Coronavirus (COVID-19): reuse of medicines in a care home or hospice

NICE guidance on good practice for managing medicines in care homes includes a recommendation that care home providers must ensure that medicines prescribed for a resident are not used by another resident. Although this remains good practice, due to the current unprecedented impact of COVID-19, there are increasing concerns about the pressure that could be placed on the medicines supply chain during the peak of the pandemic.

DHSC and NHS England and NHS improvement have relaxed previous recommendations and the NICE recommended good practice guidance to accommodate re-use of medicines, under very specific circumstances and only in a crisis situation. The changes are reflected in a new Standard Operating Procedure designed to help providers manage situations where, during the COVID-19 pandemic, the best interest of patients mean that it is not appropriate to follow normal recommended practice against re-using medicines that have been prescribed for one resident by another.

First and foremost, the quality, integrity and safety of medicines are paramount and the best way to assure this is for pharmacies to supply medicines obtained through the regulated supply chain, appropriately labelled for individual patients

Key Points of the SOP

- This applies to residents being cared for in Care Homes (nursing or residential care) and Hospice settings only
- This is time limited and would only apply during this period of emergency. i.e. during the COVID-19 pandemic.
- Unless the product is being supplied under a Patient Group Direction (PGD) or a Patient Specific Direction (PSD), a new prescription must be obtained prior to supply to the new patient. If it is for a controlled drug, the extra requirements in relation to controlled drugs prescriptions must be satisfied. New remote prescriptions should be scanned and emailed before the first dose is given, and a copy of the prescription kept with the patient's records in line with current processes.
- Each care home or hospice must carry out a risk assessment on an individual medicine basis.
- This SOP applies to all medicines including liquid medicines, injections, creams and inhalers that are in sealed or original blister packs including Schedule 2 and 3 Controlled drugs (CDs).
- Re-use should only be within a single care home/hospice setting; and should not be transferred to another care home or hospice, even those within the same parent organisation.
- A crisis situation is determined by 3 key indicators;

    - **No other stocks of the medicine are available**[1] in an **appropriate timeframe**[2] (as informed by the supplying pharmacy) and there is an **immediate patient need for the medicine.**[2]
    - **No suitable alternatives**[3] are available in a timely manner i.e. a new prescription cannot be issued, and the medicine(s) supplied against it in the usual way quickly enough.
- The benefits of using a medicine no longer needed by the person it was originally prescribed or bought for, outweigh any risks for an individual patient receiving it.
- The medicine must be checked as suitable for re-use by a **registered healthcare professional (HCP)** [4]. **Tables 1 to 3 on pages 7-9 of the attached SOP contains prompts to support assessment**
- Where no registered HCP is on site (e.g. in care homes only offering personal care) registered HCPs (e.g. pharmacists, pharmacy technicians, general practitioners, community nurses) from other local organisations, such as CCGs, GP practices or community settings, can perform the check remotely that the medicine is suitable for re-use[5]. It is advised that medicines for re-use are pro-actively assessed prior to them being needed in an emergency situation.[6]
- Appropriate records should be kept, including details of the registered healthcare professional that performed the check on suitability for reuse.
- Any Schedule 2 controlled drugs must be entered into a **separate section of the controlled drugs register** and then an entry made when they are re-used, as is usual practice.[7]
- Controlled drugs for re-use must remain in the possession of organisations authorised to do so.
- Any re-used medicine would need to be administered according to the direction of a relevant prescriber[8]
- Where possible written permission[9] should be obtained from the resident (or where appropriate from relatives or anyone with power of attorney) for whom the medicine was initially prescribed and for whom it is intended, both to re-use and receive the medicine.
- A log should be maintained of re-used stock. An example log returns sheet is provided below.
- **A useful flowchart is included in Section 4 of the SOP** summarising the processes that should be followed by everyone involved once the decision to re-use a medicine has been taken.

Locally agreed clarifications and recommendations
(Agreed by NHSE CDAO, local EoL clinicians, LPC and CCG Lead Pharmacists)

1. Agreed that if the nearest 2 Pharmacies who offer the palliative care stockist service are unable to supply, this can pragmatically be taken as no other stocks available. (It may be practicable to contact more pharmacies in more urban/central locations)
2. The decision as to what would be timely is the responsibility of the clinically responsible prescriber, based on their clinical judgement. A clinically responsible prescriber may not be the original prescriber e.g. out of hours/weekends
3. An expanded drugs formulary has been agreed by NHSE with pharmacies during the pandemic period, included below for convenience. Prescribers should consider prescribing other suitable and available alternatives before a re-use.
4. Any registered Healthcare Professional (HCP) is authorised to check the suitability of a medicine for re- use however for the purpose of this SOP a GP, Pharmacist, Nurse or registered Pharmacy Technician is the most likely HCP to be involved.
5. Where a remote suitability check is carried out on medicines proposed for re-use, it is recommended that this include a visual inspection of the medicine wherever possible, using any suitable electronic platform/software common to both settings e.g. video calling.
6. Whilst a proactive approach to assessment of medicines for re-use is recommended, Care homes are advised that this should only be done out of hours in an emergency situation and can wait till normal opening hours of your local GP or community pharmacy or CCG e.g. 48-72 hours at weekends or Bank Holidays.
7. **Please note: Under local (Derbyshire) agreement with the CDAO, care homes are advised to use the DHU CD stock balance book that is provided within this memo (below) and ensure these sheets are bound to the back page of their CD register as a record of any Sch 2 CDs re-used. Once the controlled drug has been checked as suitable for re-use, the medicine should be marked as directed by the SOP and signed out of the main CD register as "patient returns" and a balance of zero recorded. The balance should then be recorded as "received in" and when administered in the CD stock balance book as above.**
8. Reasonable steps should be taken to enable the provider to have sight of the patient's prescription, however a verbal direction from the prescriber initially, followed by a written prescription is acceptable for all medicines including controlled drugs. However ensure that this is recorded on the Medicines Administration Record, including details of the prescriber and the date of initial direction and receipt of prescription.
9. Verbal consent to re-use/receive re-used drugs is acceptable in circumstances where it is not practical or care homes are unable to obtain written consent. Details of verbal consent should also be documented in the residents' records within the care home.

Appendix 1: Medicines re-use SOP

See separate document and link
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881838/medicines-reuse-in-care-homes.pdf

Appendix 2: DHU CD Balance book:

See separate document

Appendix 3 Template re-use Log:

See separate document

Appendix 4: PC Drug Stockist Pharmacies:

See separate document

Appendix 4: PC Drug Stockist Scheme Spec.

See separate document