Good Practice Guide for Medicines Ordering in Care Homes

Introduction

A collaborative approach between care home staff, GP practice/PCN teams, and community pharmacies is essential for an effective medicines ordering process. This guide outlines best practice for ordering and prescribing to ensure timely, accurate, and safe medication supply for care home residents.

Benefits of a Well-Managed Process

- Timely access to medicines
- Enhanced patient safety
- Improved prescribing quality
- Efficient use of professional time and skills
- Reduced workload
- Greater patient and carer engagement
- Better use of NHS and care provider resources

Aim

To establish a consistent and efficient medicines ordering system that ensures individuals receive the correct medications promptly while minimising waste.

Background

- Medicine waste costs the NHS approximately £300 million annually in England, with £2.6 million attributed to Shropshire, Telford & Wrekin - up to 40% of which could be avoided.
- This waste impacts patient safety, supply chains, staff workload and the environment.
- Repeat prescribing is a key contributor to waste. Effective medicines management and well-managed repeat prescribing system relies on clear communication and collaboration between GP practices, community pharmacies and care homes.

1) Good Practice Guidance – Care Setting Staff

Process

- At least two trained staff members should be responsible for ordering and checking medicines, with protected time allocated for these tasks (as per NICE SC1).
- Named contacts should be in place at the care home, GP practice and supplying pharmacy for prescription-related queries.
- Enough staff should be familiar with the medicines ordering process to ensure continuity during absence.
- Prescription requests must be initiated by care home staff, not by the supplying pharmacy.
- For infrequently used PRN medicines, consider using a homely remedy policy (see: NHS STW *Non-prescribed Medicines in Community Settings* guidance).
- Maintain an audit trail by recording all medication orders.
- Carry out monthly stock checks of PRN medicines before reordering. Avoid routinely clearing cupboards; carry forward usable stock to reduce waste.

- Check all storage areas - including fridges, excess stock cupboards, and resident rooms before placing orders.
- For Oral Nutritional Supplements (ONS), follow the *Think Food Approach in Care Homes* guidance using the ONS review and monitoring form where applicable (Appendix 2). Include the resident's weight, BMI, and Malnutrition Universal Screening Tool (MUST) score with all ONS requests to support appropriate prescribing and review.

Medicines Ordering and Stock Control

- Not all medicines need monthly reordering e.g. topical preparations, inhalers, or PRN (as-needed) medicines such as pain relief or laxatives.
- Carry forward any in-date, current medicines to reduce waste. Record carried-forward quantities on the new Medication Administration Record (MAR) for the upcoming cycle.
- Review the MAR and stock levels before placing repeat orders.
    - Ensure stock levels match the running total.
    - Use the MAR to identify issues with concordance or regular non-administration.
    - Flag repeated refusals to the prescriber for possible review.
- Request changes to repeat prescriptions (e.g. reduced quantities) if there is consistent overstock or reduced need.
- Submit repeat requests via the agreed method e.g. repeat slip, secure NHS email, online proxy, MAR copy etc. and maintain an audit trail.
- Only reorder items needed for the upcoming cycle, based on current stock and MAR review.
- Where possible care home staff should check prescriptions issued against the original request *before* it is dispensed at the pharmacy:
    - Ensure discontinued items are not supplied.
    - Confirm requested quantities are correct.
    - Identify and address any non-requested items prescribed in error.
    - **Note: Returned medicines cannot be reused and are destroyed, leading to waste.**

Receiving and Checking Medicines

- Upon receiving medication from the pharmacy, care home staff must verify the supply against the original order and ensure it matches the GP repeat prescription and MAR.
- Best practice is for two trained staff members to check all incoming medicines for accuracy.
- If a medication error is suspected/found, the care setting should follow their reporting processes, including, highlighting and discussing the error with the relevant provider, i.e. contact the supplying pharmacy in the event they suspect there has been an error with a prescription or medication.

- Update the MAR promptly with any changes to an individual's medication, referencing communication from the GP practice to ensure consistency and accuracy.

"Out of Cycle" (Interim) Prescriptions

- Medicines should be ordered as part of the monthly cycle wherever possible.
- If medication is needed mid-cycle, staff should submit a request to the GP practice using the usual method, including a clear reason for the request. A robust internal process should support these requests.
- For minor quantities (e.g. dropped, spat out doses), it is preferable to include replacements in the next monthly order rather than request separate, one-off dose prescriptions.

Valid Interim Requests may be required in certain circumstances:

a) **New Admissions** – If an individual moves in after the monthly order has been placed, a request should cover the remaining days of the current cycle plus a new 28-day supply to align with the home's schedule.

b) **Medication Changes** – If a clinician alters regular medication after the monthly order, a new request should be made to cover the remaining days of the current cycle **plus the new 28-day supply** to keep the individual in line with the rest of their medication and the rest of the home.

c) **Post-Hospital Discharge** – If a resident is discharged with new or changed medications, an interim request ensures continued treatment and alignment with the home's ordering cycle.

"One-Off" (Acute) Prescriptions

- When a GP issues a one-off prescription (e.g. antibiotics), it must be dispensed promptly and made available for timely administration.
- Prescriptions may be:
  - Issued during a GP visit to the care home
  - Collected from the surgery
  - Sent electronically to a supplying pharmacy
- If the pharmacy cannot deliver the medication promptly, the care home should arrange for a staff member to collect it to avoid missed doses.

2) Good Practice Guidance – GP Practice Staff

An agreed, clearly defined process between the GP practice, care home, and pharmacy is essential for safe and efficient medicines ordering.

General Principles

- GP practices should have a documented process for prescribing and issuing medications for care home individuals.

- All parties must communicate effectively, using an agreed and secure method.
- Named contacts should be provided by both the pharmacy and GP practice to streamline communication.
- All relevant documentation (e.g. MARs, repeat slips, discharge summaries, clinical letters) must be kept up to date and shared appropriately to reflect any medication changes.

Processing Prescriptions

a) Prescriptions should be ordered early in week 2 of the care home's monthly cycle.

b) Requests must include full patient details: name, DOB, care home, medication name, strength, and quantity (ideally in days or dose units).

c) Confirm quantities align with a 28-day supply, or 28 days plus an interim amount for new admissions, recent discharges, or changes. Requests for interim supplies should include a clear reason.

d) Ensure dosage instructions are written in full - no abbreviations.

e) Any over ordering or risk of potential avoidable medicines waste should be highlighted to the authorising health care professional and/or to the Shropshire Telford and Wrekin, Care Settings team at stw.carehomeenquiries@nhs.net

f) Only authorise/prescribe medicines requested by the care home each month. Any when required (PRN) medication that hasn't been requested, should not routinely be prescribed, to avoid medicines waste and stock piling.

g) Review requests for items listed in the NHSE guidance on medicines not routinely prescribed

h) Review sterile dressing requests in line with the STW *Sterile Dressing Pack Prescribing Position Statement*

i) Requests for Oral Nutritional Supplements should align with the NHS STW the *Think Food Approach in Care Homes* pathway and include weight, BMI, MUST score, and treatment goals.

j) Discuss any unclear or inappropriate medication requests with the care home before issuing prescriptions.

Further Guidance

- Enhanced Health in Care Homes Framework – NHSE
- NICE SC1 – Managing Medicines in Care Homes
- **Medicines Ordering Cycle in Care Homes flow chart below (With thanks to Bridgnorth Medical Practice)**

Start the medication cycle on the agreed day of the week.: **(Day 1) (Week1)**

Care home request new monthly cycle order for repeat medications: (Week 2)
Medicines needed for the following month are identified by a designated staff member (or deputy) from MAR charts and actual stock levels. All Stock levels including **"When required" (PRN), "Externals" and "Oral Nutritional Supplements" (ONS**) must be checked, prior to the order being requested.

ONLY medicines required should be requested, ensuring, where appropriate, excess stock is carried over from one monthly cycle to the next. This may mean a quantity of less or more than 28 days is requested. (A reason for fewer or additional supplies of medicines to fulfil the **28-day** cycle, **MUST** be provided).

Medication order submitted via the **AGREED** ordering process e.g. Secure mail, repeat slips etc. and sent to the GP Practice by agreed day of the medication cycle: **(Week 2)**

Designated GP practice staff receive the repeat prescription requests via the **AGREED** process. Requested items to be checked then prescription sent for GP authorisation. Once authorised the prescription is to be sent electronically or printed (as agreed) to the patient's nominated pharmacy – any discrepancies are resolved with the GP Practice and the nominated pharmacy, **INCLUDING out of stock items/items on manufacturing delay.**

Nominated pharmacy to pull the prescription down from the system spine and dispense item/s (practice and pharmacy will need to agree on a suitable timescale for this, but usually by **WEEK 3** of the monthly medication ordering cycle). Any discrepancies are resolved with the relevant party, ensuing **ALL** parties are given information.

Dispensed and accuracy checked items are sent to the care home **AT LEAST** two working days prior to the new medication cycle starting. **(Middle of WEEK 4).** It is **BEST PRACTICE** for the supplying pharmacy to supply printed MAR charts, where a paper MAR system is used.

Medication is booked in by **TWO trained members of staff.** Ensuring any discrepancies highlighted during this process are actioned and resolved **AS SOON AS POSSIBLE**, ensuring **ALL** items are ready to administer to the individual on **DAY 1** of the new monthly medication cycle.

Key

Care Home Responsibility	GP Practice Responsibility	Supplying Pharmacy Responsibility