



Care Homes Newsletter

No. 5



Ipswich and East Suffolk
Clinical Commissioning Group

February 2016 - April 2016

Medicines management update

Gluten Free Food

IESCCG have made significant changes to the prescribing of gluten free (GF) foods within our locality.

From 15 January 2016 GF foods will no longer be available on prescription for patients over the age of 19. For patients aged 18 years or younger they will now only be able to order a maximum of 8 units per month of bread, rolls, flour, pasta or a combination of foods.

With NHS finances stretched, hard choices have been made for the following reasons:

- A wider range of GF products are now available at supermarkets.
- Many carbohydrate foods are naturally GF, such as potatoes, rice and some noodles.
- GF products are often more expensive when prescribed than prices in the shops.

Food first and sip feeds reminder

“Food first” should be the first line treatment for residents who have a reduced appetite, are eating less or have weight loss.

Care homes should offer high calorie snacks between meals, offer nourishing drinks and fortify meals. Patients identified as being malnourished or at risk of malnutrition with a score of 2 or higher on the Malnutrition Universal Screening Tool (MUST) should be referred to the dieticians.

Sip feeds and other oral nutritional supplements should only be given

to the resident who has been prescribed these. If a resident is not tolerating or refusing sip feeds this should be highlighted to their dietician or GP.

Barrier creams and films

If a barrier cream is needed then Conotrane should be tried first, in all cases.

If a barrier film is needed, which should only be used for peri-wound protection, then Secura should be requested. This is the CCGs barrier film of choice and no request of Cavilon should be made.

Please can we remind nursing homes they should be using the nursing home dressing and emollients request form. This form contains an up-to-date list of formulary items.

[Nursing dressing form](#)

Update from Clinical Support Manager - Ben Harvey

Controlled drugs in Care Homes

The CQC requires providers to have clear procedures, that are followed in practice, monitored and reviewed, for controlled drugs, including:

- Investigations about adverse events, incidents, errors and near misses
- Sharing concerns about mishandling
- Systems in place to reflect on the findings of reviews and audits, i.e. learning from adverse events

- Systems in place to ensure they comply with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971, and their associated regulations, the Safer Management of Controlled Drugs Regulations 2006, relevant health technical memoranda and professional guidance from the Royal Pharmaceutical Society of Great Britain and other relevant professional bodies and agencies.

Incidents involving CDs must be reported to CQC and the Accountable Officer for Controlled Drugs, NHS England Area Team. The Accountable Officer for East of England is Melanie Clements – email: england.ea-cdao@nhs.net.

[CDs Best Practise Guide](#)

[Incident Reporting Form](#)

Anaphylaxis

As you all know anaphylaxis is a life-threatening condition. A protocol for the management of anaphylaxis and use of adrenaline (epinephrine) 1:1000 injection should be available in the care homes with nursing. Further information on how to recognise and deal with anaphylaxis reactions can be found at resus.org.uk.

Training Sessions

Preparing for Revalidation

If you are a registered nurse working for a smaller social or primary care provider there are FREE workshops available for FoNS. These workshops will help with the process of revalidation, which has recently changed. [Click here](#) for more information.

[Nurse Revalidation Workshops](#)

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