



Medicine Matters

The Newsletter for Care Homes

October 2021

Issue 11

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Welcome to our newsletter discussing Medicines Optimisation issues in Care Homes (MOCH).

Welcome to the Frimley ICS Medicines Optimisation in Care Homes (MOCH) newsletter focusing on medicines related issues in care homes. This newsletter is compiled by the Frimley ICS MOCH team and contains items that will be of interest to care home staff, managers and nurses.

The Medicines Optimisation in Care Homes (MOCH) team work to support care home residents and care homes across the Frimley ICS region in medicines management related issues and medication review. It is an exciting and growing service that will be linked with others in the local primary care networks. The service will support care homes by providing good practice guidance and with projects which will benefit care homes, staff and residents.

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Update on SENNA! New labelling requirements and OTC pack sizes

There are new labelling requirements and pack size availability over the counter for the stimulant laxative Senna. MHRA regulatory changes means that manufacturers must relabel products to clarify that the active substance are 'sennosides'. Previously, these were labelled with the generic name Senna. The change has happened following a wider review of stimulant laxatives that the MHRA conducted in 2020 to improve patient safety.

The name has changed, and the packaging might change, but the product is still the same.

The new name may be presented in different ways:

- Sennosides
- Sennosides (as calcium salt)
- Calcium sennosides

7.5mg Senna is the same as 7.5mg Sennosides (or any labelled above).

You may notice these name changes when receiving medication from the supplying Pharmacy.



Changes to pack sizes will also mean large packs of stimulant laxatives will no longer be available from general sale outlets such as newsagents and supermarkets. General sale outlets will continue to sell smaller packs of senna (up to 20 standard strength tablets, 10 maximum strength tablets or 100ml senna solution/liquid).

Meet our newest team member!

Jeremy Woolf - EMIS Proxy Admin Support

My role is to support the Medicines Optimisation Care Homes (MOCH) Team in the implementation of EMIS Proxy for Care Homes.

My past experience was with the Airline Industry where my career spanned 35 years mainly in Crew Training. I find there are quite a few similarities between Airline and NHS of which safety is the top priority for both.

I joined Frimley Health NHS Foundation Trust in April 2020 and am currently part of the Governments Vaccination Programme as a Health Care Assistant, and I continue with that role working in a number of vaccination centres shared with my Care Homes duties.

If you need help with:

- secure emails
- applying for proxy access
- resident consent form queries
- Data Security and Protection Toolkit (DSPT)

then please contact me on: jeremy.woolf1@nhs.net or mobile:07880 411633

I am excited to make a difference to both the MOCH team and the care homes we support in implementing EMIS Proxy.



WINTER IS COMING- ARE YOU PREPARED?

Extra demands on services during winter can have an impact on all social and NHS services including care homes and hospitals. This may be made more severe by any increase in illness related to seasonal flu and so preparation is important for this time of the year. Here is some information about winter illnesses that you may be exposed to:

Flu (Influenza)

It is expected that winter 2021 to 2022 will be the first winter in the UK when flu (and other respiratory viruses) will circulate alongside COVID-19. Flu and COVID-19 have the potential to add to NHS winter pressures, particularly if both co-exist at the same time. Flu is a major killer of vulnerable people. People aged 65 and over and people with long-term health conditions including diabetes and kidney disease are particularly at risk. The best way to reduce the risk of getting flu is for residents to have the flu jab. It gives good protection against flu and lasts for one year.



FREE FLU VACCINES FOR STAFF - Help protect yourself, your family and your residents

As a frontline care worker, you're more at risk of being exposed to flu, and then spreading the virus, so vaccination is a vital part of infection control. It will help stop flu spreading and protect those who are at increased risk from complications. This includes older people and those with underlying health conditions.

That's why it's important to get your **FREE** flu jab as soon as possible to protect yourself, your family and the people you care for.

Flu virus strains change, so it's important to have a flu jab every year ahead of the flu season. And remember, having a flu jab can't give you the flu. Please also encourage visitors to your care home to also get their jab to help protect their loved ones.



Community Pharmacies are able to vaccinate care home residents and staff in care homes this year through NHS pharmacy services.

MYTH
Flu isn't such a big deal.

A blue, spiky virus-like character with a sad face.

FACT
On average 8,000 people die of flu in England every year, some years that figure reaches 14,000.

A pink, spiky virus-like character with a sad face.

MYTH
The flu vaccine gives you flu.

A green, spiky virus-like character with a sad face.

FACT
The adult flu jab doesn't contain live virus so its impossible to get the flu from it.

An orange, spiky virus-like character with a sad face.

MYTH
The side effects of the flu vaccine are really bad.

A blue, spiky virus-like character with a sad face.

FACT
The side effects of the jab are usually mild or non-existent.

A pink, spiky virus-like character with a sad face.

MYTH
Eating well and washing my hands will protect me from the flu.

A green, spiky virus-like character with a sad face.

FACT
Hand washing and a healthy diet are both beneficial, but the vaccine is the single most effective protection against flu.

An orange, spiky virus-like character with a sad face.

MYTH
You must avoid other people after your flu jab because you'll be infectious.

A blue, spiky virus-like character with a sad face.

FACT
The vaccine cannot give you flu so you wont be infectious. You can carry on as normal.

A pink, spiky virus-like character with a sad face.

MYTH
It's only old people who need the flu jab.

A green, spiky virus-like character with a sad face.

FACT
Anyone can have the flu jab and it's especially recommended for frontline healthcare workers and people who are vulnerable.

An orange, spiky virus-like character with a sad face.

Norovirus

Also known as the winter vomiting bug, norovirus is an extremely infectious stomach bug. It can strike all year round but is more common in winter. The illness is unpleasant but it's usually over within a couple of days. Young children and the elderly are especially at risk. When people are ill with vomiting and diarrhoea, it's important to encourage them to drink plenty of fluids, including soups, to prevent dehydration.



Colds

You can help prevent colds by washing your hands regularly. It's also important to keep the care home and any household items such as cups, glasses and towels clean, especially if others in the care home are ill. Encourage residents to use disposable tissues instead of cloth handkerchiefs to avoid constantly re-infecting their own hands.

Medicines Management Tip: If the home keeps a stock of homely remedies, ensure these are within expiry date and supplies are sufficient. Ensure administration of homely remedies is recorded accurately.

Asthma

Cold air is a major trigger of asthma symptoms, such as wheezing and shortness of breath. People with asthma or other respiratory conditions should be especially careful in winter and residents going out are advised to keep well wrapped up. Keep reliever/rescue inhalers close by. If the resident starts wanting/ needing to use the rescue inhaler more often alert the GP; this could be an indication that asthma control is getting worse.



Medicines Management Tip: Reliever inhalers should not be discarded each month and re-ordered if they are not expired and still fit for use. Ensure orders are placed within a reasonable time to avoid missed doses.

Dry skin

Dry skin is a common condition and is often worse during the winter when environmental humidity is low and central heating is switched on. Drinking plenty of water or soft beverages and moisturising is essential during winter.

Medicines Management Tip: The best time to apply moisturiser is after a bath or shower while the skin is still moist, and again at bedtime if needed. Pay importance to particularly dry areas. Ensure you are aware of the expiry dates of emollients. Large pump dispensers do not need to be discarded every month.

Management of outbreaks of influenza-like illness (ILI) in care homes

Recognising outbreaks

The Public Health England (PHE) definition of influenza-like illness (ILI) in care home residents to support public health action within the care home setting includes a raised temperature of 37.8°C or higher. However, it is acknowledged that older persons may not always develop a fever with influenza.

Definition for an Outbreak of Confirmed Influenza

At least one laboratory confirmed case of influenza **AND** one or more cases which meet the clinical case definition of ILI*, among individuals (residents or staff) with an epidemiological link to the care home, arising within the same 48-hour period.

* The PHE ILI case definition for use in care homes is as follows:

- (i) Oral or tympanic temperature $\geq 37.8^{\circ}\text{C}$ AND one of the following: acute onset of at least one of the following acute respiratory (AR) symptoms: cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing OR
- (ii) an acute deterioration in physical or mental ability without other known cause

Report outbreaks to your local health protection team seven days a week

In the event of an outbreak of infectious disease such as 'flu in a care home, your health protection team will provide further guidance on outbreak management as well as checklists on how to control the spread

of infection.

To report an outbreak during office hours (Mon-Fri 9am-5pm), **Telephone: 0344 225 3861** and select the extension of your local team: 2 Hampshire, 3 Surrey, 4 Thames Valley.

Enter the care home's postcode in the following web link to find details of your local health protection team: www.gov.uk/health-protection-team

Thames Valley

- Out of hours urgent enquiries: 0844 967 0083. Email: ICC.TVPHEC@phe.gov.uk

Surrey and Sussex:

- Out of hours urgent enquiries: 0844 967 0069. Email: ICC.SurreySussex@phe.gov.uk

Hampshire and Isle of Wight

- Out of hours urgent enquiries: 0844 967 0082. Email: ICC.HIOW@phe.gov.uk

In the event of an outbreak of infectious disease such as norovirus or flu in your care home, your health protection team will provide further guidance on outbreak management as well as checklists on how to control the spread of infection.

Why 'MUST' we record and monitor height, weight, nutrition and hydration in care homes?

It is important care home residents have an up-to-date height and weight documented on their GP medical records and care plans in the care home. This is so the most current information is available for the GP when assessing residents and reviewing their medication. Losing a little **height** is a normal part of the ageing process – we typically lose 1cm height for every 10 years after the age of 40, the speed of this height loss increases over the age of 70. So, the height of a resident on admission is unlikely to be the same as the height they had as a young adult.

Ensuring residents have enough to eat and drink to meet their **nutrition and hydration** needs is a key responsibility for care homes as per CQC Regulation 14 [Regulation 14: Meeting nutritional and hydration needs | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications-and-reports/regulation-14). New residents may experience low mood, reduced appetite and weight loss whilst settling into their new environment and should be monitored regularly and supported with this transition by discussing their dietary preferences and routines. During the pandemic, Dietitian colleagues have reported some elderly patients have lost as much as 10% body weight due to loss of appetite with or without loss of taste and smell when unwell with COVID-19.

MUST (Malnutrition Universal Screening Tool) is a monitoring tool to help identify residents most at risk of malnutrition. It is calculated using height, weight, and changes in weight. Regular, accurate weights and a current height are important to monitor nutritional risk and enable prompt, appropriate support.

Weight can be used to calculate drug dosages, assess fluid balance, and assist in estimating renal function by calculating creatinine clearance. An '*old weight*' or lack of recorded weights may prevent optimal care and lead to potential problems with treatment, such as impaired drug elimination or accumulation of medication.



Dehydration can contribute to increased confusion, tiredness, constipation, UTIs, falls and delirium. Monitoring fluid intake can also be helpful in reducing the risk of avoidable acute kidney injury.

- Aim for at least 6-8 drinks a day
- For residents at risk of malnutrition, include at least two 'nourishing drinks' daily such as homemade fortified milkshakes, fruit juice or hot chocolate.

Top tips for meeting residents' nutritional needs during winter

- A persistent cough can be exhausting and uses up energy, so 'make every mouthful count' by enriching the food for example adding extra cream, skimmed milk powder, butter or cheese.
- A teaspoon of honey may help soothe a cough
- Encourage residents to eat little and often
- Be mindful of those with underlying dysphagia – ensure they are sitting upright and are alert when eating/drinking. Follow SLT advice on IDDSI food/fluid levels.
- Even if residents cannot taste/smell food, it is important to encourage residents to continue to eat and drink as normal in order that they get the nutrition that they need
- Offering hot food and soups may help the resident feel warmer.

MYTH: Emollients don't have a fire risk; it is just a rumour

MYTHS
BUSTED

FALSE!

Please be aware of the fire risk associated with emollients.

The CQC website states:

'People and carers should understand the fire risk associated with the build up of residue on clothing and bedding and take action to minimise this risk'

'There is a fire risk with all paraffin containing emollients, regardless of paraffin concentration'.

This risk cannot be excluded with paraffin free emollients. The risk may also apply for other products which are applied to the skin over large body areas, or in large amounts for repeated use for more than a few days.

To reduce the risk you can:

- Advise residents who use emollient creams the risk the creams may pose
- Advise people who are using emollient creams not to go near anyone smoking or using naked flames.
- Change residents clothing and bedding regularly because emollients can soak into fabric and can become a fire hazard

For more information please see:

[External medicines such as creams and patches | Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)

[Safe use of emollient skin creams to treat dry skin conditions - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients - GOV.UK \(www.gov.uk\)](https://www.gov.uk)