

# Medication Acquisition Guidance during COVID-19 for Care Homes without Nursing

## Background

This guidance is designed to support care home staff on the acquisition and administration of anticipatory end of life medicines during COVID-19. This guidance should be used in conjunction with your local Homely Remedy, Medicines and Controlled Drugs Policies.

This document is intended to provide concise information for commissioners and providers to utilise and adapt as they wish, to support obtaining medicines and to ensure the provision of safe and timely treatments for those presenting with common COVID-19 related symptoms **during the COVID-19 period only**.

This guidance is not clinical in nature and does not remove the need to seek additional medical advice where there is doubt or concern about the condition being treated. For clinical support please refer to **NICE NG163**: COVID-19 rapid guideline: managing symptoms (including at the end of life) in the community. This guidance also details non-drug interventions which should be explored in the first instance.

During COVID-19 care homes are recommended to utilise homely remedy arrangements to obtain over the counter medicines.

Individually prescribed prescription only medicines, including controlled drugs (CDs) should be obtained via a prescription.

Care homes without nursing cannot carry stocks of CDs or prescription only medicines (POMs).

Reuse of medicines is an option that has been made available to support rapid access to medicines during COVID-19, further information is available at:  
<https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice>

This document has been prepared with best available information at time of development, if there are any errors or omissions please review locally.

Additional information is available from the CQC COVID-19 resource page:  
<https://www.cqc.org.uk/guidance-providers/adult-social-care/-19-medicines-information-adult-social-care-providers>

## Definitions

**Homely remedy:** a non-prescription medicine that a care home can purchase over the counter (i.e. the medicines are owned by the care home) for the use of its service users.

**POM: Prescription-Only Medicine** - must be prescribed by a doctor or other authorised health professional and must be dispensed from a pharmacy or from another specifically licensed place

**P: Pharmacy medicine** - an intermediate level of control, can be bought only from pharmacies and under a pharmacist's supervision.

**GSL: General Sales List** - may be bought from retail stores, such as a newsagent, a supermarket, or a vending machine in a shop.

**EoL:** end of life medicines supporting palliative care

## Contents

1. Medicine acquisition in a care home without nursing
2. Priority methods for medicines acquisition
3. Appendix 1: Flow charts for medicines acquisition
  - a. Ordering Prescription only Medicines (POMs) via Prescription: In Hours
  - b. Ordering Prescription only Medicines (POMs) via Prescription: Out of Hours
  - c. Ordering medication for service user demonstrating COVID-19 symptoms and deteriorating: Out of Hours
  - d. Repurposing of medication for service user demonstrating COVID-19 symptoms and rapidly deteriorating: In Hours

## Medicine acquisition in a care home without nursing

### For a service user with COVID-19 diagnosis

- Consider other causes for the symptoms.
- Continue to screen and manage symptoms with homely remedies [\[refer to homely remedy policy\]](#)
- If required, access usual GP care following local arrangements.
- Discuss and agree a care plan with the service user, their family, GP, and carers.
- If there are concerns about an increasing number of other people in the same residence who also have COVID-19 symptoms, then consider requesting individual clinical reviews for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).

### For a service user with COVID-19 diagnosis and deteriorating health

- Request an urgent clinical review from the service user's GP.
- Review and agree the service user's care plan with the service user, their family, GP, and carers.
- Follow national guidance on [COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#).
- If appropriate, offer homely remedies for symptom relief [\[refer to homely remedy policy\]](#).
- Consider requesting prescription for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).

### For a service user with COVID-19 diagnosis approaching the end of life

If the service user is likely to recover in the next 12 hours:

- Review and agree the service user's care plan with the service user, their family, GP, and carers.
- Follow national guidance on [COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#).
- Request prescription for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).
- In a crisis, consider re-using another service user's medication [\[refer to re-use policy\]](#).

### For a service user with COVID-19 diagnosis at the end of life

If the service user is likely to reach the end of life in the next 12 hours:

- Follow the service user's care plan as agreed with the service user, their family, GP and carers.
- Request an urgent clinical review from the service user's GP.
- Follow national guidance on [COVID-19 rapid guideline: managing symptoms \(including at the end of life\) in the community](#).
- Request prescription for anticipatory medication recommended for end of life care [\[refer to prescription ordering policy\]](#).
- In a crisis, consider re-using another service user's medication [\[refer to re-use policy\]](#).

## Priority methods for medicines acquisition

### Homely remedy

- For a service user who would benefit from symptom relief.



### Prescription

- If there are concerns about an increasing number of other people in the same residence who also have COVID-19 symptoms.
- For a service user with deteriorating health.
- For a service user approaching the end of life or at the end of life and there is no delay in usual prescription process.



### Re-use or repurposing (following individual clinical review)

- For a service user at the end of life.
- Crisis management when no other stock or alternative route to obtain symptom control medication is available.

## Appendix 1

### Ordering Prescription only Medicines (POMs) via Prescription: In Hours

NB. it is illegal for the care home without nursing to administer POMs without authority from a prescriber e.g. a prescription, MAR, or patient specific direction.

Work closely with service user's family/carers and GP as per standard care home policy to determine individual emergency plan. Identify need for POM.



Exclude any medicines available to purchase via a shop or pharmacy (GSL or P medicines). These are available via a Homely Remedy policy and **DO NOT** need to be ordered via prescription.  
**DO NOT OVER STOCK.** Prescription medicines normally only used for an individual named service user.



Contact the service user's GP practice and request prescription.



Follow local procedure [CCG to insert details] regarding manual or electronic transfer of prescription from the GP practice to the community pharmacy for dispensing.



Non-isolating individual to collect medications from community pharmacy, or organise and agree delivery



Ensure medication is entered as stock into medication receipt log

### Ordering Prescription only Medicines (POMs) via Prescription: Out of Hours

Work closely with service user's family and GP as per standard care home/hospice policy to determine individual emergency plan. Identify need for POM



Exclude any medicines available to purchase via a shop or pharmacy (GSL or P medicines). These are available via a Homely Remedies policy and **DO NOT** need to be ordered.  
**DO NOT OVER STOCK.** prescription medicines to be used for an individual named service user.



Contact the Out of Hours service or local hub site according to local guidance [CCG to insert details] and request prescription



Follow local procedure [CCG to insert details] regarding manual or electronic transfer of prescription to dispensing site, this may be a specific designated pharmacy or hub site depending upon local service arrangement

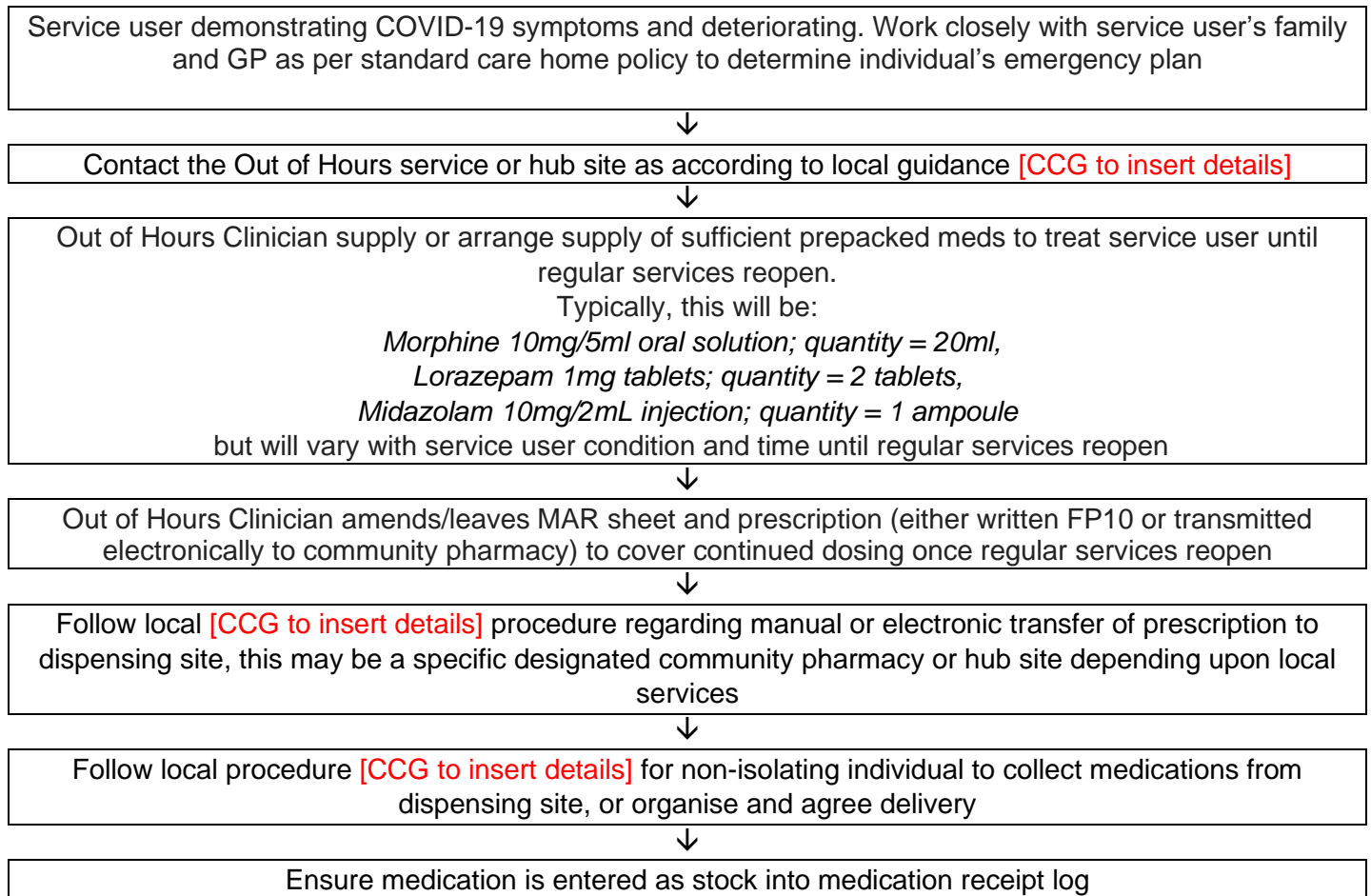


Follow local procedure [CCG to insert details] for non-isolating individual to collect medications from dispensing site, or organise and agree delivery



Ensure medication is entered as stock into medication receipt log

## Ordering medication for service user demonstrating COVID-19 symptoms and deteriorating: Out of Hours



## Reuse of medication for service user demonstrating COVID-19 symptoms and rapidly deteriorating: In Hours

NB. it is illegal for the care home to administer POMs without authority from a prescriber e.g. a prescription, MAR or patient specific direction.

Service user demonstrating COVID-19 symptoms and rapidly deteriorating. Work closely with service user's family and GP as per standard care home policy to determine individual emergency plan



Contact the service user's GP practice, request clinical assessment and prescription for that individual service user



If reuse supply is available administer doses in line with GP direction and national [SOP](#)

## References:

1. The Misuse of Drugs Regulations 2001  
<http://www.legislation.gov.uk/ukxi/2001/3998/regulation/19/made>
2. Controlled drugs: safe use and management, NICE guideline:  
<https://www.nice.org.uk/guidance/ng46>
3. CQC: Nigel's surgery 28: Management of controlled drugs  
<https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-28-management-controlled-drugs>

**This document has been produced for the North West COVID Medicines Cell by Midlands and Lancashire Commissioning Support Unit (MLCSU) in collaboration with NHSE and local pharmacy leads.**

## Acknowledgements:

Dr Devina Halsall, North West CD Accountable Officer
Helen Pearson (Midlands and Lancashire CSU)
Paula Wilson (Midlands and Lancashire CSU)
Humera Ahmed (Manchester Health and Care Commissioning)
Carolyn Barton (Knowsley CCG)
Kerrie Bermudez (Mersey Care)
Catherine Lee (Mersey Care)
Janine Dyson Lead Nurse, Independent Care Sector, Greater Manchester Health and Social Care Partnership
Janet Kenyon (Cheshire CCG)
Jasmeen Islam (CWP Community Physical Health Services)
Melanie Preston (Fylde Coast CCGs)
GM CCG pharmacists
Dr Liam Hosie/ Dr David Waterman (GMEC Strategic Clinical Network)
Helen Barlow (Greater Manchester Health & Social Care Partnership)
Lucy Reid, Rhian Thomas, Katherine O'Loughlin, Steven King (Halton CCG)
Dr Keith Pearson (Heywood Middleton Rochdale CCGs)
Gavin Mankin (Newcastle upon Tyne Hospitals NHS)
Regional Drug & Therapeutics Centre
Abigail Wilkinson (St Helens CCG)
Liz Bailey (Stockport CCG)
Jenny Lunn (Warrington CCG)
Kate Ward (West Lancashire CCG)
Pippa Roberts (Wirral University Teaching Hospital)
Zoe Trumper (Wigan Borough CCG)

Author: MLCSU Medicines Optimisation Team  
Agreed by the NW Medicines and Pharmacy Cell – 6 May 2020  
Agreed by NW Clinical Cell – 8 May 2020  
Review date – to be reviewed as we learn more