

Frequently Asked Questions – Care Homes proxy access for ordering medication online



Digital Primary Care & Implementation team – NHSX

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1 Accounts

No.	Question	Answer
Q1.	What does resident proxy access for ordering medications mean?	Care home staff can order online medications on behalf of their residents in their care.
Q2.	Do care homes have to have individual accounts for care staff?	Individual accounts must be set up for all care home staff members that are to be given proxy access for data security reasons. All the residents for that care home will be showing so they choose which resident they wish to access; this can be for more than one GP if using the same GP system.
Q3.	How does monthly ordering and ad hoc ordering occur?	Monthly and ad-hoc ordering goes through the system, however there is a slightly different process for both
Q4.	The residents we support do not have capacity, is this still something that can happen?	Yes, best interest decisions can be made via the GP or care home staff - See Guidance for further information slide 11 – click here
Q5.	Is this proxy access for the NHS App only or all NHS approved apps?	NHS App is only for individuals not currently recommended for care home use for ordering medications.

2 Care home, practice, CCG operations

No.	Question	Answer
Q1.	What happens if care home staff are off sick, who then requests the medication for their assigned patients?	Every care home staff has access to all residents. It is the care home's responsibility to inform the surgery of any staff leavers or joiners. See Guidance for further information supporting document 2d. – click here
Q2.	How are patients who are on controlled drugs medication and need monitoring managed?	Process for ordering medication is the same online - just tick the box to request

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Q3.	What members of care home staff can order medicines?	This is dependent upon who the care home has trained and deemed compliant to handle medications, via their end to end process.
Q4.	How many people can order, especially given the potential increase in sickness during COVID-19?	There are no limits to how many people can be set up by the practice that can order by proxy for EMIS & TPP SystemOne
Q5.	What happens if a care home manager leaves or if the nhs.net account is set up, but unused/unmonitored?	This has been recognised nationally and there is a lot of work going on around supporting the use of the shared NHSmail inboxes in care homes. Individual accounts are set up to avoid these issues. Every care home staff has access to all residents. It is the care home's responsibility to inform the surgery of any staff leavers or joiners. See Guidance for further information supporting document 2d. – click here
Q6.	Does each patient in the care home need to be registered with GP online services?	No, residents don't need to be registered for GP online services for proxy access to be given.
Q7.	Who is responsible for medication prescribing accuracy?	The prescriber of the medication has overall responsibility. However, part of the process for ordering medication is that all health care professionals are responsible for checking medication before completing the order. This does not change current process and policy for managing medication errors.
Q8.	Can you order a different quantity of medication to help align patients to the home cycle?	Yes - this can be done in the message sections of the online request.
Q9.	How do care homes order acute prescriptions using the EMIS system?	No change to current process if an acute prescription is urgent, a call may be required. If enabled, you can use the messaging sections in the systems as managed locally.
Q10.	Can a large care home (120), linked to one practice, with 3 different floors each running on a different cycle, have three different logins or does the entire care home have just one login?	Care staff must be set up with individual accounts and there is no limit on the amount of accounts that can be set up for one home.

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Q11.	How do you ensure proxy ordering is maintained at the practice, especially when staff leave and do not inform the surgery?	Building strong relationships and trust from the outset with key stakeholders is vital. Setting and managing an agreed process and making it business as usual is key to long term success. Every care home staff has access to all residents. It is the care home's responsibility to inform the surgery of any staff leavers or joiners. See Guidance for further information supporting document 2d. – click here
Q12.	If you are using a member of staff's phone, does this not create contamination passing it from staff to resident?	Infection control procedures have not changed - there is a risk with any object being passed from staff to resident and staff phones should be treated in the same way.
Q13.	Have you any plans to issue supporting guidance for practices to help them understand the care home medication cycle?	You must engage and build a relationship with the care home and pharmacy supplier as they will happily share the cycles, they must enable your understanding. It's one of the key conversations to have as part of the project to make this work for all stakeholders to address any issues or changes that are to be made in the workflow.
Q14.	What major teething issues did you experience when initiating the proxy ordering? How did you overcome them?	<p>Maggie – Manor Lodge Care Home Deputy Manager No major teething issues. Care UK instructed us to request medication a week earlier when we went live due to COVID 19, therefore we had to create a lot of custom requests for the first month when ordering as the prescriptions were not due, this took a bit longer than the second time we ordered and submitted requests as we were able to just click the box and hardly any custom requests or notes needed.</p> <p>Tameside & Glossop CCG Medicines Optimisation/Management Teams Getting agreement from GP and DPO on what would be shared. E.g. some GPs wanted to share more than medication ordering information, and some didn't. We are currently not sharing any other</p>

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		<p>information; this may be changed in the future and each individual practice may decide whether they want these shown or not. Getting best interest forms signed from GPs can take some time, especially now when they have other priorities. The NHSX guidance suggests the care home could sign the best interest form and this would likely speed up the process greatly.</p> <p>Getting the practice staff to add the new residents to the homes online account, this is mainly because it takes the staff a while to get used to doing this. I have found as staff have done it more and more it has become part of the registration process for a new resident. It is useful if the care home sends the proxy request forms together with the initial registration form to the practice as part of their admission process.</p> <p>The guidance available now will eliminate a lot of the initial troubles we had as we were working alone with very little guidance available from EMIS and patient access.</p>
Q15.	Can CCG pharmacists who are working remotely help with this plus their CCG technicians?	Yes, this will need to be planned and agreed locally.
Q16.	Can any member of staff at the care home order medicines?	Engaging with the care home you will find there are already authorised members of staff that order and administer medication. The same staff would be set up for ordering the medication by proxy.

3 Data Security

No.	Question	Answer
Q2.	What patient information do care home staff have access to, just repeat template, or other clinical info?	It depends what access is given by the practice as they remain the data controller. With standard proxy access, the care home can access demographic information and medication that's available

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		for order. Any further access would need to be discussed with the practice and care homes locally.
Q3.	Who provides the data sharing agreement, is it your clinical system?	There is a template in the guidance. This has been signed off by NHS England Information Governance (IG) team for use and adaptation locally for implementation – click here DPIA's have been completed as needed locally.
Q4.	Does the care home have to complete the Data Security & Protection Toolkit (DSPT) prior to commencing proxy online medication ordering?	No, the DSPT is for getting secure NHS mail but has been relaxed until 30th September 2020. However, completion is encouraged for best practice. See guidance – click here
Q5.	The current fast track of NHSmail accounts has a DSPT waiver attached to it, but if they are getting access to a clinical system (as a proxy) then will they need the DSPT in place?	No, when accessing via proxy they are not directly accessing the clinical system, however a secure email is encouraged as best practice; the advice is not necessarily NHSmail as different providers have different ways of working. Some have an accredited email; there is currently a national drive and an accelerated process for care homes who do not have a secure email. Information and support here: click here
Q6.	Will this service be available for care homes whose residents are not able to give consent to proxy access?	Yes, a best interest decision can be made by carers and the practice as agreed locally. Please refer to the guidance for the authorisation form – click here
Q7.	How is identity verification carried out for the staff, especially during this COVID-19 climate?	Care home managers sign to verify their staff via telecommunications, email and/or video call. Most staff at a given practice will know the care home in question and will follow their local process.
Q8.	Do EMIS proxy consent forms need completing if the care home already has permission to order medication (e.g. via paper)?	Yes, this would be best practice to record you have informed the residents. Please refer to the guidance for the authorisation form – click here

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Q9	How are other areas managing sending/receiving secure patient information to non-NHS email addresses? For example, sending p2's to a care home? Some care home servers block the secure email, but the homes won't use NHS mail.	The most secure route to send emails is nhs.net to nhs.net as information is automatically encrypted. If you need to send an email to a third party not on nhs.net or another secure email address the steps outlined in the guidance, ensure the email is encrypted. More information on Slide 8 of DSPT and NHSmail guidance doc: click here to view
Q10.	What are the DPST requirements for the Care Home?	Data Security Protection Toolkit (DSPT) for Social Care - DSPT was relaxed for social care until 30.09.20 to be able to roll out NHSmail and use of MS Teams asap during the COVID initial response period. There is recovery work being planned currently in the regions for the DSPT and how we go back and support social care in completing this. Over the next couple of months NHSX is looking at 'COVID19 security debt' which will include reviewing extensions, exemptions, etc. from cyber security standards and we hope to have an updated position by the end of July. Entry level compliance is enough for social care providers to have NHSmail.
Q11.	I have noted in some of the discussions that there appeared to be a difference of opinion re the need to get consent but also that the national guidance indicates that it should be gained, does that even apply to the COVID period or is that more when we return to business as usual?	This has all been through the IG at national level. For ordering of medication by proxy for the care home/s this is a change from paper to electronic, therefore consent in its legal form is not needed (they have already consented for the home to order medication but on paper), but the residents must be informed (GDPR) and this must be documented as best practice. The form does this in the guidance as terminology advised was authorisation/informed, how you adapt to record this has been completed and used locally is up to you. Locally you must decide the details of how you do this, but the guidance is best practice and encouraged to be followed. It really

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		<p>does not take that long. If residents lack capacity, a best interest decision can be made, and the form signed by the care staff or the GP as agreed locally. All residents with capacity need to be informed verbally by the staff and any issues addressed. The form needs to be signed and emailed to the practice. A copy is kept in the medicines paper care plans or and uploaded and attached to care planning systems that are in place for some homes. A letter should be sent out to all residents and their families, friends/POA etc. (template in guidance)</p> <p>This guidance has been written as best practice, it works and covers all the IG expectations, it's for you to adapt and implement locally discussing with the stakeholders what the process will be through the project.</p> <p>There is also a CCG document 2n. https://future.nhs.uk/DigitalIPC/view?objectID=20715664 in the guidance that should help and can be adapted locally.</p>
Q12.	Are the mobile phones in use in the care home belonging to the care home or to individual carers? Is there an information governance issue?	There is a mix of both work and personal mobile phones. Some homes remain with a landline only. To be discussed as part of the local roll out to the individual homes.
Q13	For care homes that set up NHSmail during COVID will they need to complete the full DSPT process when things return post-covid?	Yes, the care homes that have been set up for NHSmail under fast track will have to be compliant at entry level for the DSPT in the future.
Q14.	How do you document 'informing residents in the change of med ordering process' from paper to via Proxy? And what do you use as 'legal basis' on EMIS re consent/best interest etc, when setting up proxy?	Local agreement around consent/being informed and how its documented would be guided by the GP practice in discussion with the care home/s as to their approach and what they agree to as a process for this project.

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Q15	Can the forms in the guidance be adapted to share more information by proxy where agreed locally?	The forms are for ordering medications by proxy and any further sharing of information would need to be discussed and agreed locally between the practice and care home.

4 NHSmail

No.	Question	Answer
Q1.	Does the care home need NHSmail to set up proxy access?	The care homes are encouraged to have a secure email; the advice is not necessarily NHSmail as different providers have different ways of working. Some have an accredited email; there is currently a national drive and an accelerated process for care homes who do not have a secure email. Information and support here: click here
Q2.	From the information I can see the email account is used as part of setting up process but is the email account needed for any other part of the medication ordering process?	The email account is used as part of the setting up process for proxy only. The email account is not needed for any other part of the medication ordering process by proxy unless of course there is a problem with the ordering system so the home can make enquiries that way. The secure email is also used to send the GP new residents and staff set up forms, staff leavers and any other confidential information that is to be shared following initial set up. This would be an agreed generic email to be used at the practice for the care home/s, an agreed process for turning around these queries must be discussed as part of the project. NHS mail or secure email in place also supports their practice in being fax less and strongly encouraged as best practice for care homes.

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		<p>They should also be advised for best practice to cover annual leave, sickness and changes in staff turnover, if their secure email is NHSmail then to encourage the use of the shared NHSmail care home email address, this is accessed via their individual accounts when set up to email the GP practice so that all staff are monitoring the same information and nothing is missed.</p>
Q3.	How is NHSmail set up and encouraged to be used?	<p>Every care home is set up with a generic shared mailbox for the home, minimum 2 persons. The staff access the shared mailbox through their individual accounts, if someone leaves the home there is always someone with access to the shared mailbox to inform careadmin@nhs.net of leavers and to request new starters to be added to the care home shared mailbox. There is an allowance of up to 10 individual accounts per care home. The new staff will then receive individual set up details to be able to access the shared mailbox.</p> <p>We have as a national team driving this programme are aware that we need to do more training around the use of the NHSmail shared email address. The initial drive has been just to implement NHS mail across social care. We are planning the next steps, and this includes the webinars that currently run for social care providers weekly currently Monday 2-3 and recorded and available on the digital social care website as below:</p> <p>Webinar recordings for NHSMail and Microsoft teams are now available to watch here</p>

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		We have set up a helpline for the duration of the Covid-19 crisis. Call us on 0208 133 3430 (Mon-Fri 9-5) or email help@digitalsocialcare.co.uk for free support.
Q4.	Can care homes that have been given fast track access to NHSmail be able to use this?	Yes

5 Pharmacy Process

No.	Question	Answer
Q1.	How does the pharmacy send the prescription to a care home for checking?	The driver will deliver the medication and copies of the Medication Administration Record (MAR) to the care home/s commonly.
Q2.	How does the community pharmacy know what has been requested? In our area, community pharmacies receive a copy of paper backing sheets, so they know to expect a prescription - is this now missed?	When the request goes to the GP, they send the request via EPS. Pharmacy staff can be granted access for proxy in the same way as care staff if the practice wishes to grant it. Locally defined per care home/provider.
Q3.	Can you request proxy access through all surgeries that are using electronic prescriptions?	Yes, you can for TPP and EMIS. Microtest has some proxy access functionality and Vision has none.
Q4.	Would this proxy access support electronic repeat dispensing or is proxy access better for care homes?	Proxy access for care homes would be recommended. Repeat dispensing doesn't suit all care homes and in some cases would mean operating more than one ordering process. Engage with the care home to agree a process that supports them. eRD would not be recommended for care homes as it leaves the care home not in control and empowered to manage the medications for the residents, and many residents fall outside the

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		criteria for eRD and are not suitable.
Q5.	How do you deal with missing items that have been requested?	On the system you can check items that have been requested, this is unlikely to happen as this is one of the biggest improvements from implementation. However, if you do have missing items you can either use the notes section, email, or call practice if urgent.
Q6.	Our community pharmacies use EPS, but they need to know how to go and get the prescription from the spine. Does the care home have access to the EPS tracker?	As part of this project community pharmacists should be engaged to address this issue as they can be part of the cycle that may need to be reviewed. The care home does not have access to the EPS tracker
Q7.	Are care home prescriptions ordered this way displayed as care home prescriptions at the pharmacist end? Or are they mixed in with the other EPS scripts?	It would depend upon how the pharmacy has set up the system to display scripts on EPS. For further information click here .
Q8.	Can acute drugs via custom requests go to a different pharmacy? If so, how is this managed by the home. For some care homes, their usual pharmacy may be further away, and they use local pharmacies for acute medications.	Yes, this needs to be communicated in the notes section and if urgent acute cases, a follow up call to the practice is advised.
Q9.	Do you ask 'permission' from the supplying pharmacy to stop providing their duplicate copies, advising them what has been ordered?	Yes.
Q10.	Can we set up the proxy access with local pharmacies that we use for monthly medications?	Yes.

6 Set up

No.	Question	Answer
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Q1.	Is Coordinate My Care (CMC) used?	No, it is an independent online application
Q2.	Do you know anyone who has had experience of implementing this during COVID for their top tips?	Manor Lodge was implemented at the very beginning of the pandemic Feb-April 20. Please see guidance case study available – click here
Q3.	Do care Homes with residents registered in more than one surgery, do they need more than one account? One for each practice?	No, they have one account if all practices are on the same GP system.
Q4.	Have you got a Proxy Access consent form template that can be shared with us to use at all?	See Guidance for example and further information – click here
Q5.	With regards to verbal consent - do you have to obtain signature or write on the form "verbal consent obtained"?	Best practice advises that you must record that you have informed all the residents of the changes in process, the template can be adapted and used for this, to be discussed, agreed and recorded locally at the start of the project how this is to be addressed. See Guidance for further information – click here
Q6.	Would it be possible to have a practical demonstration on how to set up the system?	Demo of EMIS and TPP - link to recording of webinar here
Q7.	How long does it take to set up a patient for online access, what is the main barrier?	To set up a new online user and add proxy access for patients is dependent on how many practices there are for the care home, how many new online users there are and how many patients to be set up per care home. For a competent member of staff for this process, approximately it takes about 6 minutes to set up 1 new online user with access to 20 patients by proxy. The times will vary across practices locally. The main barrier has been engagement and relationships between the practice, pharmacy and care homes. Once this has been addressed and all stakeholders are bought in the project can start and be successful.

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Q8.	Is online ordering set from an onset date so none of the record prior to the onset is made available?	No onset date needed as only giving access to order medication
Q9.	We are struggling to link an account which is not registered with the practice, to the other patients. Can you advise?	Patients must be registered at the practice to enable proxy access for their care home/s, you can register the patient as temporary.
Q10.	Does it matter what system Care homes use?	The care home will set up to use the application via the web of whatever GP system is in use.
Q11.	Some practices are now encouraging all homes to order any interims at the same time as when they put the MAR (medicine administration record) in i.e. x42 tablets of amlodipine, rather than x28 + x14 - How will this work?	Needs to be discussed at the start of the project and agreed how it would work between the care home/s and practice/s locally.
Q12.	What happens regarding a temporary resident? Can they order by proxy for them?	Temporary residents within TPP SystmOne can be added to a proxy online account (they are shown in red) however the practice will need to ensure their repeats have all been entered into the record otherwise it's blank. Experience in EMIS Web is that temporary residents cannot be added to a proxy account.
Q13.	<p>a) The care home medication cycle means homes order weeks in advance of needing their medication – this is different to the general patient population. This often causes confusion at the practice leading to rejected requests. Have you any plans to issue supporting guidance for practices to help them understand the care home medication cycle?</p> <p>b) Interim requests to sync to the medication cycle are sometimes overlooked by the practice. Care homes can end up in a situation where everything is out of sync meaning several orders a month. Have you any plans to issue guidance to educate practices on this?</p>	Advice would be to engage and build the relationship with the care home and pharmacy supplier as they will happily share the cycles, they must enable your understanding. It's one of the key conversations had as part of the project to make this work for all stakeholders and address any issues or changes to be made in the workflow.

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7 Technical & Operations

No.	Question	Answer
Q1.	Does the care home staff member have to go into each resident's proxy account and make the medication request?	No, the care home staff member's accounts will have access to all the residents for that care home, they then select which resident to order for.
Q2.	How does the care home manage any queries or medications that are not issued?	They use the note functionality when ordering medication and any further follow up they can use their secure/NHSmail.
Q3.	Can quantities required be amended?	Yes, in the notes section.
Q4.	Do you roll over medications from monthly cycles? If so, do you communicate the need for amended quantities to the practice?	On review of the medication cycle the care home lines up quantities of medication and requests amendments of quantities plus or minus through the note functionality.
Q5.	How do you manage moving over acutes that are ordered more often than just once?	The item of medication needs to be fully reviewed by GP as if this is continually prescribed. It is likely that this can be put on a repeat therefore can be ordered by proxy monthly. If weekly, then normal process resumes.
Q6.	If there were any medications not on repeat or on acute, but started by the hospital, how is that dealt with by the care home?	By a secure email to the GP practice or by phone if urgent.
Q7.	Have the number of missing items gone down under proxy ordering?	Yes, considerably.
Q8.	Some care homes have electronic MARS linked closely to the providing chemist and the GPs. Would 'proxy access' be replacing this e-MAR system?	This is different to e-MAR, proxy allows care homes to order medications online using GP systems, not the administration of medication.

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Q9.	There is no audit trail for whether an acute medicines request has been accepted or not. Is there any solution for this?	The request for an acute medication is made via a note and these are recorded on the GP system but there is no way for the practice to confirm the note has been actioned. Current process would not change to follow up any urgent issues to ring the surgery/pharmacy where needed or send an email if not urgent.
Q10.	Can a data sharing agreement be on behalf of a PCN or do you need separate ones for each practice?	Local decision, it would be a vital part of the discussion when starting the project.
Q11.	How can the care homes view if the prescription has been issued?	The care home worker can effectively see if a prescription has been authorised is via the Outstanding Prescription Request screen (if it's not there it is being processed), they don't have access to the prescription history unless access to the summary record is also enabled (which includes dates of previous acute / repeat prescriptions and any allergies and adverse reactions), this is an option but needs to be discussed and agreed locally.
Q12.	This is available for Vision system?	No
Q13.	Who provides the hardware for access?	Hardware and internet access must be in place currently to be able to proceed with proxy access.
Q14.	Can you share success stories from other care homes?	See Guidance for example and further information – click here 20. supporting document