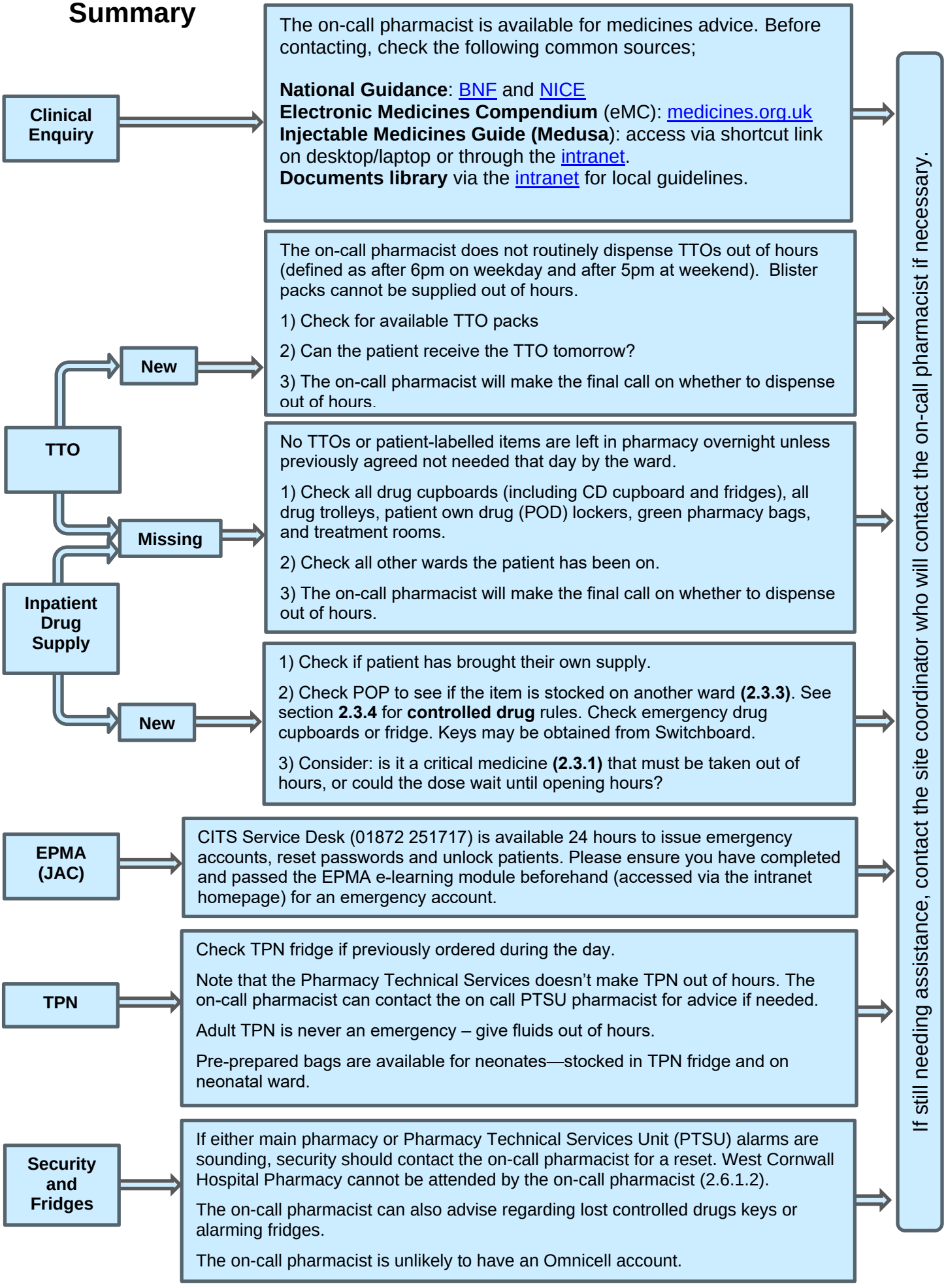
Royal Cornwall Hospitals
NHS Trust

Process for Contacting the On-Call Pharmacist Clinical Guideline

V1.0

February 2024

Summary


Clinical Enquiry
The on-call pharmacist is available for medicines advice. Before contacting, check the following common sources;
National Guidance: BNF and NICE
Electronic Medicines Compendium (eMC): medicines.org.uk
Injectable Medicines Guide (Medusa): access via shortcut link on desktop/laptop or through the intranet.
Documents library via the intranet for local guidelines.
TTO
New
The on-call pharmacist does not routinely dispense TTOs out of hours (defined as after 6pm on weekday and after 5pm at weekend). Blister packs cannot be supplied out of hours.
1) Check for available TTO packs
2) Can the patient receive the TTO tomorrow?
3) The on-call pharmacist will make the final call on whether to dispense out of hours.
Inpatient Drug Supply
Missing
No TTOs or patient-labelled items are left in pharmacy overnight unless previously agreed not needed that day by the ward.
1) Check all drug cupboards (including CD cupboard and fridges), all drug trolleys, patient own drug (POD) lockers, green pharmacy bags, and treatment rooms.
2) Check all other wards the patient has been on.
3) The on-call pharmacist will make the final call on whether to dispense out of hours.
New
1) Check if patient has brought their own supply.
2) Check POP to see if the item is stocked on another ward (2.3.3). See section 2.3.4 for controlled drug rules. Check emergency drug cupboards or fridge. Keys may be obtained from Switchboard.
3) Consider: is it a critical medicine (2.3.1) that must be taken out of hours, or could the dose wait until opening hours?
EPMA (JAC)
CITS Service Desk (01872 251717) is available 24 hours to issue emergency accounts, reset passwords and unlock patients. Please ensure you have completed and passed the EPMA e-learning module beforehand (accessed via the intranet homepage) for an emergency account.
TPN
Check TPN fridge if previously ordered during the day.
Note that the Pharmacy Technical Services doesn't make TPN out of hours. The on-call pharmacist can contact the on call PTSU pharmacist for advice if needed.
Adult TPN is never an emergency – give fluids out of hours.
Pre-prepared bags are available for neonates—stocked in TPN fridge and on neonatal ward.
Security and Fridges
If either main pharmacy or Pharmacy Technical Services Unit (PTSU) alarms are sounding, security should contact the on-call pharmacist for a reset. West Cornwall Hospital Pharmacy cannot be attended by the on-call pharmacist (2.6.1.2).
The on-call pharmacist can also advise regarding lost controlled drugs keys or alarming fridges.
The on-call pharmacist is unlikely to have an Omnicell account.
If still needing assistance, contact the site coordinator who will contact the on-call pharmacist if necessary.

1. Aim/Purpose of this Guideline

This guideline is to aid in accessing medicines and medicines advice out of hours, and to ensure that calls to the on-call pharmacist are appropriate, where no other suitable route of supply or advice is available. It also provides guidance on security queries regarding pharmacy, such as controlled drugs keys, alarms, and Omnicell issues. The on-call pharmacist is a non-residential, emergency service, which is to be used when medication or queries cannot wait until daytime hour. This version supersedes any previous versions of this document.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

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 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

2. The Guidance

2.1. Medicine or clinical enquiries

This includes queries on giving medicines via enteral feeding tubes, crushing tablets, medicines interactions with feed or other medicines, dosing in certain conditions (e.g., renal failure), and medicines administration. Before contacting, check the following common sources:

- National Guidance: BNF and NICE.
- Electronic Medicines Compendium (eMC): https://www.medicines.org.uk/emc/ (you may be asked to register for free).
- Injectable Medicines Guide (Medusa): access via shortcut link on desktop/laptop or through the intranet.
- Documents library via the intranet for local guidelines.

2.2. Acquiring To Take Out (TTOs) Out of Hours

No TTOs or patient-labelled items are left in the pharmacy overnight unless previously agreed not needed that day by the ward. The on-call pharmacist does not routinely dispense TTOs out of hours, defined as after 6pm on weekday and after 5pm at weekend (Medicines Policy Chapter 3: Ordering and Accessing Medicines). TTOs will be dispensed out of hours, if it is safe to do so, during OPEL 4 bed states or if there is a significant risk to the patient, when the following are not applicable.

2.2.1. Check for TTO Packs - These are primarily kept in the Trelawney TTO cupboard, the Emergency Department, the emergency cupboards, paediatric wards, and St Mawes. Use Pharmacy Ordering Portal (POP) to identify which wards stock certain TTO packs (2.3.3). They should be checked by an appropriate member of staff as outlined in the Medicines Policy Chapter 3: Ordering and Accessing Medicines.

2.2.2. Does the Trust Need to Supply - Patients may already have stock of their own or can purchase it over the counter (OTC) from a pharmacy or supermarket. (e.g., Paracetamol, Ibuprofen)

2.2.3. Can Supply Wait Until Tomorrow – the patient can come back to collect in the morning if evening doses are given to the patient prior to discharge, or the ward can courier out in the morning.

2.2.4. Blister Packs – blister packs are not dispensed out of hours due to safety concerns and increased risk of error. Original packs (OPs) may be dispensed in place if none of the above options are applicable.

2.3. Acquiring Medicines Out of Hours

2.3.1. Critical Medicines – Not all medicines are essential to be given overnight, and some can wait until the morning, or the dose can be missed. Critical medicines include, but are not limited to:

- Parkinson's medicines.
- Antiepileptics.
- Antimicrobials.
- Anticoagulants and antiplatelets.
- Antipsychotics.
- Insulins.
- Immunosuppressants and steroids.

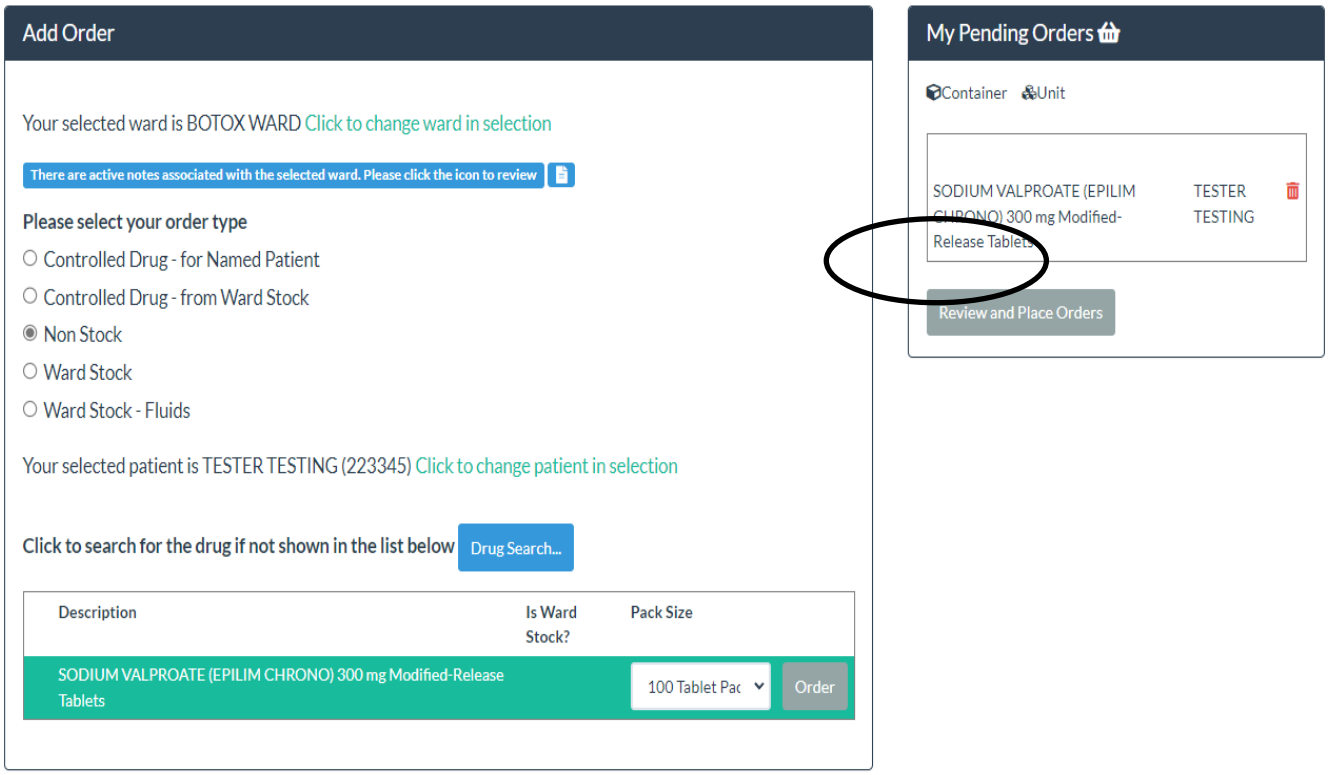
Not all critical medicines are needed urgently, and if you are unsure whether a medicine is needed urgently out of hours, please check with a clinical member of staff on site before calling the on-call pharmacist for supply. **The on-call pharmacist will make a clinical judgement whether the medicine is needed to be dispensed out of hours or can be handled by the morning team.**

2.3.2. The Emergency Cupboard and Fridge – Site coordinators have a full list of what is kept in the emergency cupboard and switchboard keep a set of keys. The person collecting the keys and emergency cupboard drugs must be a registered healthcare professional. This list will also appear when ordering on POP (2.3.3).

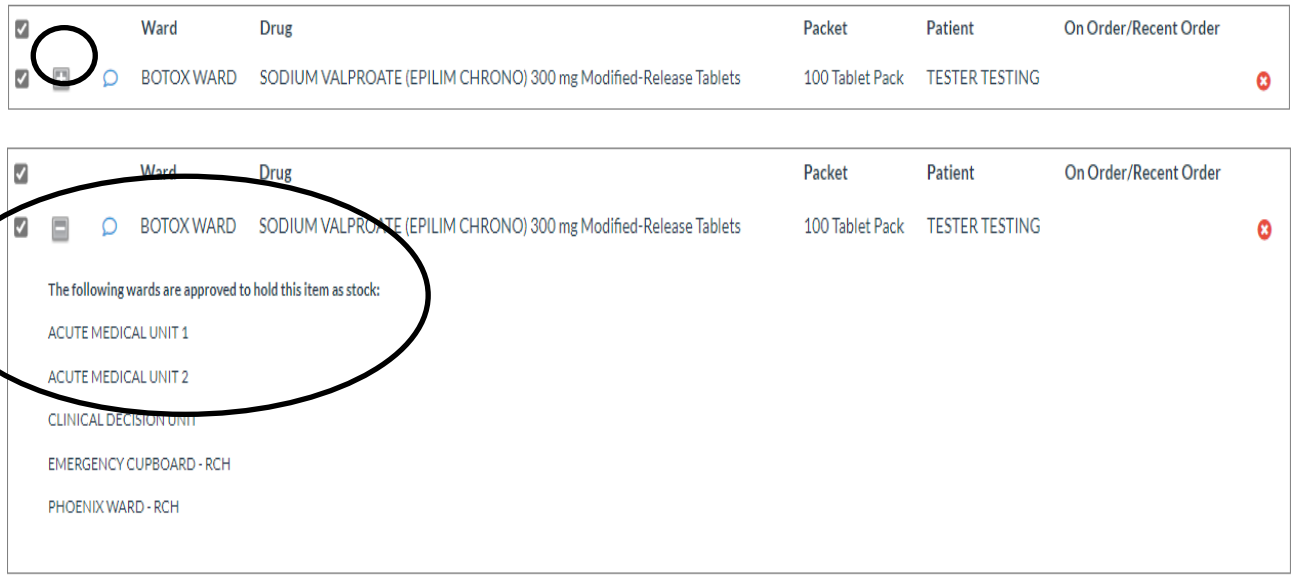
2.3.3. Checking Which Wards Stock Items.

This function is only available on POP out of hours.

- Add the medicine to your basket on POP.
- NB - You may need to click 'Drug Search' for the drug if the exact drug file is not prescribed for the patient, such as looking for TTO packs, and the drug will appear at the bottom of the list of patient drugs when selected.
- Click 'Review and Place Orders.'



- Click the ⊞ symbol to reveal which wards stock the item (this will only appear out of hours).



- Try alternate strengths if no wards stock the item by manually adding the drug using 'Drug Search' on the order page.

2.3.4. Controlled Drugs – Only 1 dose of controlled drug can be obtained from another ward out of hours for use. Any more will need to be supplied by the on-call pharmacist. Consider whether alternatives can be given.

2.3.5. Missing Items – if the items have been brought in with a patient, or previously ordered for the ward or a patient (POP will notify the user of an item ordered within the last 48 hours if it is reordered), there are places to be checked before contacting the on-call pharmacist:

- Patient Own Drug Supplies (PODS), bags, and bedside lockers.
- Wards the patient has recently been on.
- Green pharmacy bags in the treatment room.
- Ward stock cupboards.
- Controlled drug cupboard.
- Fridge.

Is the medication critical to be given out of hours (2.3.1), or can the patient wait until pharmacy is open? **The on-call pharmacist will make a clinical judgement whether the medicine is needed to be dispensed out of hours or can be handled by the morning team.**

2.4. Electronic Prescribing and Medicines Administration (ePMA) (JAC/WellSky) queries

2.4.1. CITS Service Desk – CITS can unlock accounts, designate emergency accounts, and unlock patients on EPMA. CITS Service Desk (01872 251717) is now a 24-hour service. Please ensure you have completed and passed the EPMA e-learning module beforehand (accessed via the intranet homepage) for an emergency account.

2.4.2. Prescribing queries – the on-call pharmacist can assist with how to use electronic prescribing. If the drug cannot be found on EPMA, consider using the drug file 'DRUG NOT AVAILABLE JAC,' with an attached 'note to appear when charting' note, describing the medicine, dose, and frequency, and contact your ward pharmacist during hours for further assistance.

2.5. Total Parenteral Nutrition (TPN)

2.5.1. Missing, Mismatched or Expired Batch Numbers or Expiry Dates – There are no longer batch numbers or expiry dates on the prescriptions that wards receive for TPN. These are now kept only on the bags themselves, and the prescriptions kept in Pharmacy Technical Services Unit (PTSU). The expiry date should be checked on the bag prior to administration. If you have any concerns, the on-call pharmacist can be contacted for advice.

2.5.2. New TPN Requests –TPN is never an emergency (Medicines Policy Chapter 6: Standards of Practice Discharge and Miscellaneous). Supplies are not made out of hours. The on-call pharmacist will not be involved in the prescribing of TPN or advising on the rate or type of TPN to be given. Patients should be covered overnight with fluids until the nutrition team can review.

2.5.3. Neonatal TPN – Bags are kept in the TPN fridge and on The Neonatal Unit. The on-call pharmacist will not be involved in the prescribing of TPN or advising on the rate or type of TPN to be given.

2.6. Security and Fridges

2.6.1. Pharmacy Alarms

2.6.1.1. Royal Cornwall Hospital (RCH) site - the on-call pharmacist should be contacted by security if either main pharmacy or Pharmacy Technical Service Unit (PTSU) is alarming. The on-call pharmacist will contact the PTSU pharmacist themselves to attend if needed. The on-call pharmacist does not carry alarm codes for PTSU and cannot give out the contact details of the PTSU pharmacist.

2.6.1.2. West Cornwall Hospital (WCH) site – The on-call pharmacist cannot attend to reset alarms in WCH, as they must remain within 30 minutes from RCH. Security should complete standard checks to ascertain whether there are any risks and act accordingly.

2.6.2. Lost keys – Pharmacy can advise on how to obtain spare keys for controlled drugs cupboards overnight.

2.6.3. Omnicell queries – Most of the on-call pharmacists will not have access to an Omnicell account and will not be able to log into the system. An engineer may need to be called if mechanical problems occur. The on-call pharmacist may be able to advise on obtaining medicines or use POP to search for other wards that stock items that are needed overnight (2.3.3).

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Calls to the on-call pharmacist are recorded and will be monitored quarterly to check for appropriateness of query and response.
Lead	Helen McClay, Deputy Chief Pharmacist. Mhairi Macdonald, On Call Pharmacist Lead.
Tool	RCH Shared folder – TR11 – Pharmacy – On Call Help - On-call Spreadsheet.
Frequency	Quarterly monitoring of the data, annual review of process with generated report.
Reporting arrangements	Reporting to Pharmacy Governance and quarterly On-Call Pharmacists meeting. On-Call Pharmacists meeting minutes documented quarterly and reviewed 3 months later during next meeting or concerns regarding process.
Acting on recommendations and Lead(s)	Helen McClay, Deputy Chief Pharmacist. Mhairi Macdonald, On Call Pharmacist Lead. Required actions will be identified and completed quarterly.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Process for Contacting the On-Call Pharmacist Clinical Guideline V1.0
This document replaces (exact title of previous version):	New document.
Date Issued/Approved:	8 December 2023
Date Valid From:	February 2024
Date Valid To:	February 2027
Directorate / Department responsible (author/owner):	Mhairi Macdonald, On Call Pharmacist Lead
Contact details:	01875 252598 – Pharmacy Open Access
Brief summary of contents:	Process for contacting the on-call pharmacist, and resources which can be utilised to avoid not needing to phone out of hours. To improve medicines safety out of hours.
Suggested Keywords:	On-Call Pharmacist, out of hours, medication supply, TTO, TPN, pharmacy.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Medicines Practice Committee
Manager confirming approval processes:	Richard Andrzejuk
Name of Governance Lead confirming consultation and ratification:	Kevin Wright
Links to key external standards:	None
Related Documents:	Medicines Policy: Chapter 3 Medicines Policy: Chapter 6

Information Category	Detailed Information
	Ward, Theatre and Department Controlled Drugs Standard Operating Procedure
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / Pharmacy

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
16/02/23	V1.0	Formatted into the Trust template. TPN and EPMA updated to current guidance.	Mhairi Macdonald, On Call Pharmacist Lead

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Process for Contacting the On-Call Pharmacist Clinical Guideline V1.0
Directorate and service area:	Pharmacy
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Mhairi Macdonald, On Call Pharmacist Lead
Contact details:	01872 252598

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Clinical Staff.
2. Policy Objectives	To aid staff in being able to acquire medicines and advice using the options and sources provided.
3. Policy Intended Outcomes	To reduce the number of unnecessary calls to the on-call pharmacist and improve patient outcomes with timely discharges and medication administrations.
4. How will you measure each outcome?	Quarterly monitoring of calls, including those marked as ‘not appropriate,’ monitoring recurrent requests and wards.
5. Who is intended to benefit from the policy?	On-call pharmacist, out of hours ward staff, patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: Yes • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Pharmacy Paediatric Team. Pharmacy Supermarket. Pharmacy Technical Services Unit (PTSU).
6c. What was the outcome of the consultation?	Information confirmed as documented in the policy.
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** Staff and Call log reports.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Mhairi Macdonald, On Call Pharmacist Lead.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis