

Reminder - Our Service Referral Pathway and CCG guidance documents

WHZAN Kits and Data Security & Protection Toolkit (DSPT)

COVID-19 - Important guidance links for care homes

MHRA Drug Safety Update: Haloperidol (Haldol)

National Patient Safety Alert - Steroid Emergency Card

Emollients and risk of fire

Sourcing Acute/Urgent/End of Life Medication

Safe Use of Transdermal Patches

Spring booster of coronavirus (COVID-19) vaccine

Reminder - Our Service Referral Pathway and CCG guidance documents

Just a quick reminder for those who may have missed this in previous newsletters.

Our [BLMK ICS CCG Care Home Medicines Optimisation Team – service referral pathway](#) can be found in the care home page on the [BLMK CCG Medicines website](#).

You can also find our recently added [‘When Required’ \(PRN Medication\) guidance](#) and [Good Practice Guidance on Expiry Dates for Medication](#) on the website.

Please note: the Covert Administration Guidance (Adults) is currently under review but can continue to be used as normal in the interim.

WHZAN kits and Data Security & Protection Toolkit (DSPT)

The **‘WHZAN Blue Box’** is an all-in-one, user-friendly, telehealth kit, used by the NHS and carers throughout the UK. The WHZAN Blue Box measures resident’s vital signs, records photos and performs multiple assessments and questionnaires, including the automatic calculation of National Early Warning Score (NEWS2), which supports the analysis of illness, nutrition, hydration, frailty and other conditions. This means that signs of deterioration or illness can be identified earlier, allowing for a prompt clinical response or additional carer support.



The WHZAN Blue Box is equipped with portable, wireless instruments that are linked to a computer tablet via Bluetooth. This allows vital signs, such as pulse, blood pressure, oxygen saturation and temperature, to be directly uploaded to the WHZAN secure, cloud-based portal. Clinicians, such as the resident’s GP, can then access this online portal and view resident’s results in real-time.

A recent independent study by NENC AHSN saw a 22% reduction in 999 ambulance requests, a 35% reduction in unplanned GP visits and a 50% reduction in 111 calls, across 8 care homes using the WHZAN Blue Box. This translated to over £756,000 in savings from reduced emergency service costs over one year.

To find out more and to watch a video of the WHZAN blue box in action, please visit: <https://www.whzan.uk/care-homes>

This is a free initiative brought by the BLMK ICS - to find out more and to get your WHZAN kit, please contact your Local Authority Digital Manager:

- **Bedford Borough** Terry.wright6@nhs.net
- **Central Beds** – James.dawson@centralbedfordshire.gov.uk
- **Luton** – Lisa.Burke@luton.gov.uk
- **Milton Keynes** – Paul.Underwood2@milton-keynes.gov.uk / Paul.underwood3@nhs.net

Data Security & Protection Toolkit (DSPT) – Annual Review

The BLMK CCG Care Home Team would like to remind organisations that they are required to review and update their **Data Security & Protection Toolkit (DSPT) annually**.

The Data Security & Protection Toolkit (DSPT) is an annual, self-assessment for health and care organisations, including care homes. It is an online tool that identifies what needs to be done to keep your residents and staff information safe, and to protect your homes from the risk of a data breach or cyber-attack. It allows organisations to measure their performance against the data security and information governance requirements mandated by the Department of Health and Social Care, notably the [10 data security standards](#).

The completed DSPT will help provide assurance that the organisation is practising good data security and that personal information is handled correctly, as well as demonstrating that CQC expectations have been met. It is also a pre-requisite for access to NHS systems such as NHSmail and Proxy access to GP records to allow ordering of repeat medication.

More information can be found through NHSX, in addition to national and local support available to homes through the [‘Better Security, Better Care’](#) programme.

There is also the Digital Social Care helpline, which is open to all care providers for advice on the DSPT. It is open between 9am and 5pm Monday to Friday by calling 0208 133 3430 or by email on help@digitalsocialcare.co.uk

COVID-19 - Important guidance links for care homes

During these challenging times we are conscious that guidance is constantly changing and you may be receiving a lot of information from various sources. For this reason we have produced links (below) to a few of the key guidance documents:

[Infection prevention and control in adult social care: COVID-19 supplement - *New*](#)

[British Geriatric Society – Guidance on managing the Covid-19 pandemic in care homes](#)

[COVID-19: infection prevention and control \(IPC\)](#)

[Coronavirus \(COVID-19\) testing for adult social care services](#)

[Coronavirus \(COVID-19\): adult social care action plan](#)

[COVID-19 vaccination: guide for adults](#)

MHRA Drug Safety Update: Haloperidol (Haldol)

The Medicines and Healthcare products Regulatory Agency (MHRA) have issued a reminder of the risks of Haloperidol when used in elderly patients for the acute treatment of delirium.

Haloperidol is an antipsychotic for the treatment of neurological and psychiatric disorders, including the acute treatment of delirium in adults when non-pharmacological (non-drug) treatments have failed.

Healthcare professionals are reminded that elderly patients are at an increased risk of adverse neurological (affecting the nervous system) and cardiac effects when being treated with haloperidol for delirium.

The advice below has been provided to healthcare professionals:

- special caution is required when using haloperidol for the acute treatment of delirium in frail, elderly patients
- only consider haloperidol for delirium when non-pharmacological interventions are not effective and no contraindications are present (including Parkinson's disease and dementia with Lewy bodies)
- before initiating treatment, a baseline electrocardiogram (ECG) and correction of any electrolyte disturbances is recommended; cardiac and electrolyte monitoring (e.g. blood tests) should be repeated during treatment
- prescribe the lowest possible dose for the shortest possible time, ensuring that any dose up-titration is gradual and reviewed frequently
- monitor for and investigate early any extrapyramidal adverse effects, such as acute dystonia (involuntary muscle contractions), parkinsonism, tardive dyskinesia (involuntary movements of face and jaw), akathisia (e.g., restlessness), hypersalivation (e.g., excessive drooling), and dysphagia (difficulty swallowing)
- report suspected adverse reactions associated with haloperidol on a [Yellow card](#)

If you are concerned about a resident currently prescribed Haloperidol for acute treatment of delirium, please contact your aligned GP practice/PCN in the first instance.

Please see the [Drug Safety Update 5 December 2021](#) for further information.

National Patient Safety Alert - Steroid Emergency Card

Last year a joint National Patient Safety Alert was issued to raise awareness of the complications that may arise for some patients with primary adrenal insufficiency who are steroid dependent, especially if there is an omission of their steroid treatment. There are some patients who take oral, inhaled or topical steroids for other medical conditions who may develop secondary adrenal insufficiency and be steroid dependent and therefore the same complications would apply.

The directive from this alert was to issue a **NHS Steroid Emergency Card** to all patients with adrenal insufficiency or steroid dependence as they are at risk of an adrenal crisis during illness or an invasive procedure/surgery if not managed appropriately. The steroid emergency card (see picture overleaf) has been designed to support early recognition and treatment of adrenal crisis in adults.

Omission of steroids (e.g., Prednisolone, Hydrocortisone), for patients with adrenal insufficiency can lead to an adrenal crisis, which is a medical emergency and if left untreated can be fatal.

If a steroid dose has been omitted for any reason, please contact your aligned GP practice for advice.

You may have already seen these cards delivered with residents' monthly medication. NHS Steroid Emergency Cards can be issued at a community pharmacy, hospital, or GP practice.

Please read the important information on this card and keep them with the resident's records and pass over to healthcare professionals if care is transferred.



There are now two types of steroid alert card that a patient may be required to carry. A 'Steroid TREATMENT' card (Blue card) and a new 'Steroid EMERGENCY' card (red card pictured).

For more information on this alert please visit the NHS England website: <https://www.england.nhs.uk/publication/national-patient-safety-alert-steroid-emergency-card-to-support-early-recognition-and-treatment-of-adrenal-crisis-in-adults/>

Emollients and risk of fire

The unsafe use of emollient creams can result in serious or fatal injuries from fire. It is important that if you are supporting residents to use emollient creams to be aware of the risks. This applies to both paraffin-containing and paraffin-free emollients.

There are many different emollients available some examples of emollients include Cetraben®, Diprobace®, Zerocream®, Zerobase® and E45®.

Emollients are used to manage dry skin conditions such as eczema or psoriasis. They can be easily transferred from the skin onto clothing, bedding and other items used to carry out personal care.

When fabric with dried-on emollient comes into contact with a naked flame, the resulting fire burns quickly and intensely.

Residents should continue to use emollients as directed, but to avoid serious injury, it is important to avoid any naked flame.

Resident's clothing and bedding should be regularly changed daily and washed at the highest temperature recommended by the fabric care instructions to minimise the build-up of impregnated paraffin/emollient, although it won't totally remove it.

To minimise the risk residents should be advised:

- **not to smoke**
- **not to use naked flames**
- **not to go near anyone smoking or using naked flames**



Carers should also take care if any residual emollient is transferred to their own clothing, in this occurrence they should follow the same advice as above.

If risk factors cannot be reduced, particularly with high-risk patients such as those who have a history of smoking or have memory problems/are confused, advice can be provided by the local fire service - just contact your local fire station.

Further information can be found at: <https://www.gov.uk/drug-safety-update/emollients-and-risk-of-severe-and-fatal-burns-new-resources-available>

Sourcing Acute/Urgent/End of Life Medication

Following recent incidents regarding delays in commencing treatment with urgent/acute/end of life medications, we would like to remind homes that acute prescriptions (e.g., antibiotics, acute pain relief), should be started as soon as possible as advised by the prescriber. Delayed treatment may lead to the deterioration of an illness or unnecessary pain or discomfort in patients nearing end of life and may lead to a safeguarding alert.

If an urgent prescription is issued electronically, care home staff should inform the regular pharmacy of the urgent nature of the acute prescription and confirm that the medication will be delivered in a timely manner. Where a prescription has been written by hand, or issued as a printed prescription instead of electronically, care home staff should either bring the prescription to a pharmacy or arrange for the regular pharmacy to collect the prescription and dispense the medication within an agreed acceptable timeframe.

Whilst it is good practice for acute prescriptions to be dispensed by the usual pharmacy to allow checks to be made against current medication for any interactions, on occasion items may need to be sourced at an alternative pharmacy if the usual supplying pharmacy is closed or unable to supply in a timely manner due to location or stock availability.

If you need to find a local pharmacy near your care home, the NHS 'Find a Pharmacy' website may be helpful - <https://www.nhs.uk/service-search/pharmacy/find-a-pharmacy>

Care homes can ask the surgery to change the nominated pharmacy to enable an acute electronic prescription to be sent to a local pharmacy that is open and a care home representative can collect the prescription to ensure the medication is started urgently.

It is useful to contact the pharmacy prior to travel to double check they have the items in stock and confirm their opening hours. If no pharmacy can supply the urgent medication, then the GP/prescriber should be informed as soon as possible so that an alternative can be prescribed.

Just a reminder that BLMK CCG commissions the End of Life Medicines Service from selected community pharmacies across the area. These pharmacies are required to hold minimum quantities of a list of end of life medicines. The list of participating pharmacies and medicines can be found at <https://medicines.blmkccg.nhs.uk/categories/end-of-life-care-medicine-services/>

Safe Use of Transdermal Patches

A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. There are several types of patches, e.g. fentanyl, hyoscine, rotigotine, and the directions for use vary with each patch – it is very important to read the directions as well as the Patient Information Leaflet before a patch is used.

Patches may cause serious harm to patients and others if the instructions are not followed carefully.

Recently there have been several medication errors due to old patches not being removed at the time of application of a new patch.

Below are some reminders of good practice when using transdermal patches in Care homes.

- **MAR charts should be clearly annotated to highlight when a patch change is required. The days when a patch change is not required should be crossed out on the MAR chart;**
- **A personalised patch application record chart with a body map should be used for all patches – this should be kept with the resident’s MAR chart;**
- **Care home staff should record the application on the patch application record chart and include the specific location on the body map;**
- **Care home staff should check the patch daily to ensure it is still in place and document the check;**
- **The old patch should be removed before applying a new patch - CQC encourage care home staff to document the date and time that the old patch has been removed;**
- **Used patches still contain some residual drug and must be disposed off carefully by folding the patch over on itself and placing into the appropriate waste disposal container**

For further information, please see <https://www.cqc.org.uk/guidance-providers/adult-social-care/external-medicines-such-creams-patches>

Spring booster of coronavirus (COVID-19) vaccine

COVID-19 is more serious in older people and those with a weakened immune system. Protection from the vaccine may be lower and may decline more quickly in these people. For this reason people aged 75 years and over, those in care homes and those aged 12 years and over with a weakened immune system are being offered the spring booster around 6 months (and not before 3 months) since their last dose of vaccine.

If the number of infections increases over the summer, this booster should help to reduce the risk of being admitted to hospital with COVID-19.

For further information on the spring booster, please see: <https://www.gov.uk/government/publications/covid-19-vaccination-spring-booster-resources/a-guide-to-the-spring-booster-for-those-aged-75-years-and-older-residents-in-care-homes>

Contact us:

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Luton team: Email: lutonccg.carehomes@nhs.net

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