

CareHomesNews

BLMK ICB Care Home Medicines Optimisation team

Edition 14: April 2024

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Reminder - BLMK ICB Medication Training for Adult Social Care

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 2 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 - New dates for 2024/25

The BLMK ICB Care Home Medicines Optimisation Team are pleased to facilitate the following virtual 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	Tuesday 21 st May 2024, 14:30 –15:30
When Required (PRN) Medication	Wednesday 10 th July 2024, 14:30 – 15:30
Covert Administration of Medication	Tuesday 17 th September 2024, 14:30 – 15:30
Medicines Reconciliation & Transfers of Care	Wednesday 13 th November 2024, 14:30 – 15:30
Controlled Drugs (CDs) & Regulations in Care Homes	Tuesday 21 st January 2025, 14:30 – 15:30
Medication Safety, Governance & Safeguarding	Wednesday 19 th March 2025, 14:30 – 15:30

A big thank you to those that joined our Tier 2 sessions in the last 12 months. They have been a huge success with an amazing attendance each time and we have had some very positive feedback. We hope you can join us again....even if just for a refresher! All of our training information for Adult Social Care staff can be found via the website link:

[Adult Social Care Staff Only – BLMKICB Medicines Optimisation](#)

BLMK ICB Tier 3 Medication Champion Training - Update

This month our team very successfully held our first few Tier 3 Medication Champion Training events for care home staff. We had 10 staff members attend the Central Bedfordshire event and 11 attend the Luton event. We have two more sessions scheduled in April/May for Bedford and Milton Keynes care home staff.

The training days were very well received with attendees working through an interactive workbook which focuses on a patient journey starting from a resident moving into a care home. This event included presentations from our team members, different scenarios involving medication, tasks & activities and a session on 'leadership' delivered by Helen Jones of the Bedfordshire Care Group.

A big congratulations to those that have attended and are now Medication Champions for their care home. We wish you all the best in your roles as Medication Champions and remember we are available if you require any further support.

We are planning to hold another Medication Champion Training day on Thursday 7th November 2024. If you would like to become a Medication Champion for your care home please contact the relevant care home team for your area - see contact details at the end of this newsletter.



Covid-19 Spring 2024 booster vaccination

COVID-19 is more serious in older people and in people with certain underlying health conditions. For these reasons, in Spring 2024, the Joint Committee on Vaccination and Immunisation (JCVI) advised that a booster COVID-19 vaccine should be offered to:

- adults aged 75 years or over
- **residents in a care home for older adults**
- individuals aged 6 months to 74 years old who are immunocompromised

The booster vaccination should be offered around 6 months after the last vaccine dose, although residents can have it as soon as 3 months.

Visits to conduct Spring 2024 booster vaccinations across care homes in Bedfordshire, Luton & Milton Keynes (BLMK) should begin week commencing 15th April 2024.

Care home staff can support with the vaccine programme by encouraging the uptake by eligible residents, and by making sure consent forms are completed in a timely manner prior to vaccination team visit. If your resident has had a severe reaction to a previous dose of the vaccine you should discuss this with their GP.

Further information and references:

- [Getting a COVID-19 vaccine - NHS \(www.nhs.uk\)](https://www.nhs.uk)
- [JCVI statement on Covid- 19 vaccination in spring 2024](#)
- [Covid-19: A guide to the spring 2024 COVID- 19 vaccination campaign](#)
- [Coronavirus Yellow Card reporting site](#)

Learning from incidents: Memantine oral solution 10mg/ml - Error

To learn from medication incidents, we would like to share with you a recent error involving Memantine oral solution 10mg/ml. Memantine can be used to treat moderate to severe dementia in Alzheimer's disease.

A prescription for Memantine oral solution was produced by a GP surgery as per below:

Memantine 10mg/ml oral solution sugar free x 300ml

Dose on pharmacy label reads as:

'Take 10mg (10ml) every night'

Hopefully you will notice that this is a 'Prescribing error', and the dose description is not accurate and may cause confusion. The dose could be administered as 10ml which is equivalent to 100mg, not the intended 10mg daily dose.

'Take 10mg (10ml) every night'

Unfortunately, this also resulted in a 'Dispensing error', as the community pharmacy dispensed the medication with the incorrect dose on the pharmacy label and supplied the large quantity.

We were informed that the carers administering this medication had not given the incorrect dose of 10ml and gave the intended 10mg dose, so this did not result in an administration error but was a 'near miss'. However, this incorrect dose continued to be prescribed and dispensed for several months and was not rectified until a visiting healthcare professional raised concerns and had noted the pharmacy label had been amended by hand.

Suggested actions in this scenario:

- Contact a prescriber or appropriate healthcare professional at the surgery to inform them of the error and request a new replacement prescription with correct dose.
- The surgery may provide interim verbal advice/direction before new supply can be issued, in this case:
 - ⇒ Ensure a second staff member is present to listen to the conversation and advice given.
 - ⇒ Clearly document any advice (e.g., dose amendment) on MAR chart (with a counter signature) and in care plan as appropriate.
 - ⇒ As per our last newsletter, we advise care home staff not to amend/alter the pharmacy dispensing labels on medicines as this is a risk and could result in error.
 - ⇒ The surgery would need to discuss and record the prescribing error as a 'significant event' as per their own procedures and learn from the incident.
- Contact the dispensing community pharmacy to inform them of the error (surgery may have also spoken to the pharmacy). The pharmacy will need to conduct their own investigation and record as a 'significant event'.
- The pharmacy will need to provide a new supply with a new pharmacy label.
- Dispose of the supply with the incorrect dosage instructions (as per medicines policy) when new supply received.
- Document all actions taken, any advice given and share information with all seniors.
- Carers to record as a 'near miss', learn and share any learning from the incident.

Please share this article with your colleagues for their learning

Learning from incidents: Insulin Pre-filled insulin pens

Insulin is used in the treatment of diabetes and is considered a high-risk medication. Unsafe administration can have serious consequences for residents.

There was a recent patient safety incident in the East of England region where it was discovered that unlabelled pre-filled insulin pens were being administered to multiple patients in a ward environment.

This has multiple serious implications:

- The risk of transmitting blood borne diseases such as HIV and Hepatitis B and C.
- The pens were unlabelled, so it was not possible to check the expiry date before administration.

Care home staff administering insulin to residents are reminded that:

- Pre-filled insulin pens are for named patient use only – pens should never be shared between residents.
- Unused pre-filled insulin pens should be stored in the fridge with a pharmacy dispensing label or patient identification sticker.
- Opened pre-filled insulin pens can be stored at room temperature for 4 weeks.
- The date opened must be documented on insulin pens to allow expiry date checking before administration.

Please contact the care home medicines optimisation team if you have any concerns regarding insulin administration.

Aripiprazole (Abilify® and generic brands): risk of pathological gambling

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to the risk of [pathological gambling with Aripiprazole](#).

Aripiprazole belongs to a class of medicines called antipsychotics. It is a medicine that helps with the management of schizophrenia and bipolar disorder. You may see it prescribed by brand name (Abilify®) or by its generic name.

There has been an increase in the number of reports of gambling disorders and pathological gambling associated with aripiprazole use. The majority were reported to resolve upon reduction of dose or stopping treatment with aripiprazole.

If any of your residents are prescribed Aripiprazole please be alert to the development of new or increased urges to gamble and other impulse control symptoms, such as excessive eating or spending, or an abnormally high sex drive.

If these residents have access to a smart phone please be aware of any increased or unusual usage as they may be accessing gambling websites or excessively online shopping.

Aripiprazole should not be stopped suddenly so any changes must be reported to the resident's GP so it can be reviewed.

Reference: <https://www.gov.uk/drug-safety-update/aripiprazole-abilify-and-generic-brands-risk-of-pathological-gambling>

Codeine linctus: reclassification to Prescription-only medicine (POM)

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to the [reclassification of codeine linctus \(codeine oral solution\)](#).

Codeine linctus (codeine oral solution) is currently only authorised for the treatment of dry cough and is only considered to be effective in the treatment of chronic cough lasting over 8 weeks. Due to the risk of dependence, addiction, and overdose it is to be reclassified from a Pharmacy-only medicine (P) to a Prescription-only medicine (POM). This means that it will only be available on prescription following assessment with a healthcare professional.

If you have a resident who is currently purchasing codeine linctus themselves for a dry cough (as a self-care item), please advise them that this will need to be reviewed by their GP who will assess as to whether they need to continue it on prescription.

Alternative non-prescription cough medicines are available for short-term cough to soothe an irritated throat, including honey and lemon mixtures and cough suppressants. You can speak to your community pharmacist for advice.

Reference: <https://www.gov.uk/drug-safety-update/codeine-linctus-codeine-oral-solutions-reclassification-to-prescription-only-medicine>

SystemOne® Proxy Access

Bedfordshire, Luton and Milton Keynes Health and Care Partnership is supporting local care providers to take advantage of digital tools and systems so they can provide the best care for their residents. The Digitising Social Care programme is funding a number of projects including Raizer chairs and Acoustic monitoring aimed at falls prevention, PainChek® and Robopets to enhance wellbeing, and Proxy Access.

Proxy Access provides care homes with a direct link to their residents' GP records. Nominated staff can securely order medications and access information in GP records for residents in their care at any time of the day or night. They can also leave notes for the GP on the system, improving communication about the resident's healthcare needs.

So far, 80 care homes in the BLMK area are using Proxy Access to order their medications – they have found the process to be quicker and safer and it has improved their working relationships with GP practices too. In a new short video, a local GP, practice manager and care coordinator explain how it's changed the way they work. View the Proxy Access video: https://www.youtube.com/watch?v=cSXqL_hE5OI. For more information about the Digitising Social Care programme, visit: www.blmkhealthandcarepartnership.org/digitising-social-care-disc-programme and select 'Digital records'.

T28 Waste Exemption - Denaturing Controlled Drugs – Care homes with nursing only

A reminder that care homes with nursing need to have a T28 waste exemption in place to enable them to sort and denature residents' controlled drugs (Schedules 2, 3 and 4 (Part1)) prior to collection by the waste company. T28 exemptions are issued by the Environment Agency and are free of charge. Visit the website below to register for the T28 exemption:

[T28 waste exemption: sort and denature controlled drugs for disposal - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/t28-waste-exemption-sort-and-denature-controlled-drugs-for-disposal)

Actimorph® tablets – an alternative to Oramorph®/morphine oral solution

Oramorph®/morphine oral solution is liquid form of the opioid morphine and is classified as a Schedule 5 Controlled Drug. You may see it prescribed for care home residents for 'break-through' or 'when required' pain usually in the 10mg/5ml strength. Serious safety concerns have been raised about the use of morphine oral solution as there is a misconception that it may be a 'less dangerous' medicine than morphine solid dose forms. In fact – **a 300ml bottle of Oramorph 10mg/5ml oral solution contains the SAME amount of morphine as 60 x MST 10mg tablets**. This medicine can cause a significant impact if not administered correctly and care home staff should always ensure they use the correct equipment to measure doses and follow the instructions carefully regarding dosage and dose intervals.

Actimorph® is a new formulation containing morphine that can be prescribed as an alternative to morphine oral solution. Actimorph® comes as standard release orodispersible tablets and is available in a number of strengths ranging from 1mg to 30mg tablets. The advantages over using these orodispersible tablets include:

- Easier to administer exact doses and quantity
- Easier low dosing for example in older, frail, low weight, renal impairment patients
- Suitable and easier for people with swallowing difficulties – tablet disperses in the mouth

It is important to note that Actimorph® is a Schedule 2 Controlled Drug and as such will require safe custody in a Controlled Drugs cupboard, and records must be made in the Controlled Drug Register.

Controlled Drugs Liaison Officers (CDLOs)

Care homes must have a policy in place detailing how they manage controlled drugs, including what to do if there is a discrepancy, incident or error. Further details can be found at:

[Controlled drugs in care homes - Care Quality Commission \(cqc.org.uk\)](http://www.cqc.org.uk)

Depending on the circumstances of the discrepancy, incident or error, the care home may need to inform the police. Your local Controlled Drugs Liaison Officer (CDLO) can advise on whether a matter is criminal and needs to be reported for investigation by the police. Unless it is an emergency, contact your CDLOs for advice in the first instance.

Local CDLO contact details are:

Bedfordshire Richard Eymor richard.eymor@beds.police.uk

Thames Valley Richard List richard.list@thamesvalley.police.uk

Contact us:

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

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

Milton Keynes team: Email: blmkicb.mkcarehomespharmacy@nhs.net