

# CareHomesNews

Medicines Management Team

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## Care Homes alignment to Primary Care Networks

To ensure that all of our care home residents receive the best possible care and a consistent service from a multidisciplinary team of healthcare professionals, it is important that they are aligned to a single GP practice within a Primary Care Network (PCN).

A Primary Care Network (PCN) is a group of GP practices that have joined to create a network. These PCNs will be required to deliver certain National Specifications from April 2020, one of which is the Enhanced Health in Care Homes (EHCH) framework. This framework includes clinical elements such as: enhanced primary care support; multidisciplinary team support; reablement and rehabilitation; and high quality end-of-life care and dementia care. Structured medication reviews for residents will be an ongoing service which supports the delivery of these elements.

There are care homes across Bedfordshire that may already be aligned to GP practices in a PCN, however alignment was still lacking in certain areas (e.g. Bedford region).

Care home managers in the Bedford area should have received a communication (via email and post) informing them of the alignment process that is being undertaken in preparation for the launch of National Specification of EHCH. The purpose of the alignment process is to register all residents in a care home to one GP Practice in a PCN. As always, individual patient choice will be maintained and no resident should be forced to register with the aligned practice. A copy of the letter from Bedfordshire CCG to Bedford Care Home Managers is attached for your reference.

We hope that all care home managers will support this alignment process. This is a great opportunity for all care homes to build close working relationships with their GP practices and PCNs so we can deliver the highest quality of care for our residents.

If you have any queries regarding the alignment process please contact Stephanie King,  
Email: [Stephanie.king9@nhs.net](mailto:Stephanie.king9@nhs.net)

## NHS Digitisation in Care Homes

Bedfordshire Care Group are working with Central Bedfordshire and Bedford Borough Councils and in collaboration with Digital Social Care, HBLICT and CCGs to provide free training and support to those care homes who have not yet completed the Data Security and Protection (DSP) Toolkit.

Completion of the DSP toolkit will allow access to NHS mail so care homes can set up their own NHS.net email accounts. Having an NHS.net account will be vital, as from April 2020 NHS organisations will be phasing out fax machines. This will have implications, potentially leaving many care sector providers without a secure route for communication with NHS organisations about the health of individuals under their care.

The Department of Health and Social Care is therefore offering care sector providers in England free access to the NHS.net secure email service. For this you need to demonstrate good data and cyber security by completing the Data Security and Protection Toolkit.

This offer is open to residential, nursing and domiciliary care providers regardless of whether local authority, NHS or privately funded.

Workshops to take you through the DSP toolkit are being held across Bedfordshire through January to March 2020. Please look out for dates and should you have any questions please email:

[digital@bedfordshirecaregroup.org](mailto:digital@bedfordshirecaregroup.org)

## Red Bag Scheme - Update

Following queries raised by some care homes, the medication section on the poster for the 'Red Bag' scheme has recently been updated (see attached).



In relation to the safe transfer of 'Controlled Drugs' (CDs) in red bags; feedback from care homes suggested that following hospital discharge 'CDs' were not always returned to the care home, resulting in the care home staff requesting further supplies from the GP practice and a delay in administration. It has been established that in practice, care homes generally do not send 'CDs' in red bags as the local hospitals tend to stock the commonly prescribed, formulary 'CDs'. For now, you will note the poster does not include 'CDs' in the 'do not include' section, this allows the care home to send 'CDs' should they need to.

There may be a very small number of residents who are on a medicine or a 'CD' that is non-formulary and not stocked by the hospital in which case it may need to be sent in the red bag. If you wish to check whether a medicine or specifically a 'CD' is stocked at either Bedford or Luton & Dunstable hospitals you can check this via the 'Bedfordshire and Luton Joint Formulary', accessible via link below:

**Bedfordshire and Luton Joint Formulary - <http://www.bedsformulary.nhs.uk/>**

When you click on to the joint formulary website, simply type the name of the medicine into the 'search' field and this will list 'Formulary' medicines (those stocked in hospital) and 'Non-formulary' medicines (those not stocked in hospital).

Any topical ointments/creams prescribed have specifically been added to the inclusion list as this may include topical preparations to treat infections (e.g. fusidic acid, bactroban nasal cream etc). Bulky creams or lotions still do not need to be included.

***Please make yourself familiar with the attached updated poster and if you have any questions or concerns please do not hesitate to contact us.***

## Covert administration best practice guidance - extended

The current Bedfordshire CCG best practice guidance on Covert administration of medication (adults) has been extended until April 2020. This guidance is currently under review and will be launched as a joint Bedfordshire, Luton and Milton Keynes (BLMK) document following the merger of the three CCGs. The current guidance can be accessed via the '**GP Ref**' website:

[https://www.gpref.bedfordshire.nhs.uk/referrals/care-home-team-\(bccg-medicines-management\).aspx](https://www.gpref.bedfordshire.nhs.uk/referrals/care-home-team-(bccg-medicines-management).aspx)

Please may we remind you that covert administration of medication should be a **last resort** after documenting what alternatives have been tried (e.g. formulation change to liquid or dispersible tablets, change of admin times, minimising medication to essential only etc).

### **Covert administration is only likely to be necessary or appropriate when:**

1. Person actively refuses their medication **AND**
2. Does not have the capacity to understand the consequences of their refusal (as per MCA) **AND**
3. Medicine is deemed essential to that persons health and well being

### **The guidance stresses the following:**

- The importance of ensuring that any covert administration is conducted lawfully, safely and in the persons best interests. This should involve discussions between care home staff, relevant health professionals (including the prescriber and a pharmacist) and a person who can communicate the views and interests of the resident (this could be a family member, friend or an Independent Mental Capacity Advocate (IMCA)).
- It is the prescriber's responsibility (usually a GP) to ensure that a Mental Capacity Act (MCA) assessment regarding the understanding of medication is completed and the Best Interests process is followed when making decisions.
- If medication is administered in a covert manner this should be clearly documented on the MAR chart each time, so this can be reviewed on a regular basis.
- A review of the covert administration care plan should be reviewed at least 6 monthly.

We have attached the '**Quick Guide**' on '**Giving Medicines Covertly**'. This is produced by Social Care Institute for Excellence (SCIE) and National Institute for Health and Care Excellence (NICE).

**Please let us know if you have any questions or concerns regarding covert administration**

*Reference used: Covert administration of medicines: 27 January 2020 - Care Quality Commission*

## Ranitidine - supply disruption alert

Ranitidine is a medicine that reduces acid production in the stomach. It is often used for indigestion, heartburn and acid reflux. It may also be used to prevent and treat stomach ulcers.

Currently there are very limited supplies of all formulations of Ranitidine (tablets, effervescent tablets, oral solution and injection) as manufacturers are being instructed to quarantine stocks. This is following investigations by the Medicines and Healthcare products Regulatory Agency (MHRA) of a possible contaminant in samples of ranitidine. There is no date for resupply of Ranitidine products until further notice.

In the meantime, GP practices have been asked to review patients on Ranitidine and if ongoing treatment is still necessary patients may be switched to a suitable alternative e.g. Omeprazole or Lansoprazole.

## Important reminder - Risk of severe and fatal burns with Emollients

We would like to remind all our care homes of the risk of severe and fatal burns with emollients. You may recall the MHRA published a Drug Safety update in December 2018. This alert highlighted the risk with emollients that contain more than 50% paraffins. It also highlighted that products containing less than 50% paraffins have been associated with fatal burns, and even paraffin-free products have a fire accelerant effect in tests when emollient residue builds up on fabric and the fabric is ignited.

There have been 50 fire incidents (49 fatal) reported by Fire and Rescue Services across the UK between 2000 and November 2018, in which emollients were known to have been used by the victim or were present at the fire premises. However, in most of these it is not clear what the role of paraffin creams in the deaths would have been, in the presence of multiple risk factors for a fire incident.

### Advice for care staff:

- Emollients are an important and effective treatment for chronic dry skin conditions and people should continue to use these products. However, you must ensure residents and their carers understand the fire risk associated with the build-up of residue on clothing and bedding and can take action to minimise the risk.
- When applying emollient products to residents, instruct them not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite.
- There is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days.
- Be aware that washing clothing or fabric at a high temperature may reduce emollient build-up but does not totally remove it.
- Warnings, including an alert symbol, are being added to packaging to provide a visual reminder to residents and those caring for them about the fire hazard.
- Please report any fire incidents with emollients or other skin care products to the [Yellow Card Scheme](#)

***Posters and leaflets (see attached) have previously been available from the National Patient Safety Agency, and may be a useful source of information for your residents and carers. Please use these to raise awareness in your care homes.***

Reference: [MHRA Drug Safety Update - Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients. Published 18 December 2018](#)

### Contact us:

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