

Implementing bulk prescribing for care home patients

There are many patients in care homes taking medicines 'when required' (prn), 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 sometimes 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. Writing a bulk prescription may resolve some of these issues.

Additional resources available



Bulletin



Implementation tools

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

Key recommendations

- 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 practice.
- 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.
- 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 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.
- The GP patient records must indicate the patient is under bulk prescribing and there should be an audit trail for bulk prescriptions issued to the care home.

What is bulk prescribing?

A bulk prescription is an order for two or more patients bearing the name of a school or institution, e.g. 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.¹

Other considerations

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.

What medications can be bulk prescribed?

The following are examples of commonly prescribed medicines that are considered suitable for bulk prescribing:

- Lactulose syrup
- Calcium and Vitamin D3 supplements such as 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
- Simple non-medicated dressings for treatment of minor wounds. Consideration should be given to choosing products in a local dressing formulary, the list of dressings should be agreed by the tissue viability nurse, GP and care home registered nurse.

References

1. Prescription Pricing Division. NHS Electronic Drug Tariff. February 2014 2013. <http://www.ppa.org.uk/edt>
2. Acknowledgements for sharing good practice:
3. Sheffield Clinical Commissioning Group. Guidance on Bulk prescribing for Care Home Patients. July 2013.
4. Bedfordshire Clinical Commissioning Group. Bulk prescribing guidance. 2013
5. Shropshire County PCT. Homely Dressings for care homes (nursing) Jan 2011.
6. Newman J. Mid Essex Clinical Commissioning Group Prescribing for the elderly in care homes series- bulk prescribing. January 2014