

CM06 - Ordering and Receipt of Medication Policy and Procedure

Category: Medications Management Sub-category: Medications Management

Policy Review Sheet

Review Date: 23/03/17 Policy Last Amended: 23/03/17

Next planned review in 12 months, or sooner as required.

Note: The full policy change history is available in your online management system.

Business Impact:	Low	Medium	High	Critical
		X		
Changes are important, but urgent implementation is not required, incorporate into your existing workflow.				

 Reason for this review:	New Policy
 Were changes made?	Yes
 Summary:	New policy and procedure specific to ordering and receipt of medication.
 Relevant Legislation:	<ul style="list-style-type: none"> The Care Act 2014 The Controlled Drugs (Supervision of Management and Use) Regulations 2013 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Medicines Act 1968 Misuse of Drugs Act 1971 The Misuse of Drugs (Safe Custody) Regulations 1973 The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007
 Underpinning Knowledge - What have we used to ensure that the policy is current:	<ul style="list-style-type: none"> RPSGB, (2007), <i>Handling Medicines in Social Care</i>. Royal Pharmaceutical Society of Great Britain NICE, (2014), <i>Managing Medicines in Care Homes</i>. NICE
 Suggested action:	<ul style="list-style-type: none"> Notify relevant staff of changes to policy Share key facts with professionals involved in the service Share key facts with people involved in the service Training sessions Discuss in team meetings Discuss in supervision sessions Confirm relevant staff understand the content of the policy

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? 1. Purpose

1.1 This policy should be read with the **Overarching Medication Policy and Procedure (CM02)**.

1.2 To ensure that Service Users receive their medications correctly and in a timely manner and to reduce the unnecessary waste of medication.

1.3 To comply with The National Institute for Health and Care Excellence (NICE) guidelines on Managing Medicines in Care Homes.

1.4 This policy will support any locally required policies and procedures.

1.5 The policy, associated policies and procedures apply to all care and any nursing staff working within and should be read and followed.

1.6 To support in meeting the following Key Lines of Enquiry:

Key Question	Key Line of Enquiry (KLOE)
SAFE	S4: How are peoples medicines managed so that they receive them safely?
RESPONSIVE	R3: How are people assured that they will receive consistent co-ordinated, person centred care when they use or move between different services?
WELL-LED	W4: How does the service work in partnership with other agencies?

1.7 To meet the legal requirements of the regulated activities that is registered to provide:

- | The Care Act 2014
- | The Controlled Drugs (Supervision of Management and Use) Regulations 2013
- | The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- | Medicines Act 1968
- | Misuse of Drugs Act 1971
- | The Misuse of Drugs (Safe Custody) Regulations 1973
- | The Misuse of Drugs and Misuse of Drugs (Safe Custody) (Amendment) Regulations 2007



2. Scope

2.1 The following roles may be affected by this policy:

- | Registered Manager
- | Other management
- | Nurse
- | Care staff

2.2 The following Service Users may be affected by this policy:

- | All service users
- | Residential
- | Nursing Care

2.3 The following stakeholders may be affected by this policy:

- | External health professionals
- | NHS

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3. Objectives

- 3.1 To reduce the risk of errors when a Service User transfers between care settings and when medication is received at the home.
- 3.2 To provide a framework for staff to undertake Medicines Reconciliation for Service Users who are admitted to and discharged from .
- 3.3 To ensure a clear procedure for ordering medication.
- 3.4 To ensure Service Users receive a review of their medication.



4. Policy

- 4.1 understands the importance of having accurate and up to date information about a Service User's medication at all times. This includes ensuring that there is a clear procedure on how to:
 - | Accurately list a Service User's medicines (medicines reconciliation)
 - | Define the frequency of, and who should be involved in, medication reviews
 - | Manage the ordering and receiving of medication at
- 4.2 will ensure that staff understand all these procedures and that monitoring is in place to make sure the procedures are safe and effective.
- 4.3 To ensure a safe reconciliation procedure is in place, will ensure:
 - | There is an up-to-date medicines policy that includes written procedures for accurately listing a Care Plan's medicines
 - | That we will agree who is responsible for completing the medicines reconciliation (name, job title)
 - | The person responsible for a Service User's assessment for transfer into will coordinate an accurate listing of all the Service User's medicines as part of a full needs assessment and Care Plan and consider the resources needed for this to occur in a timely manner
 - | That a personalised medicines reconciliation form is completed as part of the reconciliation process
- 4.4 To ensure Service User's needs are met, will involve a multidisciplinary team in the Service User's medication review and this will be undertaken as a minimum 12 monthly or when needs change.

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5. Procedure

5.1 What is the Medicines Reconciliation process?

should follow the three steps (3C's) to medicines reconciliation:

- | Collecting
- | Checking
- | Communicating

5.2 When Should Medicines Reconciliation Occur?

Medicines should be reconciled within 48 hours at the transfer of care including when:

- | Admission into
- | Hospital admission (planned and emergency)
- | Hospital discharge
- | Transfer within the same care home, e.g. from one unit to another, from residential unit to nursing unit
- | Discharge from care home to community

5.3 What Information Should Be Available for Medicines Reconciliation?

- | Service User details; including full name, date of birth, NHS number, address and weight
- | GP's details, current GP and previous GP, if recently changed
- | Details of relevant contacts defined by the Service User/carers, e.g. family members, consultant, regular pharmacist, specialist nurse, the home's nurse lead for this individual
- | Any known allergies and reactions to medicines or ingredients, and the nature of the reaction experienced if known
- | Current list of medicines, including name, strength, form, dose, timing and frequency, route of administration, and indication. This should include both prescribed medicines and those purchased over the counter
- | Recent changes to medicines, including medicines started, stopped or dosage changed, and reason for change
- | Date the last dose of any medicines was taken if given less often than once a day (includes 'when required', weekly and monthly medicines)
- | Other information, for example when the medicine should be reviewed or monitored
- | Any support the Service User needs to carry on taking the medicine, e.g. compliance aids
- | The consistency of thickened fluids needed for those with swallowing difficulties
- | Details of flushes before and after medicines in PEG fed residents

5.4 Who Can Carry Out Medicines Reconciliation?

understand that medicines reconciliation can be carried out by any healthcare professional as long as they are competent to undertake reconciliation and have the skills and information they need to carry out the task. will ensure that the following people are involved in medicine reconciliation:

- | The Service User and/or their family members/carer
- | A pharmacist, other health and social care practitioners involved in managing medicines for the Service User

5.5 Ordering

A robust medication ordering system for Service Users will ensure that the correct medicines are supplied in a timely manner to meet their needs with minimum waste. All staff, including the wider multi-disciplinary team, all have their part to play to ensure a smooth process and, ultimately, the best care for Service Users. Good communication and co-operation between GP practices, pharmacies and is essential.

- | will have a designated, named person(s) and a deputy who process the regular repeat medication order
- | Stock levels of medication, in particular 'PRNs' (when required) and topical products, must be checked

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before they are re-ordered, so that items are not ordered unnecessarily

- | If a Service User is refusing/having difficulties with swallowing medication, this should be highlighted to the prescriber in advance of re-ordering
- | Medication should be ordered at 28 day intervals. Allow sufficient time for prescriptions to be issued, checked, dispensed and delivered
- | Requests for repeat medication should be submitted using the repeat medication slip and a record maintained of what has been ordered
- | Prescriptions requested from the GP should be returned to to allow them to be checked for accuracy, before sending to the pharmacy for dispensing
- | The pharmacy should be alerted to any medication that has been discontinued so this can be removed from the MAR chart. This may include requesting the GP to complete the medication discontinuation record on the MAR chart/Pharmacy copy
- | On receipt of the medication from the pharmacy, should ensure the medication supplied and the information on the MAR chart is as prescribed on the GP repeat slip
- | It is good practice to track the ordering of prescriptions and receipt of medicines
- | Records should be kept of all stages
- | Dropped tablets should be replaced by requesting the extra doses needed on the regular repeat medication order, and not requested separately
- | Where medicines are dispensed in individual packaging, medication can be used from the end of the current pack until the pharmacy supplies the replacement
- | If a medication supply for a Service User does not arrive as expected, always check with the community pharmacy whether they have received the prescription, especially when the GP practice has faxed the prescription in an emergency
- | Communicate any information about expected prescriptions or delays to supply at each shift change
- | Let other staff know when you have contacted the GP practice or community pharmacy about a prescription query so that multiple calls are not made about the same query
- | Do not routinely clear drug cupboards at the end of the month and order new stock
- | Do not dispose of a medicine at the end of a cycle unless it has been dispensed in a Monitored Dosage System, has been discontinued by the prescriber, or has reached the manufacturer's expiry (see packaging and be aware of any special instructions, e.g. "use within xx days of opening")
- | Check quantities remaining and if there is enough left for the next 28-days before reordering
- | Do not reorder 'PRN' or 'when required' medicines if there is already an adequate supply. Ask the GP to adjust the quantity supplied if there is an overstock
- | Carry forward quantities of any medicines that can still be used, for example, 'when required' or in original packs. An example would be a box of 5 ampoules of Hydroxocobalamin injection prescribed for 3-monthly injections where the box should last for 15 months. Record the quantity carried forward on the MAR chart for the next 28-day cycle

5.6 Changing a Pharmacy Supplier

- | Agree the change of date with the new pharmacy and each GP practice involved
- | Agree the procedure for requesting repeat prescription orders and any documentation with the pharmacy or the GP practices
- | Arrange for prescription repeats a few weeks prior to commencement of the new supply
- | Ensure that current medication stocks are used before reordering
- | Dispose of any medication from the previous supplier that is no longer required by residents before the changeover date. Service User consent to medication disposal must be gained before doing so

5.7 Urgent Prescriptions

Exceptions to the regular ordering process may include orders for acute medication, such as:

- | When a Service User is acutely unwell
- | If the Service User has recently moved into the home
- | When a patient has been discharged back from hospital and does not have sufficient supply of medication

It is good practice for acute prescriptions to be dispensed by the usual pharmacy. This allows checks to be made by the dispensing pharmacy against current medication for interactions. In normal circumstances an original prescription should be obtained.

5.8 A Faxed Prescription is NOT a Legal Document

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Faxed copies of prescriptions should only be necessary in emergency situations, such as to provide written confirmation of an urgent supply when an original prescription cannot be supplied to the dispensing pharmacy in a timely manner.

5.9 Compliance with NICE Guidelines - Ordering

- | must ensure that medicines prescribed for a Service User are not used by other Service Users
- | should ensure that staff (registered nurses and care workers) have protected time to order medicines and check medicines delivered to the home
- | should ensure that at least 2 members of the staff have the training and skills to order medicines, although ordering can be done by 1 member of staff
- | should retain responsibility for ordering medicines from the GP practice and should not delegate this to the supplying pharmacy
- | should ensure that records are kept of medicines ordered
- | Medicines delivered to should be checked against a record of the order to make sure that all medicines ordered have been prescribed and supplied correctly

5.10 General Best Practice - Ordering

- | PRN' medication should be dispensed in original packs
- | MDS packs only have an 8-week shelf-life and should be discarded after this time
- | Creams and lotions can be used until the manufacturer's expiry date and so do not need to be reordered automatically every month. (*N.B. Eye drops, eye ointments and some nasal products should be discarded 28-days after opening-check the label)
- | Liquid medicines can usually be used up to the manufacturer's expiry date but some have short expiry dates, e.g. antibiotics, Oramorph
- | Always consult the label and do not use the medicine past its expiry date or "use within xx days of opening" date
- | Ask the GP to add extra instructions to short term prescriptions, e.g. 'acute' or 'review in 4 weeks', so that they are not reordered in error
- | Ask the GP to remove any discontinued medicines from the repeat portion of the prescription. This helps prevent discontinued medicines being ordered in error
- | Ask the community pharmacist to remove discontinued medicines from the MAR sheet. This also helps prevent discontinued medicines being ordered in error
- | If a medicine is ordered in error, contact the community pharmacy as soon as possible to advise them not to supply. Medicines returned to the pharmacy cannot be re-used in any circumstance and are destroyed

5.11 Medication Review

- | Client_Name_Official} should agree how often each Service User should have a multidisciplinary medication review. This should be based on the health and care needs of the Service User, but the Service User's safety should be the most important factor when deciding how often to do the review
- | The frequency of planned medication reviews should be recorded in the Service User's Care Plan. The interval between medication reviews should be no more than 1 year and best practice states a review should be conducted whenever a medicine is started, stopped or changed and when a Service User moves between care settings
- | The roles and responsibilities of each member of the team and how they work together should be carefully considered and agreed locally
- | should discuss and review the following during a medication review:
 - | The purpose of the medication review
 - | What the Service User (and/or their family members or carers, as appropriate and in line with the Service User's wishes) thinks about the medicines and how much they understand
 - | The Service User's (and/or their family members' or carers', as appropriate and in line with the Service User's wishes) concerns, questions or problems with the medicines
 - | All prescribed, over-the-counter and complementary medicines that the Service User is taking or using, and what these are for
 - | How safe the medicines are, how well they work, how appropriate they are, and whether their use is in line with national guidance
 - | Any monitoring tests that are needed
 - | Any problems the Service User has with the medicines, such as side effects or reactions, taking the medicines themselves (for example, using an inhaler) and difficulty swallowing

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- | Helping the Service User to take or use their medicines as prescribed (medicines adherence)
- | Any more information or support that the Service User (and/or their family members or carers) may need



6. Definitions

6.1 MAR

- | Medication Administration Record

6.2 Medication Review

- | Medication review has been defined as a structured, critical examination of a Service User's medicines with the objective of reaching an agreement with the Service User about treatment, optimising the impact of medicines, minimising the number of medication-related problems and reducing waste

6.3 Reconciliation

- | Medicines reconciliation is the process of identifying an accurate list of a person's current medicines and comparing them with the current list in use, recognising any discrepancies, and documenting any changes. It includes the 3 C's

6.4 3 Cs to Medicines Reconciliation

- | **Collection** of the medication history from a variety of sources
- | **Checking** that medicines prescribed on admission for the Service User are appropriate for the current status of the Service User. The 'checking' step involves ensuring that the medicines and doses that are now prescribed for the Service User accurately reflect the sources consulted. Discrepancies may be identified at this stage and these may be intentional or unintentional
- | **Communicating** any changes in medicines so that they are readily available to the next person(s) caring for the Service User. Communication must include reasons for the change(s) and any follow-up requirements. Although the process and outcomes may be verbally discussed with other members of the healthcare team there must also be a written record in the Service User's notes record and/or on their prescription chart



Key Facts - Professionals

Professionals providing this service should be aware of the following:

- | GP practices and Dispensing Pharmacies to work with the care setting to develop robust timelines for the procedure of ordering medication
- | Health and social care practitioners should ensure that Service Users have the same opportunities to be involved in decisions about their treatment and care as people who do not live in care or nursing homes, and that Service Users get the support they need to help them to take a full part in making decisions
- | There must be a clear reconciliation process for all medications held at the service

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Key Facts - People affected by the service

People affected by this service should be aware of the following:

- | You have the right to be involved in any decisions about your medication
- | You should be supported as necessary to ensure you have sufficient quantities of the right medication to meet your needs



Further Reading

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

Royal Pharmaceutical Society: Keeping patients safe when they transfer between care providers – getting the medicines right <http://www.rpharms.com/previous-projects/getting-the-medicines-right.asp?>

Improving the Quality of Medicines Reconciliation: A Best Practice Resource and Toolkit: Version 1 June 2015
<https://www.sps.nhs.uk/articles/medicines-reconciliation-best-practice-resource-and-toolkit/>



Outstanding Practice

To be outstanding in this policy area you could provide evidence that:

- | Stock balances are recorded daily on the MAR
- | An audit process is in place to ensure correct ordering, reconciliation and reviews take place and any errors are highlighted and investigated and findings disseminated
- | Service Users are involved in decisions about their medication and there is evidence of partnership working with other members of the multidisciplinary team
- | Stakeholders such as GP and Pharmacist, report that they are extremely satisfied with the way in which the service manages the ordering and management of medication

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