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## Reminder - BLMK ICB Medication Training for Adult Social Care

A reminder of our tiered system training offer to all Adult Social Care (ASC) staff:

### Tier 1 – Foundation knowledge eLearning training modules hosted by PrescQIPP

The following courses are available free of charge:

- ⇒ Medicines use in care homes: course 1
- ⇒ Medicines use in care homes: course 2
- ⇒ Medicines use in care homes: course 3
- ⇒ Managing medicines for adults receiving social care in the community: course 1
- ⇒ Managing medicines for adults receiving social care in the community: course 2

**Please note: there is a new access code for course 1 which has been updated (see links to updated Tier 1 flyer and logon guide below). Access to a shorter annual update version of the course is included and should be completed on a yearly basis to refresh your knowledge**

Please click on link for [Tier 1 flyer](#) and [logon guide](#) for guidance on how to register.

### Tier 2 – Focused on selected topics and local guidance/policies

The BLMK ICB Care Home Medicines Optimisation Team are pleased to facilitate the following online medication training sessions, for all adult social care (ASC) staff, delivered via MS Teams.

See our [ASC Medication Training – Tier 2 Flyer](#) for more information on how to join the events

Homely Remedies & Self-Care <i>*delivered*</i>	Tuesday 23 <sup>rd</sup> May, 14:30 –15:30
When Required (PRN) Medication <i>*delivered*</i>	Wednesday 12 <sup>th</sup> July 2023, 14:30 – 15:30
Covert Administration of Medication <i>*delivered*</i>	Tuesday 12 <sup>th</sup> September 2023, 14:30 – 15:30
Medicines Reconciliation & Transfers of Care <i>*delivered*</i>	Wednesday 15 <sup>th</sup> November 2023, 14:30 – 15:30
Controlled Drugs (CDs) & Regulations in Care Homes <i>*delivered*</i>	Tuesday 23 <sup>rd</sup> January 2024, 14:30 – 15:30
Medication Safety, Governance & Safeguarding	Wednesday 13 <sup>th</sup> March 2024, 14:30 – 15:30

A big thank you to those that have joined our sessions, we had 223 devices join our event on Medicines Reconciliation & Transfers of Care!

**The team are aiming to repeat the above virtual sessions between May 2024 and March 2025 - dates yet to be confirmed and we will be circulating an updated Tier 2 flyer in due course.**

## BLMK ICB Tier 3 Medication Champion Training - Update

The BLMK ICB Care Home Medicines Optimisation team are planning to deliver the Tier 3 Medication Champion training as part of our 3-tiered training package for adult social care staff working in CQC registered care homes. This will be launched in April this year.

A Care Home Medication Champion is a named individual within the care home who promotes best practice and empowers members of staff, as well as acting as a point of contact for healthcare professionals/practices with regards to medicines. Medication Champions have a keen interest in medicines management.

Thank you to those staff members who have expressed an interest in becoming a Medication Champion for their care home. **We will be in touch soon with confirmed dates and locations for these events.**

**Reminder:** to become a BLMK ICB Care Home Medication Champion you must complete all the CORE medication training:

- Fully complete the [Tier 1 PrescQIPP eLearning training](#)
- Attend the bitesize [Tier 2 online supplementary medication training](#) where possible
- Attend the face to face BLMK ICB Care Home Medication Champion Training day

If you have any questions about the forthcoming training please contact the relevant care home team for your area, contact details are found at the end of this newsletter.

## BLMK ICB Self Care Toolkit and PRN Medication Guidance - Updated Dec 23

- Are you ever asked to administer a medicine that a family member has purchased?
- Do you have a resident who would like to purchase some medication?
- Would you like to support your residents to self-care?

The updated [BLMK ICB Self-care Toolkit](#) can support you to safely implement self-care within your care home, improving access to over-the-counter medicines.

Included in the toolkit is:

- Flowchart for process of self-care in care homes – a one page ‘at a glance’ summary
- A ‘six step’ guide including initiation, sourcing, administration and record keeping
- An outline of responsibilities within self-care
- A self-care advice pad
- A resident/relative leaflet template
- Some useful Frequently asked questions (FAQs)

The updated [BLMK ICB ‘When Required’ \(PRN\) Medication guidance](#) has been reviewed to include the following information:

- New section on ‘PRN medicines used to manage behaviours’
- Inclusion of non-pharmacological interventions in the example PRN protocol for Senna
- New example PRN protocol for Lorazepam
- New example PRN protocol for Diazepam
- New table summarising the differences between PRN medicines, Homely Remedies and Self-Care

## Dispensing labels - dose changes

It is a legal requirement for a pharmacy to label a prescribed medicine. The label should contain specific information including the name of the patient, the date of dispensing, the name of the medicine and the directions for use of the medicine.

If a medicine dosage is changed, it is best practice that a new prescription is written so the care home can obtain a new medicine labelled with the correct dosage instructions. Care home staff are advised not to amend or alter labels on medicines under normal circumstances as there could be a risk of the incorrect dose inadvertently being administered to a resident.

In medical emergencies or out of hours, staff may be requested to act on a prescriber's instructions until a new prescription can be issued. Care homes should have robust policies to deal with such requests. If the instructions to change a dose are given verbally, two medication trained members of staff should listen and record the instructions. The care home should request any verbal instruction to be followed up with written instructions as soon as possible. Care home staff should ensure instructions and/or changes are clearly marked on the MAR chart and include an audit trail for the amendment. Once the new prescription is received, the MAR chart and care notes should be updated, and the medication with the original dose should be discarded.

If you have any questions or concerns on the above please contact the relevant care home team for your area, see contact details at the end of this newsletter.

## Anticoagulant medication and Falls

Anticoagulants act by preventing the blood from clotting as normal and are used to treat and prevent blood clots.

Oral anticoagulants include Warfarin, Edoxaban (Lixiana<sup>®</sup>), Apixaban (Eliquis<sup>®</sup>), Rivaroxaban (Xarelto<sup>®</sup>) and Dabigatran (Pradaxa<sup>®</sup>). Some anticoagulants may also be given by injection, such as Dalteparin, Enoxaparin and Tinzaparin.

Anticoagulants work by interrupting the process involved in the formation of clots. They are sometimes called "blood thinners", although they don't actually make the blood thinner. One significant side-effect is that people bleed more than normal. Therefore, people on anticoagulants are at increased risk of blood loss – this may be from visible injuries such as cuts, bruises, skin tears or swelling. **They are also at greater risk of an internal bleed which may not be visible.**

**Medical advice should be sought immediately if a resident who is on an anticoagulant falls.**

When contacting the emergency service, care home staff should:

- Inform the emergency service of what anticoagulant is prescribed and at what dosage
- Follow all advice given by the emergency service
- Document all actions taken in the care plan

Often the person will need to be managed or assessed in hospital.

### Useful resources:

[High risk medicines: anticoagulants - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[F8.-Blood-thinner-Protocol.pdf \(ghc.nhs.uk\)](https://www.ghc.nhs.uk)

[Anticoagulant medicines - NHS \(www.nhs.uk\)](https://www.nhs.uk)

## Full pack dispensing of Valproate-containing medicines

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to [valproate- containing medicines](#).

Valproate is a treatment for epilepsy and bipolar disorder. Valproate-containing medicines are sodium valproate, valproic acid and valproate semisodium.

There is a significant risk of birth defects for unborn babies and developmental disorders in children born to women who take valproate-containing medicines during pregnancy.

Changes have been made to legislation in England, Scotland, and Wales to make sure that all patients (male and female) receive their valproate-containing medicine **in the manufacturer's original full pack** and therefore will always receive information on the risks to the unborn child.

**Valproate-containing medicines should therefore not be dispensed into dosette boxes. Please contact your community pharmacy if you have residents on these medicines dispensed in anything other than full original packs.**

**Reference:** <https://www.gov.uk/government/publications/full-pack-dispensing-of-valproate-containing-medicines/full-pack-dispensing-of-valproate-containing-medicines>

## Statins: very infrequent reports of myasthenia gravis

The MHRA recently published a drug safety alert in regard to [Statins](#).

Statins are important medicines to lower a person's risk of having cardiovascular events such as angina, heart attacks and stroke.

Many people who take statins do not experience side-effects and, where this does happen they are typically mild, but it is important to read the Patient Information Leaflet (PIL) that comes with the medicine.

There has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with statins such as atorvastatin, pravastatin, fluvastatin, simvastatin and rosuvastatin.

Myasthenia gravis is a rare long-term auto-immune neuromuscular disorder characterised by fluctuating weakness of the voluntary muscles that control eye movements, facial expression, speaking, swallowing, limb movement and breathing.

If residents on statins start to experience weakness in the arms or legs that worsens after periods of activity, double vision or drooping of eyelids, difficulty swallowing, or shortness of breath please contact their GP surgery immediately.

**Reference:** <https://www.gov.uk/drug-safety-update/statins-very-infrequent-reports-of-myasthenia-gravis>

## Fluoroquinolone antibiotics: suicidal thoughts and behaviours

The MHRA recently published a drug safety alert in regard to [Fluoroquinolone antibiotics](#).

This group of antibiotics include ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, and ofloxacin - sometimes these medicines may also have a brand name so it is important to check the information leaflet.

There have been reports of these antibiotics worsening symptoms of depression and psychosis. Psychiatric reactions include confusion, disorientation, anxiety, depression and suicidal thoughts or suicide attempts.

If you have a resident taking these antibiotics and has any mood changes or experiences any worsening of psychiatric symptoms please inform their GP surgery immediately.

Reference: <https://www.gov.uk/drug-safety-update/fluoroquinolone-antibiotics-suicidal-thoughts-and-behaviour>

## Enhanced Health in Care Homes (EHCH) Framework Update

The Enhanced Health in Care Homes (EHCH) framework guides commissioning and delivery of health and social care services, with the aim of ensuring the system works together to provide personalised care, improve outcomes and promote independence for people living in care. The EHCH framework was first published in 2016, but NHS England published a revised version in November 2023. This update has a strengthened focus on working age adults, mental health and the health needs of people with learning disabilities and autism.

### Summary of Main Changes within the EHCH Framework November 2023 Update:

- [Principles of the EHCH model](#) now includes a fifth key principle: “Digital”, which highlights the importance of technology as a key enabler for success of the EHCH model and improving quality, safety and personalised care. [Digital Fundamentals to Enable the EHCH Model](#) details the five key areas as:
  1. Implementing digital care records
  2. Digital readiness
  3. Data sharing
  4. NHSmail
  5. Digital switchover (from the current copper-wired analogue system)
- [Primary Care Network \(PCN\) contractual requirements around EHCH](#) remain unchanged, however the updated framework provides additional information around the required [multidisciplinary team \(MDT\) meetings and weekly home round](#):
  - ⇒ The weekly home round is usually carried out (in person) by the clinical lead, supported by the care co-ordinator and a member of the care home’s staff. It is the opportunity to clinically assess individuals, form and review their personalised care and support plan, and deal with any acute illness.
  - ⇒ The MDT meeting (different to the weekly home round) is a dynamic group of health and care professionals who meet (usually virtually) to share their expertise through discussion on how the needs of identified individuals in care homes can most appropriately be met.

- [Living and Aging Well \(Section 6\)](#) – this new section includes: providing diverse, meaningful activities, creating “champion roles” within the home and working creatively to maintain the person’s sense of identity.
- [Management of Health and Wellbeing \(Section 11\)](#) – This new section encompasses key areas previously part of the different “EHCH Care Elements” as well as two new key areas:
  - ⇒ **Learning disability and autism (NEW)** - Best practice to support people living in care home who have a learning disability and/or who are autistic includes:
    - ◆ Residents having their free annual health check (benefits include identifying health problems earlier, managing existing conditions, and supporting the person with self-checks).
    - ◆ Use of reasonable adjustments/resources to support assessments.
    - ◆ Encouraging physical activity suited to a person’s interests or sensory needs, as well as considering the person’s unique physical fitness and nutrition needs (recognising that medications and lower activity levels may result in weight gain).
    - ◆ Staff accessing training and follow national advice on prescribing of psychotropic medication following the principles of the national [Stopping over medication of people with a learning disability, autism or both \(STOMP\) campaign](#).
  - ⇒ **Recognising early signs of deterioration (NEW)** - (encompassing out-of-hours advice from previous framework). Best practice in recognising early signs of deterioration includes:
    - ◆ Training to care home staff on the use of tools to support the identification of deterioration including escalations plans (e.g. RESTORE2, NEWS2).
    - ◆ Clear escalation route in-hours and out-of-hours for clinical advice and decision-making, supported by an appropriate treatment escalation plan.
    - ◆ Recording a person’s normal physiological observations, ‘soft signs’ or signs of mental health relapse to identify deterioration more quickly.
  - ⇒ Other key areas that remain present from the previous version of the framework: Structured Medication Reviews (SMRs), nutrition and hydration, falls and falls prevention, skin and wound care, leg and foot ulcers, mental health and dementia. Oral health, continence, and reablement/rehabilitation no longer have a dedicated section, but are still an expectation.
- [Palliative and end of life care \(Section 12\)](#) – Now a stand-alone section and detailed information added regarding advance care planning (ACP).

**Further Information & Link to Framework:** <https://www.england.nhs.uk/publication/enhanced-health-in-care-homes-framework/>

## Contact us:

**Bedfordshire team:** Email: [blmkicb.bedsmocarehometeam@nhs.net](mailto:blmkicb.bedsmocarehometeam@nhs.net)

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