# Care Home Good Practice Guidance

# Proxy Access Repeat Medication Ordering using SystmOnline

## Access

* 1. Proxy access refers to somebody acting on behalf of a resident, with the resident’s consent, to access GP online services.
  2. The GP Practice is responsible for registering Care Home residents for access to GP online services.
  3. Proxy access should only be given to named individuals who have a legitimate reason to have access to the online services of the resident that they are caring for.
  4. If the resident has capacity, they must be informed of the change in the ordering process from paper to electronic. An authorisation form for proxy access to GP online services must be completed and sent to the Practice, by the Care Home manager, with a copy saved in the resident’s care plan. The Practice must upload this document to the resident’s electronic medical record in their system to give access by proxy for this resident. The resident can ask someone else to complete the form on their behalf.
  5. Where the resident does not have capacity, online access may be allowed following a discussion with the resident’s family and Care Home staff. Access can be granted if the GP, next of kin, family or care staff looking after them believe it to be in the resident’s best interest. Decisions made by those with lasting power of attorney for health and welfare or court appointed deputies, should also be considered.
  6. The discussion with the resident about the benefits and risks of allowing proxy access, and their consent or legal justification if they lack capacity, must be clearly documented in the medical records and the care plan in the home.
  7. When consent for proxy access is obtained it is important that the Care Home keep the resident up to date with the level of access granted by the GP.
  8. Care Home proxy access users must be set up with individual, secure email accounts. NHS mail is the recommended service. The NHS mail shared mailbox should be used for resident communications which nominated staff can access and manage.
  9. Once NHS mail or an approved alternative is in place, in the Care Home then they can be set up by the Practice for proxy access to order medications online for their residents. The Care Home should have at least two members of staff authorised and trained on how to use proxy access. Staff should know they are not allowed to share login credentials or give others access to these accounts.
  10. Residents, their carers and families should be told when the new system is up and running.
  11. It is important that the GP Practice is informed of any staff changes/leavers.
  12. Passwords will have to be changed when prompted by NHS mail, and all systems to keep data security kept up to date.
  13. The GP Practice should be notified about any changes relating to the resident’s status, for example when the resident:
* is in hospital
* is moved to another care setting
* has passed away
  1. A data sharing agreement that meets General Data Protection Regulation (GDPR) standards must be put in place between the Practice and Care Home.

## 2. Ordering Repeat Medication

2.1. Prescription requests should be made by authorised, trained Care Home staff on the allocated day and in accordance with the medication cycle planner (as agreed between the Practice, Care Home and Pharmacy).

2.2. The Medicine Administration Record (MAR) chart should be used to cross-reference when ordering repeat medication for residents.

2.3. Before ordering a prescription, stock levels of all medication must be checked, especially ‘as and when needed’ items such as analgesics, inhalers, test strips, and creams.

2.4. Any medication which runs out at different times should be synchronised and appropriate quantities ordered to align prescriptions for the next cycle.

2.5. All repeat prescriptions should be ordered using the online system.

## 3. Acute Prescriptions/Urgent Requests

3.1. The GP may request treatment be started urgently, for example, antibiotics.

3.2. The GP will need to notify the dispensing Community Pharmacy and the Care Home when a prescription is acute and required urgently, for the same working day. There will be local arrangements with the dispensing Pharmacy for cut off times.

3.3. In cases where a request falls outside the operating hours of the Pharmacy, the GP may generate an FP10 to be dispensed at a local Pharmacy.

3.4. To avoid delay in starting treatment, the Care Home will need to arrange with a local Pharmacy for urgent prescriptions to be delivered or collected. This is to ensure medications can be dispensed and treatment started the same day.

## 4. Interim Prescriptions/Mid-cycle Changes

4.1. Mid-cycle requests are to ensure there is enough medication to complete the current cycle and synchronise with the 28-day cycle.

4.2. Mid-cycle requests for unusual quantities can be requested to complete the current cycle:

* to synchronise medicines
* for a new resident
* when a new medication is prescribed for the first time
* for medicines which have been dropped, spilled or refused by the resident
* where additional quantities are required due to increased usage (e.g. analgesics) or dose increased.

4.3. Requests for mid-cycle prescriptions should be made using the online ordering system. An entry needs to be made in the message box to indicate that this is a mid-cycle request including the quantity and where it needs to be sent to if this is different to the regular pharmacy and it is an acute request.

4.4. Care Home staff may request quantities of medication to complete the cycle as well as a further 28 days’ supply. This will allow a supply for the next medication cycle to be assembled at the dispensing Community Pharmacy.

## 5. Receiving Medication

5.1. Dispensed medication should be sent to the Care Home at least 2 working days before the start of the new cycle.

5.2. On the day the medication is delivered to the Care Home, the medications must be checked against the MAR/eMAR chart and online order form, and booked in by an authorised Care Home staff member.

5.3. Any discrepancies should be resolved with the dispensing Community Pharmacy or GP Practice.

5.4. The new MAR chart should be compared with the previous month’s chart. If changes have been made in the interim, the new MAR chart should be amended. The alterations should be signed and dated by 2 members of Care Home staff, adding a reference for the amendment (e.g. note from prescriber) endorsing the changes with the date the alteration was made.

## 6. Amendments to Prescriptions using NHS mail

6.1. Where Care Homes have an NHS mail account, instructions from the GP on how to amend a prescription will be emailed to the Care Home’s shared mailbox for them to action.

6.2. It is the responsibility of all the authorised Care Home staff who have access to the shared mailbox to regularly check the email account and action any changes to a resident’s medication.

6.3. A clear entry in the resident’s care plan should be made and the emailed instructions must be available in the resident’s care plan.

6.4. The MAR chart should be amended to reflect the instructions. The GP should countersign the MAR chart during their next visit to the Care Home.

## 7. Further Information

You might find the following helpful:

NICE Guidance (SC1, 2014) Managing medications in Care Homes <https://www.nice.org.uk/guidance/sc1>

Royal College of General Practitioners, Patient Online Toolkit <https://www.rcgp.org.uk/patientonline>