

Implementing bulk prescribing for care home patients

There are many patients in care homes taking medicines 'when required' (prn), and this inevitably presents problems for the prescriber in determining the quantity to prescribe. Patients in the community will request more when they run out, however care homes work on a 28 day cycle which is where difficulties arise.

Care homes often have 'prn' medicines in blister packs, which leads to wastage or even overuse if a 'prn' medicine is given when it is not needed. It is onerous for GP practices to vary quantities on lots of individual prescriptions every month, and this is also the case for care homes. What generally happens is medication is thrown away at the end of the month and a new prescription ordered.

It has been recognised that bulk prescribing could provide the following benefits:

- Potential to reduce waste
- Reduction of space required in the drug trolley.
- Reduces drug round time/dispensing time.
- Reduces potential for administration error.
- Save time when treating an outbreak such as of scabies when all the residents require the same treatment

Recommendations and implementation tips

- Bulk prescriptions should only be written for patients taking regular medication and not for the acute requirements for medicine. Homely remedies are more appropriate for treating common minor ailments.
- The GP must have at least ten patients under their care within the care home to be able to bulk prescribe. To ease the implementation process, CCG teams considering implementation of bulk prescribing should initially focus on care homes that use a '1 GP:1 care home' model, i.e. all the residents in that home are registered with one GP.
- Patients not registered under a particular GP who is bulk prescribing for a care home should continue to receive named patient supplies from their own GP (unless their GP is also bulk prescribing for that care home). Please note a multiple GP bulk prescribing for a care home system will be difficult to monitor and implement and may cause confusion.
- All three parties: care home, GP surgery and pharmacy, must work in collaboration for successful implementation. Ensure good communication between each so that they are aware of their roles and responsibilities.

- The pharmacy should be informed in writing by the GP surgery that they wish to bulk prescribe for the patients under their care in a care home.
- The agreed list of items that can be bulk prescribed must be provided to the pharmacy so that they can label the medication as bulk stock rather than for named patients unless specifically instructed to by the GP. Where provided as a service, the pharmacy can also ensure that the medicines administration record (MAR) chart is annotated correctly or provide labels for the care home to put on the MAR chart as up to date instructions. The pharmacy should ensure they have enough stock of the bulk items to provide the care home on a monthly basis.
- The care home staff must be trained to keep a record of their bulk stock, to calculate a resident's monthly usage, and be able to order sufficient quantity to last the month from the surgery, taking into account any new patients that start bulk prescribing and any that stop. It is recommended that they also carry out stock audits every month.
- The surgery must be kept informed by the care home of any changes to a patient's condition where the GP may need to review if the bulk prescribed medication is no longer suitable or if a dose change is required.
- The surgery should ensure that they are able to record on their clinical system when a patient has an item from bulk stock instead of producing a named patient prescription for it.
- It would be good practice to have regular meetings between the care home, GP surgery and pharmacy to discuss any problems with the process or problems for individual patients.

What is bulk prescribing?

The issue of a bulk prescription allows the care home staff to use one supply for all residents who are clinically identified as suitable for the prescribed medication rather than named patient supplies.

A bulk prescription is an order for two or more patients bearing the name of a school or institution, e.g. a care home in which at **least 20 persons** normally reside, for the treatment of at least ten of whom a particular doctor is responsible (registered with a particular GP practice). Prescription only medicines (POMs) cannot be prescribed on bulk prescriptions and the only appliances that can be prescribed are dressings which do not contain POMs. Drugs not prescribable on the NHS cannot be prescribed on a bulk prescription.

What is on a bulk prescription?

On commencing treatment, **the medication must be prescribed initially on a prescription bearing the service user's name**. This will ensure the medicine and specific directions appear on that service user's subsequent MAR charts. This will also evidence that the service user **has been clinically assessed and initially prescribed this medication**. Subsequent prescriptions for each new service

Acknowledgements

Sheffield Clinical Commissioning Group. Guidance on Bulk prescribing for Care Home Patients. July 2013
Bedfordshire Clinical Commissioning Group. Bulk Prescribing Guidance. 2013

user can then be ordered using a bulk prescription. **A copy of the original prescription should be kept in the service users care plan** (if this has been transmitted as an electronic prescription a copy of the token should be kept in the clients clinical notes).

A bulk prescription can be written or printed on an ordinary FP10 prescription. It is not possible to transmit bulk prescriptions electronically. No prescription charge is payable when a bulk prescription is dispensed

The bulk prescription must include:

- The wording **“for patients under my care at {the name of the care home}”** (instead of the individual name of the patient)
- The date
- The words **‘bulk prescription’** – to identify the type of prescription
- The medicine that is being bulk prescribed
- The total quantity required for all service users on this medication
- The directions may state - **“to be given in accordance with GP instruction on the MAR chart”**. **Due to variation in doses for each patient, the patients MAR chart will need to provide the dose to be administered.**

Pharmacy Stamp

Age

Name (including forename and address)

D.O.B.

For patients under my care at Park Grange Care Home

By not to stamp over age box

Dispenser's endorsement (N.S. Ensure dose is stated)

Number of days' treatment

NP

Pricing Office

Pack & quantity

Bulk prescription

3,000ml Latulose

To be given in accordance with GP instruction on MAR chart.

FP10REC1000

Signature of Doctor

Date

Dr R Jones **10/01/2014**

For dispenser No. of items on form

NHS PATIENTS - please read the notes overleaf

What medications can be bulk prescribed?

Bulk prescribing is **not** a way of obtaining stock items of homely remedies.

The medication must be prescribed on the NHS and be either:

- A 'P' pharmacy medicine – can be bought in a pharmacy or

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- A 'GSL' product – 'general sales list' product that can be bought in a supermarket.

The following medicines are considered suitable for bulk prescribing:

- Lactulose syrup
- Adcal D3 tablets
- Senna tablets
- Movicol/Laxido/generic macrogol sachets (Use Laxido as recommended formulary Macrogol)
- Thickening agents
- Paracetamol tablets - up to 96 tablets only, quantity greater than this is a POM. Service users taking regular paracetamol may not be suitable for bulk prescription. If larger quantities are required on bulk prescription multiple prescriptions for 96 tablets will be required.
- Paracetamol suspension 250mg/5ml.

Dressings on bulk prescription

Simple non-medicated dressings for treatment of minor wounds, including burns, pressure ulcers and traumatic wounds such as cuts or scratches that break the skin may be suitable for bulk prescribing. If bulk prescribed, they must not have been prescribed for an individual person and are held as stock by the home.

What cannot be prescribed on a bulk prescription?

Prescription Only Medicines (POM) cannot be issued by bulk prescription e.g. antibiotics, blood pressure medication. An FP10 for individual patients needs to be issued for any POM medicine prescribed.

Other considerations:

Sip feeds (and Complan®) – if more than two residents require the same nutritional supplement, bulk prescribing may reduce waste and provide more choice of flavours for patients, however it is important to note that the CQC prefer individual patient prescribing.

Creams, ointments and topical applications are not considered suitable for bulk prescribing as they cannot be shared between more than one patient.