

Care Home Medication Ordering Protocol

Care Home	Pharmacy:	Surgery:
Manager	Pharmacy manager:	Prescription clerk:
Tel:	Tel:	Tel:
Email:	Email:	Email:

KEY POINTS

- For solid dose forms (tablets, capsules, sachets, patches) the **exact quantity** to be requested
- All liquid medications and special packs (which cannot be split) will be rounded up to the **nearest full pack**.
 - If any liquid medication supplied is not enough to last a full monthly cycle, the surgery should be asked to change the monthly amount prescribed, this will stop regular interim requests e.g., 900ml Lactulose instead of 500ml when 15ml bd is regularly given
- For monthly orders, the **full monthly quantity** that is on the repeat prescription will be issued
 - See point above, if the quantity is not enough to last a month, ask the surgery to change the amount on their records, just requesting interim supplies every month causes extra work for the Home, surgery and pharmacy
- For new repeats/changes to repeats in between monthly orders the Home should work the surgery to ensure that either enough is for the prescribed for the current cycle and the next, or for the surgery to understand that a particular resident may need their next medication order sooner than expected
- **Non urgent interim** scripts should be picked up by the pharmacy driver, dispensed and delivered to the Home in the shortest amount of time.
 - Having your regular pharmacy dispense interims will in most cases have a MAR chart supplied and will always have it printed on the monthly MAR charts so reducing the number of handwritten charts that would need to be done
- **Urgent interim** scripts should be picked up by **Care Home staff** and taken to be dispensed in the nearest pharmacy, but the Homes regular pharmacy should be notified
 - If **Care Home staff** responsible for administering medication identify medication that will run out before the end of the cycle 7 days before it runs out., they should go through the **Homes** usual process for ordering medication. If they, do it with 7 days left then the resident will not miss any medication, if it is ordered when it has run out then the resident runs the risk of missing the medication for several days which can lead to a **Duty to Report**.

Monthly order for repeat medication	
Cycle	Action
Week 2	Care home staff produces monthly repeat order either via MHoL, eMAR generated order or paper repeat slips and send to the surgery
	Prescription clerk receives order and generates repeat prescriptions and sends to GPs with queries and re-authorisation requests
	GPs sign prescriptions and review queries and return to the prescription clerk .
	When all repeats and queries dealt with, prescription clerk puts them ready for collection and where possible informs Home they are ready
Week 3	The Home or pharmacy driver signings for and collects monthly prescriptions from the surgery and delivers them to the Home
	Care Home staff check prescriptions against order and raise any queries with the surgery
	The Care Home staff will contact the surgery about the missing items and work with them to ensure all items are prescribed, dispensed and delivered to the Home ready for the start of the new cycle
	The Care Home staff will send all prescriptions, once checked, to the pharmacy driver , (do not wait for all scripts to be ready)
Week 3/4	Pharmacy will dispense the scripts and print the MAR charts or enter them onto the eMAR system
Week 4	Pharmacy driver will deliver the items and MAR charts as early in the week as possible Care Home staff
	The Care Home staff will book in the medications checking them against the order and the new MAR chart
	The Care Home staff will compare the new MAR chart against the old MAR chart to ensure the accuracy of the charts with discontinued no longer on the charts and all new additions are on.
Week 1	Nothing should need to be done on week 1 but if any issues do arise, they should be urgently dealt with.

Care homes ordering late lead to scripts not being ready from surgery in time leading to pharmacies delivering late so the Home does not have time to book in and check all items are present leading to residents potentially missing their medication

Surgeries need to turn around requests for scripts in around 3 days, if longer it can lead to the pharmacy not getting them in time to dispense and deliver in a timescale that then gives the Home less time to book in and check for missing items leading to requests being made to the surgery for medication after the cycle has started

Pharmacies need to send the bulk of the medication orders within the agreed day and not wait for all the scripts to be received. If the Home can book in the bulk of medication well before the start of the next cycle it is easier to process any delayed items. This should reduce the last-minute requests for medication so not putting pressure on the surgery to prescribe and the pharmacy dispense and deliver so that residents do not miss any medication.