

Care About Medicine

Providing information, support & guidance on managing medicines safely and effectively in a social care setting

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In this Issue

- Proxy ordering
- Residents going into hospital
- Rivastigmine patch update
- LeDeR assurance
- Hospital discharge & thickeners
- Halving tablets
- Expiry dates once opened

Proxy Ordering

Proxy ordering allows care home staff to order medication on behalf of their residents. Access is granted to allow them to act as a 'proxy' on the residents' behalf. This means they will be able to request repeat prescriptions using the GP's online system. Proxy access was developed to allow people nominated by the resident to access and manage aspects of the resident's GP online services account e.g. to order repeat prescriptions.

Care home staff will be able to order repeat medicines on behalf of their residents through the GP system by using Proxy access. Staff are given their own account rather than using the patient's

own login details. Care home staff will not be given access to the GP clinical system or the patient's full record through this process. Benefits to online ordering include:

- Care home has more control over the ordering process of medication.
- Good audit trail of what has been requested and actioned.
- Helps improve communication between the care home and the GP practice(s).

If you are interested in setting up proxy ordering in your care home, please speak to your GP Practice.



Residents Going into Hospital

When care home residents go into hospital it is important that they are sent in with all their medication whether that be in a Monitored Dosage System (MDS) or original container (including their insulin, injections, patches, eye drops, inhalers, creams, suppositories, dressings etc). This is important in order to ensure an accurate medicines reconciliation process and to avoid any disruption to continuity of care. A photocopy of the most up to date MAR chart, body map, patch chart and PRN protocol should also be sent.



LeDeR Assurance on Medication Timeliness

The LeDeR programme is a national NHS initiative that aims to improve care and reduce avoidable deaths among people with learning disabilities and autistic people. In Nottingham & Nottinghamshire, the programme is delivered by the Nottingham & Nottinghamshire Integrated Care Board (NNICB) LeDeR team.

When an adult with a learning disability or autism dies, a review is carried out using health and care records, along with information from any relevant external investigations. Each review examines the care provided, identifies good practice, and recommends improvements where needed, including

SMART actions. Findings are then shared with care providers to support learning and service improvement.

Recent LeDeR reviews in Nottingham & Nottinghamshire have highlighted delays in the timely collection and administration of urgent medication for patients. These delays present a clear risk of avoidable harm and preventable death.

To support improvement across system services, we are now asking care providers to return a short, standardised assurance email confirming that appropriate processes and training are in place. Please return to - nnicb-nn.lederprogramme@nhs.net

The Provider Assurance Statement email that will be sent out for completion is as follows:

Subject: Urgent Medication – Provider Assurance Statement

*Dear Nottingham & Nottinghamshire Integrated Care System colleague,
I confirm that:*

- 1. Our service has an up-to-date policy/protocol in place that ensures:*
 - Same-day - prescription,*
 - Same-day - collection,*
 - Same-day - administration**of urgent or time-critical medication.*
- 2. All relevant staff have been made aware of this requirement, and training has been delivered where needed.*
- 3. These processes are now included within our induction programme for all new staff.*
- 4. We are confident that these arrangements enable safe and timely administration of urgent medication.*

Further information on LeDeR can be found on [NHS England website](#) and [Nottingham & Nottinghamshire ICB website](#)

Hospital Discharge & Thickeners

When a person is discharged from hospital with thickeners these may be sent out without a label. In these cases, it is important that the home checks the discharge information to clarify that the thickener is for that person and then add a name label to the container stating the residents name and date. It is important to ensure clear detailed information is received from a Health Care Professional for any nutritional supplements and thickeners that have been received e.g. information on consistency and administration of a thickener from a Speech and Language Therapist (SaLT). If this information is missing the discharging ward should be contacted for advice.

Halving Tablets

In circumstances where the pharmacy refuses to halve tablets and staff are required to undertake the splitting of tablets a tablet cutter should be used (which can be purchased from a pharmacy). The pharmacy should be requested, if possible, to dispense the medication in an amber bottle. The dose required should be given to the resident and then the remaining half of the tablet placed back in the amber bottle. If medication is not stable out of its original packaging the remaining half should be disposed of as per the organisation's disposal procedures. It should not be placed back into the medicine bottle/packet. Any concerns should be discussed with the supplying pharmacy. It is best practice that residents have their own tablet cutters/crushers.

Expiry Dates of Medication Once Opened

It is important that the date of opening is written on medication especially creams, eye preparations and liquids to ensure you are following the manufacturers guidance and the medicine is fit for use. Once opened some medicines have a limited shelf life. Always check the packaging and patient information leaflet on **all** medication for manufacturers information on product storage and expiry information when opening a new box or bottle. A symbol may also be on the container to advise of the expiry once opened. See page 112 of our [‘Guidance for the Management of Medicines in Social Care Establishments’](#) for further guidance of expiry dates of medicines once opened.



Don't forget to check expiry dates for dressings, medication syringes and other equipment used during medicines administration as these may have an expiry date.

Rivastigmine Patches

Alzest® (rivastigmine) transdermal patches have been discontinued. Patients previously using this brand may be prescribed alternative rivastigmine patches. Although Nottingham and Nottinghamshire ICB does not promote the use of twice weekly patches, Zyzest® may still be prescribed. It is important to note that these patches are the same strength as the once daily formulation, and appropriate care should be taken when booking in and administering.

Staff must be aware that Zyzest® patches are applied twice weekly, rather than once daily, which represents a significant change from the administration schedule of Alzest® and other daily rivastigmine patches. It is essential that medication administration records (MAR charts) are updated accurately, staff are fully informed of the different dosing frequency, and clear systems are in place to ensure patches are applied and removed on the correct days. Failure to recognise this difference increases the risk of dosing errors, including missed doses or inappropriate over application, which may impact treatment effectiveness and patient safety.

Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication.

If you need any further information on medicines management please contact us as follows:

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