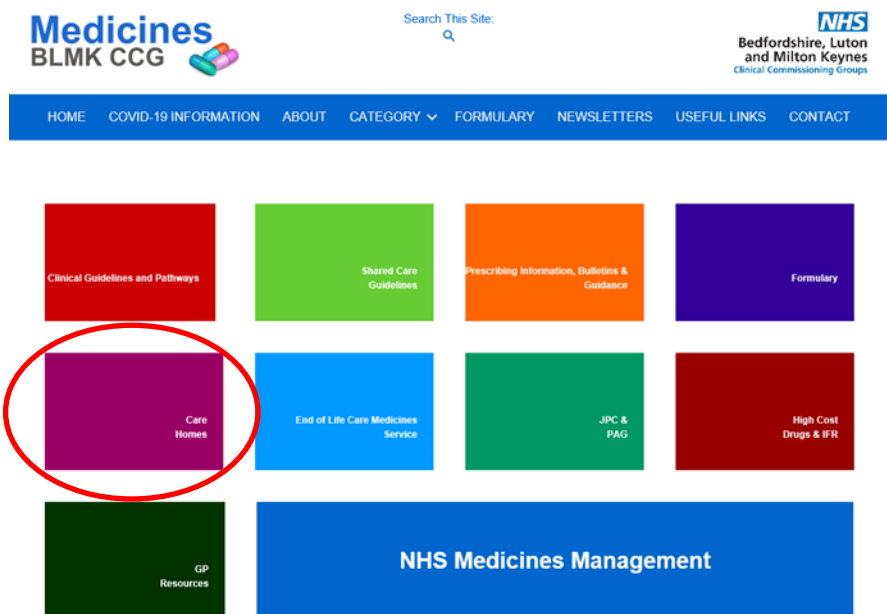
[BLMK Medicines Management website - https://medicines.blmkccg.nhs.uk/](https://medicines.blmkccg.nhs.uk/)

This website has a link to the 'Care Home' page (purple box) which includes care home guidance documents such as:

- Homely remedies toolkit and First Dressings scheme guidance
- Covert administration guidance
- 'PRN' guidance
- Care home newsletters
- Bulk Prescribing guidance

This website has replaced the 'GP Ref' website.

Please visit the 'Care Homes' page shown as circled



Homely Remedies Toolkit and First Dressings Scheme

The Homely Remedies toolkit, previously specific to Bedfordshire CCG, has been reviewed and approved for use across care homes in Bedfordshire, Luton and Milton Keynes (BLMK) (see main changes below). The new toolkit has been attached with this newsletter and is also available to view and download via the Care Home page on the BLMK Medicines Management website:

<https://medicines.blmkccg.nhs.uk/categories/care-homes/>

A homely remedy is a medicinal preparation used to treat minor ailments, which can be bought over the counter and does not require a prescription. These 'homely remedy' products can be kept in a care home to allow access to products which would commonly be available in any household.

Many of you may already have homely remedies in place in your care home. However, for those care homes that do not currently keep homely remedies, it may be prudent to postpone implementation of any new initiatives to a less busy time and when it is more convenient for the care home.

This toolkit can be used as a template for care homes to use and adapt, and as long as the CCG approved list of products are stocked the care homes are not required to write to each resident's GP for the homely remedies to be 'approved' or 'signed off' for use.

Main changes to note:

- The toolkit is now for **use across BLMK Care homes** (previously Bedfordshire care homes only)
- **Flowcharts to support decision making** for minor ailments have been incorporated in the toolkit (previously separate document)

P.T.O.

- **Loperamide capsules have been removed** in line with the Regional Medicines Optimisation Committee (RMOC) template policy, however oral rehydration sachets still remain in place for management of diarrhoea.
- Homely Dressings for use in Nursing homes page has been removed from the main toolkit, but is now a **separate guidance document entitled ‘First Dressings Scheme for use within Nursing Homes’**. This is a list of stock dressings (in line with the Bedfordshire & Luton CCGs JPC Wound formulary) that nursing homes can keep to be used as a ‘first dressing’. These are purchased and stocked by the home in the same way as homely remedies and the same policies and procedures apply to use and record keeping. This guidance has been attached with this newsletter, but can also be found on the Care Home page on the BLMK Medicines Management website.

Information on the Homely Remedies Toolkit and First Dressing Scheme guidance has been disseminated to other relevant stakeholders (e.g. Primary Care Networks and GPs, local councils, community pharmacists etc.).

If you have any questions or concerns, please contact the relevant team member for your area via the email address provided on page 1.

‘When Required’ (PRN) protocols - reminder

‘When required’ or ‘PRN’ medicines are usually prescribed and administered when a resident presents with an intermittent or short-term condition and they are not intended to be given as a regular daily dose. They are not confined to the times of the medicines round and should be administered when the resident requests or requires them.

The use of a protocol or template for an individual ‘PRN’ prescribed medicine is recommended to support with safe administration.

Reminder to staff: **It is not a legal requirement for a GP or any other prescriber to sign a ‘PRN’ protocol or template.** However, it is important that a prescription for a ‘PRN’ medication has the relevant dosage information, and staff are aware of what the medication is for, when it should be given and what effect to expect. If there is any uncertainty or confusion about how to give the medicine this should be checked with the prescriber.

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](#)

[Adult social care: our COVID-19 winter plan 2020 to 2021](#)

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

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

[COVID -19 Vaccination easy read leaflet - *new*](#)

COVID - 19: vaccination programme for care homes and care staff

The NHS has started to roll out the largest vaccination programme in British history and is currently offering COVID-19 vaccinations to people most at risk from serious illness or death from COVID-19. Currently three vaccines have been approved for use in the UK and have met the strict current standards of safety, quality and effectiveness set out by the independent Medicines and Healthcare products Regulatory Agency (MHRA). The first COVID-19 vaccine (Pfizer/BioNTech) rollout began on 8 December 2020 and the second vaccine, Oxford University/AstraZeneca, in early January 2021. A third Covid vaccine, Moderna was approved by the MHRA in January. Other vaccines are being developed but they will only be available on the NHS once they have been thoroughly tested to make sure they are safe and effective.

Both the Pfizer and AstraZeneca vaccines require **two doses** to provide longer lasting protection. To ensure as many people are vaccinated as quickly as possible with the first dose, and get at least a good level of immunity, the Department for Health and Social Care advise that the second dose of the vaccines should be scheduled up to 12 weeks after the first. The advice from the Joint Committee for Vaccination and Immunisation (JCVI) is that **resident's in care homes for older adults and their carers are within the highest priority groups** for vaccination.

There is clear evidence that those living in residential care homes for older adults have been disproportionately affected by COVID-19 as they have had a high risk of exposure to infection and are at higher clinical risk of severe disease and death.

Staff working in care homes are at much higher risk of repeated exposure to COVID-19 and can have COVID-19 without any symptoms and pass it on to family, friends and residents, many of whom may be at increased risk from coronavirus.

We strongly encourage all staff and residents to receive the vaccine as soon as it becomes available to them. If you have any concerns about the vaccine please seek advice from a healthcare professional for more information and guidance.

Remember that the vaccination is not a substitute for measures on social distancing, PPE and hand hygiene. To continue to protect yourself, your residents, family, friends and colleagues you should follow the current guidance at: [Coronavirus \(COVID-19\): guidance and support - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/coronavirus-covid-19-guidance-and-support)

Flu vaccinations for Care Home staff 2020/21 - Reminder

We would like to remind you that the national flu immunisation programme is still ongoing and **all health and social care workers who are in direct contact with care home residents are eligible for a free NHS flu vaccination**. For people in 'at-risk' groups, such as those aged 65 or over or with an underlying health condition, flu can be a serious disease and can cause death.

Engagement of all health and social care staff in the flu immunisation programme is absolutely essential to protect vulnerable care home residents and support the health and resilience of our workforce in care homes. This is true every year, but is particularly important this year, as COVID-19 is still in circulation.

Care home staff can receive the free NHS flu vaccination via their GP surgery or a local community pharmacy offering the flu vaccination service. We would advise staff to take some form of identification to prove their eligibility for vaccination; this could be an ID badge, a letter from their employer or a recent payslip.

We encourage all care home staff to receive their free flu vaccination as soon as possible.

Vitamin D and Care Homes - new guidance

Vitamin D helps regulate the amount of calcium and phosphate in the body. These nutrients are needed for healthy bones, teeth and muscles. Too little vitamin D can lead to bone pain and muscle weakness in adults, which may also increase the risk of falls in older people.

The body creates vitamin D from direct sunlight on the skin when outdoors. Vitamin D is also found in a small number of foods, such as oily fish and liver, however it is difficult to get enough vitamin D from food alone. During the autumn and winter, insufficient vitamin D is made from sunlight so during these months everyone is advised to take a 10 microgram supplement of vitamin D every day.

Some adults are advised to take a daily supplement containing 10 micrograms of vitamin D throughout the year if they are not often outdoors, for example if they are frail, housebound or living in a care home.

This year, the government will provide a **free 4-month supply of vitamin D supplements for residents in residential and nursing care homes in England**. Each daily supplement will contain 10 micrograms (400 international units (IU)) of vitamin D and will be in liquid form – **2 drops is equivalent to 10 micrograms**. This one-off 4-month supply will be delivered directly to residential and nursing care homes from January 2021.

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>.

The guidance outlines the safety information that should be checked before offering the supplement, obtaining consent and details on administration and recording.

There is minimal risk associated with provision of a daily 10 microgram vitamin D supplement. However, there are some rare instances (listed below) where it should not be offered without having received further advice from the resident's GP or healthcare professional at the resident's next appointment:

- Where the **resident may already be taking, or are prescribed, a supplement or medicine containing vitamin D** for example colecalciferol (vitamin D3) or ergocalciferol (vitamin D2) either alone or with other products such as calcium (e.g. TheiCal-D3® or Adcal-D3®)
- **Medical conditions** – some residents may have medical conditions that may mean that they are not able to safely take as much vitamin D as the general population, for example; people with: high vitamin D levels; kidney stones; too much parathyroid hormone; cancer; severe kidney disease; sarcoidosis and those under a renal, endocrinology or cancer specialist;
- **Allergies** – care providers should check the resident's care plan and MAR for any allergies.
- **Swallowing difficulties** – the vitamin D supplements will be provided in liquid form, however further advice should be sought from appropriate health care professionals at the next appointment or opportunity, before offering the supplement.

Care home staff must only provide vitamin D supplements to residents when they have provided **informed consent** or on the basis of a **best interest decision** under the Mental Capacity Act 2005. Each resident's care plan should be updated to reflect whether they will be provided with a daily vitamin D supplement and how they will be supported to take it. Care home providers should **record** on a daily basis where a vitamin D supplement has been provided and taken by a resident. This may be on the MAR, daily notes or nutrition or dietary record.

If you have any questions or concerns regarding the above, please contact the relevant team member for your area via the email address provided on page 1.