

# CareHomesNews

Medicines Management Team

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## Ordering Repeat Medication on-line in Care Homes

Our care home team is supporting the roll out of on-line ordering of repeat medication in care home settings across Bedfordshire (this includes learning disability homes). This project has been led by Sharon Tansley (Senior Prescribing Support Technician) who has produced an information leaflet and flowchart which explains on-line ordering and the process (see attachments). This information is to support care home managers, staff, residents and their families should they wish to order regular repeat medication on-line. All GP surgeries across Bedfordshire are aware of and fully support this project and local pharmacies will also be notified.

Following a few simple steps as explained in the leaflet, this process would allow you to order repeat medication on-line (via SystmOne) directly from the GP surgeries website. All GP surgeries across Bedfordshire use the same clinical system called 'SystmOne' and this includes the patient online service called 'SystmOnline'. Please note, you can only order medication that is on a 'repeat prescription', therefore this does not include any 'acute' or 'one-off' prescriptions for short term use (e.g. antibiotics).

### Advantages of on-line ordering via SystmOne:

- ⇒ Movement to a seamless paperless system
- ⇒ An efficient system - reducing practice workload
- ⇒ Empowering care home staff to manage their resident's medication
- ⇒ Improving access to medicines (ensuring residents do not miss medication due to inadequate stock and they receive their medication on time)
- ⇒ May help to reduce errors and minimise medication waste
- ⇒ Improving the audit trail of repeat medication ordering, allowing prescriptions to be tracked

**If you have any questions or concerns regarding on-line ordering or if you need further support with the process, please contact either Sharon or Lindsey. Contact details can be found at the end of this newsletter.**

## NHS.net email and the use of faxes

You may recall in a previous newsletter we informed you of the 'Digitisation in care homes' project. One important part of this project is setting up a secure email for care homes and the use of NHS.net email. This will enable secure basic sharing of information to and from care homes, GP practices, acute settings. NHS mail is the only NHS approved method for exchanging patient data by email, but only if both the sender and recipient use an NHSmail account or an equivalent.

The continued growth of email and other electronic means of sharing data is leading towards a transition away from the use of faxes. Some GP practices are already discontinuing the use of fax machines and using NHS mail. This is following the Department of Health and Social Care (DHSC) announcing in December 2018 that NHS organisations and GP practices should have fax machines phased out by April 2020.

To be able to use NHS.net email and obtain an NHS.net email address the Level 1 Information Governance (IG) training **must** be completed. We continue to encourage care homes across Bedfordshire to work towards obtaining an NHS.net email account. For those care homes that already have NHS email accounts we would encourage the use of NHS.net for the safe transfer of any medical information for your residents.

**Reference used:** Use of fax machines in the NHS - Pharmaceutical Services Negotiating Committee (PSNC)

## Medicines in health and adult social care (CQC report)

Last month the Care Quality Commission (CQC) published a new report entitled 'Medicines in health and adult social care: Learning from risks and sharing good practice for better outcomes'. The report shows what CQC found about the common areas of risk when using medicines and also shares good practices and describes lessons for better medicines optimisation across health and social care.

Information relevant to care homes is available from pages 36-41 and the findings are based on an analysis of inspection reports, enforcement notices and statutory notifications that CQC received. Several key themes identified included errors in medicines administration and record keeping, and managing 'when (PRN) medicines'. The full report can be accessed via the CQC website (link below) and we would encourage our care homes to have a read of the relevant pages suggested.

<https://www.cqc.org.uk/publications/major-report/medicines-health-social-care>

## National Flu Immunisation Programme 2019/20 - care staff eligible

We would like to remind our care homes early on of the importance of the uptake of the flu vaccination as part of this year's immunisation programme. As you know it is very important that all your care home residents are vaccinated as those 65 years and over, and those in long stay residential home are offered the vaccination each year. It is equally important that all carers are also vaccinated.

***All health and social care staff, employed by a registered residential care/nursing home or registered domiciliary care provider, who are directly involved in the care of vulnerable patients/clients who are at increased risk from exposure to influenza are eligible for a free flu jab as part of the programme.***

To gain access to your free flu vaccination you should ideally take with you some identification that includes your name and the name of your employer. This could be an ID badge, a letter from your employer or a recent payslip. You can access the flu jab at most GP surgeries or most pharmacies.

**For further information on the programme, please click on the link below:** <https://www.england.nhs.uk/wp-content/uploads/2019/03/annual-national-flu-programme-2019-to-2020-1.pdf>

## Thick and Easy® (Starch) thickener - important changes to note

Manufacturers of thickeners are in the process of changing their labelling and instructions in line with the International Dysphagia Diet Standardisation Initiative (IDDSI). The IDDSI have developed a standard terminology with a colour and numerical index to describe texture modification for food and drink. We have previously informed care homes of the new scoop and mixing instructions for Nutilis® Clear and Resource® Thickenup Clear.

Fresenius, manufacturers of the Thick and Easy® (starch based) thickener have also changed their descriptors from 'Stage' to 'Level' and have changed the dosage and scoop size of their thickener from 4.5g scoop to 1.5g scoop in response to the new IDDSI guidance. However, there is a potential risk as the old tins may still be in circulation, so GPs are unable to choose which tin to prescribe, also pharmacy suppliers can still order both tins. This means the product arriving may not be consistent making it difficult to ensure the correct directions are added.

We do not use Thick and Easy® as our thickener of choice across Bedfordshire but it is still very important that you are aware of these changes in case you have any residents using this product. The Thick and Easy® Clear thickener is already IDDSI compliant.

***We have attached some information which includes a conversion chart with the new instructions for use should this be required for any of your residents.***

## Urinary Tract Infections (UTIs) in care homes and Hydration

Older people are particularly vulnerable to UTIs, therefore the early detection and treatment is important to reduce the risk of complications such as sepsis and chronic kidney infections.

### Why should we worry?

- E.coli bacteria is the most common cause of UTI
- Urinary tract infection is the most common source of E. coli Blood stream infection (BSI) - 45%
- Most cases are community onset (73%) rather than hospital onset

### Urine dipsticks

'Asymptomatic' bacteriuria is bacteria in the urine which does not cause any clinical symptoms and can live harmlessly in the bladder of older people. This may be mistaken for a UTI and antibiotics started when not needed.

A urine dipstick may be positive for nitrates and leucocytes, but doesn't tell us if it is an infection or not. Urine dipsticks **DO NOT** diagnose a UTI in older people and 60% of the time when the dipstick is positive the resident will not have a UTI. Often this leads to antibiotics being prescribed unnecessarily leading to unpleasant side effects such as:

- ⇒ allergic reactions (e.g. rashes)
- ⇒ stomach upset and diarrhoea
- ⇒ multi-drug resistant infections such as *Clostridium Difficile* (*C.diff*) which can be life threatening.

Inappropriate antibiotic prescribing can also increase the chances of any future UTIs being resistant to the antibiotic prescribed, so they won't work when the person really needs them.

**Antibiotics are powerful and are precious drugs so must be used wisely**

## What can you do to help your residents?

- ⇒ Recognise and keep individual hydrated
- ⇒ Encourage high fluid foods (drinks, jelly, soups, stews etc)
- ⇒ Remember 'Food First'

We have attached with this newsletter the Bedfordshire CCGs '**Hydration - Drink well**' leaflet. Please use this leaflet to keep your staff informed on the importance of hydration in older people and how they can achieve this and be a positive influence.

We have also attached the CCGs '**UTI Symptom flowchart**'. This simple flowchart can be followed and completed by care staff for those residents with a suspected UTI. This can support care staff to decide what action needs to be taken.

## Antibiotics Update:

Our CCG Antimicrobial Primary Care Guidelines have recently been updated. For treating UTIs the drug of choice for both men and women (non-pregnant, over 16) is **Nitrofurantoin** (if kidney function good), second line is **Pivmecillinam** and the alternate (third line)

**Trimethoprim.** Fosfomycin is also recommended for women (non-pregnant over 16) as an alternate third line option.

A recurrent UTI is currently defined in our guidelines as - 2 infections in 6 months or 3 infections per year. Self care is the primary intervention for recurrent UTIs e.g. ongoing fluid intake and for women, vaginal oestrogen can be considered (if clinically appropriate).

**Antibiotics prescribed for preventing recurrent UTIs is a second line intervention and these must be reviewed at least every 6 months.**

For residents with a catheter, antibiotics should only be prescribed if they have clinical symptoms and should not be started based on urine samples alone.

**Remember - Prevention is better than cure!**

Reference used: Infection control and Antibiotic update presentation by Sue Marchant, Care Home Pharmacist

## Drink well for health



Ensure residents are drinking **1.5 – 2 litres of fluids per day\***

## Promote Rehydration Stations

**HYDRATION – Drink Well**

**Why is this important for older people?**

Preventing residents from becoming dehydrated is a very important part of caring for older people as good hydration reduces:

- Falls which can lead to admissions with fractures
- Acute confusion which can lead to falls
- Urinary Tract Infections and Kidney Problems
- Constipation and discomfort

Healthy pee is 1-3  
4-8 you must hydrate!

**How to help keep residents hydrated:**

- Encourage residents to drink 6-8 cups of fluid every day
- Make sure they have a cup/glass that suits them
- Make drinks stations/trolley more appealing to residents
- Drink themes are good
- Think about how fluids are offered
- "Would you like tea, juice or water" etc instead of "Would you like a drink?"

**Be a positive influence**

- Promote good hydration with staff
- Make sure drinks are available at all times
- Ensure residents are comfortable when drinking
- Make drinking a pleasure rather than a chore
- Make drinking a social activity that is fun

**How Can I Help?**

- Keep glasses topped up throughout the day
- Give full glasses with medication
- Offer a drink with each meal
- Serve drinks in a familiar/age appropriate cup
- Keep a glass of water by the bedside

Think about the cup - can they hold it?  
Use light plastic cups that can appear smaller  
Activities eg. making mocktails/muckstaves  
Meals consisting of fluid rich foods (ie custard, soup)

DRINK WELL L.B.

### Contact us:

**Sharon Tansley**

Specialist Prescribing Support Technician for Central Bedfordshire care homes and Learning Disability Homes across Bedfordshire, Email: [Sharontansley@nhs.net](mailto:Sharontansley@nhs.net), Tel: 01525 624378 (main office). Mobile: 07469 902006

**Lindsey Ashpole**

Care Home Pharmacy Technician for Bedford care homes, Email: [Lindsey.Ashpole@nhs.net](mailto:Lindsey.Ashpole@nhs.net), Mobile: 07771 581922

### Care Home Pharmacists:

**Harprit Bhogal**

Bedford locality, Email: [harprit.bhogal1@nhs.net](mailto:harprit.bhogal1@nhs.net), Mobile: 07733 013073

**Belinda Ekuban**

Leighton Buzzard & Chiltern Vale locality, Email: [b.ekuban@nhs.net](mailto:b.ekuban@nhs.net) and Mobile: 07733 013045

**Sue Marchant**

West Mid Bedfordshire & Ivel Valley localities, [Suemarchant@nhs.net](mailto:Suemarchant@nhs.net) and Mobile 07733 013094

**Courtenay Pearson**

Bedford locality, Email: [Courtenay.Pearson@nhs.net](mailto:Courtenay.Pearson@nhs.net), Mobile: 07771 576395