

Bulk prescribing implementation guidance for: **Care Home Staff**

Before implementing bulk prescribing there should be a discussion between the GP, community pharmacist, care home and the CCG medicines management team to agree the list of medicines and local processes.

Care home staff should be trained on the processes involved in bulk prescribing and there should be regular refresher training to ensure all current staff are adequately trained and aware of processes.

1. Starting bulk prescribing

- Agree list of medicines suitable for bulk prescription.
- Decide if service users fit the criteria for bulk prescribing.
- Care home manager and prescriber discuss and agree on medicines that can be bulk prescribed in their care home and inform community pharmacy. Ideally the community pharmacist should be part of this discussion process. **(See Attachment 1 - List of agreed bulk medication pack)**
- The care home manager must ensure that staff responsible for ordering and administering medication understand the principles of bulk prescribing.
- It is not appropriate for service users who self medicate to be included in bulk prescribing. In this situation, medicines are stored within a locked facility in the service users own room. These must not be shared.
- The bulk prescription may state “to be given in accordance with GP instruction” although the MAR sheet for individual patients should state the prescribed dose.
- Procedures on production of MAR sheets need to be agreed locally (e.g. they can be produced by the community pharmacist if that service is offered or written by appropriately qualified staff in the care home).
- Prior to requesting a bulk prescription check current stock. By observing the dose prescribed and administered on the MAR, calculate the amount required for each service user.
- It is suggested that a monthly order form for the bulk prescription is sent to the practice. **(See Attachment 2 - Bulk prescribing order form)**

This should include:

- The medication required for bulk prescription.
- The names of the service users to be included.
- The dose/quantity they are currently taking.
- Estimated current stock level.
- Estimated amount remaining by the end of the month.
- The overall total quantity required on the bulk prescription.

It would be good practice to save a copy of this monthly order for your records.

- As with all prescriptions, the bulk prescription generated by the practice should be checked at the care home prior to it going to the community pharmacy - report any discrepancy to the prescriber.
- A copy of the monthly order form to be sent to community pharmacy with the prescriptions.
- When ordering from the MAR chart there needs to be some indication to inform the community pharmacy that **the medicine is still to be continued but not to be supplied for the individual - you should indicate 'bulk prescribing' on the MAR chart where you would normally state quantity needed.**

If the MAR chart is not used for ordering, for example, the right hand side of prescription is used, the monthly order form will inform the community pharmacy of the service users receiving medication by bulk prescription.

2. Receiving the medication from community pharmacy

- Check that the quantity received was the quantity ordered. The label on the medicine will identify the **care home** not the individual service user.
- Enter the quantity received, check the total already in stock cupboard and calculate the total quantity of the drug at the beginning of the cycle. **(Use Attachment 3 - Sign in sheet)**
- Check that the MAR charts have the medicine and the correct current dose of the bulk prescribed medicine for each service user. Report any discrepancy to the community pharmacy.

3. Storage

Store the main stock of the bulk medicine in a lockable storage facility and make a suitable quantity available for drug rounds.

4. Administration

- Check the service user's MAR chart and the dose prescribed for that individual.
- Bulk medicine should only be used when stated on MAR chart.
- Select the bulk prescribed medicine – this will be labelled with the care home not the individual service user.
- To avoid unnecessary medication waste, ensure service users' initial supplies of this medicine (labelled with their own names) are used first before administering from bulk stock.
- Medication labelled with an individual's name must only be administered to that service user.
- Follow the normal care home administration procedure.

5. Monthly re-ordering

Each month, the staff member responsible for the ordering must check quantities being administered, estimate amount remaining by the end of the month and adjust the total quantity to be ordered, if necessary, to prevent excess stock accumulating or being discarded. **(Attachment 2 - Bulk prescribing order form)**

- Take into account:
 - The variable dose prescribed, if applicable.
 - The quantity being administered to the service users.
 - The quantity currently in stock.
 - Any service user who has stopped this medication. Where the medicine has been stopped by the prescriber, ensure the service user's MAR is endorsed appropriately and inform the community pharmacist that this person has stopped using the bulk prescription order form.

This will ensure the medicine does not appear on the new MAR if the pharmacist is producing the MAR.

NB. There must be at least two service users who are still prescribed the particular bulk medicine when it is re-ordered.

- A new prescription must be requested for the individual service user if there is any change to the dose of the bulk prescribed medication. The community pharmacy will then print a new MAR sheet (if service offered by community pharmacist) or the care home staff can produce a new MAR sheet (procedures to be agreed locally). Subsequent prescriptions can be requested on bulk prescription.

6. Medication waste management

To avoid unnecessary medication waste, ensure service users' initial supplies labelled with their own names are used first before administering from bulk stock. Medication labelled with an individual's name must only be administered to that service user.

Regular audit of medication returns book will highlight any avoidable bulk medication returns. **(See Attachment 4 - Suggested audit for bulk prescribing)**