

Pharmacists' Amendments to Prescriptions V1.0

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Purpose: To allow suitably experienced pharmacists to optimise prescriptions, and to ensure that any amendments to prescriptions by RCHT and CFT pharmacists are made in accordance with procedures approved by the Medication Practice Committee and MOSC.

Target audience: RCHT and CFT pharmacists.

Document author and role: Helen McClay, Deputy Chief Pharmacist.

Document author contact details: Helen McClay.

Document definition: Policy.

Supporting committee and chairperson: Medication Practice Committee. Gill Derrick.

Executive director responsible for the policy: Allister Grant.

Freedom of information: Can be released under the Freedom of Information Act 2000.

CFT Document section: Policy.

Audience:

Cornwall Partnership NHS Foundation Trust.

Royal Cornwall Hospitals NHS Trust.

Key words: Amendment/s, pharmacist/s, prescriptions.

Approval process

Approved at: RCHT Medication Practice Committee, CFT MOSC

Date approved: 20 November 2023.

Executive approval: Allister Grant and CFT Dr Janine Glazier.

Date approved by: 20 November 2023.

RCHT General manager confirming approval processes: Richard Andrzejuk.

RCHT Governance lead confirming approval process: Kevin Wright.

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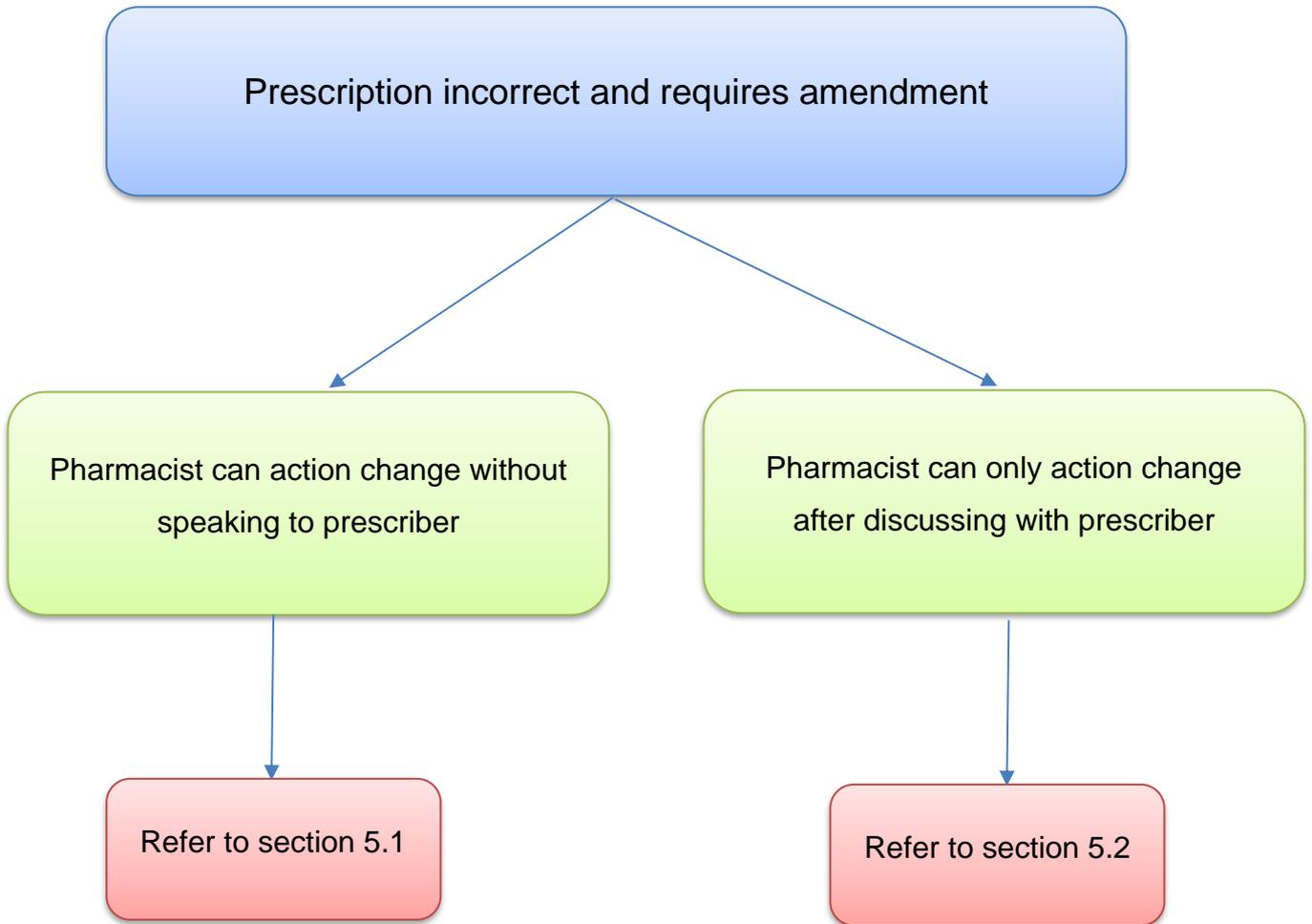
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Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
V1.0	October 2023	Helen McClay		New Document. This document supersedes the Pharmacists' Amendments to Prescriptions Policy V4.0 which has been archived.

This document replaces: Pharmacists' amendments to prescriptions V 4.0

Summary



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Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

Pharmacists can amend prescriptions as listed in this policy to maximise safe prescribing and optimise patient care. This includes prescribed medicines on all inpatient and outpatient prescriptions and discharge prescriptions.

This is separate to activities undertaken by pharmacists working as non-medical prescribers.

This version supersedes any previous versions of this document.

2. Scope

To allow suitably experienced pharmacists to optimise prescriptions, and to ensure that any amendments to prescriptions by CFT and RCHT pharmacists are made in accordance with procedures approved by the Medication Practice Committee and MOSC. The document lists the occasions when an authorised pharmacist may amend or add to a prescription, originally prescribed electronically within CFT and RCHT, and the action which may be taken.

3. Definitions and glossary

BNF	British National Formulary.
CFT	Cornwall Foundation Trust.
EPMA	Electronic Prescribing and Medicines Administration.
Wellsky	Software used at RCHT to provide EPMA.
MedRec	Medicines Reconciliation.
MPC	Medication Practice Committee.
RCHT	Royal Cornwall Hospitals Trust.
SPC	Summary of Product Characteristics.
MOSC	Medicines Optimisation and Safety Committee.

4. Ownership and responsibilities

Ownership

This procedure is intended to avoid the delay and uncertainty caused when pharmacists leave messages asking prescribers to amend electronic prescriptions. Pharmacists will still take opportunities to educate prescribers in good prescribing, either face to face or by example. This policy will not be used when seriously deficient prescribing needs to be discussed with the prescriber.

Responsibilities

4.1. Role of Managers

- The executive lead for medicines management is the Medical Director.
- The chief pharmacist is responsible for ensuring the correct policies and procedures are being followed.
- Line managers are responsible for ensuring staff are trained.

4.2. Role of the MPC and MOSC

- MPC and MOSC are responsible for overseeing and providing assurance that this policy is correctly implemented and audited.

4.3. Role of Individual Staff

- Pharmacists working under this policy are responsible for understanding their role and limitations when reviewing and making changes to medications under this policy. They should act within their level of competency. Pharmacists should be competent in medication history taking and be familiar with the pharmaceutical and medical action plan of the patient concerned.
- Pharmacists working remotely to site of patient care in CFT should document activity on RiO system as well as EPMA to ensure appropriate prescriber communication.

4.4. Groups and committees

- RCHT Medicines Practice Committee.
- CFT Medicines Optimisation and Safety Committee.

5. Standards and practice

Pharmacist must act in the best interest of the patient and ensure safe prescribing of medicines. Professional discretion must be used at all times. The examples listed below are meant as examples rather than an exhaustive list.

Reason for amendment should be documented either through the EPMA drop down menu when making the change or by adding an EPMA note detailing the change and rationale for change. In all cases when a pharmacist is not certain of the prescriber's intentions, the prescriber should be contacted and any changes made by verbal authorisation.

Prescribers should be provided with feedback regarding prescribing errors to prevent further recurrence of similar errors. If there are concerns around recurring prescribing errors, this should be discussed with the prescriber's supervisor.

5.1. Changes that may be made without speaking to a prescriber.

Amendment type	Examples
Administration time Selected time for administration is inappropriate. Change in timing for medication administration where medicines interact if given at the same time. Time for administration differs from those in BNF/SPC or patient's usual practice (unless stated otherwise in patient's	Nitrates to ensure nitrate free period. Day of the week for weekly medications. Oral bisphosphonates in relation to other medicines, food, or beverages. Sedative medication prescribed in the morning. Incorrect administration time for Parkinson's medication.

Amendment type	Examples
notes).	
Add/amend medication strength where dose remains unchanged	Amlodipine 5mg tablet changed to 10mg tablet for 10mg dose
Add/amend route	Eye/ear drops. Switching between routes of enteral administration eg PO, NG, PEG when a tube has been inserted/removed.
Amend form	Prescription for a liquid medication when liquid is not required eg omeprazole suspension switched to capsules.
Add diluents required for treatment on discharge	Sodium chloride 0.9% or water for injection required for end of life care or acute care at home patients.
Discontinue therapeutic duplication	Same drug prescribed twice eg regular and prn paracetamol. Drugs from the same class eg omeprazole and lansoprazole.
Electronic prescription transcription	Deployment of electronic prescribing systems. Planned/unplanned EPMA downtime.
Formulary switches	Aspirin EC switch to Aspirin dispersible Calcium and Vitamin D preparations eg Calcichew D3 Forte switched to Adcal -D3
Reduce dose for safety	Paracetamol dose not appropriate for patients less than 50kgs.

Amendment type	Examples
Round doses for ease of measuring dose and administering correct dose. Dose rounding should not exceed 5% of original dose.	Paediatric patients where dose is based on patient's weight. Enoxaparin dose rounding in line with dose banding guideline.

5.2. Changes that can only be made after speaking to a prescriber.

Amendment type	Examples
Add/amend unintentional medication obtained from medication history	Medication not known about or not accurately documented during the drug history taking process.
Add medication omitted on EPMA but prescribed elsewhere	Antiepileptic medication prescribed on Carevue but not transferred to EPMA when patient stepped down from critical care to another ward.
Add low dose naloxone to medication charts where opioids have been prescribed for acute pain management	Naloxone 100micrograms IV prn
Add hypoglycaemia protocol to medication charts for patients on insulin	Hypoglycaemia protocol
Adjust dose/suspend treatment based on current renal function	Increased/decreased doses as renal function changes
Adjust dose/suspend treatment based on current liver function	Increased/decreased doses as liver function changes
Add/amend/discontinue medications on discharge TTO	Re-start suspended medications where appropriate.

Amendment type	Examples
	<p>Newly initiated medications that have been missed on discharge TTO.</p> <p>Discontinue medications on TTO that have been discontinued on in-patient chart.</p> <p>Amend TTO prescription following transfer between Trust sites in accordance with discharge prescribing plan.</p>
Amend duration of treatment/discontinue treatment, for short term courses	Stop date for antibiotic treatment based on microguide recommendations
Discontinue medications no longer required	<p>Medications stopped by GP prior to admission.</p> <p>Medication prescribed but not required during inpatient stay (eg laxatives, anti-emetics)</p>
Verbal authorisation – pharmacist agrees with prescriber that an amendment needs to be made	<p>Adding LMWH on discharge as part of post-operative management.</p> <p>Deprescribing of medications where continuing medication has no additional benefit or may cause harm to patient.</p>

6. Related legislation, national and local guidance

- Medicines Act.
- Injectable Medicines Policy. [Injectable Medicines Policy \(cornwall.nhs.uk\)](http://cornwall.nhs.uk)
- The Medicines Policy: Chapter 2 - Standards Of Practice – Prescribing.

7. Training requirements

Training is part of the foundation pharmacist training programme.

Qualifications	Minimum experience
Newly qualified starting clinical work	Completion of clinical training pack and an additional 3 months' clinical experience.
Clinically experienced but new to RCHT	Completion of clinical training pack. Regular ward visit commitment and competency sign-off by line manager.
Newly qualified starting clinical work in CFT	To complete induction training pack and additional 3 months clinical experience.
Clinically experienced but new to CFT	Completion of induction training pack. Regular ward visit commitment and competency sign-off by line manager.
Clinically experienced in RCHT but new to CFT	No additional training requirement.

8. Implementation

Only pharmacists with the necessary qualifications and experience, as assessed by RCHT or CFT Education and Training lead or pharmacy clinical lead, will be permitted to amend prescriptions in the way described above.

9. Document Monitoring arrangements

Information category	Detail of process and methodology for monitoring compliance
Element to be monitored	Uptake of amendment policy by pharmacists incident reports
Lead	Helen McClay, Head of Clinical Pharmacy Services

Information category	Detail of process and methodology for monitoring compliance
Tool	Wellsky EPMA software; incident reporting system.
Frequency	Annual, in line with annual appraisal.
Reporting arrangements	Uptake part of appraisal/PDR incident reporting system via Medication Safety Group or MOSC.
Acting on recommendations and lead(s)	Either individually during appraisal, or more generally (and anonymously) via peer group meetings.
Change in practice and lessons to be shared	Learning from any reported incidents fed back to pharmacists and prescribers via minuted, regular meetings.

10. Updating and review

Policy to be reviewed in October 2026

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the [RCHT Equality Diversity And Inclusion Policy](#) and [CFT Equality, Diversity and Inclusion Statement](#).

The initial equality impact assessment screening form is at appendix 1.

12. Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Pharmacists' Amendments to Prescriptions V1.0

Document library section: Pharmacy

Is this a new or existing document? Existing

Date of assessment: 26 September 2023

Person responsible for the assessment: Helen McClay

What is the main purpose of the document?

Process by which suitably trained and authorised pharmacists can amend prescriptions

Who is affected by the document?

Staff Patients Visitors Carers Other All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Disability	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sex	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gender reassignment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Pregnancy and maternity	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Race	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Religion and belief	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Sexual orientation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Marriage and civil partnership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Human rights	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

N/A

Signature of person completing the equality impact assessment:

Name: Helen McClay.

Date: 26 September 2023.