



Hertfordshire and  
West Essex Integrated  
Care System

# Good Practice Guidance Medication Ordering Cycle

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for a healthier future



# Learning Objectives

- Benefits of appropriate ordering cycle
- The National Institute for Health and Care Excellence (NICE) Guidance for Managing Medicines in Care Homes (SC1)
- Key stages of medication ordering process
- Care Home repeat prescription flowcharts (F10 and EPS)
- How to order medication in the interim?
- What is proxy ordering?
- Benefits of proxy ordering
- What do you need for proxy ordering?
- Useful forms



# Regulations

The National Institute for Health and Care Excellence (NICE) Guidance for Managing Medicines in Care Homes (SC1) which applies across both health and Social care states:

- Care homes should retain responsibility for ordering medicines from the GP Practice and should not delegate this to the pharmacy.
- Pharmacies may collect/drop off prescriptions but should not be ordering on behalf of care homes.
- Care homes should have a written process for ordering medication for monthly and interim medicines.
- A minimum of two members of staff should have training and skills to order medication.
- Care home providers should ensure that staff have protected time to order/check in medicines.
- The recommended prescription cycle is **every 28days** and **7 days prescriptions are not required** for care home blister packs and repeat dispensing is not recommended for these patient group.
- Protected time for ordering and checking in medication that has been delivered to the home.



# Regulations

- The care home should have at least two individuals who have been trained and are fully competent to order medicines. This can be carried out by one member of staff at any one time.
- How to order repeats, acute and when required medicines from the surgery. This should also include out-of-hours requests. All relevant staff members need to know & understand this process.
- What records are made, when ordering medicines, for example, a copy of the repeat, copy of the MAR or how you would check against the on-line orders?
- How to inform the supplying community pharmacy of any changes to medicines, or any new residents.
- Ensuring that medicines prescribed for a resident are not used by other residents.



## Benefits of Appropriate Ordering Cycle

- Minimise errors and waste in ordering and delivering of medicines.
- Better communication and working relationships regarding medication between care homes, GP practice and community pharmacy.
- Reduce incidence of missed doses due to errors in medication ordering cycle.
- Improved clinical safety.
- An improved, easy to access audit trail.
- Reduce duplicate order of medications.
- Allow more time for resident care than chasing for missing medications.



# Key Stages of Medication Ordering Process

## STAGE 1 – ORDERING

Review stock and reorder monthly prescriptions from GP practice

## STAGE 2 – CHECKING RECEIVED PRESCRIPTIONS OR TOKENS.

1. Check prescriptions or prescription tokens received against order.
2. Contact GP practice with any issues.
3. Photocopy prescriptions and send prescriptions to pharmacy.

## STAGE 3 – CHECKING SUPPLIED MEDICATIONS

1. Check medications supplied from pharmacy with check current MARS, prescription copy or patient prescription token or record of original orders.
2. New MAR chart supplied with the medications
3. Annotate the new MAR supplied with the medication any medications carried forward.
4. Arrange any discrepancies to correct.

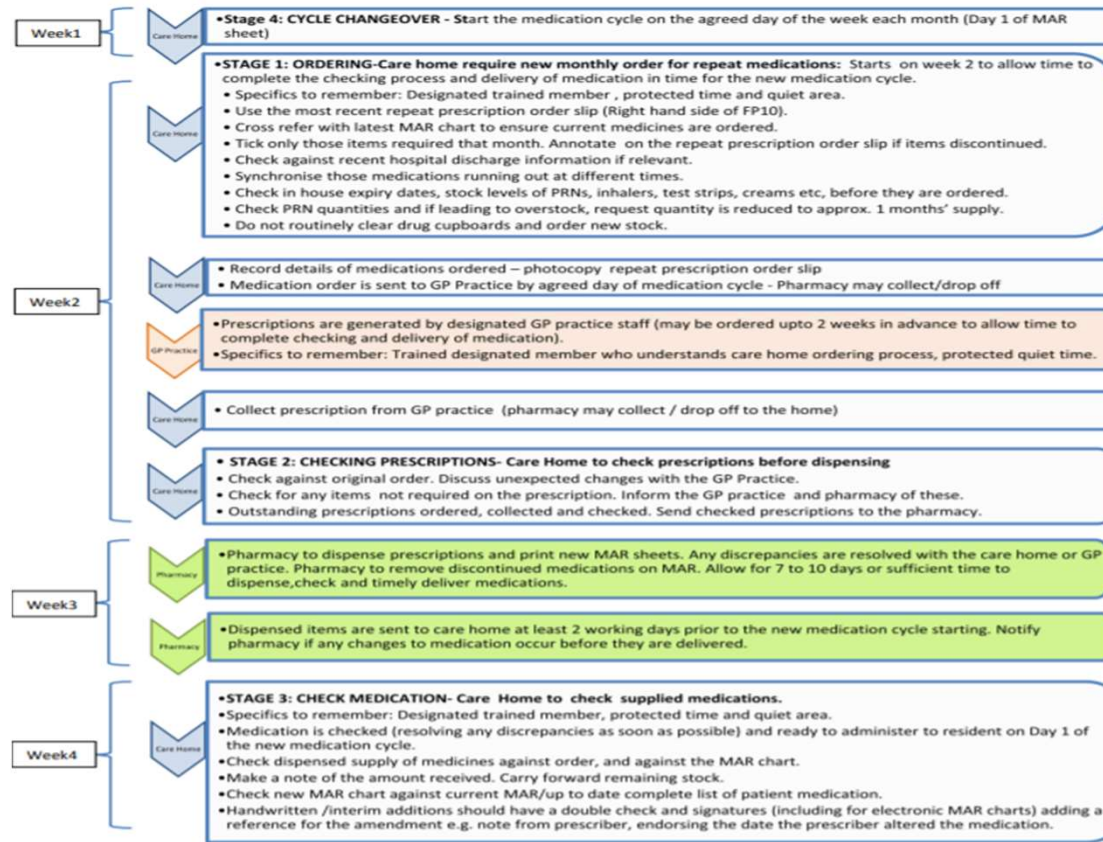
STAGE 4 – CHANGING OVER to the new medication cycle.



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**FLOWCHART 1: CARE HOME REPEAT PRESCRIPTION FLOWCHART (FP10 PAPER PRESCRIPTIONS)**



Key:  Care Home  Pharmacy  GP practice



# Flow Chart for Interim Order

Remember: Check carefully for changes that may have been made mid-cycle as they are often contributing factors in medication errors made

**WEEK ONE:**  
**CH:** Ask for **ONE** month supply and order as usual for the next cycle.  
**GP PRACTICE:** You may receive **TWO** requests for the same medication within 2 weeks.

**WEEK TWO:**  
**CH:** Ask for **THREE** weeks supply then order as usual for the next cycle.  
**GP PRACTICE:** You may receive **TWO** requests for the same medication with 1 week.

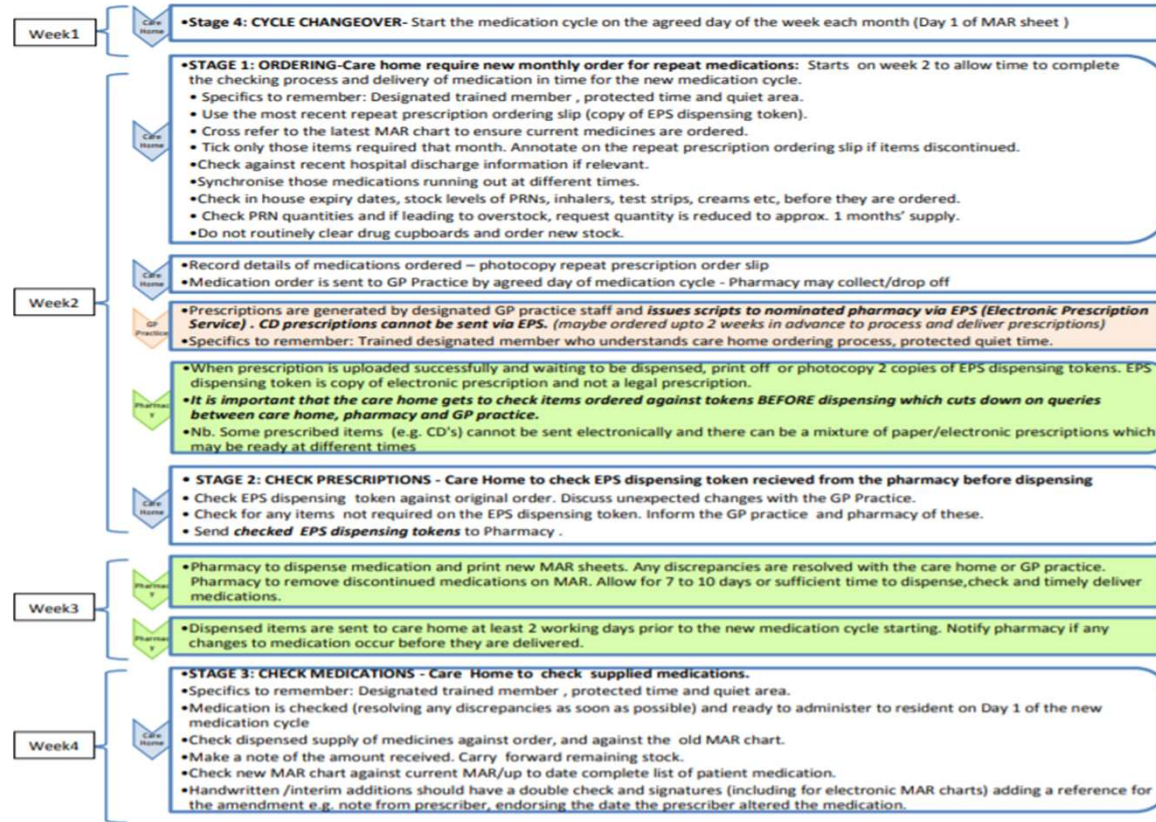
**WEEK THREE:**  
**CH:** Ask for **TWO** weeks supply and also a month supply ready for the next cycle (or ask for 6 weeks).  
**GP PRACTICE:** You may receive **TWO** requests at the same time or a request for 6 weeks worth medication.

**WEEK FOUR:**  
**CH:** Ask for **ONE** week supply and also a month supply ready for the next cycle (or ask for a FIVE weeks).  
**GP PRACTICE:** You may receive **TWO** requests at the same time or a request for 5 weeks worth of medication.





**FLOWCHART 2: CARE HOME REPEAT PRESCRIPTION FLOWCHART (via EPS\*)**



Key:  Care Home  Pharmacy  GP practice



## What is Proxy Ordering

Proxy access refers to access to GP online services by somebody (authorised care home staff) acting on behalf of the service user and with the service user's consent

GP practices can set up proxy access to repeat medications only, meaning that care home staff can't see anything else in the record. If, however, a resident does not want care home staff to have proxy access to *any* part of their record, including repeat medication, the care home must continue using a paper-based process.

When staff in the care home are given proxy access by the GP practice, they can:

- Order repeat prescriptions
- Include a note to the GP.
- Adding a note to the GP practice may be particularly useful when an item is marked on the GP system as needing to be reviewed with the patient. Overdue medication reviews may cause delays when a care home proxy access process is first put in place but becomes less of an issue over time.



# Proxy Ordering Benefits

- Minimise risk of transcription errors, lost orders, emails, telephone etc.
- Placing prescription orders can be an onerous and time consuming task for care home managers/staff, often creating numerous queries and follow-up contacts to obtain prescriptions from the variety of GP practices, with which their residents are registered.
- Better communications and working relationships between all.
- Removes duplicated work in the practice.
- Reduces footfall in care homes, GP practices and community pharmacies, reducing risk of virus transmission.
- Reduced care home queries, phone calls, faxes, and emails.
- Safer and quicker process.
- Online proxy ordering –selecting from prescribed items reduces error risk, reduces duplication
- Provides an audit trail of who and date ordered
- Improved Clinical Safety
- Improved data security due to care home staff having their own username and password, which also saves time
- **Allows more time for patient care in all sectors.**



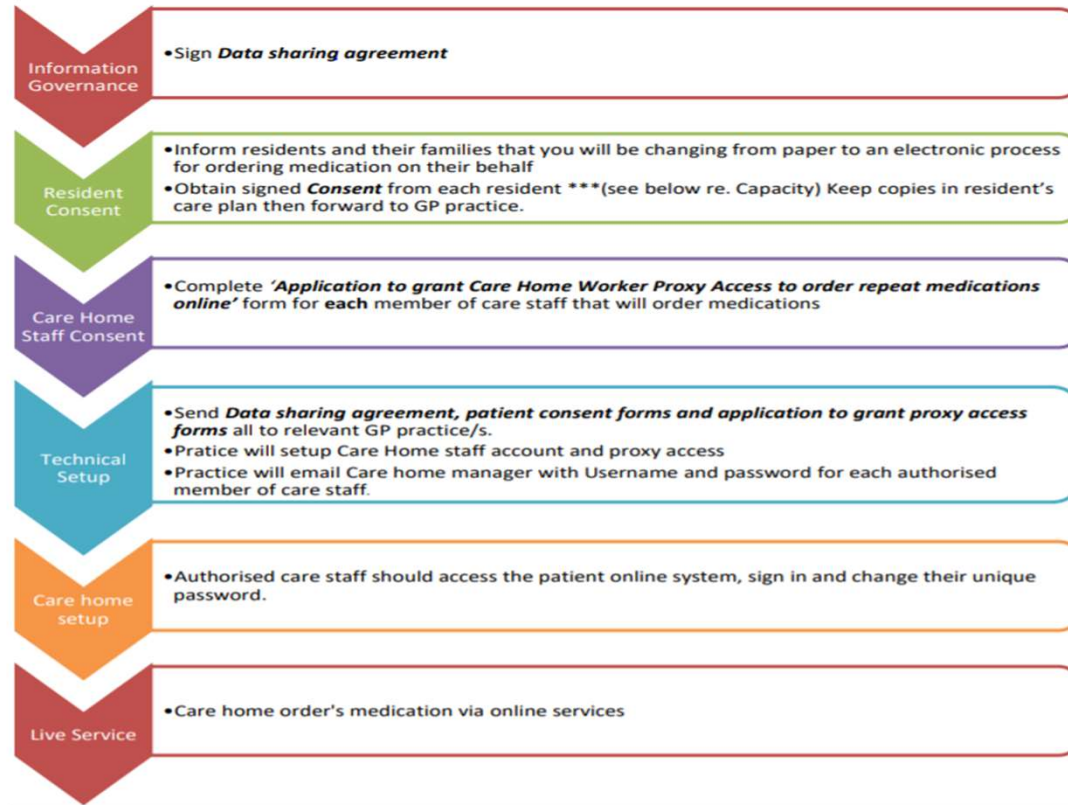
## What do you need for proxy ordering?

- **nhs.net** email or secure email addresses
- Data Sharing Agreement
- Consent forms – Dependent on surgery requirements
- CH Champion - Only trained care home staff already responsible for prescription ordering would be trained to use this facility (minimum 2 authorised care home staffs)
- GP practice proxy admin 'champion.'
- Individual login details.
- Allocated time to do order.
- Communication consent between care home and nominated community pharmacy.



# Care Home – Process to set up online ordering of medication

## Care home – Process to setup online ordering of medications



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# Pop Quiz.....

**Who is responsible for ordering medication?**

- A. Pharmacy**
- B. Care Home**
- C. Resident**
- D. Family**



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- A. Pharmacy
- B. Care Home
- C. Resident
- D. Family



**What is the minimum number of trained staff members required to order meds?**

- A. Three**
- B. Five**
- C. Two**
- D. Four**





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**Monthly medication should be ordered on the 1<sup>st</sup> day of which week of your cycle?**

- A. One**
- B. Two**
- C. Three**
- D. Four**



**Monthly medication should be ordered on the 1<sup>st</sup> day of which week of your cycle?**

- A. One
- B. Two
- C. Three
- D. Four



**If you have PRN medication left over at the end of your cycle, what should you do with it?**

- A. Dispose of and re-order for the new cycle**
- B. Move over into Homely Remedies stock**
- C. Keep for use by staff**
- D. Carry over to the next cycle**



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## List of downloadable resources

- **HVCCG form:**

1. [Communication form - Care home to Community pharmacy](#)

- **ENCCG forms:**

1. [ENHERTS CCG Proxy Access Request and Removal of Access Set Up Form](#)
2. [ENHERTS CCG - Care home and GP SOP - Proxy Access Consent Form](#)
3. [ENHERTS CCG - Proxy access consent form](#)



## References

1. **NHSE Guidance:** [https://www.england.nhs.uk/ourwork/clinical\\_policy/ordering\\_medication\\_using\\_proxy\\_access/](https://www.england.nhs.uk/ourwork/clinical_policy/ordering_medication_using_proxy_access/)
2. **HVCCG Good practice guidance:** [HVCCG Good Practice guidance of Ordering Cycle](#)
3. **PrescQIPP Medicines use in care homes e-learning package** : An e-learning package on medicines use in care homes is available for care home staff, and covers a range of areas including some of those highlighted above. The e-learning package is endorsed by NICE and supports the implementation of recommendations in the NICE guideline on managing medicines in care homes. The package is available via <https://www.prescqipp.info/>. Details for registering will be provided to the care home manager/s.
4. **NICE Guidance (SC1, 2014) Managing medications in care homes**  
<https://www.nice.org.uk/guidance/sc1>
5. Any questions, please email on [hvccg.pmot1@nhs.net](mailto:hvccg.pmot1@nhs.net)



# Any Questions?



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