

Implementing bulk prescribing for care home patients

There are many patients in care homes taking medicines 'when required' (prn), and this inevitably presents problems for the prescriber in determining the quantity to prescribe. Patients in the community will request more when they run out, however care homes work on a 28 day cycle, which is where difficulties arise.

Care homes often have 'prn' medicines in blister packs, which leads to wastage or even overuse if a 'prn' medicine is given when it is not needed. It is onerous for GP practices to vary quantities on lots of individual prescriptions every month, and this is also the case for care homes. What generally happens is medication is thrown away at the end of the month and a new prescription ordered.

Not all GPs are aware of the ability to write 'bulk prescriptions' for patients in residential and care homes. It has been recognised that bulk prescribing could provide the following benefits:^{1,2}

- Potential to reduce waste saving money for the NHS – A study commissioned by the Department of Health (DH) in 2009 found £50 million worth of NHS supplied medicines are disposed of unused by care homes.³
- Reduction of space required in the drug trolley.
- Reduces drug round time/dispensing time.
- Save time when treating an outbreak such as of scabies when all the residents require the same treatment.

Recommendations and implementation tips

- Bulk prescriptions should only be written for patients taking regular medication and not for the acute requirements for medicine. Homely remedies are more appropriate for treating common minor ailments.
- The GP must have at least ten patients under their care within the care home to be able to bulk prescribe. To ease the implementation process, CCG teams considering implementation of bulk prescribing should initially focus on care homes that use a '1 GP:1 care home' model, i.e. all the residents in that home are registered with one GP.
- Patients not registered under a particular GP who is bulk prescribing for a care home should continue to receive named patient supplies from their own GP (unless their GP is also bulk prescribing for that care home). Please note a multiple GP bulk prescribing for a care home system will be difficult to monitor and implement and may cause confusion.
- All three parties: care home, GP surgery and pharmacy, must work in collaboration for successful implementation. Ensure good communication between each so that they are aware of their roles and responsibilities.
- The pharmacy should be informed in writing by the GP surgery that they wish to bulk prescribe for the patients under their care in a care home. The letter should be co-signed by the care home manager.
- The agreed list of items that can be bulk prescribed must be provided to the pharmacy so that they can label the medication as bulk stock rather than for named patients unless specifically

instructed to by the GP. Where provided as a service, the pharmacy can also ensure that the medicines administration record (MAR) chart is annotated correctly. The pharmacy should ensure they have enough stock of the bulk items to provide the care home on a monthly basis.

- The care home staff must be trained to keep a record of their bulk stock, to calculate a resident's monthly usage, and be able to order sufficient quantity to last the month from the surgery, taking into account any new patients that start bulk prescribing and any that stop. It is recommended that they also carry out stock audits every three months.
- The surgery must be kept informed by the care home of any changes to a patient's condition where the GP may need to review if the bulk prescribed medication is no longer suitable or if a dose change is required.
- The surgery should ensure that they are able to record on their clinical system when a patient has an item from bulk stock instead of producing a named patient prescription for it. They may need support from CCG medicines management teams.
- It would be good practice to have regular meetings between the care home, GP surgery and pharmacy to discuss any problems with the process or problems for individual patients.

What is bulk prescribing?

The issue of a bulk prescription allows the care home staff to use one supply for all residents who are clinically identified as suitable for the prescribed medication rather than named patient supplies.^{1,2}

A bulk prescription is an order for **two or more patients** bearing the name of a school or institution, e.g. a care home in which at **least 20 persons** normally reside, for the treatment of **at least ten of whom a particular doctor is responsible (registered with a particular GP practice)**. Prescription only medicines (POMs) cannot be prescribed on bulk prescriptions and the only appliances that can be prescribed are dressings which do not contain POMs. Drugs not prescribable on the NHS cannot be prescribed on a bulk prescription.⁴

What is on a bulk prescription?


On commencing treatment, **the medication must be prescribed initially on a prescription bearing the service user's name**. This will ensure the medicine and specific directions appear on that service user's subsequent MAR charts. This will also evidence that the service user **has been clinically assessed and initially prescribed this medication**. Subsequent prescriptions for each new service user can then be ordered using a bulk prescription. **A copy of the original prescription should be kept in the service users care plan.**

A bulk prescription can be written or printed on an ordinary FP10 prescription. No prescription charge is payable when a bulk prescription is dispensed.⁴

It must include:

- The wording "**for patients under my care at {the name of the care home}**" (instead of the individual name of the patient)
- The date
- The words '**bulk prescription**' – to identify the type of prescription
- The medicine that is being bulk prescribed
- The total quantity required for all service users on this medication
- The directions may state - "**to be given in accordance with GP instruction on the MAR chart**". **Due to variation in doses for each patient, the patients MAR chart will need to provide the dose to be administered.**

Example of a FP10 bulk prescription

| | | | |
|---|--|--|----------------|
| Pharmacy Stamp | Age | Name (including forename) and address | |
| | G.o.B. | For patients under my care at Park Grange Care Home | |
| By not to stamp over age bar | | | |
| Dispenser's endorsement | Number of days' treatment N.B. Ensure dose is stated | NP | Pricing Office |
| Pack & quantity | Bulk prescription | | |
| | 3,000ml Latulose | | |
| | To be given in accordance with GP instruction on MAR chart. | | |
| Signature of Doctor | | Date | |
| Dr R Jones | | 10/01/2014 | |
| For dispenser No. of Prescrip. on form. | | | |
|  PATIENTS – please read the notes overleaf | | | |

What medications can be bulk prescribed?

The Royal Pharmaceutical Society for Great Britain recommend bulk prescribing is **not** a way of obtaining stock items of homely remedies.⁵

The medication must be prescribed on the NHS and be either:

- A 'P' pharmacy medicine – can be bought in a pharmacy or
- A 'GSL' product – 'general sales list' product that can be bought in a supermarket.

The following medicines are considered suitable for bulk prescribing:

- Lactulose syrup
- Adcal D3 tablets
- Senna tablets
- Movicol/Laxido/generic macrogol sachets
- Thickening agents
- Paracetamol tablets - up to 96 tablets only, quantity greater than this is a POM. Service users taking regular paracetamol are therefore not suitable for bulk prescription)
- Paracetamol suspension 250mg/5ml.

Dressings on bulk prescription

Simple non-medicated dressings for treatment of minor wounds, including burns, pressure ulcers and traumatic wounds such as cuts or scratches that break the skin may be suitable for bulk prescribing. If bulk prescribed, they must not have been prescribed for an individual person and are held as stock by the home.⁶

Consideration should be given to choosing a product which is in your **local dressing formulary**, the list of dressings should be agreed by the tissue viability nurse, GP and care home registered nurse.

Examples of simple non adherent dressing are:

- Mepilex border lite
- Allevyn gentle border.

There are many more examples in the Drug Tariff.

An alternative option is for the care home to purchase non-medicated dressings and manage their use through the homely remedy process.

What cannot be prescribed on a bulk prescription?

POM cannot be issued by bulk prescription e.g. antibiotics, blood pressure medication. An FP10 for individual patients needs to be issued for any POM medicine prescribed.

Other considerations:⁷

Sip feeds (and Complan®) – if more than two residents require the same nutritional supplement, bulk prescribing may reduce waste and provide more choice of flavours for patients, however it is important to note that the CQC prefer individual patient prescribing, so care homes may be reluctant to accept bulk prescribing for these items.

Creams, ointments and topical applications are not considered suitable for bulk prescribing as they cannot be shared between more than one patient.

Implementation tools

The following packs have been designed to assist the care homes, surgeries and pharmacies implement the bulk prescribing process.

The implementation guidance pack for care homes contains the following:

1. Bulk prescribing implementation guide for the care home staff
2. Bulk prescribing order form
3. Sign in sheet for bulk prescribed medication
4. Suggested audit for bulk prescribed medication
5. Agreed list of bulk medicines that can be supplied to the care home.

The implementation guidance pack for GP practices contains the following:

1. Bulk prescribing implementation guide for surgery staff
2. Letter template to send to the pharmacy
3. Agreed list of bulk medicines that can be supplied to the care home.

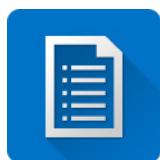
The implementation guidance pack for community pharmacists contains the following:

1. Bulk prescribing implementation guide for the pharmacy staff.
2. Letter template to send to the pharmacy.
3. Agreed list of bulk medicines that can be supplied to the care home.

References

1. Sheffield Clinical Commissioning Group. Guidance on Bulk Prescribing for Care Home Patients. July 2013.
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3. Nursing in Practice. DOH NHS Drug Waste. Nov 2010. Available from: <http://www.nursinginpractice.com/article/nhs-drug-waste-costs-%C2%A3300m-year>
4. Prescription Pricing Division. NHS Electronic Drug Tariff. February 2014 2013. <http://www.ppa.org.uk/edt>
5. Royal Pharmaceutical Society. The Administration and Control of Medicines in Care Homes and Children services 2003.
6. Shropshire County PCT. Homely Dressings for care homes (nursing) Jan 2011.
7. Newman J. Mid Essex Clinical Commissioning Group Prescribing for the elderly in care homes series- bulk prescribing. January 2014

Additional PrescQIPP resources



Briefing



Implementation pack

Available for download here:

<http://www.prescqipp.info/resources/viewcategory/227-care-homes-bulk-prescribing>

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