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**CCG Care Home Good Practice Guidance**

**REPEAT MEDICATION ORDERING in EMIS & SystmOne proxy access for GP online Services**

#  Access Registration

* 1. The GP practice is responsible for registering care home residents with access to GP online services, on the current GP system used by care home staff.
	2. Proxy access refers to somebody acting on behalf of a patient, with the patient’s consent, to access GP online services.
	3. Proxy access should only be given to named individuals who have a legitimate reason to have access to the online services of the patient that they are caring for.
	4. If the patient has capacity, they must be informed of the change in the ordering process from paper to electronic. The authorisation form for proxy access to GP online services can be found **here,** this must be completed and sent to the practice, by the Care Home Manager, with copy saved in the patient’s care plan. The practice must upload this document to the patient’s electronic medical record in their system to give access by proxy for this patient. The patient can ask someone else to complete the form on their behalf, for example a best interest decision by care home staff can be completed or Next of Kin or Power of Attorney.
	5. Where the patient does not have capacity, online access may be allowed following a discussion with the patient’s family and care home staff. Access can be granted if the GP, NOK, Family or care staff looking after them believes it to be in the patient’s best interest. Decisions made by those with lasting power of attorney for health and welfare or court appointed deputies, should also be respected.
	6. The discussion with the patient about the benefits and risks of allowing proxy access, and their consent or legal justification if they lack capacity must be clearly documented in the medical records and the care plan in the home.
	7. When consent for proxy access is obtained it is important that it is made clear to the patient that the proxy access for care home staff would only have the option for **online prescription management.** GP practices are to enable the message box facility.
	8. The care home ordering medication must be set up with individual secure ideally NHS mail accounts or accounts with equivalent data standards. One shared mailbox should be set up for patient communications which all staff can access and manage.
	9. Once secure email or NHS mail is in place in the care home then they can be set up by the practice for proxy access to order medications online for their residents.
	10. The care home should have a minimum of two members of staff designated and trained on how to use NHS mail and how to set up proxy access. Staff should know they are not allowed to share login credentials or give others access to these accounts. An example of a staff set up form can be found **here**, this should be given to the practice to set up the staff member.
	11. It should be clearly communicated to patients and their families or carers regarding the changes made to the ordering medication process in the care home. It is vital that the practice is informed of any staff changes/leavers.
	12. Passwords will have to be changed when prompted by NHS mail and the systems to maintain data security kept up to date.
	13. The GP practice should be notified about any changes relating to the patient’s status, such as;
		+ patient is in hospital
		+ patient moved to another care setting
		+ patient has died.
	14. Guidance for GP practices to set up proxy access can be found **here.**
	15. A data sharing agreement must be put in place between the practice and care home for compliance to GDPR standards, an example can be found **here.**

# Ordering Repeat Medication

* 1. Prescription requests should be generated by designated, trained care home staff on the allocated day and in accordance with the medication cycle planner as agreed between the practice, care home and pharmacy.
	2. The Medicine as Requested (MAR) chart should be used to cross reference when ordering repeat medication for residents.
	3. Prior to ordering the prescription, stock levels of all medication must be checked, especially ‘PRNs’ (as required medication) such as analgesics, inhalers, test strips, creams.
	4. Any medication which runs out at different times should be synchronized and appropriate quantities ordered to align prescriptions for the next cycle.
	5. All repeat prescriptions should be ordered using the online system.
	6. User guides for care staff can be found **here.**

# Acute Prescriptions/Urgent requests

* 1. The GP may request treatment be started urgently e.g. antibiotics.
	2. The GP will need to notify the dispensing community pharmacy and the care home that the prescription is acute and required urgently, for the same working day. Refer to local arrangements with the dispensing pharmacy for cut off times.
	3. In cases where a request falls outside of the operating hours of the pharmacy, the GP may generate an FP10 to be dispensed at a local pharmacy.
	4. To avoid delay in starting treatment, the care home will need to arrange with a local pharmacy for urgent prescriptions. This is to ensure medications can be dispensed and treatment started on the same day.

# Interim prescriptions/ mid-cycle changes

* 1. Mid-cycle requests are to ensure there is enough medication to complete the current cycle and synchronize with the 28-day cycle.
	2. Mid-cycle requests for unusual quantities may be requested to complete the current cycle for the following reasons:
		+ to synchronize medicines
		+ for a new resident
		+ when a new medication is prescribed for the first time
		+ for medicines which have been dropped, spilled or refused by the resident
		+ where additional quantities are required due to increased usage (e.g. analgesics) or dose increased.
	3. Requests for mid-cycle requests should be made using the online ordering system.
	4. An entry needs to be made in the message box to indicate that this is a mid- cycle request including the quantity, your name, date and time of request.
	5. Care Home staff may request quantities of medication to complete the cycle as well as a further 28 days’ supply. This will allow a supply for the next medication cycle to be assembled at the dispensing community pharmacy.

# Receiving Medication

* 1. Dispensed medication should be sent to the care home at least 2 working days prior to the start of the new cycle.
	2. On the day the medication is delivered to the care home, the medications must be checked against the MAR/eMAR chart and online order form and booked in by a designated care home staff member.
	3. Any discrepancies should be resolved with dispensing community pharmacy or GP practice.
	4. The new MAR chart should be compared with the existing chart. If changes have been made in the interim, the new MAR chart should be amended. The alterations should be signed and dated by 2 members of care home staff, adding a reference for the amendment e.g. note from prescriber, endorsing the changes with the date the alteration was made.

# Amendments to prescriptions using NHS mail

* 1. Where care homes have an NHS mail account, instructions from the GP on how to amend a prescription will be emailed to the shared care home mailbox for them to action.
	2. It is the responsibility of all the care home staff who have access to the shared mailbox to regularly check the email account and action any changes to a resident’s medication.
	3. A clear entry in the resident’s care plan should be made and the emailed instructions must be available in the patient’s care plan.
	4. The MAR chart should be amended to reflect the instructions. The GP should countersign the MAR sheet during their next visit to the care home.
1. **References**
	1. NICE Guidance (SC1, 2014) Managing medications in care homes<https://www.nice.org.uk/guidance/sc1>
	2. Royal College of General Practitioners, Patient online tool kit<https://www.rcgp.org.uk/patientonline> (accessed July 2019)

# Final guidance document please click below:

# DSPT & NHSmail

# Ordering Medication using Proxy Access: guide for Care Settings & GP Practice