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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](#)

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

### Tier 2 – Focuses on selected topics and local guidance/policies - new dates for 2025/26

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 - <b>delivered</b>	Tuesday 20 <sup>th</sup> May 2025, 14:30 – 15:30 - <a href="#">Register</a>
When Required (PRN) Medication - <b>delivered</b>	Wednesday 16 <sup>th</sup> July 2025, 14:30 – 15:30 - <a href="#">Register</a>
Covert Administration of Medication	Tuesday 16 <sup>th</sup> September 2025, 14:30 – 15:30 - <a href="#">Register</a>
Medicines Reconciliation & Transfers of Care	Wednesday 12 <sup>th</sup> November 2025, 14:30 – 15:30 - <a href="#">Register</a>
Controlled Drugs & Regulations in Care Homes	Tuesday 20 <sup>th</sup> January 2026, 14:30 – 15:30 - <a href="#">Register</a>
Medication Safety, Governance & Safeguarding	Wednesday 18 <sup>th</sup> March 2026, 14:30 – 15:30 - <a href="#">Register</a>

We hope you can join us for the forthcoming topic, 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

In June, our team successfully delivered our 8th Medication Champion Training event for care home staff. Bentley Grange Care Home in Bedford very kindly accommodated us.

We had 16 attendees on the day (7 Bedford, 7 Central Beds & 2 Milton Keynes) and in total the care home team have now trained a total of 113 Medication Champions across BLMK.

Our next Medication Champion training event is planned for:

**Friday 19th September 2025 - Priory House, Shefford**

To be eligible to become a Medication Champion you must:

- ⇒ Complete the CORE Tier 1 PrescQIPP e-Learning training AND
- ⇒ Attend the Tier 2 online virtual medication sessions, where possible AND
- ⇒ Attend a Medication Champion Training day

To register for the above event please click on the Eventbrite link below which also explains the event in more detail:



[\*\*Medication Champion \(Tier 3\) Training for Care Home Staff | Eventbrite\*\*](#)

## New - 'BLMK Appliance Prescription Service'

From June 2025 there will be a gradual change in the prescribing of urology appliances (e.g., catheter bags and accessories etc) and trans-anal irrigation products. Prescribing will be moving from GP Practices to the new '**BLMK Appliance Prescription Service**' provided by a company called Bullen Healthcare. Some of you may already be familiar with Bullen Healthcare as they are responsible for providing a similar service across BLMK for Stoma products and appliances.

From 1<sup>st</sup> June 2025, any new patients that are started on an appliance will be added to the new 'BLMK Appliance Prescribing Service'. Any existing patients/residents with appliances on their prescription will be transferred over to the new service over 3 waves which will happen across June, July and August 2025. Depending on which wave your residents fall under, you will be contacted by the Bullen Healthcare team so residents will be informed by letter. There will also be a 'welcome call' from Bullen to explain their service and discuss the process.

This new service will be a simpler and more efficient ordering and supply process, with cost effective appliances being prescribed with minimal product and appliance waste.

Prescribing of appliances will be done by a Urology Nurse Prescriber who has the appropriate knowledge and skills to ensure the right product is prescribed. There will also be access to a Urology Nurse Specialist for any queries or concerns, 9am-5pm Monday – Friday (excluding bank holidays). For queries out of hours you would need to contact via the usual 'one call' pathway.

For more information on how the service works, please click on the website link below:

[\*\*BLMK | Bullen Healthcare\*\*](#)

## First Dressing Scheme for Nursing Homes in Bedfordshire & Luton - updated

[The First Dressing Scheme](#) is for use in nursing homes across Bedfordshire & Luton only.

Our guidance (link above) has recently been reviewed with updated links to the Bedfordshire and Luton Wound Management Formulary which is accessible via: [Eolas Medical](#). It also includes an updated list of approved dressings which can 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 would apply to use and record keeping.

This scheme is to enable a nurse in a care home setting to safely cover a wound as a first aid measure using an appropriate dressing. Any complex, non-healing wounds should be referred to the Tissue Viability Nursing teams. For management of burns and scalds, refer to: [Management of Scalds and Burns Procedural Document 1.0.pdf](#)

## BLMK ICB Falls Guidance Update

In April, the National Institute for Health and Care Excellence (NICE) published updated guidance for the assessment and prevention of falls in older people - the guidance can be found [here](#). This guideline covers assessing risk of falling and interventions to prevent falls in all people aged 65 and over, and people aged 50 to 64 who are at higher risk of falls. It aims to reduce the risk and incidence of falls, and the associated distress, pain, injury, loss of confidence, loss of independence and mortality.

The BLMK ICB Care Home Medicines Optimisation Team have updated our falls guidance to reflect new and updated information:

- [Medication and the Risk of Falls in Older People](#)
- [A Guide to Reducing the Risk of Falls due to Medication in Older People](#)

### Caffeine & Falls

Caffeine is a stimulant, an irritant and mild diuretic, meaning that it can result in increased frequency and urgency of urination. Research has suggested that there is a high correlation between falls and lower urinary tract symptoms in hospitals.

Over a 6 month period in 2023, Stow Healthcare implemented a decaffeination trial across eight of their residential care homes. Data relating to all falls, and specifically toileting-related falls, were collated each month. They found that, following the implementation of decaffeinated hot drinks as the default option for their residents, **toileting-related falls decreased by 34.72%**.

Resident feedback was generally very positive, with most of those participating not noticing a significant difference in taste and most residents were happy to continue with the trial.

The report's authors are encouraging other care providers to 'give decaf a go' and this [how-to guide](#) outlines the steps you should take to implement decaf as the default option in your service(s).

### Resources:

- [Switching to decaf: A how-to guide for care providers](#)
- Full Report: [Preventative Care: Decaffeination & Reduced Falls - Care England](#)

## Hot Weather & Health - Hydration and spotting Dehydration

As temperatures climb during the summer months, care providers must take proactive measures to safeguard the health of vulnerable residents. Older adults and individuals with chronic health conditions face heightened risks from heat-related illnesses. Dehydration is one example of a common heat-related illness.

### Hydration & Spotting Dehydration in Older Adults:

Maintaining good hydration and nutrition in older adults is vital - it contributes significantly to their wellbeing and can enhance their overall quality of life. However, older adults often don't feel thirsty or simply forget to drink regularly. What's more, over half of nursing home residents have difficulty swallowing safely, making it even harder for them to stay properly hydrated. These issues put older people at a higher risk of dehydration, which can lead to serious health concerns (as listed below) and in some cases unnecessary hospital admissions.

- Urinary tract infections (UTIs)
- Increased confusion or disorientation
- Falls due to dizziness or weakness
- Acute kidney injury



### TIPS TO IMPROVE HYDRATION IN CARE HOMES

- ◇ Encourage residents to aim to drink between six to eight drinks per day.
- ◇ Ensure drinking water is visible and easily accessible.
- ◇ Offer water and fluids throughout the day- some people prefer to drink "little and often".
- ◇ Ensure residents have fresh water within reach.
- ◇ Provide a variety of drinks to suit individuals' likes and dislikes.
- ◇ Water, tea, milk, fruit juice, and coffee all count towards this total.
- ◇ Ensure residents have a full glass of water with any medication.
- ◇ Place prominent signs, encouraging hydration, around the home as a reminder.
- ◇ Make it as easy as possible for residents to drink e.g., making a wide variety of drinks easily available, brightly coloured cups to draw attention, drinking aids and adapted cups, straws.
- ◇ Use foods with high water content such as ice lollies, ice creams and jelly.
- ◇ Most fruits boast a high-water content and veggies too! Some of the best include watermelon, oranges, cucumber, tomatoes, broccoli and spinach.
- ◇ Make hydration an event! People are sometimes more likely to drink if other people around them are doing so. Ideas can include a mocktail session, tasting sessions (e.g., smoothies).
- ◇ Keep residents cool to reduce fluid loss from sweating.
- ◇ When the weather gets warmer, increase the availability of drinking water and encourage patients to drink more.
- ◇ Have a 'drinks champion' in each home to encourage all staff and residents to keep hydrated
- ◇ Use fluid charts to monitor fluid intake

#### Useful resources:

[Good hydration! - Improving hydration through structured drinks rounds - Part Six](#)

[Good Hydration! - Improving Hydration - Part Three](#)

[Good hydration! -Spotting the signs of dehydration - Part Two - YouTube](#)

[Good hydration! - Medicines, kidneys and urine - Part Four](#)

## Medicines Management during hot weather

Most medicines are stored at room temperature, also known as “ambient” temperature. This may be expressed on packaging in different ways e.g., “between 15°C and 25°C” or “below 30°C”. Ideally, all medicines storage areas would be controlled between 15°C and 25°C. Improper storage during periods of hot weather (e.g., heatwaves) can reduce the effectiveness of the medicines or pose safety risks.

### Tips to ensure appropriate storage of medicines:

- Avoid hot zones (e.g., near radiators or windows).
- Keep windows and doors closed as much as possible. Windows may be opened to aid cooling but only if it is cooler outside and be cautious of security risks.
- Consider air conditioning in medication rooms, if possible.
- Medication room/storage area temperature should be recorded daily, preferably in the morning. However, we are aware that some care homes may record temperatures twice a day (e.g., during heatwave) which would be considered good practice.
- For residents who self-administer and keep their medication in their room, daily temperature recording of their room may not be necessary. However, if there is likely to be a period of extreme heat (e.g., heatwave or central heating is on maximum setting in room) then the temperature may need to be checked and a risk assessment may be required if the temperature is consistently above 25°C.
- Refrigerated medication must stay within 2-8°C - log temperatures daily.
- Ensure all staff are trained on proper storage protocols and act immediately on breaches.

Our team have also produced some guidance on room and refrigerator temperature management to support care homes. This is to ensure all medication is stored appropriately and at the correct temperature, please click on the link below:

[BLMK-ICB-Medication-Room-Refrigerator-Temperature-Management-Version-1.1-July-2024.pdf](#)

More guidance can also be found from the NHS Specialist Pharmacy Service:

[Storing medicines at ambient temperatures – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

## Care home residents no longer eligible for Paxlovid®

Paxlovid® (Nirmatrelvir with Ritonavir) is an antiviral medicine that works by stopping the virus that causes COVID-19 from growing and spreading in the body. It's used to treat early COVID-19 infection and help to prevent more severe symptoms.

Care home residents previously were automatically eligible for Paxlovid® as they were classified as a high risk group. As the prevalence of COVID-19 is exceptionally low, and as we are over winter pressures and now into the summer months care home residents will no longer automatically be eligible. Only residents who have high risk conditions (as per updated NICE guidance) will continue to be suitable for prescribing of Paxlovid®.

For more information on who is still currently eligible for Paxlovid®, please see [Overview | Nirmatrelvir plus ritonavir, sotrovimab and tocilizumab for treating COVID-19 | Guidance | NICE](#)

The BLMK ICB COVID-19 antiviral pathway for care homes that was circulated last year is no longer valid and has been withdrawn. If you have any questions please do not hesitate to get in touch.

## Drug Safety Updates: Short-acting beta2 agonists and other alerts

The Medicines and Healthcare products Regulatory Agency (MHRA) recently published a drug safety alert in regard to [Short-acting beta 2 agonists \(SABA\) \(salbutamol and terbutaline\) and the risk of overuse](#) in asthma.

The asthma reliever medications salbutamol and terbutaline are prescription-only SABA medications used to treat breathing problems in people with asthma and similar conditions.

Excessive use of SABA to relieve acute asthma symptoms may mask progression of the underlying disease and contribute to an increased risk of severe and potentially life-threatening asthma exacerbations.

All patients with asthma should also receive optimal anti-inflammatory maintenance therapy (steroid inhaler) even when their asthma is well controlled.

If you have a resident with asthma, seek urgent medical assistance if they start to suffer from worsening asthma symptoms (for example, chest tightness, wheezing, coughing, or difficulty breathing) that are not relieved by using their asthma reliever medicines.

Please follow the residents agreed asthma plan and ask for a review from their GP surgery if the prescribed asthma blue reliever inhaler is needed more than twice a week

**Reference:** <https://www.gov.uk/drug-safety-update/short-acting-beta-2-agonists-saba-salbutamol-and-terbutaline-reminder-of-the-risks-from-overuse-in-asthma-and-to-be-aware-of-changes-in-the-saba-prescribing-guidelines>

### Links to other recent Drug Safety Updates:

- [Abrysvo▼ \(Pfizer RSV vaccine\) and Arexvy▼ \(GSK RSV vaccine\): be alert to a small risk of Guillain-Barré syndrome following vaccination in older adults - GOV.UK](#)
- Potential contamination of non-sterile alcohol-free skin cleansing wipes with Burkholderia spp: measures to reduce patient risk - [NatPSA 2025 002 UKHSA.pdf](#)

## Using transdermal patches safely in healthcare settings

The article below (click on link) from the Specialist Pharmacy Service (SPS) offers practical guidance on the safe prescribing, application, monitoring, removing, disposing, recording, documentation and storage of patches. It complements but does not replace manufacturer's specific instructions available in the product literature.

[Using transdermal patches safely in healthcare settings – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#)

### Contact us:

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