

Questionnaire - Should my care home implement the medicines re-use scheme?

COVID-19 has meant there could be the need for some care homes residents/patients to use medicines intended for someone else. The purpose of this scheme is to allow timely access to essential prescribed medicine during the COVID-19 pandemic. This scheme should not be implemented in an urgent situation but it could help the home if considered in advance of an exceptional circumstance such as when medicines stocks are low in the country.

- ✓ **Think** about this framework **well before** your patient requires any medicines.
- ✓ Discuss the benefits with your healthcare teams including your **pharmacy leads**

Further details of the Department of Health and Social Care standard operating procedure can be found [here](#).

Questions to help you decide

A. Capacity at the care home

- 1) Do you have enough medicines storage?
 - Drugs for pain are often controlled drugs- will you have space in your CD cupboard for a sealed 'patient returns' container?
 - Drugs such as eye drops are required to be kept in the fridge
- 2) Is the home able to implement a new process with regards to medicines reuse?
 - Do you have a support team to contact? e.g. Community Pharmacist/ Care Home pharmacist/Practice Based Pharmacist
 - Do you have a steady workforce to be able to implement the scheme? For example, is a good proportion of staff trained in medicines and their administration?

B. Need at the care home

- 1) Can you foresee a situation where a patient may not receive timely medicines?
 - Consider the medicines and the patient's need. For example is there a stock supply problem with a particular medicine which means the usual pharmacy cannot provide medicines for pain/ breathlessness etc.
 - Does the vicinity of the pharmacy or hospice make a difference?
 - Are there other ways you might be able to get timely medicines? e.g. Out of Hours or palliative care supply scheme
 - Is there a need because of the type of patients or the type of the home? For example patients who may be more frail or when deterioration may be faster; step-down patients following a COVID related admission, patients at the end of life.