NHS
Bedfordshire, Luton and Milton Keynes
Commissioning Collaborative

Care Home Pharmacy Technician Led Intervention List to Support Medicines Optimisation for Residents - Agreement

This document has been produced by the BLMK Medicines Optimisation Commissioning Collaborative Care Home Specialists to guide healthcare professionals on the types of pharmacy interventions that could be made autonomously by pharmacy technicians within their agreed scope of competence, to support medicine optimisation for residents in care homes. To be used in conjunction with the accompanying 'Intervention Guidance for Pharmacy Technicians supporting Medicines Optimisation for Residents in Care Homes'. Care home Technicians support the Multi-Disciplinary Team (MDT) process and liaise with community Pharmacies and other key stakeholders where appropriate.

General Care Home Pharmacy Technician Led Interventions include:

- Medication Reconciliation - checking that the medication on the Medicines Administration Record (MAR) chart matches the repeat prescription list or recent discharge summary medication list and taking appropriate action to flag any interventions to the appropriate healthcare professional and/or care home staff member if needed.
- Identify and make formulation changes (within agreed scope of competence) where it is bioequivalent (using appropriate resources), to aid resident compliance
- Where there is a local policy in place; discontinuation of "Just in case" PRNs, if appropriate
- Where there is a local policy in place; promotion of Homely Remedies and/or Self Care
- Reviewing items that have not been ordered for a significant period of time as appropriate (within agreed scope of competence)
- Making amendments to supply quantities (excluding controlled drugs) for prescription items so that all quantities for prescription items are reconciled where appropriate (within agreed scope of competence)
- Identifying if the strength of medication can be optimised and actioned appropriately (within agreed scope of competence)
- Switching to a cost effective medicine in line with local Medicines Formulary and/or Prescribing Incentive Schemes, including Appliances/Meters etc.
- Switching from a proprietary (branded) medication to generic medication, where appropriate
- Adding supplementary dosage instructions to items (within agreed scope of competence), in situations where dosage instructions have been omitted or incomplete. In particular to "PRN" medication such as GTN spray, Lorazepam etc.
- Ensuring allergy status is completed, checking if recorded allergies on MAR chart matches SystmOne record (or equivalent) and taking appropriate action to flag to the appropriate care home staff member and/or healthcare professional where needed.
- If identified, inputting the resident's updated weight and date recorded by the care home into the resident's clinical record (e.g. SystmOne or equivalent)
- Where care homes are using a digital health kit e.g.'WHZAN', flagging any incomplete records to care home staff and/ or retrieving and communicating any clinical information required, to the prescriber/ MDT to aid structured medication reviews.

I agree that the Pharmacy Technician will support care homes within their agreed scope of clinical competence in relation to the above list and will be regularly reviewed. Should additional clinical input be required in relation to the scope of interventions above, further guidance and support will be sought from an appropriate member of the multidisciplinary/ Primary Care Network (PCN) team. E.g. GP, Specialist Nurse, Clinical Pharmacist.

Signature ..…… Date……

Name…… Practice/PCN ……....

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Intervention Guidance for Care Home Pharmacy Technicians supporting Medicines Optimisation for Residents

1) **Medication Reconciliation - checking that the medication on the resident's Medicines Administration Record (MAR) chart matches their repeat prescription list or recent discharge summary and taking appropriate action to flag any interventions to the appropriate healthcare professional and/or care home staff member if needed.**	
Key points to consider/ Intervention examples	Acute medications should be reviewed regularly to see how often they are being issued by the care home. If they are being ordered frequently (e.g. monthly) then they may need to be added as a repeat/ reviewed, refer to a pharmacist.
	Following a Medicines Administration Record (MAR) check, regular medicines not issued for a significant period of time, omitted drugs and/or new drugs should be flagged to the appropriate healthcare professional for review.
	Where possible, double check against the resident's MAR chart/ record to see if the resident's medication matches what is prescribed. Identify and report any discrepancies e.g. extra or missing items
2) **Identify and make formulation changes (within agreed scope of competence) where it is bioequivalent (using appropriate resources), to aid resident compliance**	
Key points to consider/ Intervention examples	If you witness/ are aware of a resident with swallowing difficulties, liquids or patches may be more appropriate. Parkinson's patients can have difficulties such as manual dexterity and rigidity and this can have severe impact on quality of life and affect medicines administration.
	If given the opportunity, it is vital to observe/ gather information on how a resident takes their medication as this is paramount to their wellbeing and how well the medications work for them.
	Pain relief on MARs with no indication should be explored and reviewed, e.g. soluble paracetamol contains sodium so may not be suitable in some residents e.g. those with severe heart failure or hypertensive patients. There may be alternative cost effective choices to be considered. Refer to your local medicines formulary for more information
	Inhaler use should be reviewed regularly to check the resident is using the resident is using the inhaler appropriately and benefitting from the medicine. Spacers should be used as an aid if necessary, and different devices offered to make sure the resident to ensure adherence. As well as counselling residents, the care home staff may need inhaler training and advice (e.g. rinsing mouths out after steroid inhalers, how to wash spacers).
	Residents who are receiving medication covertly must have had input from a pharmacist to ensure the formulation/method of administration is appropriate and safe. Check through their care plan/MAR chart to ensure all paperwork and legal forms are in place (e.g. MCA assessment and best interests' discussion). Check if resident still requires covert administration, if so, check if covert plan is reviewed at least 6 monthly. Please refer to the CCG covert medication guidance for more information.
3) **Where there is a local policy in place; discontinuation of "Just in case" PRNs, if appropriate**	
Key points to consider/ Intervention examples	Staff should be signposted to the PRN policy and educated on what is appropriate. For example, if a resident has paracetamol on their PRN list but is never using it or very sporadically, then this could be removed and used as a homely remedy.
	All relevant care home policies, procedures and guidance can be found on the following BLMK Medicines Optimisation CCG website. https://medicines.blmkccg.nhs.uk
4) **Where there is a local policy in place; promotion of Homely Remedies and/or Self Care**	

Key points to consider/ Intervention examples	Any resident who has a homely remedy prescribed should have it reviewed to check it is in line with policy e.g. paracetamol; if it is prescribed as a PRN and the resident does not require it/ not given regularly, then this it should be stopped and encouraged to be given via homely remedies.
	All residents should have access to these homely remedy medications that they would have in their medicine cabinet in their previous home. The technician supporting the care home should support and signpost to toolkits where needed to ensure the home is offering this to their residents.
	All relevant care home policies, procedures and guidance can be found on the following BLMK Medicines Optimisation CCG website. https://medicines.blmkccg.nhs.uk
5) **Reviewing items that have not been ordered for a significant period of time (within agreed scope of competence)**	
Key points to consider/ Intervention examples	Communication with the home manager/lead carer is important to ascertain the use of medications that have not been ordered for a while. You may need to investigate and explore the resident's compliance with medicines and whether they are being offered it /are refusing or no longer used.
	Over-ordering is an important factor to take into account and reviewing past MAR charts and on SystmOne will help too to identify anything missed through transcribing and re-issuing. Stock levels may be able to be reduced.
	It is important to check the expiry dates. Certain products such as creams will need to be replaced routinely, even if there is product left. Quantities may need to be amended to ensure no unnecessary wastage. Posters on expiry dates are available (https://Medicines.blmkccg.nhs.uk) and can be provided to the home to support them with this process.
6) **Making amendments to supply quantities (excluding controlled drugs) for prescription items so that all quantities for prescription items are reconciled where appropriate (within agreed scope of competence)**	
Key points to consider/ Intervention examples	Amend SystmOne so all medication (where appropriate) has consistent amounts issued each month, 28 days' supply should be standard.
	Reconciling medicines supply quantities where there are discrepancies - check SystmOne and amend quantities, for example, if one medication states 30, it can be changed to 28.
	Review waste logs - Look into the homes wastage and see if there are any patterns or things that are routinely being wasted that the homes may need educating on. An example of this could be a GTN spray being ordered every month when not needed.
	Keeping informed with national and local drug supply issues through the CCG and other healthcare organisations.
7) **Identifying if the strength of medication can be optimised and actioned appropriately (within agreed scope of competence)**	
Key points to consider/ Intervention examples	Reviewing medicines where appropriate e.g. patient on 40mg furosemide but patient is being issued 2 x 20mg tablets, checking weight for residents on paracetamol and adjusting dose if appropriate. Are there more cost effective dosages available? Sometimes a liquid preparation is more cost effective and suitable for some residents with swallowing difficulties.
8) **Switching to a cost effective medicine in line with the local formaulry and/or Prescribing Incentive Schemes, including Appliances/Meters etc** 9) **Switching from a proprietary (branded) medication to generic medication, where appropriate**	
Key points to consider/	Switching from brand to generic brands - keep up to date with the local medicines formulary and ask for support from the wider medicines optimisation CCG team if needed.

Intervention examples	Ghost generics - ensure the medication is prescribed generically and not to a certain manufacturer.
	Flag to pharmacists/ health care professionals and suggest switching (if appropriate) to formulary alternatives – medicines and/or wound care, blood glucose strips and meters
10) **Adding supplementary dosage instructions to items (within agreed scope of competence), in situations where dosage instructions have been omitted or incomplete. In particular to "PRN" medication such as GTN spray, Lorazepam etc.**	
Key points to consider/ Intervention examples	Ensuring barrier creams, GTN sprays and PRN medicines have correct directions for the resident.
	GTN Spray—Use as directed is not adequate directions for staff to know when to administer in a care home setting to prevent breathlessness in a resident with heart failure. 'Two sprays when required to relieve chest pain' should be used as dosing instructions instead. GTN sprays and barrier creams usually have standardised dosing regimens. Ensure all preparations are labelled correctly so the carer has clear, concise instructions to reduce risk of medication errors.
	PRN medications for the management behavioural disorders (such as lorazepam) should have a clear protocol in place which is specific and individualised to the resident and not 'one size fits all'. The plan should show that other holistic interventions could be considered first e.g. distraction techniques or changing the environment
11) **Ensuring allergy status is completed, checking if recorded allergies on MAR chart matches SystmOne record and taking appropriate action to flag to the appropriate care home staff member and/or healthcare professional where needed.**	
Key points to consider/ Intervention examples	Confirm the drug allergy status, following discussion with resident (if permitted and appropriate), care home staff, MDT, SystmOne records, MAR chart.
	Ensuring allergy status is completed for all residents and accurate. Exploring nature of allergy and documenting if appropriate
	Checking that any new allergies identified have been flagged to the appropriate staff member and healthcare professional and medication list reviewed
12) **If identified, inputting the resident's updated weight and date recorded by the care home into the resident's clinical record (SystmOne).**	
Key points to consider/ Intervention examples	Ask the home for the latest parameters for inputting into the resident's clinical records—this can then be added to SystmOne to ensure the most up to date data is there for reference and use by other healthcare professionals.
	Other information gathered such as BP, pulse, MUST score are very useful to gain robust clinical presentation/ status.
13) **Where care homes are using a digital health kit e.g. 'WHZAN', flagging any incomplete records to care home staff and/ or retrieving and communicating any clinical information required, to the prescriber/ MDT to aid reviews**	
Key points to consider/Intervention examples	Feedback any / digital health kit data to the pharmacist/ health care professional that may be relevant to their medication—for example blood pressure readings or pulse readings.