

# Care Homes Good Practice Guidance

## Monthly medicines ordering

Managing medicines well in care homes relies on having strong systems in place with good communication between care home staff, residents, prescribers, pharmacies, and GP practices. A robust ordering process is crucial to ensure residents receive the correct medication at the right time. To support with the ordering process, [proxy online ordering](#) is also an option available to care homes.

The National Institute for Health and Care Excellence (NICE) Guidance for Managing Medicines in Care Homes ([SC1](#)) states that “**Care homes should retain responsibility for ordering medicines from the GP Practice and should not delegate this to the pharmacy**”. While pharmacies may collect and drop off prescriptions, they should not be responsible for ordering on behalf of care homes. The recommended prescription cycle is every **28 days**; 7 days prescriptions are not required for care home blister packs. Automated repeat dispensing is not recommended for care home residents.

- Care homes should have a written process for ordering medication to ensure consistency and accountability.
- A minimum of two members of staff should have training and skills to order medicines. Although ordering can be done by one member of staff, having a second trained individual gives cover for leave, ensures continuity and reduces errors.
- Care home providers should ensure that **staff have protected time** without distractions to order and to check in medicines.

There are four key stages to the medication ordering process for a care home.

### Stage 1 – Ordering

- Review all stock and reorder monthly prescriptions from GP practice using repeat slips or electronically.

### Stage 2 – Checking Prescriptions

- Check prescription tokens (if provided) against your order or check prescription issued if using proxy online ordering. Photocopy hard copy FP10s.
- Contact GP practice or community pharmacy **immediately** with any issues identified, for example if a requested item is not on the prescription.
- Contact pharmacy if any prescribed items are not required because a pharmacist can “not dispense” a prescribed item if it is not needed.

### Stage 3 – Checking supplied medication

- Check medication supplied by pharmacy against original order or token, current Medicines Administration Record (MAR) chart, and new MAR chart supplied with medication.
- Carry forward PRN (when required) medicines to new MAR chart, document the quantities on the MAR chart.
- If any medicines are missing investigate **immediately** to ensure essential medication is not omitted. This could be an ordering error, an error at the GP or an out of stock.

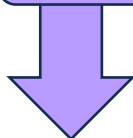
### Stage 4 – Cycle Changeover

- Change over to new medication cycle.



**All stages must be completed by a trained member of staff with allocated protected time, and access to a quiet area**

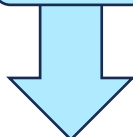
**Week  
One**



**Stage 4: Cycle Changeover**

- Start the medication cycle on an agreed day of the week each month (Day 1 of MAR chart)

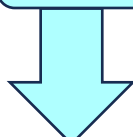
**Week  
Two**



**Stage 1: Ordering**

- Before ordering, check current stock levels in medication rooms, drug trolleys, fridge, CD cupboard and resident's rooms.
- Check PRN (when required) stock and carry forward to the next cycle where possible. Request a review of any PRNs where medication is no longer required or large amounts are remaining at the end of each month.
- Check expiry dates of creams, inhalers, test strips etc before ordering more.
- Check against any recent hospital discharge information if relevant.
- Only order items required that month, annotate on the order any items that have been discontinued or amended.
- Cross reference with current MAR chart and prescription to ensure all current medication is ordered.
- Keep a record of medication ordered, this could be a photocopy of the repeat prescription order slip, or if using proxy online ordering, a record will be available on the system.
- Send to GP practice by agreed day of medication cycle (pharmacy may collect/drop off).

**Week  
Three**



**Stage 2: Checking prescriptions**

- Check prescription tokens (if provided by pharmacy) or prescriptions issued (if using proxy online ordering) against original medication order.
- Contact GP practice or community pharmacy with any issues/discrepancies.
- Contact pharmacy if any prescribed items are not required.
- Pharmacy to dispense prescriptions and check for any discrepancies and out of stock medication. These should be communicated and dealt with **immediately** (either with GP practice or care home).
- Dispensed items are sent to the care home *at least three working days* prior to the new cycle starting. Care home should notify pharmacy if any medication changes occur prior to delivery.

**Week  
Four**



**Stage 3: Checking supplied medication**

- Medication should be checked, and discrepancies resolved as soon as possible so everything is ready for day one of the new cycle.
- Check dispensed supply of medication against order and new MAR chart.
- Check new MAR chart against current MAR chart ensuring complete list of resident's medication.
- Make a note of the amount received and carry forward any remaining stock, recording these quantities on the new MAR chart.
- Handwritten entries including interim medication should be double signed by another appropriate staff member (including for electronic MAR charts).



# Proxy Online Ordering (Electronic Prescription Ordering)

Proxy access refers to access to GP online services by somebody (authorised care home staff) acting on behalf of the resident and with the resident's consent.

GP practices can set up proxy access to repeat medications only, meaning that care home staff cannot see anything else in the record. If, however, a resident does not want care home staff to have proxy access to *any* part of their record, including repeat medication, the care home must continue using a paper-based process.

What are the benefits?

- **A reduction in risks and issues** associated with ordering, and dispensing repeat medicines, improving clinical safety, improving quality of care, and reducing risk of harm from medication errors.
- **Time saving** for both the care home and GP practice. Online ordering enables the care home to see what is prescribed on repeat on the GP clinical system, they can view the quantity on repeat, the directions for administration, and the date of last issue.
- Removes duplicated work in the practice.
- Reduced care home queries, phone calls, and emails.
- **Improved communication** and working relationships between all.
- Reduces footfall in care homes, GP practices and community pharmacies.
- Provides a digital robust **audit trail** and improves **data security**.
- The care home staff can order **at any time of the day or night**, improving accessibility and therefore ensuring medicines are ordered and received in a timely manner.
- This approach frees up valuable time for patient care across a collaborative network encompassing community pharmacy, care homes and GP practices.

Please refer to the following guide for more information on proxy ordering and a step-by-step guide on how to set up:

<https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/>



## Interim/mid-cycle changes

Mid-cycle requests may be required to ensure there is enough medication to complete the current cycle and synchronise to the 28-day cycle. These requests can be for unusual quantities and may be requested for reasons such as:

- A new medication has been started.
- A new resident admission.
- Where medication may have been dropped, spilled, or refused by a resident.
- Where extra quantities are needed due to a dose change.
- To synchronise medication.

For further guidance on mid-cycle medication changes, see the following [link](#).

## Acute/urgent requests

If a prescriber issues a prescription for an acute medication (e.g., antibiotics, new medicines, or dose changes), follow these steps to ensure it is processed and dispensed promptly:

### Electronic Prescriptions:

- The prescription will be sent electronically and held on the NHS spine until the pharmacy downloads it.
- While the pharmacy expects routine monthly prescriptions, acute prescriptions are not automatically anticipated and must be requested separately.

### Notifying the Pharmacy:

- For urgent medications such as antibiotics, **contact the pharmacy directly** to inform them that an acute prescription has been sent.
- This will ensure the pharmacy downloads the prescription promptly and arranges for timely dispensing and delivery.

### Out of Hours Requests:

- If the prescription is needed outside your usual pharmacy's opening hours, **ask the prescriber for a paper prescription (FP10)** or use a token which can be downloaded by the dispensing pharmacy.
- The FP10 can then be taken to a pharmacy with extended opening hours for immediate dispensing ([Find a pharmacy - NHS](#)) or the token can be downloaded at your request from the spine.



## Additional References

- [Managing medicines in care homes, NICE Guidance](#)
- [NHS England, ordering medication using proxy access: Guidance for care homes, GP practices and community pharmacies](#)
- [Care Homes Good Practice Guidance - Reducing Medicines Waste in Care Homes](#)

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