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SystemOne Proxy Access documents for care homes

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

We have added a folder on the care home team website page for BLMK ICB which contains some guidance and useful documents on the SystemOne Proxy access set up. Please click on the link below to view: [Care Home Medicines Optimisation Team \(MOT\) SystemOne Proxy ordering – BLMKCCG Medicines Management \(icb.nhs.uk\)](#)

BLMK ICB Homely Remedies toolkit - under review

Please note, our team are currently in the process of reviewing the current December 2020 versions of the BLMK ICB Homely Remedies Toolkit and the First Dressings scheme for use in care homes. Care homes across BLMK may continue to use the current versions until the updated documents have been circulated.

The current documents can be found on our care homes website page:

[Care Homes Homely Remedies – BLMKCCG Medicines Management \(icb.nhs.uk\)](#)

COVID-19 - Important guidance links for care homes

During these continually 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:

[Infection prevention and control in adult social care settings - GOV.UK \(www.gov.uk\)](#)

[Infection prevention and control in adult social care: COVID-19 supplement](#)

[Coronavirus \(COVID-19\) testing for adult social care services](#)

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

[COVID-19 vaccination: guide for adults](#)

Reducing the inhaler carbon footprint - inhaler switches

Some inhalers - Metered dose inhalers (MDIs), which are used to treat respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD) contain propellants that are powerful greenhouse gases and are currently responsible for 3% of the total NHS carbon footprint. When these greenhouse gases are released into the atmosphere, they trap the sun's heat, warming the planet and contribute to the climate change issues the Earth is facing.

The NHS supports the change to environmentally friendly inhalers if this is the right choice for your resident. Environmentally friendly inhalers which do not contain a greenhouse gas are dry powder inhalers (DPI) or soft mist inhalers (SMIs). Whilst some residents may find these sorts of inhalers easier to use, they may not be suitable for others. Another option is to use an alternative MDI which contains less propellant.

The current focus across BLMK is on switching from Ventolin® (MDI) inhalers to Salamol® (MDI) inhalers. Both contain 'Salbutamol' which is a bronchodilator inhaler or 'reliever' inhaler. Salamol® MDI inhalers have less propellant and have half the carbon footprint than Ventolin® MDI inhalers. Making this switch means that less harmful propellant and greenhouse gases are released into the atmosphere (a CO₂ emission equivalent of 10kg for Salamol® versus 28kg for Ventolin®).

If switched, please reassure your residents that the new inhalers will work the same as the previous inhalers. They may notice that they look or taste slightly different, however they are delivering the same medication (Salbutamol), using a similar type of device at the same dose, but this preparation will be better for the environment.

Salamol® MDI inhalers are also compatible with a number of different spacers devices.

There are additional ways you can help yourself, your residents and the environment when using inhalers:

- Make sure your residents use their 'preventer' (treatment) as prescribed, as this should lessen how much they need to use their 'reliever' inhaler.
- Check residents are using their MDI correctly so that they get all the benefits. You can read a leaflet or watch a video on how to use different inhalers via the [RightBreathe®](#) app or website (see link below for Salamol® advice):

[Salamol 100micrograms/dose inhaler CFC free \(Teva UK Ltd\) 200 dose - RightBreathe](#)

- Follow any asthma or COPD action plans, which tell you what to do when the symptoms are getting worse.
- Make sure your residents have regular Asthma or COPD reviews
- Minimise waste - do not discard inhalers at the end of each cycle, as some can be carried forward. Always check the manufacturers expiry dates before carrying forward.
- Return empty or unwanted inhalers to a community pharmacy or dispensary for environmentally safe disposal or recycling.

If you or your resident(s) have any concerns about this switch to a more environmentally friendly inhaler, then please contact a healthcare professional (e.g., pharmacist or respiratory nurse) at your aligned GP Practice.

Annual Health Checks for People with a Learning Disability

Did you know? People with learning disabilities have poorer health and die at a younger age than people without learning disabilities. People with learning disabilities are more likely than the general population to:

- be obese or underweight
- have constipation
- have diabetes
- take psychotropic medicine unnecessarily
- have dental problems
- have undetected sight or hearing problems

Social care providers play a key role in working with people with learning disabilities, family/carers and their health colleagues to improve the situation and prevent this avoidable poorer health.

Annual Health Checks

People with learning disabilities do not always know when they are ill or need to see a doctor and may not be able to tell people that they feel unwell or different. Support staff and families often notice things like changes in behaviour that may indicate someone is feeling unwell and make an appointment with the doctor.

There is good evidence that annual health checks can improve the health outcomes and experiences for people with learning disabilities. Benefits include:

- Identification of unmet health needs and previously unrecognised conditions, including heart disease and dementia, as well as more minor conditions such as impacted ear wax
- Improvement in behaviours that may be distressing (many distressing behaviours are due to or exacerbated by medical causes)
- Providing baseline information against which changes in health status can be monitored
- Promoting overall wellbeing and health, including vaccinations, blood tests, dental reviews etc.
- Providing an opportunity for the person with a learning disability to get to know the doctor and become familiar with the surroundings

The health check should include:

- A discussion about the person's lifestyle (food, alcohol, smoking, exercise)
- Weight, height, blood pressure, and a check of the heart and lungs
- A urine test
- A check of eyes and ears
- Medication review
- A check of any other conditions - for example epilepsy
- A check of the person's mental health
- Whether any additional checks are needed – for example a breast check
- There may also be a blood test

The annual health check is also a good time to ask about adding information to the person's Summary Care Record (SCR). The SCR is an electronic medical summary that can be accessed by lots of different health services (e.g. ambulance staff). Additional information can include:

- the sort of support the person needs including any reasonable adjustments
- how the person would like to be treated
- who should be contacted for more information about the person

After the health check the clinician should discuss and agree a health check action plan, ensuring the person understands this. This may include actions that health services need to take (e.g. further tests) as well as actions for the individual (e.g. exercise).

Registers

There are two registers within the GP Practice electronic system: The first register is the **learning disabilities quality and outcomes framework (QOF) register** – this register is part of the core contract for general practices and requires GPs to establish and maintain a register of all patients with a learning disability, whatever their age. Being on the QOF learning disability register is important as it means that any additional needs people have can be identified and reasonable adjustments made.

The second register is the **health check register** – this register is held by practices who are signed up to the Enhanced Service Health Check Scheme. People with learning disabilities who are eligible for an annual health check will be identified from the QOF register and put on the health check register. To be eligible for a health check, the person with learning disabilities will need to be aged 14 and over.

Further Information & Links to Guidance: [Annual health checks and people with learning disabilities - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/annual-health-checks-and-people-with-learning-disabilities)

Medicines Reconciliation in care homes

What is Medicines Reconciliation?

Medicines reconciliation is the process of accurately listing a person's medicines they are currently taking. This could happen when transferring from one setting to another (e.g., a resident transfers into or from a care home). Medicines reconciliation should be completed as soon as possible after transfer (e.g., after discharge from hospital) as errors can occur when transferring between different settings.

A current list of the medicines should be recorded, including:

- prescribed medication
- over the counter medication (OTC)
- complementary medicines

The list of medicines should be compared with what the resident is taking. This should include a conversation with the resident, family members or carers to check if they take their medicines as prescribed. If there are any discrepancies these should be recognised, resolved and any changes documented.

Who can carry out medicines reconciliation?

Only trained and competent staff should carry out the medicines reconciliation process and they should consult with the following people:

- The resident or family members and carers, where appropriate
- A healthcare professional e.g., pharmacist, pharmacy technician, nurse, GP
- Any other health and social care practitioners involved in managing medicines for the resident, as agreed locally

Continued on next page

10-point guide on what information to include for medicines reconciliation

1. **Resident's details** – full name, D.O.B., NHS number, address, weight (especially if frail)
2. **Contact details for relevant healthcare professionals** e.g., GP, specialist consultants or nurses, regular pharmacist etc
3. **Known allergies and reactions** to medicines or ingredients and the type of reaction
4. **Current medicines**, including the name, strength, form, dose, timing & frequency, route of administration, indication (what the medicine is for) and if the medicine is correctly labelled, in good condition, within expiry date etc
5. **How and when the resident prefers to or usually takes their medication.** This should include an assessment for self-administration
6. **Changes to medication**, including medicines started, stopped or dose changes
7. Date and time of when the **last dose of any 'when required/PRN' medicine** was taken/given
8. Date of the **last dose of a medicine that may be given less frequently than daily** e.g., weekly, monthly or 3 monthly
9. When a medicine should be **reviewed or monitored** (e.g., blood tests)
10. **Any other relevant information** given to the resident, family members or carers

How to record information

Information should be recorded in the resident's care plan, this should include:

- Details of the person completing medicines reconciliation (name and job title)
- Date medicines reconciliation was completed
- Source(s) of information used to reconcile medicines

An example of a Medicines reconciliation proforma for care homes can be found within the [PrescQIPP Bulletin 291: Prescribing, ordering and receiving medicines in care homes](#).

Governance

The medicines reconciliation process should be covered in a medicines policy and should form part of a full needs assessment and care plan. This would be the care home manager or appointed member of staff's responsibility. The governance process would need to include any organisational responsibilities, individual's responsibilities, accountability, training & competency needs and resources that may be needed to ensure medicines reconciliation occurs in a timely manner. The process should be reviewed regularly to ensure effectiveness.

The Complex Care Team (CCT) and Medicines Reconciliation across Bedfordshire

As well as nurses, the Complex Care Team (CCT) includes a pharmacy team (pharmacists and pharmacy technicians). The pharmacy technicians support residents within care homes (referred via single point of access) who have been discharged from hospital or any new residents by conducting a medicines reconciliation review. The pharmacy team also provide pharmaceutical support for residents as part of a multidisciplinary team. This medicines reconciliation service is provided to care homes across Bedford, Shefford, Flitwick, Ampthill, Dunstable and Leighton Buzzard. In total currently 76 care homes (nursing and residential) are supported across Bedfordshire.

The team can be contacted via email: elft.pharmacybchs@nhs.net

References used:

[Medicines reconciliation \(how to check you have the right medicines\) - Care Quality Commission \(cq.org.uk\)](#)
[Managing medicines in care homes | Guidance | NICE, Section 1.7](#)

Missing 'dates of opening' on medication - Advice & Guidance

Our team were recently made aware of an incident involving a resident who was discharged from hospital into a residential care home. This resident's discharge medication included some eye drops that were already in use. However, it was noted that the drops did not have a 'date of opening' recorded on the label and/or the box. This caused problems for the care home manager who then had to try and obtain an urgent supply from the GP surgery. The home manager has since informed us of some other incidences where discharge medication requiring a 'date of opening' (e.g., liquids, certain inhalers) did not have this information recorded on labels or packaging.

To support the homes with such incidences and to prevent medication waste, we would advise the following:

- If a 'date of opening' is not recorded on certain medicines (e.g., eye drops, liquids, creams etc.) following a resident's discharge from a hospital, a different care setting or if a new admission from own home, it would be reasonable for care home staff to use the 'date of dispensing' on the pharmacy label as the assumed 'date of opening'. The 'date of dispensing' should be marked or highlighted on the box so other staff are also aware that this is the assumed 'date of opening'. This is provided that the medicine has been checked as appropriate to use (e.g., in good condition, within manufacturers expiry date, clearly labelled with dose directions etc.). In this situation action taken should be recorded in the resident's care plan
- Care homes may wish to include the above advice as part of their medicines reconciliation process within their care homes medicines policy for when residents are admitted to their home
- If there is any uncertainty about whether a product is safe to use, please contact your community pharmacist for advice

We will be adding the above information into our **BLMK ICB 'Good Practice Guidance for Care Homes: Expiry Dates for Medication'** and will re-circulate to all homes in due course.

If you have any questions or queries regarding the above, please contact the care home team. See contact details below.

Contact us:

Bedfordshire team: Email: blmkicb.bedsmocarehometeam@nhs.net

Luton team: Email: blmkicb.lutoncarehometeam@nhs.net

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