

# Medicinal product supplies to nursing homes and to other residential care settings

- Position prior to November 2008:
  - *Pharmacy Acts 1875 to 1977*
  - *Prescription and Control of Supply Regulations 2003 (as amended) and the MDA Requirements*
- Position post November 2008:
  - *Pharmacy Act 2007 (Part 5)*
  - *Regulation of Retail Pharmacy Businesses Regulations 2008*
  - *Prescription and Control of Supply Regulations 2003 (as amended) and the MDA Requirements*

## **Medicinal product supplies to nursing homes and to other residential care settings**

- Since November 2008, all has changed
- All medicinal products that are supplied to these homes must be obtained from retail pharmacy businesses
- All supplies must be made by or under the personal supervision of a pharmacist
- The statutory review of medicine therapy and the counselling of patients obligations apply in full
- The POM prescription requirements also apply in full

# Required standard of care

- Where medicinal products and pharmacists are concerned, the patients in any of these homes are entitled to the exact same quality of care and service as if they were in their own homes

# Misuse of Drugs Acts 1977 to 2006

## Misuse of Drugs Regulations 1988

- An implicit definition for a hospital or nursing home: i.e. *“one which is wholly or mainly maintained by a public authority out of public funds or by a charity or by voluntary subscriptions”* (Art.8(1))
- This effectively divides hospitals and nursing homes into two categories: namely public and private
- The arrangements for the supply to, distribution in and use of CDs for each of these two categories differ greatly and they impact on all medicines

# Nature of Impact on supply etc. (1)

	<b>Public Hospitals and Nursing Homes</b>	<b>Private Hospitals and Nursing Homes</b>
Authority to <u>possess</u> CDs:	Full authority	None – a licence would be required
Authority to be supplied with CDs:	On order from hospital pharmacist; or on requisition from Matron signed by practitioner	None, - except on a prescription issued in respect of a particular patient.
Use only in accordance with directions of practitioner:	Yes, as given by various means, e.g. verbal (often confirmed in cardex or bed chart, etc.)	Yes, - but only as conveyed in a written prescription in the name of a patient.
Status of cardex as prescriptions	None, - just evidence of use in accordance with practitioner's direction	None

# Nature of Impact on supply etc. (2)

	<b>Public Hospitals and Nursing Homes</b>	<b>Private Hospitals and Nursing Homes</b>
Status of ward stock:	May be held either as ward stock or as dispensed in name of a patient	None. Any medicines held must have been supplied on foot of a valid prescription
Status of stock on a trolley:	As above	As above

# Complexities in nursing and care homes – many players – many authorities

- **A complex area with many players:**
  - The patient
  - The next-of-kin
  - The nursing staff
  - The nurse manager
  - The medical practitioner
  - The pharmacist
  - Other care staff
  - The nursing home owner
- **All have their responsibilities to discharge in the interests of the care of the patient**
- **Only the medical practitioner is entitled to prescribe. Only the patient or carer is entitled to possess and/or receive and the pharmacist may only supply on foot of a valid prescription that is in his or her possession.**
- **Cardexes and bed charts have no status as prescriptions.**

# REMEMBER: the golden rule of thumb:

- the patients in any of these homes are entitled to the exact same quality of care and service as if they were in their own homes
- No more and no less